

Proposal to Establish a School of Medicine

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1. Introduction

This proposal has been prepared by the School of Medicine Planning Group (SoM PG) to support consideration of a motion to establish a School of Medicine as a new academic unit within the Faculty of Health. This motion follows Senate’s approval in principle to establish a School of Medicine within the Faculty of Health on January 23, 2025.

Approval in principle had been sought in accordance with the *Planning Prospectus* for the School of Medicine, approved by the Academic Policy, Planning and Research Committee (APPRC) and provided to Senate. The *Planning Prospectus* ([Appendix 2](#)) is based on Senate’s past precedents for approving the establishment of the Lassonde School of Engineering and other substantial new units (including the Faculty of Health and the Faculty of Liberal Arts & Professional Studies). These precedents have demonstrated that approval in principle provides Senate with an opportunity to signal its support while providing valuable input and advice to inform further consultations and proposal development in advance of a statutory motion for full approval.

Key milestones leading to the approval of this proposal in principle include the following:¹

- In 2022, following early consultations with the University community and external partners, York University (York) submitted a conceptual vision and major capacity expansion request to the province to fund a new School of Medicine that would be the first in the province and the country to focus on community health and primary care, addressing critical gaps in medical education and health care.
- The City of Vaughan expressed its support for the proposal and subsequently agreed to provide land to York within the Vaughan Health Care Centre Precinct, in a location close to the Cortellucci Vaughan Hospital operated by Mackenzie Health.
- The province assigned public servants in the Ministry of Colleges and Universities (MCU) and Ministry of Health (MOH), to work with York representatives to further define the parameters and preliminary resourcing model for a possible new School of Medicine.
- In its March 2024 budget, the provincial government confirmed a \$9 million planning grant and committed to funding operations of the proposed School of Medicine starting in 2028, subject to being formally established through the University’s governance processes and accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS).
- CACMS approved York’s application to enter the accreditation process for a new medical school.
- An Indigenous ceremony was held and a Relationship Agreement signed with the Indigenous Primary Health Care Council (IPHCC) on September 12, 2024.²

¹ More details on the process and timeline can be viewed here on the School of Medicine planning website: <https://www.yorku.ca/medicine/planning/>.

² Sandra McLean. (2024) Relationship agreement ensures Indigenous priorities are included in future of health care. Available at: <https://www.yorku.ca/news/2024/09/12/relationship-agreement-ensures-indigenous-priorities-are-included-in-future-of-health-care/>

- President Lenton appointed Interim Provost and Vice President Academic David Peters as Dean of Record for the proposed School of Medicine effective October 1, 2024 to lead the accreditation process, and to sit as an observer on the Council of Ontario Faculties of Medicine (Dr. Peters was previously Dean of the Faculty of Health and will be returning to that position pending the appointment of a new Provost/VPA).

Both before and after the provincial government budget announcement of March 26, 2024, which included the confirmation of a planning grant for York University to develop a School of Medicine, President Lenton and then Provost Lisa Philipps discussed the implications and planning process with APPRC as part of their regular updates to the committee, and through more in-depth agenda items at several meetings between Winter 2022 – Spring 2024.³

APPRC reported on these discussions to Senate, inviting questions and input, and Senate held dedicated discussions on the School of Medicine on April 27, 2023 and June 27, 2024.

In September 2024, based on input from Senate Executive on the collegial governance pathway for the School of Medicine planning, APPRC directed the Interim Provost and VPA to establish a SoM PG with the responsibility of preparing a proposal for approval in principle to establish the School, including the administrative architecture of the new unit. APPRC also established an Ad Hoc Oversight Group (AOG), chaired by Lisa Farley, Professor in the Faculty of Education and a member of APPRC, to guide and facilitate the development of plans for the academic components of the school of medicine and liaise with the SoM PG on the development of the proposal. APPRC organized a Planning Forum on October 31, 2024, to consult on the plans with the York community.

Following further input from Senate Executive on the process, APPRC provided a detailed analysis of options for the administrative architecture of the new SoM, their advantages and disadvantages, for discussion by Senate at its meeting on December 12, 2024 (see [Appendix 3](#)). The SoM PG undertook further consultations with each of the Faculties between October 25 and December 13, 2024 ([Appendix 4](#)). SoM PG members listened attentively to all feedback from Senate, the APPRC Planning Forum, Faculty Councils, and others, and additional information was provided in the proposal for approval in principle to address questions, including more information about the financial plan.

In accordance with its mandate, the SoM PG developed a draft proposal for approval in principle to establish the SoM, which was reviewed at the AOG meetings on November 14 and 27, and December 19, 2024.

On January 8, 2025 the Council of the Faculty of Health voted to establish, in principle, a School of Medicine as a new academic unit within the Faculty of Health (with subsequent steps described in [Appendix 2](#)).

³ APPRC meeting dates: 10 March 2022, 15 and 29 September 2022, 3 November 2022, 16 and 30 March 2023, 15 February 2024, 28 March 2024, 18 April 2024 and 30 May 2024.

For Senators, the **approval in principle was a vote to continue planning on the School of Medicine without being bound to a final decision**. There were no formal criteria for assessment but the Planning Group and the AOG proposed these key considerations:

- Is the proposal consistent with the University Academic Plan, student needs, and York’s vision for access?
- Does the proposal align with best practices for its vision, governance and organization, curricular design, accreditation requirement, and approaches to research and health services?
- Does the proposal align with the University’s and relevant Faculty’s interests particularly in, although not limited to, interprofessional practice, interdisciplinary research, impact on community health and wellness, and addressing social justice?
- Are there adequate resources committed by Government or available from other sources to deliver on our vision for high quality of academic programming?
- What are the implications for other academic activities of the University?

Since receiving approval in principle by Senate, the SoM PG completed further consultations as needed to develop a more detailed full proposal for the establishment of the medical school, including its name and any concurrent changes to existing unit structures. The full proposal presented here will be considered for approval by the Faculty of Health Council before being reviewed by the AOG and APPRC and recommended to Senate for approval. It will then be considered by the Board of Governors for approval. The main changes in the full proposal from the proposal in principle are outlined in Table 1.1.

Table 1.1 Summary of Key Changes from the Proposal in Principle

Section	Page(s)	Content
1 – 4 Introduction History Rationale Vision	1-20	These sections have been edited to reflect the transition from proposal in principle to a full proposal, and edited for clarity.
5 – Accreditation Requirements	21-22	This is a new section to explain that: CACMS standards have necessarily informed all remaining sections of the proposal (not just curriculum but also administrative leadership, admissions, student supports, faculty complement, resourcing plan, etc.); how accreditation processes are running in parallel with governance approvals; and that efforts have been made to align with existing York policies and practices or to explain why a different approach is needed for a SoM.
6 – Organization and Structure	23	Updated to reflect approval in principle of “Model 2” in January Senate, and to expand on rationale for Faculty of Health’s continued support of this model; no other changes are being proposed to other unit structures in Health, though Faculty remains open to discussing other changes/additions as Faculties of the Future project progresses.

Section	Page(s)	Content
	23	Proposal to keep existing name of Faculty of Health which is broad enough to encompass all disciplines including SoM
	24-32	NEW – description of proposed leadership and administrative structure for restructured Faculty of Health and for SoM, based on CACMS standards and common practice at other medical schools. Proposal for the SoM and School of Nursing leads to be Vice-Deans, based on expected role in managing clinical care teams and interprofessional learning, with other unit leads remaining as Chair/Director. Proposed new Associate Dean, Assistant Dean, and Department Head roles, most of which must be held by clinical faculty. Proposed model for shared and local administrative services, including anticipated staffing complement for SoM.
7 – Student Admissions and Enrolment	33-37	No substantive changes, updated to reflect ongoing work by MD program planning committees.
8 – Faculty Complement	38-40	Additional details of expected complement size for clinical and non-clinical faculty, and specialized teaching roles. Further description of clinical and non-clinical faculty roles. Proposal for clinical faculty to be eligible to join the Faculty of Graduate Studies
9 – Curriculum	41-46	Removed “accreditation” from title and content, as CACMS process has now been broken out into new Section 5. Updates on curricular model incorporated based on ongoing work of the Transition Curriculum Committee.
10 - Governance	47-48	MOSTLY NEW – proposed principles for internal governance of future Faculty of Health with a SoM; description of how Faculty Council and its Committees will be adjusted; proposed membership on Faculty Council of a sub-group of the most heavily involved clinical faculty; proposed eligibility of this same group for Senate membership as part of Faculty of Health seat allotment; proposal for Provost to take steps to establish a University-wide Health Education and Research Committee to foster collaborations including joint degrees with SoM; description of proposed governance for ICLN including early leadership of three regional hospital systems and role of University.
11 – Resourcing Model and Implications	54-62	Revised with additional commitments on provincial funding that cover operating costs and startup costs, reflecting discussions with MCU and MOH since January 23 2025 Senate; and provincial government announcement of new funding for primary care clinics. Updated table on overall funding, and new table on annual Operating revenues and operating costs identifying net positive revenues.
12 – Next Steps in Implementation	63-64	Minor edits to update to the transition to a full proposal and the subsequent steps.
13 – Risk Mitigation	65-68	Minor changes. Updated by new financing assurances from the provincial government.

2. History of Proposal and Connection to University Planning

York University has been planning towards a medical school since shortly after its inception in 1959, with a continuous expression of commitment to this long-term goal in strategic planning documents since then.

A good place to start is *2020 Vision: The Future of York University*, endorsed by Senate in 1992, which specifically noted the lack of an Engineering School and a Medical School. This placed York University at a disadvantage relative to other large, metropolitan Canadian universities.⁴ Framed as a set of assumptions to inform future academic and enrolment planning, this document stated the intention to become a ‘comprehensive’ university.⁵ It made the point that diversifying York’s educational and research activities to include greater emphasis on sciences and health disciplines was in line with our mission of providing access to less privileged students in our region to a full range of study and career options, and with our commitments to interdisciplinarity and intellectual breadth and depth:

For personal, ethno-cultural or financial reasons, many residents of the GTA must either attend university somewhere within the region, or abandon higher education altogether...if public policy increasingly shifts enrolments into areas such as science, technology, and health – all areas in which York is relatively small or does not figure at all – GTA residents who wish to study locally in these fields will be particularly disadvantaged.⁶

It identified York’s novel and interdisciplinary work in health-related fields as well-placed to meet changing perceptions of what constitutes “health”. It posited that these growing areas might one day be consolidated in a Faculty of Health, and would eventually support York’s case for a new kind of medical school:

The fact that we have developed distinctive, responsive and well-grounded research and teaching in the area of health will give that claim great credibility. The fact that a medical school would be inserted into a novel academic milieu would ensure that its graduates would be uniquely qualified to deal with the health issues of the twenty-first century.⁷

Academic planning documents since *2020 Vision* have continued to advance priorities of becoming more comprehensive and expanding the range and depth of our health programming and research in particular.⁸

⁴ *2020 Vision: The Future of York University* p.5.

⁵ *2020 Vision: The Future of York University* p.4.

⁶ *2020 Vision: The Future of York University* p.10.

⁷ *2020 Vision: The Future of York University* p.24.

⁸ See for example, S. Embleton, Report to Senate on Progress Towards Academic Plans https://www.yorku.ca/embleton/reports/may_2005_progress_academic_plans.pdf

The creation of the Faculty of Health in 2006 was a major step forward in consolidating health-related disciplines at York and preparing for further opportunities to come. The Faculty of Health brought together previously separate schools and programs in Nursing, Psychology, Kinesiology, and Health Policy and Management, adding a School of Global Health and a Neuroscience program (shared with Science) in subsequent years. Health research has also flourished at York University as reflected in the growth of health-related organized research units and research clusters.⁹

In 2010, and informed by extensive collegial input, a Provostial white paper was developed to renew the University's strategic directions. The White Paper included the following among 12 major benchmarks for progress by 2020:

Over the next decade, York will continue our efforts to become a more comprehensive University, by continuing to expand the scope of the University's teaching and research activities in the areas of health and medicine, engineering, applied science, business-related and professional programs ... Two key benchmarks will be the establishment of a Medical School and an increase in applied science enrolment such that it would support the creation of a separate Faculty of Engineering.¹⁰

The University Academic Plan (UAP) 2015-2020 once again took stock of progress in building our health disciplines and reiterated that "York has signaled its interest in housing a medical school and has set the stage for this eventuality."¹¹

The longstanding intent to establish a medical school at York tracks right up to the university's current academic planning documents which set the immediate context for this proposal. The UAP 2020-2025 describes how York University has gradually become "a full spectrum University, increasingly recognized for excellence in health, engineering, and sciences, while we continue to lead in liberal arts, creative and performing arts, and professional studies." It goes on to state a specific intent during this 5-year period to "... develop an integrated health precinct with partners in Vaughan," and to continue moving toward a future medical school:

York has scaled up its health-related teaching, research, and innovation based on a vision of keeping more people healthier, longer. We are well placed over time to establish a medical school aligned with this vision, to serve one of Canada's

⁹ These include the Centre for Research on Biomolecular Interactions, Centre for Disease Modelling, Centre for Vision Research, Muscle Health Research Centre, Dahdaleh Institute for Global Health Research, York University Centre for Aging Research and Education (YU-CARE), LaMarsh Centre for Child and Youth Research, the Centre for Integrative and Applied Neuroscience, and the Mad Studies Hub.

¹⁰ *Building a More Engaged University: Strategic Directions for York University 2010-2020*, at 10 (http://vpacademic.yorku.ca/whitepaper/docs/White_Paper_Overview_April_15.pdf)

¹¹ York University Academic Plan 2015-2020, at p.7 (<https://www.yorku.ca/laps-faculty-council/wp-content/uploads/sites/265/2021/03/UAP-2015-2020.pdf>).

fastest growing and most diverse regions through a community-based care model that integrates physicians into broader health and wellbeing promotion teams.

The larger societal context for the current UAP, approved by Senate in June 2020, is acknowledged in one of its opening paragraphs:

This UAP is launching at a moment of unprecedented trial for human and planetary health, security, well-being, and understanding. In the midst of both a global pandemic and an international mobilization against anti-Black racism, our York University community has demonstrated extraordinary creativity, solidarity, and dedication to serving the public good while caring for all people, including the most marginalized and vulnerable. As a leading generator of knowledge and exemplar of social responsibility, York seeks to bring expertise from across disciplines to build new tools and strategies to tackle the myriad dimensions of these historic crises.

As the pandemic played out, it revealed tragically the severity of health inequities and gaps in access to both preventive and acute care in Ontario generally, and in the catchment service area surrounding York University's campuses. These traumatic events and their aftermath altered the course of health policy thinking in the province, and lent urgency to the planning for a School of Medicine at York. The University announced on May 20, 2021 that it would advance plans to establish a School of Medicine at York, with the support of municipal, regional, and hospital leaders.¹²

The University worked actively during the pandemic to strengthen partnerships with health care providers and community organizations; for example: through public vaccination clinics; expert advice from our leading scholars on infectious disease modelling and prevention; sharing of health care supplies and equipment; coordination of supports for arriving international students; and clinical placements of students from our School of Nursing. Also, during this time, public health agencies and care providers found new ways to overcome longstanding barriers to sharing information between organizations and coordinating prevention and care, demonstrating the compelling need and capacity for more integrated, interprofessional models of community-based health. The extreme pressures on health care providers throughout the pandemic emergency led to a wave of resignations and retirements, further worsening the shortage of health professionals in the province, including primary care physicians. Professional bodies such as the Canadian Medical Association warned of a deepening crisis in access to primary care.¹³

In the face of these events, the province undertook a review of health workforce planning and embarked on a historic expansion of medical schools. It looked to support innovative

¹² Announcement found at <https://www.yorku.ca/yfile/2021/05/20/york-university-advances-plans-to-establish-a-new-school-of-medicine-supported-by-gta-health-and-government-leaders/>

¹³ Canadian Medical Association, "Why Canada's health system needs (a lot more) team-based care" (undated): <https://www.cma.ca/our-focus/workforce-planning/why-canadas-health-system-needs-lot-more-team-based-care>.

approaches that would particularly increase the supply of family doctors and those specialists to whom family doctors most often refer their patients. Plans for a new medical school at Toronto Metropolitan University were announced in March 2022, along with an expansion of places at the University of Toronto's Scarborough campus, the Queen's-Lakeridge Health Campus, the Northern Ontario School of Medicine, Western University, McMaster University, and the University of Ottawa.¹⁴

Based on our reputation for leadership in nursing and several other health-related disciplines, and our longstanding vision and planning towards a community-based School of Medicine, York University was also well positioned to contribute to solving the shortfall of primary care doctors in Ontario. This was the context in which York submitted its initial conceptual proposal for a new School of Medicine to the province in February 2022, just prior to the province's announcement of a major medical school expansion the following month. York's conceptual proposal focused on addressing gaps in access to care in the service area immediately surrounding the Keele campus and extending north. Following an initial discussion of the conceptual proposal with APPRC on March 10, 2022, broad consultations were launched with Senate bodies and others internal to the University, and with health and community partners in the proposed service area.

Planning efforts intensified after the province expressed openness to receive a more detailed request for major capacity expansion. This request was submitted in September 2022 and was made available to APPRC members on a confidential basis, as more public sharing of the submission could jeopardize discussions with the province. York was then invited to participate in further discussions with public servants in the MOH and MCU. Over the ensuing months, the Provost and President provided updates and briefings on these discussions to APPRC, to inform its reports to Senate. Pending a decision from the province on whether to give York the "green light" to proceed to create a medical school, APPRC prepared the *Planning Prospectus* to anticipate the governance steps that would need to be followed in this event. The *Planning Prospectus* was first shared with Senate at its meeting on April 27, 2023.

Consultations also continued within the broader York University community and the proposed medical school was woven into additional strategic planning processes. This includes the current Strategic Research Plan (2023-2028) (SRP) which identifies health research as a broad area of current strength spanning across disciplines, and an area where York aims to grow further. The SRP references a School of Medicine as a potential driver of research related to "Healthy Communities, Equity and Global Well-Being" (at p.18):

Over the longer-term, York maintains its aspiration for a new kind of medical school to focus on integrated interdisciplinary, team-based family primary care, community health and wellness through the lifespan. Informed by demographics, health care gaps and the evolution of medicine, our emphasis is on the integration of primary care physicians within the context of the broader health care and

¹⁴ <https://news.ontario.ca/en/release/1001773/ontario-training-more-doctors-as-it-builds-a-more-resilient-health-care-system>

wellness promotion teams. As a partner in the Vaughan Healthcare Centre Precinct (VHCP), York University is well positioned to advance health care practices and outcomes through local and global partnerships.

In addition, the Faculty of Health, in its 2023-2028 Strategic Plan¹⁵ on *Building a Healthy World for All*, embraced a vision of being leaders and partners for a healthy and just 21st Century world, and positively influencing health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasizes commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities.

These planning steps laid the groundwork for the provincial government to endorse York's proposal and to announce in its annual budget speech in March 2024, a commitment to fund the operations of a new School of Medicine at the University.

¹⁵ <https://www.yorku.ca/healthyworld/>

3. Rationale

The rationale for creating a new School of Medicine at York University is based most importantly on a dire need for more primary care physicians in Ontario (and more broadly in Canada), with a focus on actioning principles of access and equity to address systemic and structural barriers to the medical profession and to health care.

In July 2024, the Ontario College of Family Physicians reported that 2.5 million people in Ontario were without a family doctor, and with projections showing a rapid growth as older physicians are retiring.¹⁶ York University is well poised to contribute to solving the crisis of primary care by participating in a rare, provincially funded expansion of medical education, which unlike previous expansions is not being limited to existing medical schools. The University is well prepared to pursue this opportunity because we have been steadily building up our health-related programming, scholarship, and contributions over several decades, with a clear intention to add a medical school that would serve our regional communities.

As recognized in multiple strategic planning documents endorsed by Senate over the years, a School of Medicine will advance York University’s overarching vision: to provide a broad demographic of students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities we serve. The proposed School of Medicine will achieve this in multiple ways by:

- increasing the numbers of primary care health providers and access to health services;
- providing access to medical education to students who otherwise would not be able to pursue this ambition;
- providing opportunities to diversify the health workforce to better reflect the population of our service area;
- contributing to much-needed health system reforms and better health outcomes;
- playing a transformative role in medical and health professional education;
- expanding opportunities for health-related educational programming across Faculties at York and with partners; and
- enhancing the research and innovation capabilities and impact of the University.

