

Submission to the Task Forces for Vision 2030 From the Faculties of Nursing, Dentistry and Pharmacy

The Faculties of Nursing, Pharmacy and Dentistry welcome the opportunity to respond to the call for submissions under the 2030 review initiated by President Naylor. Planning for the education of future generations of Canadians is a serious responsibility and a great privilege. Despite the challenges in implementing this process in an institution of the reputation and complexity of the University of Toronto, we welcome the opportunity to comment on the future of Nursing, Pharmacy and Dentistry education, their respective place within the University, and the likely professional context of these health sciences over the coming decades.

Background

In terms of both governance and administrative functionality, the current organizational framework of Nursing, Pharmacy and Dentistry is that of fully self-contained and independent units. Two formal venues currently provide the opportunity to recognize common issues and set common agendas: the Deans of the Single Departmental Faculty meetings, and the Council of Health Science Deans. These two fora have to date provided quite distinct opportunities for Nursing, Pharmacy and Dentistry to participate as part of collective university governance (DSDF), and to align priorities and generate initiatives across shared objectives (CHSD). In the case of both of these structures there has been increased activity with respect to functional aspects of university organization in the light of the implementation of the new budget model.

The DSDF has been a helpful forum for the discussion of implications of specific aspects of budgetary management. It has also provided a venue from which to communicate with the University Executive the effect of policy initiatives on the smaller divisions. In the case of the CHSD the forum has supported significant initiatives, such as the establishment of the highly successful Office of Interprofessional Education, and the working group charged with the development of policy recommendations to support the effective engagement of non-MD clinical faculty in our teaching and research missions.

From the perspective of all three of our faculties the DSDF and the CHSD have both provided essential support for the development of common agenda and a mechanism to engage more broadly in university governance. No less important is the manner in which they have allowed for a collegial network across the university that has integrated health science, north-south and heterogeneous professional and disciplinary schools.

The Faculties of Nursing, Dentistry and Pharmacy as professional, regulated health science faculties occupy a common place with respect to their external stakeholders and their national professional communities. The positioning of the faculties' undergraduate and graduate programs at the top of their respective fields, the intense competition for entry, and the high quality of applicants all attest to the strong reputation of each faculty. Likewise the world-class research output of faculty (tenured and status)

and research trainees, place these faculties in the top tier of North American and international programs in their respective fields.

In the light of this standing and strength what then are the opportunities and the risk to the three faculties in forward planning to 2030? What are the key issues that have major significance for these three faculties and these three professional contexts?

Whatever the direction of the University over the next 25 years, Nursing, Dentistry and Pharmacy will need to remain highly engaged with their broader professional constituencies, support the development of the science and clinical knowledge that leads their disciplines, and be at the forefront of policy development shaping health care practice into the future. Maintaining the current high standing of the faculties with peer institutions, with provincial and national professional organizations and policy makers, and with prospective students at undergraduate, professional masters, doctoral and postdoctoral levels is essential. Effective international branding of the University, and consequent recruitment and engagement of international students, will also serve to further each faculty's international agenda and we consider this an important priority for the institution.

Given this background, this submission will focus on three areas of priority:

- Governance
- Sustainability
- External Relations and community engagement

Governance

The University's current divisional structure with Deans reporting directly to the Provost (who is supported by a team of Vice-Provosts without structural connection with each division) has strengths and weaknesses. The major strength is the clear communication line between the Provost and each division. This provides the opportunity for the Provost to be directly informed and aware of issues as they affect the divisions and allows the Deans and Directors direct access to the executive. It is a system that has facilitated the growth of each division in harmony with university strategic objectives and proved a supportive and successful model of governance.

Various alternative arrangements exist at other universities in the Province and country. For instance, it is commonplace for health science faculties to form part of a faculty of medicine, both as schools within a health faculty, or as part of a confederated structure or 'college', under a vice provost health sciences. A second common model is that of a health science faculty, without the inclusion of the faculty of medicine, headed by a Dean of Health Sciences. The key benefit of both these structures is that they provide for stream-lined governance with fewer direct reports to the Provost. Furthermore the constitution of a faculty or collegiate across the health sciences allows for the blending of administrative and governance functions, with attendant opportunities for a focused approach to strategic planning, as well as enhanced possibilities for administrative efficiencies.

Despite these apparent strengths, the formal aggregation of health sciences in administration and governance is in our experience universally unpopular among our Canadian peers. Our feedback across the province and the country has been that, without exception, these aggregations create obstacles for the smaller professional programs both with respect to the profile and prominence of medicine, and where there exist health science faculties without medicine, the aggregation of these disciplines into a single faculty has led to a loss of standing by the individual members and the collective both within the university and within their respective professional communities. In fact, it should be noted that the high professional standing of the health science faculties at the University of Toronto comes in no small measure from professional approval of the independence and autonomy of their position within the university.

It is our view that the CHSD already provides the structure that enables the health disciplines to combine our efforts in strategic areas and creates a joint front from which to hold discussions with policy makers and/or service providers when necessary. Bolstering the CHSD's capacity to further support such initiatives would be supported, in fact welcomed, by all three faculties. There are however clear limitations to the capacity of the CHSD to move from a confederation of independent divisions to a governance structure in its own right. Each of the health sciences can claim an entirely distinct student and professional constituency, their relationships with their practice communities are highly varied, and these do not directly map on to the focus and strategic objectives of the Academic Health Science Centre partnerships, nor the increasingly important Toronto Local Integrated Health Network.

Any long-term planning needs to ensure and build upon the position of the health professional faculties both within the university and in the country. The projected shortage of health professionals, continuing transformation of the health service sector to meet efficiency and sustainability goals, and the need to build mature policy with respect to internationally educated health workers, inter-professional team education and practice, and scope of practice changes for all the regulated health professions all point to the increasing importance of and opportunity for leadership from University of Toronto health sciences. Strong linkages, along with the maintenance of autonomy and independence of each faculty, are critical to each faculty's capacity to offer this leadership.

Sustainability

The underfunding of post secondary education in the Province, along with inadequate funding of research infrastructure, provide the university, and all its divisions, a major challenge in meeting both current and projected budgetary demands. Clearly Nursing, Dentistry and Pharmacy would benefit enormously from revisions to the funding allocation for research infrastructure and see this as a major priority for reform to enable growth, competitiveness and sustained excellence in research.

Nursing and Pharmacy each moved to new premises in 2005/6. This increased and enhanced space was critical to accommodate undergraduate enrolment growth that had

occurred in each division as a result of separately funded initiatives to meet the health professional shortfall. Given this growth and the ceiling of clinical placement availability, further enrolment expansion is unlikely in nursing or pharmacy. Growth in Dentistry has been delayed as it is dependent on expanded and enhanced space and thus Dentistry's immediate priority is that of capital expansion. Enrolment growth in this division is therefore severely compromised in the short term but likely in the medium to long term. A significant part of this enrolment increase in Dentistry will be new programs mandated by changes in government policy.

Enrolment growth in professional master's programs has been rapid in recent years, again ahead of the overall university trend in graduate expansion and reliant on separate funding sources to increase capacity in the health worker field. Professional master's programs are a key element of the mandate of leading professional programs and reinforce the leadership role of the University of Toronto in the field. As is appropriate for a research intensive university, the professional master's program allows for a strong connection with practice, enabling research-led innovations to flow into the content and focus of the programs (through the contribution of leading researchers). At the same time, this strong contact with practitioners allows the research agenda to be informed by practice, as students constantly bring to the fore issues of relevance to practitioners.

Current enrolment and projections:

Nursing: The ratio of undergraduate to graduate programs at the Faculty of Nursing is considered ideal at its current level: 300 undergrad, 150 fulltime masters, 75 PhD. Aside from some growth in the doctoral program and initiatives to build international enrolment to approximately 10% of these numbers across the programs, enrolment is not expected to grow in the foreseeable future.

Pharmacy: Pharmacy has doubled its intake of students with a current admission of 240 students/year. This class size presents challenges in offering innovative teaching methods and it is not anticipated that there will be further growth in the near future. Graduate enrolment continues to increase with approximately 150 full time and part time students currently registered with a projected future enrolment of 200 students within the PhD and MSc programs.

Dentistry. Enrolment in the Faculty of Dentistry is somewhat more complex. The present physical facility barely accommodates the current level of enrolment: 256 undergraduate, 58 internationally trained dentists in a degree completion program, 70 specialty masters, 50 doctoral stream. With expanded facilities, a 10% increase in undergraduate enrolment is anticipated but graduate enrolment should increase by up to 25%. As well, there is considerable pressure at present to establish a "gap training" program for internationally trained dental specialists and this will likely be incorporated into the specialty programs.

Thus in sum, our three faculties do not see dramatic growth in enrolment in the long-term. We each look to maintain a reasonable balance between graduate (professional master's and PhD), undergraduate and trainee numbers, while remaining responsive to the needs of our professional constituencies, as is appropriate for professional programs in the leading research-intensive university in the country. This almost 50:50 ratio of undergraduate to graduate students is particularly important for Nursing as a point of differentiation from the many nursing programs in the province.

In addition to enrolment growth, other revenue opportunities centre on advancement. Advancement represents a major opportunity for the health sciences and again the issues of distinctive profile and independence of operation are critical to donor engagement and support of the alumni base. Donors and alumni respond positively to the individual characteristics of the divisions, and although collaborative ventures have rising prominence in the health sciences, any 'melding' into health sciences or aggregation with medicine would in our view be deleterious to our capacity to fund raise.