Provincial endorsement to launch a new medical school at York is an important milestone for the University, for Ontario, and for Canada. The provincial government has committed to fund the school’s operations and the plans are backed by the enthusiastic support of many partners throughout our service area.

The timing could not be more critical. Currently, one in five Canadians do not have a family physician, due to the lack of family physicians and to social and structural barriers that limit

¹⁶ Ontario College of Family Physicians. (July 11 2024) <https://ontariofamilyphysicians.ca/news/new-data-shows-there-are-now-2-5-million-ontarians-without-a-family-doctor/>

peoples' access to primary health care.¹⁷ The result can mean a lack of the continuity of care essential to promoting long-term health and well-being. Building on York's global leadership in health, the School of Medicine would offer a community-based approach that addresses both supply and demand barriers to access, and that places the social determinants of health and population health methodologies at the forefront of the curriculum.

To directly address the most pressing shortages in primary care medicine, the School would be designed to produce Family Physicians as well as highly needed generalist specialists to whom family doctors most commonly refer their patients: pediatrics, general internal medicine, psychiatry, obstetrics & gynecology, and general surgery, and the sub-specialty of geriatric medicine. This cluster of specialties is often referred to in the health care system as "generalist specialty physicians." Medical students will benefit from opportunities to learn in multiple settings where patients are seen (e.g. home, clinic, hospital, long-term care, etc.), often seeing the same patients across those settings. This proposed approach is in stark contrast to traditional models of medical education where clinical training is largely or entirely hospital-based, focused on acute care, and typically organized as a series of rotations through specialty medicine departments. The traditional model is based on centring different diseases or pathologies, rather than centring people and their families through a continuity of experiences with prevention, early detection, illness or injury, treatment, rehabilitation, and recovery to wellness. Unlike the traditional model, York's proposed School of Medicine will emphasize the role of primary care physicians in working with interprofessional teams to provide continuity of care to patients and communities, and with continuity of clinical supervision across an ecosystem of care.

The SoM also provides an important way for the University to **fully embrace and implement the Truth and Reconciliation (TRC) Calls to Action** (see Box 3.1).¹⁸ Educating Indigenous physicians and those interested in serving in Indigenous communities, and incorporating traditional knowledge and ways of healing into the medical curriculum are central to our social accountability mandate. Some of these plans have been outlined in York University's Relationship Agreement with the Indigenous Primary Health Care Council.²

¹⁷ Duong D, Vogel L. National survey highlights worsening primary care access. CMAJ. 2023 Apr 24;195(16):E592-E593. doi: 10.1503/cmaj.1096049

¹⁸ Truth and Reconciliation Commission of Canada (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Box 3.1: Truth and Reconciliation Commission of Canada: Calls to Action

Of the 94 Calls to Action, there are several that have direct implications for the admissions and curriculum of Canadian Medical Schools, and which have been taken up by all Canadian Medical Schools, as reflected in the Association of Faculties of Medicine of Canada (AFMC) Joint Commitment to Action on Indigenous Health (JCAIH) Reports.¹⁹ York's SoM, and the health professional programs in the Faculty of Health, will embrace and implement the following Calls to Action:

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
 - i. Increase the number of Aboriginal professionals working in the health-care field.
 - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - iii. Provide cultural competency training for all healthcare professionals.
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

In addition to the immense societal benefits and increased access to medical education for our students, **creating a medical school will serve York University's broader institutional mission in ways that will tangibly benefit our existing faculty, students, and staff by expanding academic and research opportunities well beyond the medical school itself.** Considering the financial pressures facing post-secondary institutions across Canada, it is important to underline that a medical school will open new sources of revenue to the University to better support a wide range of academic areas.

In terms of enrolment funding, **the School of Medicine itself will be supported by new, incremental government operating revenues that otherwise would not be available to York.** In addition, there will be spillover benefits to other areas of the University that currently offer health related or health-adjacent programming, or that could do so in the future.

At the undergraduate level, a medical school would support the general demand for education in the sciences at York, helping to fund the additional faculty complement, labs, and equipment

¹⁹ Anderson M, Crowshoe L, Diffey L, Green M, Kitty D, Lavallee B, Saylor K, Richardson L, (Writing Working Group) on behalf of the Indigenous Health Network. (2019). Joint Commitment to Action on Indigenous Health. Association of Faculties of Medicine of Canada. Available at: https://www.afmc.ca/wp-content/uploads/2022/10/AFMC_Position_Paper_JCAIH_EN.pdf

needed to continue building our excellence in areas of basic and applied research. Importantly, however, pre-medical education has moved well beyond the traditional focus on basic sciences to include pathways in and through the social sciences and humanities. There is scope for multiple units to grow existing or create new health-adjacent programs to support either preparation for the medical school, or to provide alternative exit ramps for students who are not admitted to medical school or who decide to pursue other health-related degrees at York.

A scan of pre-medical and health-adjacent programming at other medical universities was conducted to illustrate the possible opportunities created with a medical school (details in [Appendix 5](#)). The results show that innovative interdisciplinary health programs are emerging in Ontario as well as outside of Canada, in addition to the existing ones in Public/Global Health, Health Informatics, Health Law, and Health Administration. For example, the latest Classification of Instructional Programs (CIP) taxonomy through Statistics Canada introduces new categories for emerging interdisciplinary health programs reflecting growing interest in innovative pathways, including:

- Medical/Health Humanities
- Medical/Health Anthropology
- Health Communication
- Bioethics/Medical Ethics
- Arts in Medicine/Health
- History of Medicine

While Canadian institutions have not yet reported enrolments in these areas, some institutions such as the University of Toronto (UofT) have started formalizing programming. The UofT already offers a minor in Medical Humanities, as well as Medical Anthropology, a master's in biomedical communications, and both a Master's and a BA in Bioethics. U.S. institutions are also actively developing and offering programs aligned with these categories. Data from the United States shows degree completions (wherever available) in the last three years have been trending upwards at a fast pace. York is well situated to re-position its current programs, such as Health and Society, to benefit from the School of Medicine. Additionally, York can create new interdisciplinary programs to drive enrolments in other Faculties before these programs become mainstream in Ontario and Canada. A broad swath of disciplines at York can be expected to benefit from increased interest in York as an obvious place to pursue studies that lead to medicine and a range of other health related-professions and careers.

At the graduate level, consultations across the University have confirmed the substantial interest and opportunity that exists for joint or complementary graduate programs and projects between the School of Medicine and other Faculties and units. These could include both professional and research graduate programs. Examples of joint degree programs that have been suggested in consultations or that are offered with medicine at other universities include: Masters in Medical Education (with the Faculty of Education), Biomedical engineering programs (with Lassonde), MD plus MBA programs (with Schulich School of Business), an MD plus MPH on population and planetary health (a program that would cross a range of Faculties); and MD plus

MSc or PhD degrees in Artificial Intelligence (AI) and Digital Health, Biostatistics, Epidemiology, or in basic sciences (with the Faculty of Science). New joint degree programs involving the School of Medicine, whether with the Faculty of Health or other Faculties, would go through the required quality assurance and University governance processes for review and approval.

From a research and philanthropic perspective, a School of Medicine will attract new sources of funding and partnerships for which York is not now a candidate, by opening opportunities for Federal and non-Federal grant programs that involve medicine and population health.

Specifically, it can:

- create eligibility for a wider range of granting programs in the public and non-profit sectors; and
- enable research partnerships with practitioners and health care organizations in the medical school's network of health providers, including access to clinical data.

These enhanced research activities and funding would benefit a broad range of York researchers within and beyond the School of Medicine itself, including existing organized research units and faculty members across all disciplines whose work intersects with health and wellness issues. There are specific opportunities to expand translational research that bridges basic sciences into clinical interventions and then evaluates those interventions for publication (e.g. muscle health, immunology, physiology, nutrition, toxicology, metabolic and genetic research, biomechanics, robotics, psychopathology, neuroscience). A School of Medicine will also help York to expand social determinants and population health areas of research, education, and community practice (e.g. epidemiology, biostatistics, infectious disease modelling, digital health, healthy aging, health economics and political economy, critical disability studies, medical anthropology, social work, health analytics and administration).

A sizable proportion of overall research funding in Canada and internationally is reserved for medical and clinical health research, and some of these sources are restricted either formally or informally to scholars affiliated with medical universities. This is why medical universities on average have much higher research income than non-medical universities, more research infrastructure, and more externally funded research-intensive faculty positions including Canada Research Chairs (CRCs). Establishing a medical school at York University would enable York scholars to access the full range of research funding opportunities available in Canada, including for research infrastructure. This would substantially accelerate York's progress toward achieving the research intensification goals outlined in the UAP and Strategic Research Plan. Furthermore, the tri-agency allocates CRCs based on a university's funding from federal granting agencies. An increase in tri-council research funding at York would therefore lead to a proportional increase in the number of CRCs allocated to the University. Currently, York sits at the median for the number of CRCs held by faculty at comprehensive universities (24). In contrast, the median number for universities with medical schools is significantly higher (67). There is also a broader range of foundation and industry sponsors of medical research that York researchers would be able to tap into.

During the consultations, some have asked if these additional research monies and resources would benefit only biomedical researchers, or how the benefits would be shared more broadly. York has consistently taken a balanced approach to distributing research supports to recognize all forms of research and creative excellence, not just those that have access to the largest grants. The Vice President Research and Innovation (VPRI) has provided assurances this would continue to be the University's approach as research income grows with the addition of a medical school. For example, the current allocation of CRCs among and within Faculties is not strictly proportional to research income. It also considers factors such as the demonstrated strengths of specific research areas, alignment with institutional priorities, and potential for growth and impact. Likewise, the University's access to various federal funding envelopes for research infrastructure is based on total Tri-Council income (e.g. CFI, Incremental Project Grant or IPG); but these envelopes are distributed not in proportion to the research income of Faculties but based on the excellence of individual proposals. Likewise, internally funded initiatives such as York Research Chairs (YRCs) and programs like the Catalyzing Interdisciplinary Research Clusters have been designed and distributed to support excellence across all disciplines and Faculties of the University, regardless of their relative research income, and have been used strategically to complement CRCs to advance research across all faculties. University Fund monies have also been provided to support strategic initiatives of the University further providing for a redistributive element to ensure equitable support to all areas of scholarly and creative excellence.

A School of Medicine will also bring important reputational benefits that will lift the fortunes of all Faculties and disciplines at the University. York is highly ranked in several subject areas of longstanding strength and profile.²⁰ Yet despite a superb reputation in some fields, a lack of a medical school means that York's overall World University Rankings still lag behind those of all medical universities in Ontario.²¹ Rarely do prospective students, funders, or partners drill down beneath overall rankings, to consider York's rankings by subject. By gaining access to the full range of available government and research funding, graduate programming, and areas of growing student demand and employment opportunities, York will be in a position to compete on a more level playing field with these other universities. Its attractiveness to top students and faculty from around the world across all fields will be strengthened to benefit our programs and scholars. While rankings methodologies have many limitations, they are undeniably relied upon by a variety of audiences to gain an overall impression of the quality and stature of a

²⁰Based on the latest Times Higher Education and QS Subject Rankings, the following York disciplines are ranked in the top 150 internationally (ordered alphabetically, not by ranking): Accounting and Finance, Anthropology, Communications and Media, Development Studies, Education, English, History, Law, Performing Arts, Philosophy, Psychology, and Sociology.

²¹ York University is currently ranked at #362 in the QS World University Rankings, and in the 401-500 tier of the Times Higher Education World University Rankings. This compares to the following for Ontario's medical universities: McMaster (QS WUR #176; THE WUR #116); Ottawa (QS WUR #189; THE WUR #191; Queen's (QS WUR #193; THE WUR #301-350); Toronto (QS WUR #25; THE WUR #21); Western (QS WUR #120; THE WUR #201-250) This does not include the Northern Ontario School of Medicine which is a small standalone medical university and is not ranked internationally. Toronto Metropolitan University is currently ranked in the #801-850 tier in QS WUR, and the #601-800 tier of THE WUR. Given lags in the data used by rankings agencies, the impact of its recently accredited medical school can be expected to impact its rankings in the next few years.

University. In an increasingly competitive higher education landscape, bringing a medical school to York will ensure its due recognition as a leading research-intensive university. By the same measure, foregoing a medical school would signal that York is choosing a different path from those universities that have, or are launching new medical schools; a path that is more focused on undergraduate teaching and less focused on being a research-intensive university.

4. The Vision for Medicine at York

While Canada had been among the healthiest high-income countries in the world, it has slipped considerably in terms of health outcomes and access to and affordability of health care.²² Canada was among the bottom four of 38 OECD countries in terms of life expectancy gained between 2010 and 2019, and like many countries, life expectancy declined during the pandemic.¹⁸ Canada faces a serious health-equity crisis that is set to balloon in the next decade.

To help address this crisis, the School of Medicine Planning Group envisions a School of Medicine that is informed by a transformational community-based and person-centred curriculum, emerging technologies, and the delivery of primary health care through interprofessional teams. It is a School that generates and applies groundbreaking and fit-for-purpose research and innovation to produce high quality and equitable health care that improves the health and wellness of individuals and communities.

The York University School of Medicine proposes to apply a learning, research, and service model with inclusive and equitable access across an expansive and diverse service area, in collaboration with a network of health care providers and organizations, and with other Ontario schools of medicine. York's service area would cover communities in northern Toronto, York Region, Simcoe County, the District of Muskoka, and adjacent rural areas. The immediate service area for York's proposed School of Medicine includes a population of about 2.2 million people.

The School of Medicine would employ a holistic approach to medical education involving an understanding of the social determinants of health and their implications across the spectrum of health promotion and illness prevention, cure, chronic care management, rehabilitation, and palliation. Illness prevention and wellness promotion strategies, including nutrition, physical activity, lifestyle and health behavior change would figure prominently in their training, along with hands-on, problem-solving experiences to understand and address social and structural determinants of health.

School of Medicine students would be educated to work in interprofessional teams, thus strengthening primary health care through collaborative expertise. This will require opportunities to learn and work with other professionals involved in primary care settings including, but not limited to, nurses, nurse practitioners, rehabilitation therapists, social workers, pharmacists, dieticians, and others. To build these collaborative learning opportunities, the York University School of Medicine would use a network of clinical learning sites including hospitals, family health centres, community health clinics, long-term care and rehabilitation facilities. Learners would also work with community providers including Indigenous primary care health organizations in our service area. This service area includes major hospital partners like Mackenzie Health, Southlake Regional Health Center, Oak Valley

²² OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>.

Health, and the Royal Victoria Regional Health Center, as well as the Waypoint Centre for Mental Health Care, along with a range of 17 hospitals, Indigenous primary care centers, and many community clinics and family medicine and specialist practice groups.

These and other health providers would come together with the University to form an Integrated Clinical Learning Network (ICLN). The ICLN would work collaboratively to provide York's medical students with a sequence of placements and learning experiences focused on primary care. As an early step toward building the partnerships needed to enable this vision, York University has become a member of the Western York Region Ontario Health Team (WYR OHT), one of 58 Ontario Health Teams established by the province to foster a better continuum of care through integration of different services and professionals.

The hospitals in our service area are community-focused hospitals, which are different than the provincially designated academic health sciences centres that are typically affiliated with older medical schools. Many of the hospitals in our network already take some medical students and residents on placement, and have expressed enthusiasm for doing more teaching, mentorship, and research to develop the physicians, health teams, and integrated health systems needed for the future in our service area. They are well aligned with the vision for medicine at York. As such the University and the province have a high degree of confidence that they would make strong ICLN partners for York's medical school to achieve its goals.

The program would thus be based in on an approach that builds mutually beneficial and respectful partnerships, leveraging the community for the student learning experience. We would also be leveraging the most recent emerging health technologies, AI, and machine learning analytic methods to address individual and community health issues. When funding for the capital project becomes available, an anchor facility will be constructed in the Vaughan Healthcare Centre Precinct, near the Cortellucci Vaughan Hospital operated by Mackenzie Health. As the first new hospital to be built in Ontario in more than 30 years, a partnership with the Cortellucci Vaughan Hospital provides opportunities for training in smart technology systems and a data-rich environment.

As the first school of its kind in Ontario and Canada to educate generalist physicians in an interprofessional, community-based model, the students enrolled at York's School of Medicine will benefit from opportunities to train in multiple clinical and community settings while learning from world-class faculty.

5. Accreditation Requirements

The professional accreditation requirements for medical schools provide an important contextual backdrop to the remaining sections of this proposal.

Before admitting its first class, the SoM must achieve preliminary accreditation by CACMS, which accredits all medical schools in Canada. This is followed by a stepwise review process, including provisional accreditation as the program progresses, leading to full accreditation upon graduating the charter class. Once fully accredited, the school will undergo an eight-year accreditation cycle, with a comprehensive review every eight years and interim reporting at the midpoint. Accreditation is based on detailed standards concerning not only the Medical Doctor (MD) curriculum, but all aspects of operations including the School's leadership and administration, how faculty and students are selected and supported, social accountability, resourcing and infrastructure.²³

The design choices reflected in the balance of this proposal have been informed by the accreditation standards, as well as by the distinctive vision for York's SoM and practices at other Canadian medical schools. Every effort has been made to integrate and align these considerations with existing structures, policies, and strategic plans at York University where possible, and to explain the reasons for any proposed deviations from or adjustments to past precedent at York. In many cases where the SoM is proposed to operate differently from current practice, the explanation relates directly to the accreditation standards and how they have been operationalized historically by CACMS and by other medical schools.

To reflect the addition of a new School, and to align with professional accreditation standards and norms, implementing some aspects of this proposal (if approved by Senate) will require revisions to University policies (following approval through normal governance channels), or to the YUFA collective agreement (following discussion with the union).

The process for obtaining preliminary accreditation requires a suite of Program Development Committees to develop submissions demonstrating how each of the Standards will be met. These submissions are due to CACMS prior to a site visit by an external peer review committee. All these steps must adhere to a prescribed timeline for York to be able to admit the charter class of students in 2028, in line with the expectations attached to the province's funding approval. The Program Development Committees were launched progressively starting in Fall 2024. Ultimately, there will be 15 committees involving over 280 people in total, including over 40 York faculty members, two York academic administrators and staff, as well as external medical education experts, clinicians, students, and members of the community in our service area, in accordance with CACMS guidelines. The planning grant provided by the province is

²³ The CACMS Standards for accreditation can be found here: <https://cacms-cafmc.ca/>. A list of the associated Program Development Committees and their terms of reference is available here: <https://www.yorku.ca/medicine/planning/>.

being used to retain the requisite expertise and administrative support to develop the detailed submissions to CACMS.

The Program Development Committees are working in a coordinated fashion with the SoM PG, to align the accreditation process with collegial governance approvals to establish the school as a new unit, and to approve new degree programs including the required steps in the [York University Quality Assurance Procedures](#). This includes input and approval by Senate Committees (i.e. Academic Standards, Curriculum and Pedagogy (ASCP), Academic Policy, Planning, and Research (APPRC), and Senate Executive), followed by Senate.

The SoM will also provide training to residents, who are licensed physicians (with MD degrees) who will undertake post-graduate training in a particular medical field. They are considered to be post-graduate learners by the University and are involved in providing supervised patient care with increasing autonomy in a paid full-time job, in programs having variable durations (2-7 years), and play a role in educating medical students. These residency programs are also accredited by the College of Family Physicians of Canada (CFPC) for family medicine residents, or by the Royal College of Physicians and Surgeons of Canada (RCPSC). These residency programs are described in more detail later in this document.

6. Organization and Structure

A new SoM has significant implications for the Faculty of Health, which consequently has had extensive discussions regarding its relationship with a medical school since early in the planning phase. The Faculty of Health supports an integrated model in which the SoM is established as a new unit within the Faculty of Health (“Model 2” in the proposal for approval in principle, see Appendix 3). The Faculty provided that input to the SoM PG, which similarly concluded that this model best aligns with the vision for interprofessional education and interdisciplinary research. The options for the administrative architecture of a SoM were discussed further at APPRC and then brought forward for discussion at the Senate meeting of December 12, 2024, under the APPRC report (see Appendix 3). The Faculty of Health Council reviewed the various organizational models at its meeting of January 8, 2025, and voted in principle to establish a SoM as a new unit within the Faculty of Health. This model was subsequently recommended by APPRC to Senate and approved in principle by Senate at its meeting on January 23, 2025.