Advancement is also a key area of 'back office' functions that in all our divisions has been a significant cost to maintain. Some suggestions have been made in relation to increasing shared functions across divisions but in our experience this has not been particularly successful – perhaps due to the inherently competitive nature of fundraising. We have found that a great degree of autonomy in the cultivation and stewardship of donors, supported by highly professional dedicated advancement staff, has been critical to fund-raising success. Thus, despite the clear cost burden, advancement is not a service that we believe could be successfully shared across divisions. The current model of central support for divisional activities has proven most effective and we would advocate the maintenance and refinement of this approach.

Other 'back office' activities, such as IT or pedagogical innovation and development, are likewise a significant drain on resources and the capacity of divisions to maintain high quality services is important to consider. There are of course cost benefits in avoiding unnecessary duplication. The principal consideration here, however, must be quality of service and payer choice. In the absence of centralized services, or when central services are unable to innovate quickly enough to adapt services to divisional needs, there may be clear advantage in the pooling of resources by smaller divisions, or the purchasing of services from larger divisions. This market economy within the university has risks for divisions that cannot afford to pay, it also brings with it the risk of uneven services to students or faculty or external partners. Should, however, the university continue to follow the current policy of supporting a high level of service autonomy within divisions, the sustainability of service provision will continue to provide a major challenge to all divisions. It is likely in our view that larger divisions will attempt to support their substantial service development and infrastructure costs by selling services to smaller divisions. This is already occurring informally throughout the university as the evolution of larger divisions into service providers and smaller divisions into service purchasers is implicitly encouraged under the new budget model.

From the perspective of the faculties of Nursing, Dentistry and Pharmacy the issues of key importance in this economy are choice and quality. We see no need for formal aggregations along disciplinary or even geographic lines of local service markets. Rather, the ability of each division to decide whether to undertake responsibility for a service autonomously, or to choose between providers, or to pool resources with other divisions, is in our view critical to the effectiveness of this market economy.

A final issue under sustainability is that of human resources. All our faculties are heavily reliant upon close links with our colleagues in practice. It is of paramount importance that the wider professional community engages with and supports the development of the next generation of practitioners. Furthermore, the clinical component of each of our programs is only credible to the extent that it has the participation of colleagues in the field. The current policy covering status appointments and clinical faculty stands as a major impediment for each of our faculties to develop systems that allow for the sustainable integration of clinicians in our programs. This policy deficit affects our budgets, our recruitment capacities and our ability to provide quality clinical training for our students. For Nursing, Pharmacy and Dentistry to achieve our goals of ever increasing national and international prominence in research and education in our respective fields, a workable policy on non MD clinical faculty is imperative.

External Relations

Each of our divisions has a distinct constituency of stakeholders provincially and nationally: regulatory authorities, professional associations and policy makers, along with a range of service providers in acute care, the community and private practice. The increasing importance of the Toronto Academic Health Science Network, community teaching hospitals and the evolution of the Toronto Local Integrated Health Network have important synergies with many of the health science faculties but most particularly with the faculties of medicine and nursing. However, the service provision pattern of other health sciences means that their fit to the TAHSN agenda or links with the LIHN are by no means as clear or complete. As a consequence of this heterogeneity, we believe it is important that each faculty continues to pursue its natural strategic links while at the same time has the capacity where appropriate to form strategic blocks with health science partners. We consider this flexibility in positioning to be critical to the continuation of our faculties' strong role in professional leadership and policy development, as well as in our ability to support the broader positioning of the university with respect to health science leadership in research and education.

Conclusion

We take our responsibilities as producers of health professionals of the future very seriously. We seek to engage the widest possible constituency in our programs, ensure access to and support within our programs of a diverse community of students and faculty, and see ourselves continuing to lead the province and the country in research and education in our disciplines. We believe the current model of autonomous independent health science faculties, supported by strategic alliances through the CHSD and providing input to governance as part of the DSDF block has supported the academic and research missions of our faculties. The strong collegial context that has

been the mark of the health sciences at the University of Toronto remains one of our greatest assets.

We thank you for the opportunity to provide the perspective of our faculties to this critical planning exercise.

Sincerely,

A handwritten signature in black ink, appearing to read "Sioban Nelson". The signature is fluid and cursive, with the first name "Sioban" written in a larger, more prominent script than the last name "Nelson".

Dean Sioban Nelson, PhD, RN
Lawrence S. Bloomberg Faculty of Nursing

A handwritten signature in black ink, appearing to read "David Mock". The signature is written in a cursive style, with the first name "David" and last name "Mock" clearly legible.

Dean David Mock, DDS, PhD, FRCD(C)
Faculty of Dentistry

A handwritten signature in black ink, appearing to read "Wayne Hindmarsh". The signature is written in a cursive style, with the first name "Wayne" and last name "Hindmarsh" clearly legible.

Dean Wayne Hindmarsh, PhD, FCSFS,
Lesley Dan Faculty of Pharmacy

January 2008