In keeping with these prior deliberations, **the proponent Faculty of Health is now recommending formal statutory approval to establish the School as a new unit within the Faculty of Health.** Based on discussions at the Faculty of Health Executive & Planning Committee, no name change is being proposed for the Faculty of Health at this time. The existing name is sufficiently broad to encompass all its disciplinary areas of expertise including medicine, and the proposed SoM.

The key reason for embedding the SoM within the Faculty of Health is to deliver on interprofessional education and provide a stronger social determinants perspective on health, both core features of the vision for the School. This organizational model will build on the multi-disciplinary research and teaching strengths of the five existing units within the Faculty of Health, while also being open to having other units or faculty members join the SoM or the Faculty of Health in the future. Positioning various health disciplines in a Faculty under one Dean fosters a more comprehensive approach to health. Collaborating with psychology, nursing, and kinesiology, focused on professional clinical care, as well as global health, and health policy and management focused on addressing issues of public and population health and the social and structural determinants of health, will enhance medical education and overall health outcomes for Ontarians. This model will also serve to reduce the isolation of the SoM, preventing the perpetuation of silos within the University and the healthcare system. Finally, this approach is also more affordable than other options, as it will allow units within the Faculty of Health to share an efficient common administrative infrastructure needed to support areas such as clinical and experiential learning, interprofessional education, Indigenous health, and research administration (see [Appendix 3](#) for the full rationale).

This proposal is built on the existing structure and organization of the Faculty of Health and does not propose any other structural changes to its existing Schools or Department. That is, it does not propose the addition or merger of existing Faculties, Schools, Departments or other units with the SoM or the Faculty of Health at this time. However, the Faculty of Health remains

open to new collaborations and anticipates that as the *Faculties of the Future* discussions continue, more opportunity for aligning and merging organizational structures and academic programs will emerge.

While the Faculty of Health is proposed as the most logical administrative location for a school of medicine, future opportunities for synergistic collaboration with other units beyond the Faculty of Health exist. The Faculty would welcome discussions with faculty members and units who express an interest in joining the Faculty of Health or the SoM. Given that CACMS accreditation emphasizes interdisciplinary collaboration in both education and research - particularly through interprofessional education (Standard 7.9) and faculty scholarly contributions (Standard 4.5) - faculty cross or joint appointments can serve as a strategic means to strengthen these areas. In addition, the creation of joint appointments with other Faculties, and simplified processes to encourage teaching in Faculties and Schools that are outside faculty members' primary appointment, as well as for collaborative research and scholarly practice. In addition to having cross or joint appointments and collaborations through research units, another way to optimize these collaborations is to establish a pan-University Health Education and Research Committee, with representation from all interested units, to coordinate joint program development and interdisciplinary research projects.

Leadership and Administration

a) Dean

Accreditation standards (notably Standards 2.1 and 2.3) require that a medical school be led by a dean with appropriate qualifications and authority.²⁴ To satisfy this requirement, it is proposed that the Dean of the Faculty of Health would also be the Dean of the School of Medicine, and report to the Provost on academic matters and to the President on other matters such as governance of the ICLN and relationships with external partners and funders. This type of dual reporting with a Dean of the Faculty of Health and the SoM is a model employed by other medical universities in Canada, with McMaster and Queens Universities having very similar arrangements. It is proposed that following approval by Senate and concurrence by the Board of Governors to establish the SoM, the President undertake consultations with the Faculty of Health on the acceptability of the current Dean of the Faculty being appointed to hold this dual title.

²⁴ CACMS Standard 2 states that "A medical school has a sufficient number of faculty members in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components"; that the head of the medical school is a dean "appointed by or on the authority of the governing board of the university" (2.1); and that "The dean of a medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities" (2.3).

Importantly, the accreditation standards do not strictly require that the dean be a medical doctor with a clinical practice, but rather that they are “qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school”.²⁵ There are precedents at other universities for having a dean without a medical degree, or without a clinical medical practice.

By contrast, some of the other leadership and administrative roles proposed below will need to be held by clinical faculty, based on the nature of the responsibilities. The extensive role of clinical faculty members (i.e. practicing MD or other health care provider) in the SoM is described in more detail in Section 8 of this proposal on the Faculty Complement. Briefly, clinical faculty will have different types of appointments than full-time academic (non-clinical) faculty members at the University, as the former will also have hospital or clinic appointments and credentials, or continue to actively practice medicine as their primary source of income separate from the University. Even where clinical faculty hold leadership positions, they would be contributing a part of their time to medical school administration while they continue in a clinical practice.

In accordance with CACMS, Standard 2.5 requires that medical schools have sufficient leadership and administrative staff to manage the program effectively. Accreditation standards and norms in Canadian medical schools require these roles to carry titles such as “Vice Dean” and “Associate Dean” and “Assistant Dean,” but the nature of these roles is quite different from their normal usage in the university. The SoM will need some of these roles to oversee critical and distributed functions that are specific to medical education delivery, student support and faculty development. Medicine is a highly regulated field, where students and residents learn and work in supervised and often sensitive and stressful clinical settings, and have professional obligations to patients, the professional bodies, and regulatory agencies.

Following the practice at other Canadian medical schools, a Vice Dean is a more senior position that serves as a deputy to the Dean of Medicine on one or more dossiers assigned by the Dean, typically with responsibilities involving both external bodies and those internal to the University. Associate Deans perform such duties as may be assigned by a Dean, and may work under a Vice Dean, and an Assistant Dean may perform such duties as assigned by a Dean, and may work under an Associate Dean. Currently at York, Associate Deanships are taken up by full-time academic faculty members, while Assistant Deans are senior staff members. By contrast, in the SoM, almost all of these positions would be held by clinical faculty who work in health care organizations and spend only part of their time supporting medical school administration (those that can be held by clinical or non-clinical faculty are described below). For comparison, the leadership structures within the six medical schools currently operating in Ontario are summarized in Table 6.1.

²⁵ CACMS Standard 2.2.

Table 6.1 Leadership Structures of Ontario Medical Schools

School of Medicine	Vice Deans*	Associate Deans	Assistant Deans	Chairs of Disciplinary Departments
Michael G. DeGroot School of Medicine (within Faculty of Health Sciences)	6	3		12
Northern Ontario School of Medicine University	3	6		13
Queens University School of Medicine (within Faculty of Health Sciences)	4	6	3	17
University of Ottawa, Faculty of Medicine	9	2		15
University of Toronto, Temerty Faculty of Medicine	4	7		22
University of Western Ontario, Schulich School of Medicine & Dentistry	6	9	9	21
York University School of Medicine Proposal	1 (0.9 FTE)	9 (6.1 FTE)	3 (1.4 FTE)	9 (4.3 FTE)

* Includes Senior Vice Deans, Executive Vice Deans, and Executive Vice Dean & Associate Vice President
Excludes Deans and Vice Deans from other Schools under a Faculty of Health Sciences or equivalent

As noted in the previous section on accreditation requirements, some aspects of the proposed leadership and administrative structure will require separate discussion with YUFA about revisions to the collective agreement.

b) Faculty of Health Dean’s Office

The Dean of the Faculty of Health’s office currently includes four Associate Deans (Faculty Affairs & Inclusiveness; Research & Innovation; Learning, Teaching & Academic Programs; and Students), as well as administrative, technical and other support staff. It is proposed that the Associate Dean for Research & Innovation be elevated to a Vice Dean, in part to oversee the Associate Dean for Medical Research & Innovation in the SoM, and to expand interdisciplinary research. It is also proposed to add three new positions at the Faculty level who are needed to meet accreditation requirements for the SoM, but who would also support the whole Faculty:

- Associate Dean, Integrated Community-Based Learning Network (ICLN) and Health Systems: Held by a clinical faculty member, this role would be responsible for operationalizing relationships with health care organizations, supporting recruitment and credentialing of clinical faculty, supporting development of the ICLN, and coordinating learner placements and experiential learning for medical students and

other health professional students in clinical environments. They serve as deputy to the Dean on ICLN matters both internal and external to the Faculty and SoM.

- Associate Dean, Indigenous Health: This role could be held by either a clinical or non-clinical faculty member serving as a deputy to the Dean, providing leadership related to Indigenous health and wellness programming, Indigenous curriculum and training, Indigenous communities' partnerships, Indigenous faculty and student supports, and Indigenous health research on matters both internal and external to the Faculty and SoM.
- Associate Dean, Interprofessional Learning and Practice: This role could be held by either a clinical or a non-clinical faculty member, with responsibility to lead the development, implementation, monitoring and evaluation of interprofessional learning and practice across the Faculty of Health, and in collaboration with other Faculties that wish to collaborate and participate in interprofessional education.

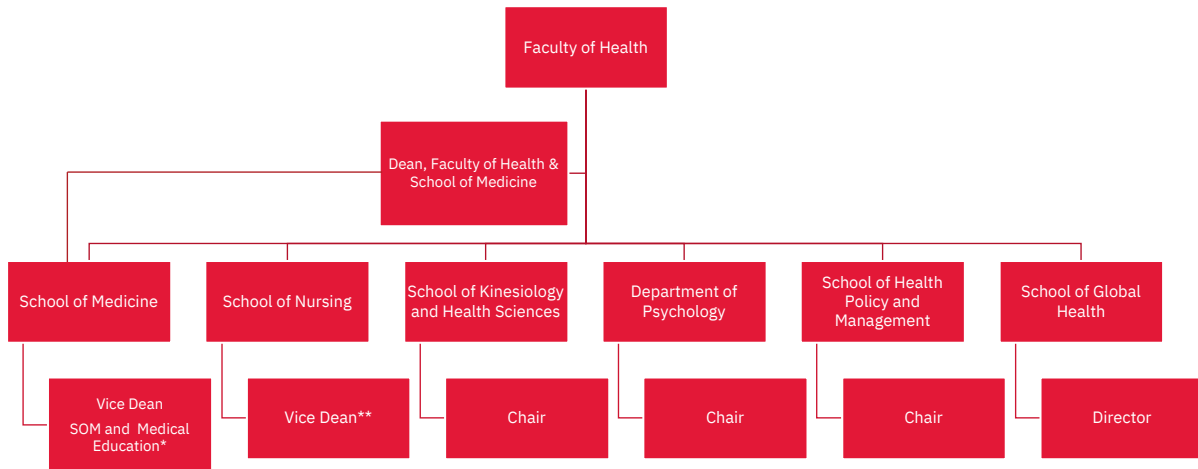
c) Unit leadership for SoM and existing Schools and Department of the Faculty

As the Dean would continue to serve the entire Faculty of Health including all its units, it is proposed that dedicated leadership for the SoM as a unit be provided by a Vice-Dean (SoM and Medical Education), again following the practice of several other Canadian medical schools. The Vice-Dean would be a clinical faculty member who would provide academic leadership for the SoM itself and would represent the SoM on select committees within the University and with healthcare partners. Furthermore, several SoM governance committees essential to the medical education program, such as the Curriculum Committee, Admissions Committee, and Assessment Committee will be needed. These committees play a critical role in meeting and maintaining accreditation standards, ensuring educational quality and overseeing student selection and assessment. These committees will require ongoing leadership, faculty participation, and dedicated support to align with accreditation expectations and the evolving needs of the program.

To align the leadership structure within the Faculty, particularly with the School of Nursing, which plays a large and established role in clinical education, a change is also proposed in the academic leadership for the School of Nursing, from the current Director role to a Vice-Dean. This follows the model used at other universities that have both a SoM and a School of Nursing existing inside a single Faculty (e.g. McMaster, Queens, McGill, Manitoba). It is proposed that York also adopt this model as it would strengthen collaboration between the School of Medicine and the School of Nursing and ensure that the two schools can engage as equal partners in academic health initiatives for the Faculty. This change is especially compelling in view of the Ontario government's recent announcement of funding for a province-wide network of new primary care clinics, some of which will be nurse-led. As a Vice-Dean, the School of Nursing leader would take on a larger scope of responsibilities including engagement with healthcare partners for the organization and delivery of academic health services and the supervision of students in clinical settings.

No other changes in the structure or leadership of the other Schools and Department of the Faculty of Health are proposed.

Figure 6.1 Faculty of Health Schools and Department



* The Vice Dean, SOM and Education (as shown here) may also have another major portfolio (e.g., ICLN)

** A Nursing Vice Dean is a newly proposed position replacing the Director, and proposed because of the expanded and new roles for academic nursing in primary care practice and learning as part of the ICLN

d) Leadership within the School of Medicine

As noted above, the SoM itself is proposed to be deputized by the Dean to a Vice-Dean (SoM and Medical Education), who will be a clinical faculty member. To be accredited, the School will also need additional roles to lead its clinical education and research functions.²⁶ In addition to the three decanal positions that would also serve across the Faculty of Health, and additional four Associate Deans and three Assistant Deans (all clinical faculty) are proposed to lead key portfolios. Canadian medical schools are further organized around sub-disciplines of medical practice, structured as departments. Nine disciplinary Departments are proposed to ensure that residency accreditation requirements are met, noting that this is much fewer than other Canadian medical schools because of our emphasis on Family Medicine and generalist specialties. All faculty would have their appointments in the SoM rather than in a specific Department, as one measure to promote cross-school collaboration. Each of these sub-disciplines would be led by a “head” (most medical school departments elsewhere are led by a “chair”) who is a clinical faculty member who is also affiliated with one of the school’s hospital or other health care partners (with exception of two Departments where the head could be clinical or non-clinical faculty). The equivalent leadership structure and portfolios proposed for

²⁶ CACMS Standard 2.4 requires the School to have “a sufficient number of vice, associate, assistant deans, or positions of an equivalent nature; leaders of organizational units; and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.”

York's SoM are summarized in Table 6.2. Except for the two Department heads noted above, all these roles would be held by clinical faculty.

Table 6.2 Academic Leadership Structure within York University School of Medicine

Role	Responsibilities
Vice Dean (SoM and Medical Education)	Overall academic and administrative oversight, Deputy to Dean and with leadership responsibilities for administrative and medical program matters, both internal and external to the SoM.
Associate Dean, Integrated Community-based Learning Network*	Overall leader of ICLN relations, administration, and learning in ICLN
Associate Dean, Indigenous Health*	Leads Indigenous health and wellness programming, Indigenous curriculum and training, Indigenous communities' partnerships, Indigenous faculty and student supports, and Indigenous health research on matters both internal and external to the Faculty and SoM. (open to either clinical or non-clinical faculty member)
Associate Dean, Interprofessional Health*	Leads the development, implementation, monitoring and evaluation of interprofessional learning and practice (open to either clinical or non-clinical faculty member)
Associate Dean for Undergraduate Medical Education (UGME)	Oversight of M.D. curriculum design and delivery through classroom and clinical learning
Associate Dean for Post-Graduate Medical Education (PGME)	Oversight of medical residency and fellow programs
Associate Dean Continuing Education	Oversight of faculty development and continuing professional education for clinical faculty in the ICLN, or others who wish to join, with a priority on York SoM graduates
Associate Dean Learner Affairs	Senior resource on governance, oversee high-risk learner cases, new policies and procedures, and liaise with UGME and PGME Assistant Deans
Assistant Dean Learner Affairs (UGME)	Academic success programming and support for M.D. students, and report to Associate Dean Learner Affairs
Assistant Dean Learner Affairs (PGME)	Support for medical residents and fellows, and report to Associate Dean Learner Affairs
Assistant Dean Admissions	Oversees selection and admissions process
Associate Dean, Medical Research and Innovation	Develops clinical and translational research strategy with ICLN partners, linking basic, clinical, community and population health approaches. Supports incorporation of research across medical student and residency curricula. Reports to the Faculty of Health Vice Dean, Research and Innovation
Department Head, Family Medicine (Primary Care)	Leads disciplinary cluster
Department Head, Medicine	Leads disciplinary cluster

Department, Psychiatry (Head, Brain, Mind & Behaviour)	Leads disciplinary cluster
Department Head, Pediatrics (Child and Adolescent Health)	Leads disciplinary cluster
Department Head, Obstetrics & Gynecology (Women & Reproductive Health)	Leads disciplinary cluster
Department Head, Surgery	Leads disciplinary cluster
Department Head, Community & Population Health and Health Systems Transformation	Leads disciplinary cluster (open to either clinical or non-clinical faculty member)
Department Head, Anesthesia	Leads disciplinary cluster (no residency program in current plans)
Department Head, Pathology, Diagnostics, Laboratory Medicine	Leads disciplinary cluster (no residency program in current plans) (open to either clinical or non-clinical faculty member)
Department Head, Medical Imaging	Leads disciplinary cluster (no residency program in current plans)

*Associate Dean Indigenous Health, Associate Dean ICLN; and Associate Dean Interprofessional Health are also part of the Faculty of Health Leadership team.

School of Medicine Administrative Supports

Due to the SoM’s unique complexity of dealing with each learner’s journey through their educational and experiential learning pathways, dedicated attention to administrative and operational functions is essential as per the CACMS Standard 2.4, which requires that medical schools have adequate administrative personnel to support smooth operations across all aspects of the program’s delivery. A key leadership role is the Executive Director, Operations and Resource Planning (ED, Ops) which is commonly known as the Chief Operating Officer (COO) in other medical schools. This role exists to support the Dean and the Vice-Dean (SoM and Medical Education) to achieve excellence in ensuring effectiveness and efficiency in the delivery of all administrative and operational matters of the SoM.

At York University, organizationally, the approach for operating the SoM will involve a combination of shared services provided by Central University Divisions and Service Units and dedicated functions to the SoM. Figure 6.2 illustrates these foundational functions that the ED, Ops would have oversight and accountability for, in collaboration with the Central University Division / Service Units associated with the SoM.

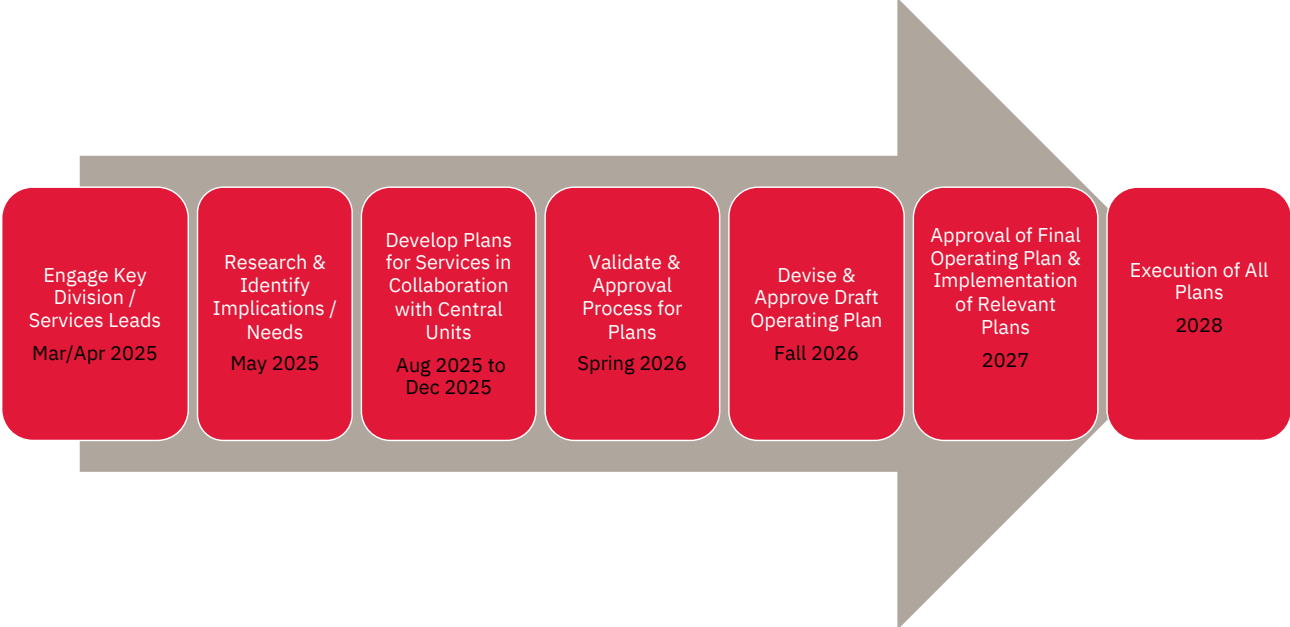
Figure 6.2 Foundational Administrative & Operations Functions of SoM



* These roles /functions will be integrated and/or will have dual reporting with Central University Division / Service Units

The development of the final organizational structure for administrative support staffing is ongoing as the planning process continues to incorporate knowledge and data that will facilitate a detailed operational plan for the SoM. Figure 6.3 provides a timeline of the process, including an evaluation of the extent to which existing Central University Units can support the SoM, and what additional capacities and resources may be required to establish a robust operational plan for the SoM.

Figure 6.3 Timeline for Collaboratively Determining Capacity and Resources for SoM



Staff Structure

Table 6.3 School of Medicine Estimated Staff (Full Time Equivalent)

Category	2028	2033
Staff leadership*	4.5	5
Operations & Resource Planning staff	10.5	28
Staff distributed to academic units	17	40.5

*Note: Staff Leadership include Directors and Managers

7. Student Admissions and Enrolment

The provincial government has approved a class size of 80 undergraduate medical students per year, starting with the first cohort to be admitted in 2028, with 240 students across all years at steady state.²⁷ In addition, 102 residency places have been allocated per year, growing to 293 residents at steady state, to accommodate York's own MD graduates as well as some medical residents who have obtained their MD degree elsewhere in Ontario, Canada, or in other countries.²⁸ In the Canadian context, medical schools only obtain provincial government funding for admissions up to the number of the placements they approve, and do not take self-funded admissions.²⁹ Between 90-95% of those offered undergraduate placements in Ontario medical schools are residents of Ontario.³⁰

It is anticipated that the SoM will easily meet these enrolment targets. There is far more demand than available medical school places in Canada – about 18% of applicants receive an offer of placement, making it more competitive to get admission than in the United States or the United Kingdom.³¹ We are unaware of any Canadian medical school that has failed to fill all its places. Ontario students have the least opportunity to get into medical school in their own province than anywhere else in Canada based on the placements available per population aged 20-29 years.³² Indeed, many aspiring and well qualified Canadian medical students are currently attending medical schools abroad, estimated to be about 3,600 students as space is so constrained in Canadian medical schools.³³ The York SoM will welcome eligible students and provide them the opportunity to prepare for a career in primary care medicine. We will be guided by the criteria described by the Association of Faculties of Medicine of Canada (AFMC), as well as Council of Ontario Faculties of Medicine (COFM) Policy document on *Essential Skills*

²⁷ Medical students are described as undergraduates in Canadian medical schools, even though many would have a prior bachelor's degree; in Canada, the MD degree is categorized as a professional degree rather than a graduate degree ([Statistics Canada Classification of programs and credentials](#)).

²⁸ Residents are licensed physicians (with MD degrees) who are undertaking post-graduate training in a particular medical field. They may be considered as post-graduate learners by the University, and are involved in providing supervised patient care with increasing autonomy in a paid full-time job, in programs having variable durations (2-7 years), which are accredited by the College of Family Physicians of Canada or by one of the specialty disciplines of the Royal College of Physicians and Surgeons of Canada. It is possible to incorporate additional graduate degree programs (e.g. MSc, MPH, MBA or PhD) as part of post-graduate training.

²⁹ In Ontario, some medical schools admit a small number of "supernumerary" undergraduate students that are typically sponsored by other national governments or the Canadian military that are additional to those funded by the Ontario government, but these represent a very small proportion of admissions (<1%).

³⁰ Personal communication (October 26, 2024), Council of Ontario Faculties of Medicine.

³¹ AFMC 2024. Future MD Canada. <https://www.afmc.ca/strategic-priorities/education/future-md-canada/#:~:text=There%20are%2018%20accredited%20faculties,entry%20does%20not%20increase%20significantl y.>; Jubbal K. 2022. Medical School Competitiveness By Country (US vs Canada vs UK). <https://medschoolinsiders.com/pre-med/medical-school-competitiveness-by-country/>

³² Grierson L, Vanstone M. (2018). The Allocation of Medical School Spaces in Canada by Province and Territory: The Need for Evidence-Based Health Workforce Policy. *Healthcare Policy*. 16(3): 106-11

³³ Barer ML, Evans RG, Hedden L. False hope for Canadians who study medicine abroad. *CMAJ*. 2014 Apr 15;186(7):552. doi: 10.1503/cmaj.131704

and Abilities Required for Entry to a Medical Degree Program (updated 2016).³⁴ The AFMC Guidelines refer to admission criteria categories that include post-secondary education requirements, academic performance, and submission of autobiographical essays and reference letters.³⁵

Admissions processes play a role in addressing two key issues in human resources for health:

1. identifying students who are likely to be interested in practicing in under-served areas and in family practice or generalist specialties; and
2. providing opportunities for developing a diverse physician workforce that reflects the communities they serve.

Following best practice, the SoM will actively seek students who demonstrate interest in learning in our service area and ultimately practicing primary care and/or generalist specialties in those communities. A recent review of interventions that influence taking up medical practice in underserved communities identified a number of promising strategies, including preferentially selecting students from underserved regions; identifying the social identity, preference and motivations of aspiring physicians consistent with service in underserved areas; providing early and substantial training in underserved areas (as undergraduates and residents); and financial incentives.³⁶ A global review of evidence concerning the choice of medical students for a career in primary care points to recruitment and selection processes that attract students with a higher likelihood of practicing in primary care (such as those with pre-existing interests in primary care and community-based health care; students who have been raised in communities that depend on primary care).³⁷ The study also identified other strong factors related to the curriculum, particularly to establishing longitudinal integrated clinical learning experiences founded in primary care; early and continuous preceptorship in primary care; learning modules and research projects based on community and population health; unbiased career counseling to support student’s choice, and an institutional mission and organizational culture that promotes primary care.

The principles of equity, diversity, and inclusion in the selection and accommodation of our students will be core values of the medical training program. The AFMC has provided evidence-based recommendations for undergraduate medical education in Canada, which in the context of their social accountability mandates, identified that faculties must “recruit, select, and support” medical student classes that are “representative of the Canadian

³⁴ Available at: <https://cou.ca/reports/essential-skills-study-of-medicine/>

³⁵ Admission Requirements of Canadian Faculties of Medicine for Admission in 2025. Ottawa, ON: AFMC.

³⁶ Elma A, Nasser M, Yang L, Change I, Bakker D, Grierson L. (2022) Medical education interventions influencing physician distribution into underserved communities: a scoping review. *Human Resources for Health* 20:31

³⁷ Pfarwallner E, Sommer J, Chung C, et al. (2015). Impact of Interventions to Increase the Proportion of Medical Students Choosing a Primary Care Career: A Systematic Review. *Gen Intern Med* 30(9):1349–58

DOI: 10.1007/s11606-015-3372-9

population.”³⁸ But Canadian medical students are less diverse than the communities they serve.³⁹ A survey of Canadian medical students indicates that Indigenous and Black students are under-represented in medical schools compared to Canadian society (Table 1), while women comprise 63% of students, and trans-female or trans-male, genderqueer or gender nonconforming students together represent 0.8% of the respondents.⁴⁰ Medical students are also more likely to come from urban areas, and have parents who have higher education and incomes than the rest of the population.⁴⁰ As Canada’s population continues to change, medical schools, including at York University, will need to continuously identify emerging issues in diversity and adapt to those changes.

Table 1: Ethnic Background of Medical Students and Canadians

Self-Identified Ethnic Background	Medical students (%)	Canadians aged 15-34 (%)
Indigenous	3.5	7.4
Black	1.7	6.4
Chinese	11.2	6.1
South Asian	8.8	7
White	72.6	88.2
Other visible minority	9.4	10.9
(Number)	1,388	8,808,300

Source: Khan et al. 2020⁴⁰

As described in section 3, we have a specific need and commitment to educate Indigenous physicians and those interested in serving in Indigenous communities, as outlined in the Truth and Reconciliation (TRC) Calls to Action (Box 3.1).¹⁸ We will be working with Indigenous Communities and the Indigenous Primary Health Care Council to provide opportunities for Indigenous learners to enter medicine and the health professions, as well as placement opportunities during undergraduate medical education and residency training. Although data on disabilities among medical school applicants and students are lacking, medical education in Canada has historically excluded and devalued trainees with disabilities, ignoring the strengths that those living with disabilities can impart, and the benefits to patients with disabilities and more broadly to the health system for inclusion of these students.⁴⁰ Working with the Canadian Association of Physicians with Disabilities, we plan to incorporate best practices for admissions, effective accommodations and supports for disabled medical trainees.³⁹

³⁸ The future of medical education in Canada: a collective vision for MD education. (2010) Ottawa: Association of Faculties of Medicine of Canada. Available at: https://www.afmc.ca/wp-content/uploads/2022/10/2010-FMEC-MD_EN.pdf

³⁹ Khan R, Apramian T, Kang JH, et al (2020). Demographic and socioeconomic characteristics of Canadian medical students: a cross-sectional study. BMC Med Educ 20, 151.

⁴⁰ Gertsman S, Dini Y, Wilton D, Neilson S. (2023). Tackling barriers in Canadian medical school admissions for students with disabilities. CMAJ 195:E1512-6. doi: 10.1503/cmaj.230734

A detailed admissions policy is a key requirement for accreditation as outlined in CACMS Standard 10, which governs medical student selection, admissions policies and the characteristics of accepted applicants. The SoM Student Admissions Committee is currently developing the criteria for admission that are consistent with the AFMC Guidelines, noting that in recent years, there has been a trend away from prerequisite course requirements, and a growing interest in evidence of commitment of applicants to community engagement activities.

Based on the vision outlined above, York will consider the trend of other Canadian medical schools to move away from an exclusive focus on traditional “pre-med” programs that emphasize course requirements in basic sciences (e.g. organic chemistry, biochemistry, biology). It is anticipated that a broader and more inclusive approach to admission criteria that recognizes the value and contributions of a wider range of undergraduate studies to prerequisite knowledge may be adopted.

York’s existing professional schools have a long track record of success in recruiting exceptionally diverse students into Education, Law, and Business, for example. The SoM admissions policies will be able to build on these schools’ proven frameworks and York’s overall reputation for being open and welcoming to students who experience higher barriers to post-secondary education. The SoM will also work closely with community partners to effectively recruit and support a diverse population of medical students to ensure that our graduates both reflect and are committed to serving those communities, as well as demonstrating strong academic accomplishment and capability. In accordance with accreditation requirements and York’s own value commitments, the School will design pathway programs and supports to enhance opportunities for under-represented learners, and in collaboration with organizations like the Indigenous Primary Health Care Council and the Black Physicians Association of Ontario.

A wide range of York University undergraduate programs already provide a strong foundation for medical school admissions across Canada. Students from across York University would be welcome to apply to the York SoM. In addition, a new approach for an accelerated pathway to interprofessional health programs is under discussion in the Faculty of Health that can accelerate access to medicine at York that includes unique interprofessional health courses. Consultations are occurring with interested Faculties who want to include space for interprofessional health courses, for example, in their undergraduate degree programs. Interested programs are also looking at relevant courses that they currently offer and how such a pathway approach might bridge to a variety of other degree options (e.g. nursing, social work, health studies, kinesiology, psychology, life sciences, philosophy, etc.). This pathway will offer all students, including mature, Indigenous, Black, economically disadvantaged, or those who self-identify as a person with a disability, the opportunity to prepare for health-related and health-professions programs, including medicine. This accelerated pathway will be one option for admission and will not be the only pathway to apply to the SoM.

Admissions for residency programs are governed and managed nationally through the Canadian Resident Matching Service (CaRMS). CaRMS is a national, independent, not-for-profit, fee-for-service organization that seeks to provide a fair, objective and transparent application and

matching service for medical training across Canada. Each year, about 6,000 medical students and residents who are seeking training in residency programs submit applications to CaRMS, that then uses a selection and matching system that applies a principle of merit-based selection to link residents with residency programs. As noted, 102 residency places have been allocated per year to the SoM. Through discussion with the Ontario Ministry of Health, we anticipate that about 15-20% of our approved residency positions will be filled by international medical graduates (those who have obtained their medical degrees outside of medical schools accredited in Canada or the United States). All applicants in CaRMS must be Canadian citizens or permanent residents.

8. Faculty Complement- Clinical and Non-Clinical

Medical schools have a different type of faculty complement compared to other units of a university because a significant proportion of the teaching must be done by clinical faculty who are practicing physicians or other health care professionals. These individuals contribute a portion of their time in their normal practice to educating the next generation of doctors. These clinical faculty are appointed to the University vastly outnumber the more traditional academic non-clinical faculty who will also form part of the faculty complement. The numbers of clinical and non-clinical faculty and staff needed will depend on the how the curriculum is designed, the interests of our partner organizations and existing York faculty members to participate in teaching in the SoM, as well as how research programs develop.

Non-clinical faculty (full-time tenure stream academics) may teach in such areas as life sciences (e.g. anatomy, biochemistry, pathology), ethics, clinical psychology, social sciences, and interdisciplinary fields. The number of positions will be relatively small (e.g., less than ten faculty members) and may be filled by current York faculty members or qualified and willing individuals from partner organizations (e.g. hospitals). Funding for the compensation of both clinical and non-clinical faculty will be included in the operating budget for the SoM, and fully covered by funding from the provincial government. A phased approach to building the faculty complement is being developed by York's subject matter experts based on program objectives and experience/knowledge at other medical schools in Ontario.

Clinical faculty members in a SoM have different types of appointments than faculty members in other schools and departments in a university. They are also called academic physicians, clinical teaching faculty, and designated as geographic full-time (GFT) or geographic part-time (GPT) faculty.⁴¹ These designations can be confusing as they do not refer to being a full-time or part-time member of the university faculty complement, but rather the degree of their availability for academic supervision and research as part of their work within the hospital or other health care organization where they are affiliated. In addition to having a faculty appointment in the SoM, clinical faculty members will likely also have appointments and credentialing in hospitals and other health care organizations in our network of health care partners. For accreditation purposes, these clinical faculty members require academic appointments at York SoM to supervise medical students and residents in their clinical settings as well as in the classroom across this network of providers. The SoM will also provide pedagogical training and support to clinical teaching faculty.

⁴¹ Geographic full-time (GFT) faculty are defined somewhat differently at each medical school. These faculty have clinical responsibilities, and serve as clinical staff of an affiliated hospital or other medical organization, but are not employed on a full-time basis for the purpose of fixing compensation payable from the University. All of their professional services and activities are conducted at an affiliated hospital or medical organization and they are available on a full-time basis for clinical, instructional or research purposes with an affiliated hospital or medical organization. Geographic part-time (GPT) faculty are similarly serving at affiliated hospitals or medical organization and are available for instructional or research purposes on a part-time basis.

Unlike typical university professors, academic physicians typically derive most of their income from clinical activities, funded through the MOH and the Ontario Health Insurance Plan, often form corporations, and may contract with management firms to administer their clinical billings and operations. Because of their other roles in clinical care, in addition to their teaching and research roles, there are many more clinical faculty than medical students, and the number of clinical faculty appointments may change frequently. In traditional medical schools, the ratio of academic physicians to medical students is about 1.5 FTE physicians per medical student, but the ratio may be five times higher in distributed medical education models (where there are many sites each with physicians who support medical students), and particularly when community-based physicians are doing the clinical supervision. It should be noted that physicians also may participate voluntarily in teaching medical students in the clinical setting as part of their clinical practice.

Based on the developing curricular design, we project to need a minimum of about 400 individual clinical faculty to establish the program. This number could change considerably as the curriculum is established, particularly as the Longitudinal Integrated Clinical Learning Experience (LICLE) models are developed and the Integrated Clinical Learning Network of providers takes shape. The number of clinical faculty should grow higher through early years of operating to allow for the natural ebbs and flows of life and physician interest. However, the experience in other schools is that not all faculty members participate equally, and that most of the teaching is likely to be undertaken by a smaller number of faculty members, perhaps about 200 academic physicians, with others providing less intensive teaching. The exact numbers will vary over the years and will be dependent largely on how the learning experiences are organized at each of the main sites. Table 8.1 outlines the current projections on the number of clinical and non-clinical faculty members.

Table 8.1 School of Medicine Projected Clinical Faculty and Non-Clinical Faculty (Headcounts) at Steady State

Category	Projected Number
Clinical Faculty Leadership*	13-18
Clinical Faculty (non-leadership)	~75 (GFT); 325 + (GPT)
Non-Clinical Faculty Leadership**	3-10
Non-Clinical Faculty (non-leadership)	3-10

*Clinical Faculty Leadership positions include Department Heads and Residency directors but not including decanal positions

**Non-Clinical Faculty Leadership positions include Department Heads and Course leads, not including decanal positions

At the current stage of curricular development, the types of faculty teaching leadership roles are outlined in table 8.2 for each type of course.

Table 8.2 Faculty Teaching Roles in the School of Medicine

Faculty Teaching Roles/Courses	Description
Generalist Health Care (GHC) Case Based Learning (CBL)	Facilitated by trained facilitators with medical care expertise, such as MDs, other health professionals, or other York faculty.
GHC Clinical Skills/Simulation sessions	Specially trained clinical faculty teach a group for one semester or more.
Coaching	One clinically appointed faculty works with 4 students from a single cohort.
Longitudinal Family Medicine Learning	Clinical teachers take 2 dyads of students in alternating weeks, accepting 4 students per year.
GHC 2 Clinical Longitudinal Integrated Clinical Learning Experience (LICLE)	Clinical faculty supervisors in clinical and community health settings in Year 2.
GHC 3 Elective Learning	Clinical faculty supervisors in clinical and community health settings in Year 3
Indigenous Health and People curriculum	Instructor type to be determined with the future SoM Indigenous Health Lead.
Becoming a Professional (BAP)	MD faculty teaching in longitudinal small groups that remain unchanged over 3 years.
Emerging Concepts & Innovation in Health (ECIH)	Taught by guest instructors/facilitators based on their area of expertise.
Anatomy	Taught and assessed in-person by a combination of clinical and other qualified faculty from the university.
Project Learning	Supervised by clinical faculty (MD), other health professionals, or faculty from York University.
Community Service Learning	Supported organization overseeing the care site, with students working in groups of 3 at a minimum.

Clinical and non-clinical faculty may also be involved in the conduct of research and education of graduate students, and are proposed to be eligible to apply to join the Faculty of Graduate Studies (FGS) in one of the relevant FGS [membership categories](#).

Within the proposed service area of the SoM, there are already clinicians who are teaching through other schools of medicine. The Council of Ontario Faculties of Medicine (COFM) has in place an agreement for all Ontario medical schools to collaborate on distributed medical education through community-based placement programs. The agreement includes reciprocity in student and residency supervision, and recognition of clinical teaching faculty appointments from any Ontario medical school to be a clinical preceptor (supervisor) for any medical student. The SoM would seek to participate in these arrangements.

9. Curriculum

An approval in principle to establish the SoM as a new academic unit at York University does not imply approval of the curriculum. The description on curriculum in this document is intended to provide insight on the broad approaches to the development of the medical school curriculum. Detailed development and approval of the curriculum is proceeding through a suite of MD Program Development Committees. In collaboration with the SoM Planning Group, alignment of the proposed new degree program with the accreditation and the collegial governance approval processes, including the required steps in the [York University Quality Assurance Procedures](#)⁴² and CACMS review, will occur. The following describes some of the main directions in curricular design. It is recognized that the curriculum design work is still in progress and could change in consideration of resources and accreditation standards, as the planning processes continues.

Curricular Approach

To ensure compassionate and person-centered care, the SoM will train learners in interprofessional teams using emerging technologies and advanced diagnostics, contributing to urgently needed research on health risks and interventions, population health, effective patient care strategies and health science innovation. Students will gain early exposure to community health settings and learn across a network of hospital and community health provider settings. Students will stay at the forefront of optimal person-centered care as we create the next generation of effective, problem-solving practitioners and health leaders.

The Government of Ontario has created Ontario Health Teams (OHTs) centred around patients, families, and caregivers in geographic areas. The OHTs are responsible for developing new ways to organize and deliver care that is patient-centered, integrated and coordinated across levels of care and care delivery sites. There are currently 11 OHTs in the proposed service area of York University, though the number and size of OHTs are evolving. York University is an academic OHT member for Western York Region OHT, which encompasses the area of the Vaughan Healthcare Centre Precinct. We will work with OHTs to equip interprofessional teams with the skills to deliver both in-person and virtual or distance-based care, and to use emerging technologies, including artificial intelligence, in clinical decision-making in a primary care setting.

Undergraduate Medical Curriculum Overview

As is the case in other medical schools, the curricular approach at York SoM is organized around a specific medical school schedule; in our case, one that intersects with the academic calendar of other health professional degree programs. It will not follow a traditional semester-based

⁴² The accreditation process and its relationship to collegial governance approvals through Senate and Board are described in more detail in section 5 of this proposal.

academic calendar typical of most other academic programs, but will consist of a three-year core curriculum.

The School of Medicine proposal will offer a three-year curriculum to better address our educational and human resources for health objectives. It has long been shown that students in three-year medical school programs such as McMaster University and University of Calgary, do as well in clinical and academic performance as those in four-year programs.⁴³ The number of three-year programs is growing in the United States and Canada, with currently over 30 programs adopting this model. Evaluations of these programs continue to show strong and equivalent educational outcomes, with evidence also demonstrating substantial returns on investments for students (they face lower costs and lower student debt, they get into practice sooner, and the programs have enabled a greater diversity of students enrolled), medical schools (e.g. there is greater reliability that students will go into residencies in the area, and with lower transaction costs in the process), and communities (e.g. more students who come from the region and are trained there end up practicing in the region).^{37,44,45}

The conceptual proposal for the School of Medicine centres around the use of Longitudinal Integrated Clinical Learning Experiences (LICLEs) to embed learning in the community and promote continuity in the curriculum. In this model, medical students begin spending time in various clinical and community settings early in their program, while they also undertake classroom learning. This has the advantage of creating educational continuity through medical school, residency and practice; continuity with patients and their families over time and across settings; continuity with clinical faculty; and continuity with communities. This innovative approach supports a meaningful health care experience that consolidates student learning and allows students to develop deeper relationships with communities where they may then choose to practice.

The development of teaching content and delivery modalities and the faculty teaching assignments are based on the following assumptions:

- Organizing the curriculum around the principle of improving person-centered care (understanding the whole person and their experience in the context of their community), working in interprofessional teams, technical quality of care and outcomes provide a basis for successful and sustainable LICLEs, wherein the medical student has meaningful participation in patient care that benefits patients and clinicians.
- Medical program quality, sustainability, and student experience are best served by ensuring there is a stable group of dedicated family medicine clinician educators coordinated with generalist specialties and other health professions.

⁴³ Raymond JR Sr, Kerschner JE, Hueston WJ, Maurana CA. The Merits and Challenges of Three-Year Medical School Curricula: Time for an Evidence-Based Discussion. *Acad Med.* 2015;90(10):1318-1323.

⁴⁴ Palmer K. Are 3 years of medical school as good as 4? *Inside Higher Education.* Nov 4, 2024.

⁴⁵ Santen SA, Gonzalez-Flores A, Coe CL. *et al.* Return on Investment of Three-Year Accelerated Programs for Students, Medical Schools, Departments, and Community. *Med.Sci.Educ.* 2024; **34**, 919–925.

- Primary care medicine at York University requires multi-disciplinary perspectives.

With the latter point in mind, core topics in the program such as human anatomy and physiology, for example, could be taught by faculty from within the Faculties of Health or Science. Other topics involving genetics, immunology, microbiology, biochemistry or disease modeling, for example, could be taught by faculty from the Faculties of Science or Health, or Lassonde School of Engineering. Other topics in the medical curriculum, such as social determinants of health, ethics, moral reasoning, anti-racism and cultural safety, systems science, leadership and teamwork, or the use of AI could be taught by many of faculty across social sciences, liberal arts and humanities, management or computational fields.

The possibilities for interdisciplinary involvement go much further to encompass every one of York's existing Faculties, to the extent colleagues are interested in contributing their expertise within the MD program. Medical education is competency-based and includes specified professional and clinical competencies to be mastered in the undergraduate years. In addition, the Medical Council of Canada provided regulatory examinations for practice based on objectives for knowledge, skills and abilities. Areas of learning would include the following:

- Biomedical Sciences
- Social and Behavioral Sciences
- Systems Sciences
- Moral Reasoning and Judgement
- Social, Cultural, and Structural Dimensions of Health
- Anti-racism and Cultural Safety
- Indigenous Health Care, History, Ways of Knowing
- Population Health and Health Systems
- Digital Health and use of Artificial Intelligence in Medicine and Society
- Clinical Decision-making & Evidence-informed Practice
- Relationship Management
- Quality Improvement and Patient Safety
- Ethics
- Leadership, Teamwork, and Professionalism
- Effective Communication
- Interprofessional Learning and Practice
- Clinical Skills and Simulation
- Advocacy
- Self-Care and Wellness in the Profession
- Climate Change and Care

York has many leading scholars in these areas who could be involved in teaching and research supervision at higher or lower degrees of intensity (from guest lectures to leading course modules or case-based learning).

Furthermore, the SoM will integrate interprofessional education in its curriculum, which will involve medical students learning with, from, and about other health profession students. For example, this could involve faculty members and students from the Faculty of Health, notably in Nursing, Physical and Occupational Therapy (graduate programs being proposed by the School of Kinesiology and Health Science), Clinical Psychology, as well as in Social Work, Education, Lassonde's specialization opportunity in Artificial Intelligence, and Schulich's Master of Health Industry Administration.

A wide range of learning strategies are employed and involved active learning, grounded primarily in case based and experiential approaches in clinical and community contexts. This includes early clinical learning exposures in year one, as well as expanded clinical exposures that increase during the last two years of the medical school curriculum. The approaches include:

- Interprofessional coaches (IPAs) and facilitated reflection (longitudinal & systematic)
- Longitudinal medical student small groups
- Interprofessional learning in various team processes
- Case-based learning
- Plenary lectures, demonstrations, and presentations combined with seminar like small group sessions
- Self-directed learning
- Supervised projects on learning and applying principles of evidence-informed medicine and clinical decision-making in addition to quality care
- Experiential learning and skills practice in community and clinical settings
- Reflective portfolio development and review of clinical cases, medical procedures, ethical dilemmas, social considerations, and community health cases.

Students will also engage in a series of case-based learning modules to meet the Interprofessional Primary Health Care competencies. These modules would include a range of themes that evolve, but are not limited to: social and community health that encompass Indigenous wisdom and healing practice, as well as social and structural determinants of health, and other foundations of patient systems covering Physiology, Pathology, Diagnostics, Pharmacology, Clinical and Social/Behavioral interventions. Special sessions that focus on clinical skills development and integration as well as a wide range of evaluation methods are planned throughout the curriculum.

The Longitudinal Integrated Clinical Learning Experience Model

York University is committed to establishing a comprehensive Longitudinal Integrated Clinical Learning Experience (LICLE) model as part of its medical school programming. The LICLE model puts person-centred care at the heart of the curriculum, and applies core principles of continuity for people, learning, preceptorship, and communities – this makes it an excellent fit for primary health care and a generalist medical education.

By embedding students in the community through the LICLE model, York University will ground student learning in real-world experiences. Students will engage with patients, gaining a first-hand understanding of the true impact of primary care. The LICLE model emphasizes teamwork and practical experience, which aligns with the SoM's goal of producing well-rounded, community-focused generalist physicians. The School will prepare students to work as a team and excel in real-world health care settings.

As discussed in the rationale provided in Section 3, this proposed model of education is specifically geared to graduating outstanding students who chose to enter a career as primary care physicians to address the most important gap in our current health care system. It is progressive and different from traditional medical school curricula which have a greater emphasis on hospital-based medicine and on exposing students to specialists and sub-specialists in treating acute disease. While these other schools are excellent at what they do, they have relatively low uptake for primary care (as a career of first choice) among their graduates which is unsurprising given how little focus is paid to primary care in students' education. While many medical schools are now working toward greater focus on primary care, established curricula, systems, and infrastructure change slowly. **The province recognizes that York can redesign medical education in a different way from the ground up.**

The SoM is designed to attract students who care deeply about their community, and provide a way to develop a career to pursue those interests. While maintaining a primary care focus, the LICLE model also allows for the integration of specialist training in fields that work most closely with Family Medicine, such as Obstetrics, Gynecology, and Psychiatry. A balance between specialization and family care will broaden students' expertise to respond to current and future societal needs. This model will result in students receiving better training, people experiencing better care, and communities becoming healthier and more resilient.⁴⁶ By making the LICLE model a cornerstone of the SoM's program, York University can showcase its commitment to producing top-notch primary care providers who are ready to make positive change in their communities within new innovative models of team based care that embrace technology and focus on the health outcomes of the person and community.

Residencies (Postgraduate Medical Education)

The proposed York University SoM will provide postgraduate certification and train residents in family medicine, and other generalist specialties including Pediatrics, Internal Medicine,

⁴⁶ Research consistently demonstrates equivalent or better outcomes for LICLE training compared to traditional block rotations across a wide range of outcomes for clinical and academic performance, satisfaction with clerkships, strong supervisor outcomes, better patient reported outcomes, and take up of family medicine and rural practices. See, for example: Dodsworth et al. 2023; Stupart et al 2020; Myhre et al 2014; Poncelet et al 2014; Woloschuk et al 2014; Poncelet et al 2011 Denz-Penhey & Murdoch 2010; Worley et al 2004

Psychiatry, Geriatrics, Obstetrics, Gynecology, and General Surgery. A number of issues related to residency training must be considered in the development of the programs:

- The number of postgraduate residency slots for Canadian and international graduates and the types of residency programs will evolve over time.
- Currently the Canadian Residency Matching Service (CaRMS) manages applications and matching of placements across Canada.
- The York University SoM will feature 102 new postgraduate seats per year, with 293 residents in training annually at steady state (year 6).
- Residents apply from medical schools across Canada. International Medical Graduates may comprise approximately 15-20% of positions.
- The Royal College of Physicians and Surgeons of Canada governs residency requirements and accreditation for all specialties (for example Internal Medicine, General Surgery etc.) and sub-specialties (for example Geriatric Medicine).
- The College of Family Physicians of Canada governs residency requirements for Family Medicine.

10. Governance

The School of Medicine would operate in a way that is consistent with the governance principles and policies of York University. The York University Senate is ultimately responsible for university academic policy, including for the MD program. It is anticipated that a subgroup of clinical faculty who have the most intensive involvement with the School through leadership roles will be members of Faculty of Health Council and will be eligible to take up some portion of the Senate seats allocated to the Faculty of Health.

Any approved amendments to the Rules of Faculty of Health Council by its members would proceed through the normal process of approval by Senate Executive and Senate, as part of the implementation of this proposal, before the School is launched. The organizational structure of the Faculty of Health and the SoM, with its functional units, is described in Section 6. The collegial governance of this structure at different levels, and the governance of the Integrated Community-based Learning Network (ICLN) are outlined below.

Governance within the Faculty of Health

Situating the SoM within the Faculty of Health will foster joint planning and sharing of resources, particularly for interprofessional health academic programming and encourage inter-disciplinary and transdisciplinary research and practice (see Appendix 3). Principles for representation and participation in various governance structures and processes are proposed below and include the role that clinical faculty would play in Faculty Council, Committees and Faculty-wide service. These principles outline that:

1. Governance systems and processes should be consistent and shared across the Faculty of Health where feasible.
2. Specific governance functions should be managed within the SoM when specialized knowledge or expertise is required for medical teaching, research and practice; when required for accreditation of the SoM and its postgraduate medical residency programs; or where it is deemed to be more effective and efficient to do so by the Faculty and the SoM.
3. Governance systems that are developed and supported within the SoM should be responsive to the needs of SoM students, faculty, and staff, without disrupting existing systems used for other schools, departments or Faculties.
4. Non-clinical full-time tenure stream faculty members appointed to the SoM would not be eligible to take up leadership roles that are more appropriate for clinical faculty but would otherwise have the same collegial service opportunities and responsibilities as other faculty members in the University.
5. Clinical faculty holding leadership roles in the SoM should have the same opportunities and responsibilities as non-clinical faculty to participate in the collegial governance of the SoM, and should have representation in Faculty Council and Senate. It is anticipated that clinical teaching faculty with less direct, intensive involvement in the SoM will not

normally be involved in collegial service activities and will not be eligible for membership on Faculty Council or Senate.

6. Medical residents, including clinical or research fellows⁴⁷ are considered to be postgraduate medical trainees registered in approved university programs leading to licensure and/or certification, as well as being physicians employed by the healthcare organizations where they perform essential service functions. They can participate in SoM governance processes as is relevant to their role in the University program, including the supervision of medical students (to be specified further during the planning processes).

At the level of the Faculty of Health, it is proposed that clinical faculty who take up leadership and administrative roles as described in Section 6 of this proposal would be members of the Faculty Council, and eligible to sit on relevant Standing Committees of Faculty Council, as outlined in Table 10.1.

Table 10.1 Faculty of Health Standing Committees and Participation by SoM Clinical Faculty in Leadership Roles

Committee Name	SoM Involvement	Rationale / Comments
Executive & Planning	Yes	Relevant to all units
Committee on Decolonizing, Equity, Diversity and Inclusion	Yes	Relevant to all units
Committee on Examinations and Academic Standards	No	The SoM will need its own committees for assessment. The SoM uses a Pass/Fail grading system and uses assessment methods based on clinical situations and settings.
Committee on Examinations and Academic Standards Subcommittee for Panel Hearing	Yes	Standard approaches to academic honesty are helpful; Ad hoc membership for SoM specific cases may be efficient.
Committee on Research and Awards	Yes	Promotes inter-disciplinary research and information sharing on research and creative scholarship
Committee on Tenure and Promotions	Yes, for non-clinical faculty	Non-clinical faculty are eligible for tenure and promotion. SoM clinical faculty will not be eligible for tenure and will require a separate structure and processes for promotion
Graduate Committee	No	SoM are technically not graduate schools, and the doctor of medicine degree is not considered a graduate degree. If/when graduate programs are developed through the SoM, membership can be considered
Petitions Committee	Possible with modifications	High committee burden (2 meetings per month) for a SoM with a small student cohort. Amendments to the committee structure may be explored to involve SoM faculty only for relevant cases (i.e., if not resolved at School level)
Teaching Awards Committee	Yes	Additional teaching awards for the SoM can also be organized within the SoM, to account for teaching and

⁴⁷ A “research resident” is defined in the Professional Association of Residents of (PARO) – Ontario Teaching Hospital (OHT) Agreement, <https://myparo.ca/your-contract/#general-purpose-and-definition-of-parties>.

Committee Name	SoM Involvement	Rationale / Comments
		mentoring outside the classroom by a wide range of teachers in the ICLN network.
Undergraduate Curriculum Committee	No	The SoM will have its own Curriculum Committee and governance structure to be compliant with CACMS accreditation requirements (Standard 8)

In addition to creating a governance model that supports collaboration across the Faculty of Health, **it is recommended that the Provost & Vice-President Academic take steps to establish a University-wide Health Education and Research Committee to support health-related collaborations across the University, such as to develop new joint degree programs or new research opportunities.**

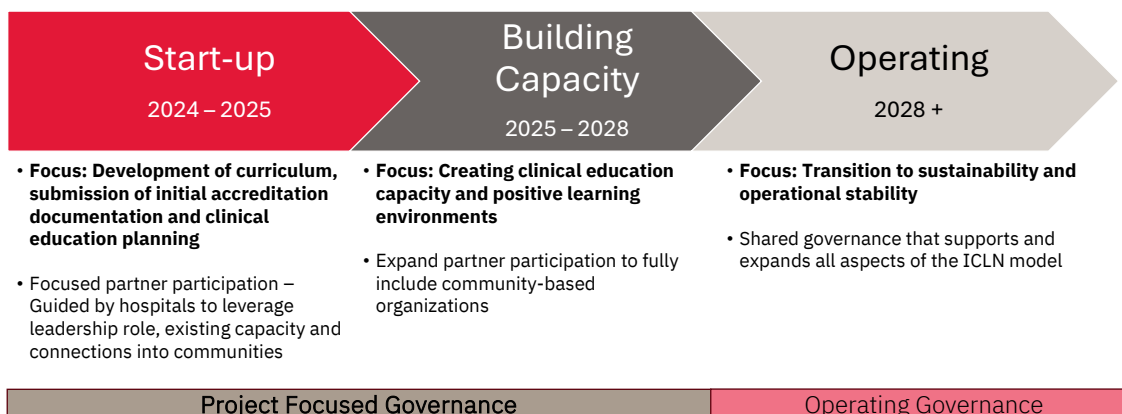
Integrated Community-Based Learning Network (ICLN) Governance

Because of the many partners involved in the academic delivery of health care, and our distributed model of education, additional collaboration structures will be needed to operationalize the LICLE model throughout our external network of clinical partners in the ICLN. This will involve collaborative network arrangements that would be led by York University, and involve hospital and health care organizations, as well as physician and community groups, with involvement of Indigenous communities. York University is responsible for the academic components and the ICLN is responsible for implementing the curriculum and address accreditation standards and elements that pertain to the learning environment. The purview of these ICLN committees would be to review operational policies, plans and results of shared activities across the clinical network, including for:

- Shared services activities
- Educational outcomes and accreditation elements relevant to the ICLN
- Collaborative research, data sharing and analysis
- Health system learning and change agenda
- Monitoring, Evaluation & Learning of the Network
- Funding model performance for clinicians

The governance structures for the network are being co-created with key partners, and developed through extensive consultations throughout the network, that included an ICLN Planning Workshop in December 2024. The ICLN governance approach is designed to occur in three stages, as outlined in Figure 10.2. The initial Start-up stage began with preparation of the ICLN model and curricular design. There are plans to transition to a Capacity-building stage for expanded learning and increased partnerships until the SoM opens in 2028, when it finally transitions to its sustained Operating stage.

Figure 10.2 Evolving Governance Approach for the ICLN



Three York Region hospital systems are taking the lead in the Start-up phase, including Mackenzie Health, Southlake Health, and Oak Valley Health. Each organization has several inpatient and outpatient facilities, strong links to Family Medicine, and host the administration of their respective Ontario Health Teams. They each share a commitment towards advancing access to and quality of healthcare in their communities, and to implementing academic health programs that strengthen comprehensive health systems, and the ICLN approach and LICLE model of educating physicians and interprofessional teams. In addition to the ICLN arrangements, the specific roles and responsibilities will be agreed with each of the main clinical partners that will be supporting the education of medical students and residents through Affiliation Agreements, which is also a requirement of CACMS accreditation (specifically for agreements with hospitals). A wide range of additional health partners across our service area (including at least three other hospitals) also intend to play a role in medical school education as the ICLN develops further.

The main roles of the partners and key activities during the Start-up and Building Capacity stages of the ICLN are outlined in Table 10.2.

Table 10.2 Key Roles and Activities of ICLN Partners during the different Stages of Governance

PARTNER TYPE	OPERATING ROLES	START-UP	BUILDING CAPACITY
University	Design and deliver educational model	<ul style="list-style-type: none"> • Overall project leadership and facilitation • Detailing curriculum model including interaction with community 	<ul style="list-style-type: none"> • Overall project leadership and facilitation • Operationalizing curriculum model
Hospitals	Host learners, leadership and coordination for academic medicine	<ul style="list-style-type: none"> • Understand and provide feedback on the implementation of the curriculum and clinical education model • Identify alignment with clinical planning and capacity 	<ul style="list-style-type: none"> • Leading/supporting collaboration model • Identify shared solutions for capacity • Incorporate university in hospital governance

PARTNER TYPE	OPERATING ROLES	START-UP	BUILDING CAPACITY
		<ul style="list-style-type: none"> Identify appropriate involvement of university in governance 	
Physicians	Faculty, leadership and contributors to educational design	<ul style="list-style-type: none"> Understand roles and expectations associated with medical school Identify local expert leads 	<ul style="list-style-type: none"> Form collaboration groups around academic activity Develop clinical teaching resources
Primary Care and Community Institutions	Host learners, leadership and participation in academic medicine	<ul style="list-style-type: none"> Understand and provide feedback on the implementation of the curriculum and clinical education model Identify opportunities for alignment with clinical planning and capacity 	<ul style="list-style-type: none"> Leading/supporting collaboration model Identify shared solutions for capacity
Community Interest Holders	Lead in community engagement and system coordination	<ul style="list-style-type: none"> Inform plan and timelines 	<ul style="list-style-type: none"> Inform plan and phases Involve in collaboration discussions
Other Medical Schools	Collaborate on aligned goals and development of academic medicine capacity	<ul style="list-style-type: none"> Inform curriculum model Identify opportunities for collaboration 	<ul style="list-style-type: none"> Work collaboratively to determine UG and PG capacity

The Start-up Phase Governance Structure is summarized in Figure 10.3, with the 2025 priorities for ICLN workstreams shown in Figure 10.4 and a rough timeline for development of the ICLN over the first five years shown in Figure 10.5

Figure 10.3 Start-up Phase ICLN Governance Structure

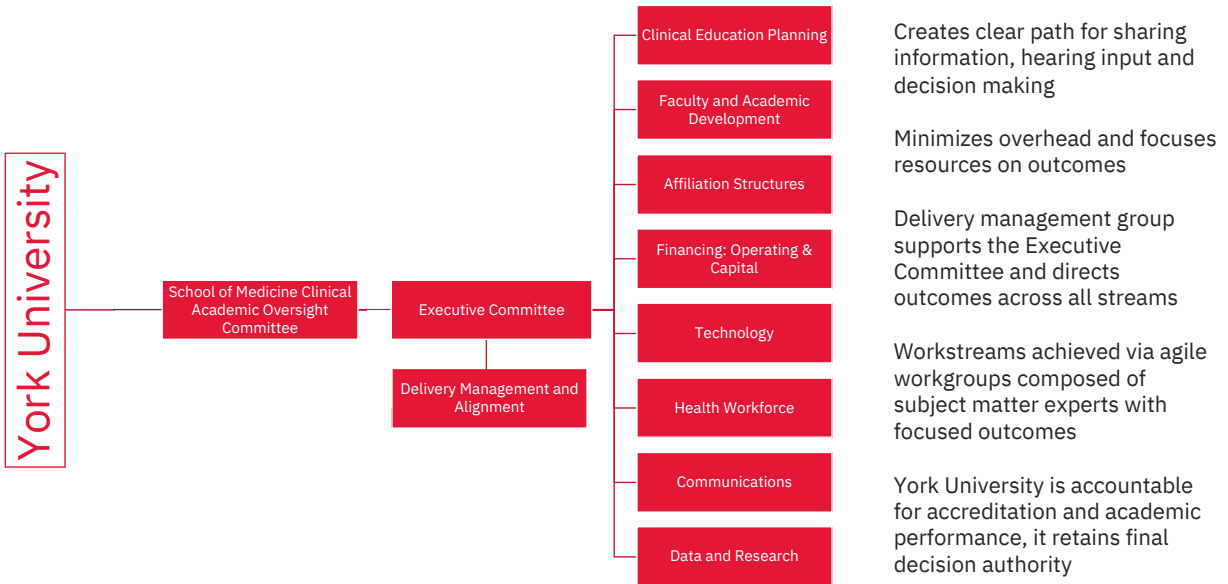


Figure 10.4 ICLN Workstream Priorities for 2025

Workstream Focus 2025





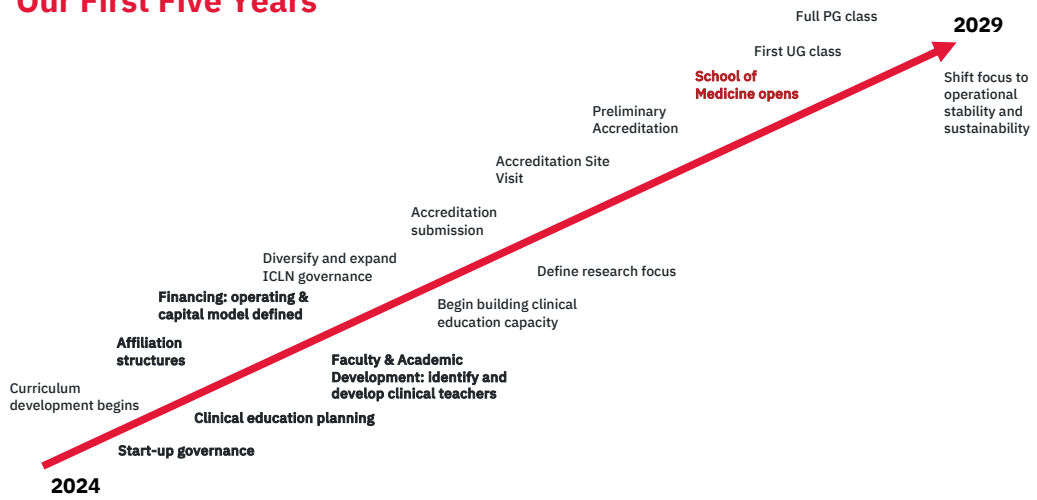
			
<p>Clinical Education Planning</p>	<p>Faculty & Academic Development</p>	<p>Affiliation Structures</p>	<p>Financing: Operating & Capital</p>
<ul style="list-style-type: none"> Identification of principles for planning and allocation of learners and academic roles Breakdown curriculum models into a site/community partner-based plan for learner assignments Connection between institutional and community partners Core issues identified and tracked Coordination with Finance and Capital workstream 	<ul style="list-style-type: none"> Faculty requirements identified Volume and location of faculty defined by discipline and training year Recruitment program designed Faculty development needs assessment underway 	<ul style="list-style-type: none"> Accreditation agreements in place with all hospital partners Expanding governance model to include community-based organizations, e.g. primary care, OHTs 	<ul style="list-style-type: none"> Top-level capital needs assessment and operating financial model complete Principles and approaches in place to ensure funding trails learners Financial framework complete and provided to MOH to shape fiscal planning Resource request for MOH/MCU underway

Figure 10.5 An overview of the ICLN governance Activities in the first Five Years

Our First Five Years



11. Resourcing Model and Implications

Outline and Principles of Resourcing Model

The York University SoM will be funded through the Ontario MOH and the MCU, through tuition paid by students, and by contributions from other partners and levels of government (See Table 1). Government has approved operational funding for the SoM with 240 undergraduate places and 293 residencies at steady state. Schools of Medicine and Nursing are currently the only University programs in Ontario for which expansion is being funded by the provincial government, and the operating funds provided through MCU are additional to the core enrolment grants provided under the Strategic Mandate Agreements (SMA) with universities.

A fundamental principle of the resourcing model is that a school of medicine must not imperil the operating resources or viability of other academic units at the University.

Further, **an approval in principle to establish the School of Medicine as a new academic unit at York University does not imply approval of a capital project for a new building in Vaughan.** The external funding for the new building would need to be in place and approved by York's Board of Governors before the capital project can begin. Given the tight timelines to prepare for the first intake of medical students in 2028, if the new building will not be ready before the opening of classes, the initial cohort(s) of 80 students per year would be housed in other learning spaces. Alternative plans are being developed as temporary learning spaces for the initial medical students in existing spaces, most likely at the Keele campus.

The capital cost of constructing an anchor facility for the SoM will be raised without assuming additional debt by the University and will require substantial funding sources from outside the University's operating budget including philanthropic donations as well as potential contributions from partners and government. As with any major new initiative, the University may have to contribute some of its own money to attract contributions from external partners and funders. In determining the amount and source of any University contribution, the following principles will apply:

- The University will not assume any new interest-bearing debt to construct facilities for the SoM.
- Any contribution from the University to capital costs will not impact the operating budgets of other Faculties
Any contribution from the University Fund will come from the portion set aside for strategic initiatives and be commensurate with support provided to strategic projects benefiting other Faculties.

Table 11.1: Outline of Costs for School of Medicine

Revenue and Expenditure Categories	Projected Amount	Sources of Revenue
Planning costs <ul style="list-style-type: none"> • Accreditation preparations 	\$9 million cost	Government of Ontario planning grant provided
Start-up costs <ul style="list-style-type: none"> • Training community physicians • Developing IT needs for network of health organizations 	To be costed in 2025-26	MoH commitment to support these costs once estimates are complete
Operating costs <ul style="list-style-type: none"> • Operating costs - salaries and facilities costs <ul style="list-style-type: none"> • Resident salaries • Clinical faculty compensation for clinical supervision • Pathways programs and student supports • Provincial Educational Grants and Tuition <ul style="list-style-type: none"> • Faculty leadership, staffing, and course costs 	<p>Estimated minimum ~\$100 million per year by year 3</p> <p>Residencies ~\$25 million at steady state at current rates Clinical faculty teaching compensation TBD</p> <p>To be costed in 2025-26</p> <p>\$17.2 million MCU grant \$39.5 million MoH educational grant \$6.2 million per year in student tuition (projection)</p>	<p>MCU/MOH commitment that “York University will also receive ongoing operating funding to support the cost of delivering undergraduate and postgraduate medical education.”</p> <p>MOH funds residency training at the rates agreed with PARO MoH commitment to support negotiations with OMA for clinical teaching costs</p> <p>MOH; Philanthropy (TBD) MCU committed grant funding (Additional to SMA Corridor) MOH educational grant committed funding base Student tuition Funded scholarships and bursaries from MoH and Philanthropy (TBD)</p>
Capital costs <ul style="list-style-type: none"> • Medical School building • Backup plans for temporary sites in existing spaces in 2028 if construction delayed • Conversion and upgrades of community sites to support learning 	<p>SoM new Building ~ \$350 million Land at Vaughan ~ \$20 million</p> <p>To be costed in 2025</p> <p>To be costed in 2025-26</p>	<p>Philanthropy Governments (City of Vaughan provided land) University (if needed to attract external money)⁴⁸</p> <p>University (if necessary to renovate space that will also address other future priorities)⁴⁹</p> <p>MOH commitment to support these costs</p>
Research Revenue⁵⁰ <ul style="list-style-type: none"> • Indirect Research Revenue • Canada Research Chair (CRC) Revenue 	<p>RSF projected to increase by \$17.4 million per year Overhead income projected to increase by \$6.72 million per year</p> <p>CRCs projected to increase by \$13 million per year based on growth from 35 to 65 CRCs</p>	<p>Federal Government (Tri-Council) (Research Support Fund) Other public and Non-Profit Funders (Overhead charges) Industry (Overhead charges)</p> <p>Federal Government (Tri-Council)</p>

Planning and Operating Costs

The Ontario government is the main source of funds for operating expenditures of all schools of medicine in Ontario, including York's SoM. All provincial governments in Canada closely regulate the number of undergraduate and postgraduate seats, and fund medical school operations in their province accordingly. The Ontario government provides the funding for operational costs related to the number of trainees, the number of teachers involved, and negotiates adjustments for specific features related to the curricular model and other contextual factors, such as the location of teaching and practice, and types of student's supports that fit those locations.

After working directly with York University on the funding required for different enrolment scenarios, in November 2023 the Government of Ontario confirmed its agreement for a model that would support 80 undergraduate seats and up to 102 postgraduate seats per year starting in 2028 and would support up to 240 undergraduates and 293 postgraduates at steady state. Following the March 2024 budget announcement, York University received \$9 million in start-up funding from the provincial government to support the planning for accreditation associated with establishing this model. At that time, the provincial government recognized the baseline operating costs they would need to cover was over \$100 million per year when operating with a steady state of students and residents.

Accreditation Standards require that "present and anticipated financial resources of a medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school."⁵¹ In late January, the MCU provided additional details of their funding commitments which will help satisfy this requirement. The MCU has confirmed that in addition to the \$9M planning grant York University will also receive "ongoing operating funding to support the cost of delivering undergraduate and postgraduate medical education."

Using the funding commitments of the MOH and MCU, the current overview of operating expenditures and revenues at steady state of operations (in 2032, when all 240 medical students and 293 residents are in place) is shown in Table 11.2. The anticipated annual revenues (\$115.9 million) exceed the anticipated expenditures (\$104.7 million). \$69.2 million represents base revenues already committed by the MOH and MCU, while another \$38 million is estimated to be flow-through funding (the agreed revenues will go directly to expenditures) that is related to residents and academic physicians funding plans, and is subject to further negotiation. The other operating revenue for the operations of the ICLN (currently estimated at \$15 million) is to be costed during 2025 and 2026 in collaboration with the MOH and ICLN

⁴⁸ Any matching funds should they be necessary will not impact the operating budgets of other Faculties, and will not involve new borrowing. Any contribution from the University Fund will be limited to monies set aside for strategic initiatives and be commensurate with support benefiting other Faculties.

⁴⁹ No new borrowing.

⁵⁰ Research revenue does not include the potential direct costs covered for carrying out the research project.

⁵¹ Standard 5.1.

partners. Hiring of most of the faculty and staff after the current planning grant would occur in 2027, and be phased and supported by start-up funding from the MOH. The specific amounts are to be determined through more detailed start-up costing and a part of the regular meetings with MOH/MCU in the period before the opening of the SoM (see section on start-up costs).

Table 11.2 Overview of Annual Revenues and Expenditures at Steady State

Revenues	Annual (\$M)	Note
- Ministry of Colleges and Universities UGME Funding	\$ 13.0	(1)
- Ministry of Colleges and Universities PGME Funding	\$ 4.2	(1)
- Ministry of Health Base Academic Operating Funding	\$ 39.5	(1)
- Tuition (UGME)	\$ 6.2	(3)
- Ministry of Health Distributed Medical Education Operating Funding (ICLN-related). Funding from MOH with levels to be determined based on costs estimated in 2025-26	\$ 15.0	(2)
- Flow-through Revenues (e.g. Residents (PARO) and academic physician funding plan). Funding from MOH with levels subject to negotiations	\$ 38.0	(2, 3)
Total	\$ 115.9	
Expenses		
- Faculty leadership (Deans and Department Chairs)	\$ 5.8	(3)
- Fulltime GFT clinical faculty & non-clinical faculty	\$ 21.6	(3)
- GPT clinical faculty	\$ 11.5	(3)
- Administrative leadership and support staff	\$ 8.1	(3)
- Academic Operating Costs (SoM and ICLN-related)	\$ 20.0	(2, 3)
- Flow-through Expenditures (matches Flow-through Revenues) Funding from MOH with levels subject to negotiations	\$ 38.0	(2, 3)
Total	\$ 104.9	
Revenue after Expenses	\$ 11.1	

Notes

(1) MCU & MOH base funding commitment, Jan 28, 2025

(2) Amounts to be determined as per MCU & MOH base funding commitment, Jan 28, 2025

(3) Deloitte financial analysis for 240 student medical school, June 2023

- Does not include additional operating costs provided to hospitals from MOH, or research revenues and expenditures from grant agencies

More specifically, the MCU has confirmed they will fund York's undergraduate medical seats at a rate of \$61,078.71 per eligible student FTE for the first year and second year of studies, and \$40,824.63 per eligible FTE in the third year of study. In addition, the MCU will fund the new postgraduate medical positions at a rate of \$14,241.15 per eligible FTE per annum. Given the enrolment plan, at maturity, the MCU will be providing \$13.0 million annually for 240 undergraduate seats, and \$4.2 million annually for 293 postgraduate seats, for a total of \$17.2 million per year.

Furthermore, to assist with the required financial planning of medical schools in the implementation of medical education expansion, the MOH estimates that "at least \$1.3 million in base operating funding will be provided in 2028-29, growing up to \$39.5 million at maturity annually" (these amounts do not yet include the costs of resident salaries or the full costs of physician teaching and student support programs described below). Operating funding from both ministries would begin in 2028-29 and would increase until steady state operations is reached in 2033-34. The \$62.9 million annual funding base at steady state from the MOH/MCU (not including flow-through funding or ICLN related costs that are to be determined) for the educational program will be sufficient to cover the costs of SoM course teaching (Table 8.2), leadership, and administration.

The specific level of compensation for clinical supervision of medical students still needs to be negotiated between the MOH and the Ontario Medical Association (OMA), and both organizations have committed to working with York University in identifying and agreeing on an appropriate level of funding, which will be provided by the MOH. After the swearing-in of the new provincial cabinet on March 19, 2025, the University will reinstate regularly scheduled meetings with the MOH and MCU to work out all aspects of funding levels and flow. The full framework is to be agreed by the end of 2026, with the detailed agreements in place in 2027 when students should be applying for admission. To be clear, this is consistent with the experience of other new medical schools seeking accreditation, and it will not be possible to open the York SoM until we have finalized these detailed funding agreements, without which no university could operate a medical school.

Physician compensation models in Ontario are very diverse across the province and will need to account for the distributed medical education model proposed by the SoM. As discussed above, the compensation for physicians involved in academic clinical care will be negotiated with the provincial government and multiple parties, with the OMA being the representative for physician compensation discussions with the Government by virtue of longstanding agreement, but with involvement of the University and hospital(s) given the role of the different organizations in academic medicine. Salaries are set for all residents across Ontario through negotiations between the Professional Association of Residents of Ontario (PARO) and the Ontario teaching hospitals, with the involvement of COFM and the MOH. At current rates, residents' salaries are estimated to cost about \$25 million per year when at full capacity. The government also recognizes that additional operating costs related to the consumables used by medical students for clinical activities and provides additional funding for this, and paid to the

clinical entity to cover these items. The costs of the special features of our program related to community-based learning and pathways and supports programs for student populations that are under-represented in medicine are also part of our operating costs, and are being discussed with government and potential donors.

Hospitals and their related foundations and other philanthropies frequently contribute to covering operating costs, often through contributions of staff, learning spaces in clinical settings, and through gifts and contracts to fund chairs and specific research, educational and service programs. These sources of revenue have not been factored into financing plans at this time, and we expect them to build over time as the ICLN partnerships develop.

Start-up Costs

In addition to providing for the operating costs of medical education, the Ontario government also provides for start-up costs related to medical education expansion. In recognizing the need to provide additional start-up costs for community-based physician education, the provincial government also committed to work with our clinical partners to develop and fund capacity to deliver this distributed model of medical education. In addition to infrastructure improvements to prepare for learners at clinical sites, the support will also include the training of physician teachers to hone their supervision and evaluation skills, and to ensure consistency of approaches for cultural competence in dealing with diverse trainees and patients. Faculty and staff also need to be hired prior to the admission of the initial cohort of students. These categories of costs need to be estimated over the next two years, and the government has committed to covering those categories of costs, as well as for the necessary information systems. Information technology systems will also need to be developed, in close collaboration with our partners, for supporting physician trainees across sites, and to safely and efficiently manage individual patient information, as well as aggregated data used for learning and management of teams, as well as for decision-making within clinical units and for community health applications. Mackenzie Health, one of the lead partners to the SoM and a key player in the ICLN, will also bring its industry-leading IT infrastructure to develop novel platforms for data sharing and analytics, while maintaining patient confidentiality in communications.

Capital Costs

The York University SoM will ultimately have an anchor facility in the Vaughan Healthcare Centre Precinct (VHCP) on land generously transferred by the City of Vaughan. The VHCP is an 82-acre parcel of land at Jane Street and Major Mackenzie Drive in the City of Vaughan, which is fast becoming a destination to drive excellence in health care, education, research, commercialization, and innovation.

The capital cost of constructing an anchor facility for the SoM will be raised without assuming additional debt by the University and will require substantial funding sources from outside the University's operating budget including philanthropic and partner contributions. The President

will continue to provide progress updates in Senate on fundraising for the medical school building.

This funding must be securely in place before starting to construct a new building in the VHCP. The province has emphasized the importance of York having a first intake of medical students in 2028 as an important part of its plan to close the gap in access to primary care in Ontario. To mitigate the risk of any construction delays, the University is making back up plans to welcome the first cohort of students in temporary space if needed, most likely on the Keele campus or potentially off campus with health care partners. **Any renovations needed for temporary space would be designed with a view to addressing relevant deferred maintenance and to ensuring the space will help to meet other space needs of the University (including after the medical school vacates the space to move to Vaughan).**

The SoM building site is located next to the Cortellucci Vaughan Hospital, the first hospital to be built in the City of Vaughan and the first net new hospital to be built in Ontario in more than 30 years. As part of Mackenzie Health, Cortellucci Vaughan Hospital also is described as the first “smart hospital” in Canada that includes integrated smart technology systems and medical devices that can speak directly to one another to maximize information exchange and improved patient care. It has rapidly become highly in demand for clinical services and already has the third busiest Emergency Department in Ontario. Mackenzie Health is a lead partner for the York SoM, and in addition to playing a major role in providing clinical placements in the hospital setting, it is also the administrative home of the Western York OHT to advance community health goals, of which York University is the academic partner. Furthermore, Mackenzie Health is also planning further development into primary care and specialist outpatient services on the VHCP, where they would accommodate learners from York SoM. There are also plans to develop a long-term care facility and senior’s living space next to the land dedicated to York SoM. This would provide additional learning, research, and service opportunities for medical and interprofessional programming. Furthermore, the site dedicated to the York SoM provides ample space for additional expansion of capacity in the future, including for space for two additional buildings.

The University is creating many exciting high-impact philanthropic opportunities for individuals, foundations, corporations, and the many community groups committed to the best health care and a future of positive change for all Ontarians. These are focused on the capital costs of the SoM, student scholarships and supports, and eventually on faculty research chairs.

The momentum of the SoM planning phase has already attracted a great deal of philanthropic interest. In addition, the President, in collaboration with the Division of Advancement is in discussions with several leading community benefactors with an interest in contributing to the SoM capital project. York University is also exploring discussions with construction partners to develop the new campus for the SoM in phased building stages.

In the provincial government's Fall Economic Statement,⁵² the government announced that it will commit over \$50 billion for new health infrastructure over the next decade, primarily for hospital expansion and long-term care facilities. Through the 2024 Budget, the government also committed \$546 million over three years to improve access to primary care. This investment will connect approximately 600,000 people to team-based primary care by expanding and creating new interprofessional care teams across the province, an approach that supports York's plans for training interprofessional teams.

At the end of January, 2025, before the start of the election period, the provincial government [announced that \\$1.8 billion would be invested in primary health care](#), and specifically mentioned their support for a medical school at York University as part of its plans (the only University mentioned in the announcement). Given these commitments and their alignment with the York SoM plans, the University is also holding discussions with the provincial government about obtaining capital funding for the medical school.

Once underway, medical students will be educated at clinical learning sites located across northern Toronto, York Region, Simcoe County, the District of Muskoka, and surrounding rural areas. This distributed learning model will allow York to utilize existing spaces at local learning sites to reduce capital requirements and costs at the University. In discussions with the provincial government, they have recognized that some capital investment from government is also needed to help the community partners to be able to provide space for learners on their premises. These will be integrated into the financial framework to be agreed with the government prior to opening.

Research Revenue Potential

Based on York University's 2023/24 externally sponsored research income, the Office of the Vice President, Research and Innovation forecasts an increase in operating revenue associated with a SoM within the range of, and up to \$39 million to cover the indirect costs of research. Notably, this estimate does not include the externally sponsored research income itself that is provided to cover the direct costs of research.

Indirect Research Revenue is made up of Overheads (on contract research sponsored by industry and some government contracts) and Federal Research Support Fund (RSF) calculated based on a three-year rolling average of Tri-Council income:

- The RSF in 2023-2024 was \$6M. If the SoM income will grow four-fold (4x) based on the assumptions below then RSF is anticipated to grow 4x to approx. \$24M, or **increase to about \$18M in RSF.**

⁵² [2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You](#)

- Overhead income in 2023-2024 was \$2.24M. If the SoM income will grow 4x then overhead income is anticipated to grow 4x to approx. \$8.96M, or **increase to about \$6.72M in overhead.**

Canada Research Chair (CRC) income in 2023-2024 was \$4.76M. Multiplying this by 4x leads to \$19.04M. This is equivalent to 65 Tier 1 CRCs. (A Tier 1 CRC is equivalent to two Tier 2 CRCs, or **an increase of about \$14.28M.**)

The total of the above increases is about \$39M in added funding to support research infrastructure at the University. We have not accounted for external graduate scholarships that should increase substantially as well with this level of finding.

It is assumed that this level of research income will be realized over time as the assumptions of four-fold increases are compared to schools of medicine that have long track records of research funding. It is also not clear how the mix of research activity (e.g. biomedical basic sciences research; clinical research; health services research; and social, cultural, environmental, and population health research) will change with a SoM. Finally, the above numbers are calculated on a 3-year averaging window so once we reach this level of research funding, it will take another two years for adjustments to be made to York's entitlement to CRCs and other funding envelopes.

12. Next Steps in Implementation

Since the Approval In-Principle

Prior to consideration of the full proposal at Senate, the SoM Planning Group worked with the Interim Provost and Dean of Record to develop a full proposal to establish the SoM as a new unit in the Faculty of Health in collaboration and consultation with the following bodies among others:

- Faculty of Health Council
- Ad Hoc Oversight Group (AOG) established by APPRC
- APPRC
- Program Development Committees working on accreditation requirements for the MD program
- School of Medicine Steering Committee chaired by the President, with subcommittees to work on budget and resourcing, capital and space planning, legal agreements with external clinical and community partners, advancement, government relations.

Statutory Motion to Establish a School of Medicine

Subject to approval by Faculty of Health Council to establish the School as a new unit within the Faculty of Health, governance approvals would be sought in Spring 2025 as follows, with continued consultation to incorporate input and respond to questions at every stage:

- Notice of Motion to Senate of the APPRC recommendation
- Motion for statutory approval by Senate to establish a School of Medicine as a new academic unit in the Faculty of Health (on the recommendation of APPRC, with Senate Executive to approve any consequent changes to Faculty Council composition, rules and procedures, and recommend to Senate at a subsequent meeting any concomitant changes to the membership of Senate).

With Senate approval, the proposal would proceed to the Board of Governors as follows:

- Board Academic Resources Committee to recommend establishment of the SoM as a new academic unit at the University to full Board of Governors for approval
- Board Finance and Audit Committee to recommend approval of the resourcing plan for the School of Medicine to full Board of Governors, including any capital project for the medical school building when sufficient external funding has been secured.

Approval and Accreditation of Curriculum

- MD Degree developed by Program Development Committees, for submission to ASCP, recommendation to Senate, and submission to provincial quality assurance bodies for approval
- CACMS accreditation review proceeds in parallel with the following critical milestones:
 - Submission of medical school self-study and data collection instrument (January 2026)
 - External visit by CACMS to York University (October-November 2026)
 - Preliminary accreditation (Spring 2027) to begin accepting applications for first entering class in Summer 2028
 - Provisional accreditation (Fall 2029)
 - Final accreditation (Fall 2031)

13. Risk Mitigation

The establishment of any new school involves anticipating potential challenges and managing risk. Some of the most important potential challenges are outlined below, along with assessments of the probability of occurrence, potential effect if they were to occur, and actions being taken to mitigate these risks. As colleagues in Senate have raised questions about the potential financial risks of this initiative to the rest of the University, this section addresses those risks directly based on information provided to the SoM Planning Group by the senior administration.

Risk of government support being withdrawn

York's ability to launch an accredited SoM depends entirely on the approval and funding support of the provincial government, as announced in March 2024. Withdrawal of that support is highly unlikely **if York University continues to signal our commitment to delivering on the school of medicine in a timely manner**. The provincial government has already spent enormous amounts of time and resources to analyze the benefits, costs, and implications of York's proposal, before publicly announcing its support in the budget speech.

This new medical school is a key component of the government's strategy for addressing the crisis in access to primary care doctors, and it has received strong messages of support for this initiative from other levels of government and communities within our service area. The January 27, 2025 [announcement of the \\$1.8 billion commitment to expanding primary care](#), including the specific support for the York University's SoM, and the January 28, 2025 letter from the Ministries of Colleges and Universities specifying their based funding commitments to operating costs and intentions for further developing the full operating and start-up funding, along with the government's recent re-election, provide high levels of confidence in their financial support to the SoM.

Nonetheless, given the volatile and uncertain times we live in, and past experiences, it is prudent to consider what the University would do in the unlikely event government support for the SoM collapsed. In short, the initiative would need to be deferred until such time as the province reversed its position. Without provincial funding for the operating costs, no university could operate a medical school. York would be no different. If provincial funding support was withdrawn for whatever reason, the initiative would have to be halted. If the province then chose instead to provide the medical school spots currently allocated to York to another medical school, we must assume this would end, for the foreseeable future, York University's opportunity to open a medical school. This in turn would raise new risks discussed in the rationale provided in Section 3, where York University would be relegated to a second tier status behind other universities that are now opening medical schools, and lose this generational opportunity to benefit our communities and build our reputation and competitiveness as an appealing destination for more students, faculty, research funds, philanthropy, and partnerships.

Risk of not being able to raise external funds sufficient for the capital build before the scheduled opening in 2028

There is a moderate chance of this risk materializing due to external economic conditions, and the University's firm commitment not to raise the capital by borrowing or drawing on operating funds needed by existing units of the University. The senior administration is creating a contingency plan to address this risk and will be sharing more information with Senate as plans evolve. This would involve a principled approach to identifying and using other spaces for the initial cohorts on Keele campus as noted in Section 11. While any capital initiative may require some funds from the University, there is a commitment to use funds outside the operating funds to ensure that other academic units are not impacted.

Risks to overall University financial sustainability

Given current financial pressures on the post-secondary sector and on York specifically, some colleagues have asked if adding a medical school is financially feasible at this time or will have to be subsidized by other units. To be clear, financial plans and budgets for the SoM will have to be approved by the Board of Governors which is exclusively responsible under the York University Act, 1965, for the financial affairs and stewardship of the University. Nonetheless Senate has an interest in considering the sufficiency of academic resources for this new initiative. Importantly the senior administration has confirmed that:

- The provincial government has committed in writing to provide dedicated incremental funding on top of the University's regular enrolment corridor grant to fund the operations of the medical school.
- No monies will be borrowed at interest to fund the capital project to construct an anchor facility.
- Based on discussions with the Board, the University's operating budget must be balanced no later than 2027-28. This will be before the opening of the medical school.
- Debt associated with the Markham campus construction is not being financed by the rest of the University. The interest charges on this debt are paid from the Markham campus budget, which is separate from the Faculty budgets.
- The principal amount of the Markham debt will be repaid in full when it comes due in 2060, from a sinking fund that has been established to repay all of York's debt. The sinking fund is financed by the ancillary services of the university (housing, food, parking, and other cost recovery services) and by investment income which compounds within the fund.
- Faculties are not bearing the start-up operating costs for Markham, as these are segregated in a separate Markham budget. Markham operations are funded by student tuition and by additional grants provided by the province for Markham enrolments, on top of the regular enrolment corridor grant received for Keele and Glendon. The Markham operating budget will break even in year 7, after additional cohorts of students are admitted. In the meantime, the Markham operating budget is showing a positive

variance from its approved start up deficit, as faculty and staff hiring has been slowed down to reflect slower enrolment growth at the outset.

Risk of loss of support from clinical partners

This risk is considered low based on extensive interactions with clinical partners since the conceptual proposal was submitted in 2022, about their needs and motivation to participate. Partners have expressed their support for the vision for the York SoM and their willingness to help realize it, as they see tremendous potential benefits to their patient populations, and the opportunity to catalyze a much-needed system transformation toward integrated, interprofessional primary care. That said, participating in the Integrated Clinical Learning Network (ICLN) will require a commitment of time and resources that will be a bigger adjustment for some partners than for others. York is continuing to work closely with partners, including through its role as an academic member on the Western York Region OHT, to clarify the role that each partner can best play and to mitigate the risk of any misaligned expectations by understanding the potential for extra capacity with maximize flexibility to fit each partner.

Risk of delay in CACMS accreditation or approval of MD degree through Quality Assurance

York has now successfully launched most of the prescribed committees needed to seek accreditation with CACMS and has populated them with a required mix of York faculty members, staff, administrators, medical education experts, students, and external clinical partner and community representatives. If the current momentum continues without interruption, accreditation before the scheduled launch in 2028 is feasible. This is what is driving the urgency behind completing the collegial governance steps to establish a SoM by the end of the 2024-25 academic year, with a clear direction on the administrative architecture to guide the detailed work of the accreditation committees. CACMS requires extensive documentation of the program plans to be submitted by January 2026 to gain the preliminary accreditation required in Spring of 2027 to be able to admit the inaugural class that would enroll in 2028.

New academic programs must be mounted by a defined unit and until that unit is clearly identified, the development of the MD curriculum can proceed only so far. Further, CACMS also requires clarity on the specific administrative frameworks and supports to be provided for medical education, policies governing the medical school, and an initial strategic plan for the medical school, among other elements that cannot be developed without establishing an interim Faculty or School Council. A delay in accreditation would cause a delay in the opening of the School, which the province would need to agree to, creating further risks to the initiative.

To mitigate this risk, the SoM Planning Group and Dean of Record are committed to continuing active consultations through Senate and its committees including Faculty Councils, to be as responsive as is possible at this stage to all concerns and questions expressed. As described earlier in this proposal, consultations have been actively pursued through APPRC, Senate, and Faculty Councils since 2022 when the conceptual proposal was submitted to the

province. **The approval in principle motion provided a further valuable opportunity for Senate to raise questions to be addressed before this final proposal is brought forward in a statutory motion.**

Appendix 1. School of Medicine Planning Group Members

Co-Chairs: Chris Perry; Nancy Sangiuliano	
Name	Title
Ali Sadeghi-Naini	Associate Professor and York Research Chair, Lassonde School of Engineering
Alison Macpherson	Professor, School of Kinesiology and Health Science, Faculty of Health
Andrew Ernest Brankley	Assistant Professor, Psychology, Faculty of Health
Catriona Buick	Assistant Professor, School of Nursing, Faculty of Health
Chris Ardern	Interim Dean, Faculty of Health; Associate Professor, School of Kinesiology and Health Science, Faculty of Health
Chris Perry	Director and Professor, Muscle Health Research Centre, School of Kinesiology and Health Science, Faculty of Health
Claire Mallette	Director and Associate Professor, School of Nursing, Faculty of Health
David Peters	Dean of Record and Institutional Lead, School of Medicine; Professor, Faculty of Health; Interim Provost
Dua'a AlNusairat	MBA student, Schulich School of Business
John D Eastwood	Associate Professor and Associate Chair, Department of Psychology, Faculty of Health
Joseph Mapa	Executive Director and Adjunct Professor, Health Industry Management Program, Schulich School of Business
Karin Page-Cuttrara	Vice Dean, Learning, Teaching & Academic Programs, Faculty of Health; Associate Professor, School of Nursing, Faculty of Health
Leeat Granek	Professor, School of Health Policy and Management and Department of Psychology, Faculty of Health
Mazen J Hamadeh	Associate Dean of Students, Faculty of Health; Associate Professor, School of Kinesiology and Health Science, Faculty of Health
Nancy Sangiuliano	Associate Professor, School of Nursing, Faculty of Health
Parissa Safai	Chair and Professor, School of Kinesiology and Health Science, Faculty of Health
Peter Tsisis	Associate Professor, School of Health Policy and Management, Faculty of Health, and School of Administrative Studies, Liberal Arts & Professional Studies
Rob Tsushima	Chair and Associate Professor, Biology, Faculty of Science
Ruth Green	Associate Professor, Director, School of Social Work, Faculty of Liberal Arts & Professional Studies
Ruth Robbio	Associate Professor, School of Nursing, Faculty of Health
Sean Hillier	Interim Associate Dean of Research & Innovation, Faculty of Health; Associate Professor, School of Health Policy & Management, Faculty of Health
Tara Haas	Professor, Kinesiology and Health Science, Faculty of Health
Tarra Penney	Associate Professor, School of Global Health, Faculty of Health

Appendix 2. Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes

PHASE 1: Consultations and Defining the Vision for the School <i>Spring 2021 – February 2022</i>	
Actions	Major Steps / Processes
External consultations on the potential School of Medicine	<p>Medical Education subject matter experts:</p> <ul style="list-style-type: none"> • sitting and former Deans/Directors of Schools of Medicine • medical school accreditation experts • academics, clinicians, and administrators with experience in medical school start up and progressive models of medical education <p>External healthcare community consultations across the catchment area, including:</p> <ul style="list-style-type: none"> • Hospital, notably Mackenzie Health and Cortellucci Vaughan Hospital (CEOs, clinical, teaching, and research leads) • Ontario Health Teams • primary care providers, including practicing physicians • public health agencies, chief medical officers of health • rehabilitation centres, women’s shelters, non-profit care providers, housing and other providers • long-term care facilities • community health centres and agencies (eg. Black Creek Community Health Centre) <p>Provincial, national and international consultations, including:</p> <ul style="list-style-type: none"> • municipal and regional government officials • non-profit agencies • Indigenous government and community leaders • businesses
Internal consultations	<p>APPRC and Senate</p> <p>Faculty Councils, departments, schools, individual faculty members</p> <p>Board Academic Resources and Executive committees, and Board of Governors</p> <p>York community via Town Halls</p> <p>Office of Institutional Planning and Analysis (enrolment modelling)</p>

<p>Establish the vision for the School of Medicine</p>	<p>Preparation of a conceptual proposal. Broadly established:</p> <ul style="list-style-type: none"> • the design of York’s SoM to address Ontario’s 21st century health and wellness needs through innovative curriculum, technology, and collaborations • the central features of the medical program (i.e., two-year pre-health program as an access bridge; a three-year degree program option; interprofessional primary care and population health-focused curriculum; integration of digital health technologies to enhance continuum of care; distributed learning model with community preceptors) • enrolment plan and business model principles for an initial cohort of 60 students in year one, growing to an entry cohort of 120 by year five and steady state enrolment of 360 students by year seven. <p>Conceptual Proposal submitted to Province February 2022.</p>
<p>PHASE 2: Advancing the Conceptual Proposal and Seeking Government Support to Proceed <i>Spring 2022- March 2023</i></p>	
<p>Actions</p>	<p>Major Steps / Processes</p>
<p>Further defining the conceptual proposal</p>	<p>Continued internal consultations to share ideas and receive input on the conceptual plan, and additional directions and options, to further its development.</p> <p><i>APPRC: February and March 2022; Sept and November 2022; March 2023</i> <i>Senate: March 2022 (consultation)</i> <i>Faculty Councils: throughout</i></p> <p>Continued external consultations to share ideas and receive input on the conceptual plan to further its development.</p> <p>Medical education experts, physicians, health care providers, community partners in catchment area.</p> <p>Discussions confirmed enthusiasm for the initiative and the identification of broad opportunities for teaching, research and knowledge mobilization collaborations, and student placements / community based experiential learning options.</p>

SoM location planning	<p>Consultation with City of Vaughan on the provision of land at the VHCP (adjacent to the Cortellucci Hospital) for health-related education, research, innovation purposes including anchor facility for a potential School of Medicine.</p> <p>Agreement reached with City of Vaughan for provision of land: June 2022 (option for University to exercise within 8 years).</p>
Preparation of Major Capacity Expansion Framework submission to Province.	<p>Drawing on information and discussions from the internal and external consultations on the conceptual plans for a potential School of Medicine, preparation of a Major Capacity Expansion submission that builds on the Conceptual Proposal submitted to the Province (February 2022) and includes business case considerations aligned with the MCE criteria.</p> <p>MCE submission to Province September 2022</p> <p>APPRC confidential review and feedback on MCE submission, further discussion and input on content of proposal, additional information needed for collegial review, and collegial governance processes (Fall 2022/Winter 2023).</p>
<p>PHASE 3: Engaging collegial governance processes to advance academic planning (<i>Following Province's announcement of support for a School of Medicine at York University in March 2024.</i>)</p> <p><i>April -December 2024</i></p>	
Actions	Major Steps /Processes
<p>Creation of a School of Medicine Planning Group (SoM PG)</p> <p>Membership finalized October 2024</p>	<p>Creation of an advisory group to guide and facilitate the next steps in shaping the academic components of the School of Medicine, by 1 July 2024.</p> <p>Chaired by the School of Medicine Dean of Record, and in collaboration with APPRC, the SoM PG includes representation from faculty members from across the University with health-related knowledge and experience to ensure that disciplinary and interdisciplinary perspectives inform planning. Additional subject matter experts in medicine and medical education support the SoM PG with advice.</p> <p>SoM PG is mandated initially to identify the core academic components to be defined in the first planning phase, including:</p> <ul style="list-style-type: none"> • Administrative architecture of the SoM (e.g., new Faculty and its structure; new unit within an existing Faculty; new Faculty that is a combination of existing and new units)

	<ul style="list-style-type: none"> • degree program(s) to be offered (including core features such as program length, admissions, interprofessional learning, population health focus, community-based learning, digital health) • related academic program areas for possible development • research and innovation focus areas • broad academic resource plans including impact on existing academic units and activities • potential academic, research, and community collaborations in the Vaughan Healthcare Centre Precinct and broader catchment area <p>The PG will also liaise with the Accreditation Program Development Committees to coordinate plans.</p>
<p>Creation of an APPRC Ad Hoc Oversight Group (AOG)</p>	<p>A School of Medicine Ad Hoc Oversight Group (AOG) supports both APPRC and the <i>SoM Planning Group</i> by overseeing a strategic and effective process for the development, consideration, and approval of the academic components of the school of medicine through the legislative approval path to ensure that the University is making coordinated and informed decisions for program development, resource allocation, medical research enhancement, and compliance with accreditation requirements.</p> <p>The overall mandate of the AOG is to guide and facilitate the development of plans for the academic components of the school of medicine. In Phase 3, the AOG in liaison with the <i>SoM PG</i>, will <i>lead consultation and collegial discussions</i> on the following academic planning matters:</p> <ul style="list-style-type: none"> • the unit architecture • new academic programming and the curricular approach • impact on existing programs / Faculties • implications for research areas of strength and research culture • identification of resource issues • opportunities to integrate York’s values and a range of research areas in the school of medicine such as global health, climate change, and sustainability to support the vision for the school of medicine
<p>Consultations October – November 2024</p>	<p>Focused consultations on the academic planning aspects of the school of medicine facilitated by the SoM PG and the AOG .</p> <p>Regarding the administrative architecture of the SoM, consultation and proposal development will commence with all Faculty Councils and the Libraries. An APPRC planning forum will also focus on the</p>

	<p>school of medicine to share information and facilitate collegial input in the planning of the initiative. Discussions to include matters of:</p> <ul style="list-style-type: none"> • the new unit structure • new academic programs to be offered • impact on existing programs • implications for research areas of strength and research culture • identification of resource issues
<p>Regular liaison between the SoM Planning Group, the Ad Hoc Oversight Group, APPRC, Senate</p>	<p>Through the Dean of Record, the SoM PG, and the AOG regular consultations and progress reports will be provided to Senate APPRC and through it, to Senate.</p>
<p>PHASE 4: Approval in Principle for a School of Medicine <i>Fall 2024, for Senate approval by December 2024</i></p>	
<p>Actions</p>	<p>Major Steps /Processes</p>
<p>Preparation of an <i>Approval in Principle</i> proposal for APPRC and Senate approval.</p>	<p><i>Approval in Principle</i> by Senate is helpful in providing APPRC, the administration and proponents of a major academic initiative with a sense of Senate’s general views and specific interests prior to intensive consultations, refinement of concepts and preliminary plans, and the development of associated plans.</p> <p>The <i>SoM Planning Group</i> will have the responsibility of preparing a proposal for <i>approval in principle</i> to establish the school of medicine, including the administrative architecture of the new unit.</p> <p>Information in the proposal to include:</p> <ul style="list-style-type: none"> • administrative structure, name, composition and core features of programs • rationale for its establishment: <ul style="list-style-type: none"> ○ teaching and learning ○ research opportunities ○ benefits to the university as a whole, and benefits to the community, province ○ advancement of University Academic Plan priorities and related strategies

	<ul style="list-style-type: none"> • enrolment projections and faculty complement • the curriculum (degree types and programs to be offered and future areas to explore) • possible inter-Faculty / interdisciplinary collaborations on programming • planned / possible collegial governance structures for the school in line with the structure • resource implications / budget framework • consultation processes that informed the planning and proposal
Faculty Council(s) review of <i>Approval in Principle</i> proposal	If the proposed structure for the SoM in the <i>Approval in Principle</i> proposal is either for a new unit within an existing Faculty, or a new Faculty that is a combination of existing and new units, the proposal proceeds to the relevant Faculty Council(s) for review and approval.
AOG and APPRC review of <i>Approval in Principle</i> proposal	<p>The AOG will review the draft proposal for <i>Approval in Principle</i> to establish a school of medicine subsequent to Faculty Council(s) approval (as necessary) prior to the proposal proceeding to APPRC. AOG's focus will be on completeness of the proposal on the expected information to be addressed, and confirmation that input from consultations was considered by the SoM Planning Group.</p> <p>Following AOG's oversight review of the approval in principle proposal, it will proceed to APPRC for approval and recommendation to Senate.</p>
Senate review of <i>Approval in Principle</i> proposal	Upon recommendation by APPRC, Senate review and approval of the proposal by December 2024.
<p>PHASE 5: Approval of a School of Medicine through Senate and Board Processes <i>Spring 2025, for approval by 1 July 2025</i></p>	
Actions	Major Steps / Processes
SoM Planning Group prepares the proposal for statutory approval to establish a School of Medicine <i>Winter 2025</i>	<p>Following approval in principle, the SoM PG continues the considerations of academic planning, research, academic resources, and Faculty governance structures, dovetailing with accreditation matters as necessary. It facilitates with the <i>APPRC Ad Hoc Oversight Group</i> necessary, appropriate and timely consultations that provides opportunities for all interested parties at the University to comment on the proposal. Senate committees invited to comment on the proposal from the standpoint of their mandates.</p> <p>From that final consultation, the SoM PG builds on the approval in principle proposal to develop the full proposal and a rationale for statutory approval. The rationale will address the following:</p>

	<ul style="list-style-type: none"> • alignment with the UAP and university strategies • impact on York’s profile overall and in health • enrolments and recruitment • faculty complement • funding model, funding sources, and impact on the academic budget • risk mitigation plans
AOG review of draft final proposal	The AOG reviews the full proposal to establish a school of medicine for completeness, and confirmation that issues and matters raised in the approval in principle and subsequent consultation phases are addressed in the proposal, liaising with the SoM PG as necessary.
Proposal proceeds through the Senate and Board governance processes <i>Spring 2025</i>	Proposal proceeds for approval by 1 July 2025 to: <ul style="list-style-type: none"> • Faculty Council(s) (as necessary) • APPRC • Senate; a Statutory Motion, requiring Notice of Motion first, approval at subsequent meeting • Board Academic Resources Committee and Board of Governors
Attendant changes to existing Faculties if structure for SoM is either a new unit within an existing Faculty, or a new Faculty that is a combination of existing and new units.	Approval of changes if necessary for merger / dis-establishment of a Faculty by 1 July 2025. Proposal(s) to relevant Faculty Councils, APPRC, Senate, and Board of Governors for approval by 1 July 2025
<p>PHASE 6: Implementation and Attendant Processes <i>Following Approval of the establishment of a School of Medicine by July 2025</i></p> <ul style="list-style-type: none"> i. Approval of Academic Programs ii. Establishment of Faculty governance framework and related Senate governance changes iii. Operational planning 	
Actions	Major Steps / Processes

Development and review of proposals for new degree programs	Approval of proposals for establishment of new programs in accordance with the York University Quality Assurance Procedures. Approval through all governance paths, including Quality Council, accrediting bodies and MCU where relevant.
Establishment of new academic administrative positions	Identification and arrangements for associated new academic leadership administrative positions (e.g., Dean, Director of a School) Possibility of interim appointments to facilitate SoM implementation.
Establishment of a Faculty Council / governance body Changes to other governance structures	Identification of governance structures for the SoM / Faculty, and any associated changes to existing Faculty Council structures Possibility of the establishment of an interim Faculty Council to facilitate SoM planning and implementation. Identification of changes to Senate governance structures to reflect establishment of the SoM.
Finalize the budget framework; and budget planning	Under the guidance of a project implementation team and through consultations.
Full-time faculty complement and labour relations planning	Under the guidance of a project implementation team and through consultations.
Enrolment and recruitment planning	Under the guidance of a project implementation team and through consultations.
Physical space planning	Under the guidance of a project implementation team and through consultations.
Registrarial planning for the support of SoM	Under the guidance of a project implementation team and through consultations

Appendix 3. APPRC Report to Senate for its meeting of December 12, 2024

APPRC

At its meeting of 12 December 2024

FOR INFORMATION

APPRC met on 5 December 2024 and brings forward this report to Senate.

a. School of Medicine Planning: Senate discussion of administrative architecture

At this meeting APPRC is facilitating a consultation on the administrative architecture for the planned School of Medicine within the University's structure.

APPRC and its Ad Hoc Oversight Group (AOG) have been actively supporting planning for a school of medicine. In preparations for the possibility of the University receiving provincial support to establish a school of medicine, a *Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes* was developed and shared with Senate by APPRC [~~April 2023: updated version attached, Appendix B~~]⁵³. The administrative architecture of the school was identified as a core academic component to be defined in an early phase of the planning. The Prospectus specified three potential unit options to be considered in the collegial governance planning process:

- new Faculty and its structure
- new unit within an existing Faculty
- new Faculty that is a combination of existing and new units

APPRC and the AOG believe that the structure of the school is a foundational feature of the plans that deserves examination within a Senate context. A full Senate discussion provides an opportunity for reflections, concerns or alternative ideas about the architecture to be surfaced and considered before the next phase of the planning exercise, which is approval in principle by APPRC and Senate. It is important that the recommendation for approval in principle gives clear direction on the architecture for the school as it informs the next stages of planning, including the critical companion exercise of accreditation. Therefore, at this meeting, APPRC is facilitating a discussion with Senate on the administrative architecture options for the planned new academic unit. Its feedback on this matter will be considered by the *School of Medicine Planning Group* and the AOG prior to moving forward with a proposal for approval in principle.

Background information to support Senate's deliberations on the structural models is attached as *Appendix A*. It sets out visual representations of each of the three models with the respective advantages and considerations for each one, along with the research, comparative information

⁵³ The crossed out text refers to materials not included in the SOM proposal, though a newer version of the *Prospectus* is at Appendix 2

and considerations undertaken so far in the examination of the options for the school given its vision and York's Faculty composition. Within the Appendix the Committee has also set out framing questions for this consultation session, which will be led by the AOG Chair, Professor Lisa Farley.

APPRC looks forward to full and constructive deliberations on this pivotal academic planning question for the University.

The Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes that has been shared with Senate and updated this fall, identified early on the need for planners to address the administrative architecture of the School of Medicine (SoM) as a "core academic component to be defined in the first planning phase," with examples including:

- new Faculty and its structure;
- new unit within an existing Faculty;
- new Faculty that is a combination of existing and new units.

The planning exercise included a close study of these options. The current draft proposal from the SoM Planning Group (SoM PG) favours the second as the preferred model to realize the vision of the SoM for interprofessional education and team-based clinical practice, and to support inter-disciplinary research. It is also the model consistent with the research showing a clear trend in progressive medical school design across Canada, toward embedding medicine in a larger Faculty along with other health-related disciplines.

Senate Executive members have suggested that this academic planning issue deserves further discussion within a Senate context. A full Senate discussion provides an opportunity for any concerns or alternative ideas about the architecture to be surfaced and examined before Senate is presented with a recommended option for approval in principle. It is important that the recommendation for approval in principle does give clear direction on the matter of architecture, as this is needed to inform drafting of the final proposal for Senate, but also for accreditation purposes. The Committee on Accreditation of Canadian Medical Schools (CACMS) provides deadlines to reach each stage of accreditation, and approval for a medical school, either as a standalone Faculty or part of a larger Faculty, is an early decision needed to map out the governance structures, policies, curriculum design and approvals, and other academic infrastructure and resource needs that are required for the next stage. Therefore, the December Senate meeting is a good time for a culminating discussion on the administrative architecture. Any new feedback received can then be considered by the SoM PG and the AOG prior to moving forward with a proposal for approval in principle.

Background information is being provided to ensure the Senate discussion about the three structural models is well informed.

Review of Consultations and Research on Administrative Architecture Choices

A. Early Consultations (Prior to Provincial Commitment in March 2024)

Starting in 2022, extensive consultations were held across the York University community to gather input on the vision for a potential school of medicine and how it could build on our existing pan-institutional strengths in health-related research and education.⁵⁴ Led by then-Provost & VP Academic Lisa Philipps, the consultations were at a fairly high level and did not focus on administrative architecture *per se*. However it is notable that even at this stage there was clear interest across Faculties and units in maximizing interdisciplinary collaboration for both educational and research purposes, for example through arts and design-based approaches to health and health services, biomedical engineering, health leadership and administration, disease modelling and data science applications in public health and medicine, movement and physical therapy, and life sciences including such areas as biochemistry, microbiology, genetics, and biology of cancer. Department of Biology faculty in particular expressed the view that biology has a great deal of salience for medical education and should be centrally involved in future planning. A more detailed summary of collaboration opportunities suggested by community members appears below, under “Faculty Council Consultations (Fall 2024)”.

B. Literature Review and Research

Prior to the provincial commitment in March 2024, the University retained Dr. Margaret Steele as an expert Advisor, Curriculum and Accreditation.⁵⁵ To shed light on the question of administrative architecture, Dr. Steele conducted a literature review on medical school governance.

The majority of published literature focuses on the governance arrangements between medical schools and academic medical centres (hospital and related clinical partners that support teaching and research), and mostly on ways to preserve the balance of academic, clinical practice, and research missions in governance and financing arrangements, and is very context specific. There is a dearth of literature that specifically relates to the governance of medical schools and their relationships to Universities (other than historical literature on the emergence of University-affiliated medical schools at the beginning of the 20th century and the development of science-based curriculum and formal admissions criteria).

The available literature suggests that when establishing a governance structure for a medical school, it is helpful to determine metrics which are aligned with the strategic plan of the medical school. The metrics would be related to the key missions of the medical school:

⁵⁴ A list of early consultations with summary notes is available here: <https://www.yorku.ca/medicine/py-community-area/resources/>

⁵⁵ Dr. Margaret Steele’s career includes a decade of progressive decanal experience at the Schulich School of Medicine & Dentistry at The University of Western Ontario and, between 2016 and 2023, the dean of the Faculty of Medicine at Memorial University of Newfoundland. She has been a full professor of psychiatry since 2008. Dr. Steele has been a distinguished leader in child and adolescent psychiatry in Canada, and was elected in 2018 as a Fellow of the Canadian Academy of Health Sciences. In 2019, she was named Professor Emerita at The University of Western Ontario. She was the chair of the board of the Association of Faculties of Medicine of Canada (AFMC) between April 2022 and August 15, 2023. Dr. Steele has also served on Canadian accreditation teams for various medical schools including McGill and the new medical school at SFU.

education, research, clinical care, and social accountability & community engagement, which will facilitate accountability of the medical school.⁵⁶ These metrics should be continually monitored to provide feedback to key stakeholders including governance entities, individual decision-makers, community partners, government, accreditors, regulators and the public.^{57, 58} In Canada, Dr. Steele determined that about three-quarters of medical schools are organized to integrate multiple schools within a larger Faculty (Table 1). A number of medical schools have consolidated schools under a single Faculty (or equivalent), as has been done in the last 5 to 10 years by the University of Manitoba (2015) and McGill University (2020), while others have had this integrated model for much longer (e.g. McMaster University, Queens University, University of British Columbia).

Table 1: Canadian Faculties of Medicine and Integration of other Health-Related Academic Units

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
Dalhousie University	Faculty of Medicine	School of Biomedical Engineering	Faculty of Health with 8 Schools and College of Pharmacy
McGill University	Faculty of Medicine and Health Sciences (School of Medicine)	Ingram School of Nursing School of Biomedical Sciences School of Communication Sciences & Disorders School of Physical & Occupational Therapy School of Population and Global Health	
McMaster University	Faculty of Health Sciences (Michael G. DeGroote School of Medicine)	School of Nursing School of Rehabilitation Science Includes: Undergraduate Programs in Midwifery, Physician Assistant	
Memorial University of Newfoundland	Faculty of Medicine	No other Schools or Colleges Includes: Divisions of Population and Applied Health Sciences, BioMedical Sciences, and Clinical Sciences	Faculty of Nursing Western Regional School of Nursing (Grenfell campus) School of Human Kinetics and Recreation School of Pharmacy

⁵⁶ Veralon, 2015. Analysis of Governance Models for Academic Health Centers. Prepared for The Center for Mississippi Health Policy.

⁵⁷ Stratton, T.D., Rudy, D.W., Sauer, M.J., Perman, J.A., & Jennings D. (2007). Lessons from industry: one school's transformation toward "lean" curricular governance. *Academic Medicine*. 82(4):331-340. <https://doi.org/10.1097/ACM.0b013e3180334ada>.

⁵⁸ Casiro, O., & Regehr, G. (2018). Enacting pedagogy in curricula: On the vital role of governance in medical Education. *Academic Medicine* 93(2):p 179-184. <https://doi.org/10.1097/AMC.0000000000001774>.

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
Northern Ontario School of Medicine University	Northern Ontario School of Medicine University MD Program	Stand-alone medical university Includes: Masters Degree Program in Medical Studies; Undergraduate Programs in Dietetics and Rehabilitation Studies	
Queen's University	Faculty of Health Sciences (School of Medicine)	School of Nursing School of Rehabilitation Therapy Includes: Other Graduate Degree Programs in Biomedical Sciences, Public Health Sciences, and Translational Medicine; Undergraduate Programs in Health Sciences	
Université de Montréal	Faculty of Medicine	School of Kinesiology and Physical Activity Sciences School of Speech Therapy and Audiology School of Rehabilitation	
Université de Sherbrooke	Faculty of Medicine and Health Sciences	School of Rehabilitation School of Nursing Includes: Basic Life Sciences Graduate Programs	Faculty of Physical Activity Sciences
Université Laval	Faculty of Medicine	Includes: Professional Masters Programs in Rehabilitation Medicine and Public Health and 10 Research Graduate Degree Programs; Bachelors Programs in Occupational Therapy, Kinesiology, Physiotherapy, Biomedical Sciences, and Sexology	Faculty of Dentistry Faculty of Pharmacy Faculty of Nursing Sciences
University of Alberta	College of Health Sciences (Faculty of Medicine & Dentistry)	Faculty of Kinesiology, Sport and Recreation Faculty of Nursing Faculty of Pharmacy & Pharmaceutical Services School of Public Health Faculty of Rehabilitation Medicine	
University of British Columbia	Faculty of Medicine	School of Audiology & Speech Sciences School of Biomedical Engineering School of Population & Public Health	
University of Calgary	Cumming School of Medicine	None	Faculty of Kinesiology Faculty of Nursing
University of Manitoba	Rady Faculty of Health Sciences (Max Rady College of Medicine)	Dr. Gerald Niznick College of Dentistry College of Nursing College of Pharmacy College of Rehabilitation Sciences	Joint Undergraduate Interdisciplinary Health Program
University of Ottawa	Faculty of Medicine	School of Epidemiology and Public Health School of Pharmaceutical Services. Includes: Graduate and Undergraduate Degree Programs in Translational and Molecular Medicine	Faculty of Health Sciences with 5 Schools

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
University of Saskatchewan	College of Medicine	School of Rehabilitation Sciences	College of Dentistry College of Kinesiology College of Nursing College of Pharmacy and Nutrition School of Public Health in College of Graduate and Postdoctoral Studies
University of Toronto	Temerty Faculty of Medicine	No other Schools or Colleges Includes: Professional Masters Degree and Research Graduate Degree Programs in Rehabilitation Sciences; Undergraduate Degree Programs for Physician Assistant, Medical Radiation Sciences	Faculty of Dentistry Faculty of Kinesiology & Physical Education Faculty of Nursing Leslie Dan Faculty of Pharmacy Dalla Lana School of Public Health
University of Western Ontario	Schulich School of Medicine & Dentistry	Includes: Professional Program Dental Surgery; Graduate Degree Program in Medical Biophysics	Faculty of Health Sciences with 7 Schools

Because of the limited information from the literature, Dr. Steele conducted structured interviews with Deans of all medical schools in Canada (and Deans of two new medical schools). These interviews were conducted confidentially to elicit the most possible candid response and advice. The majority (13/17) of Canadian Deans advocated for an integrated Faculty inclusive of medicine and health, in large part, because “if you put medicine on its own it will not come on side with other health faculties or listen to other schools” (Dean of School of Medicine with experience in both integrated and separate Schools of Medicine), which prevents meaningful interprofessional and interdisciplinary collaborations.

Interviewees also noted advantages of aligning the strategic priorities for health-related schools and their partners in the health care system. They observed that with alignment comes increased interprofessional education (IPE) and interdisciplinary research collaborations.

Convergence of curricular approaches and resources was cited as another advantage of an integrated model. To further enhance IPE, various offices can be shared including support units for experiential learning (e.g. standardized patients, simulation), interprofessional clinical placements, as well as student affairs. Schools within an integrated Faculty can share best practices in pedagogy and share faculty resources, for example establishing a team of educators on a variety of specific topics that need to be covered in multiple health and medicine programs. Learning from other health disciplines was also cited as a benefit that can increase the quality of the educational programs, reduce inequities between schools, and improve continuity of care.

Operational efficiencies and streamlined administrative operations, policies and procedures were offered as further reasons for an integrated Faculty. Functions like human resources, finance, administration, communications and advancement, and information technology can be provided as shared services within one integrated Faculty. Further, cross-cutting support functions can be addressed across an entire Faculty of Health including a school of medicine instead of reinventing the wheel for each health discipline; for example, Indigenous Affairs; Equity, Diversity, Inclusion and Anti-Racism, and research administration.

For medical schools where Faculties have recently undergone an organizational change towards an integrated Faculty, there were considerable change management challenges to ensure that all the constituent Colleges (or Schools) were on board with the approach, even though there was considerable consensus on the vision and rationale. When the operational streamlining produced flexible funding that was distributed among the other Colleges, and as more experience was gained in interprofessional curricular offerings, support for the integrated Faculty became even stronger and widespread. In the cases of two other medical schools in development, Simon Fraser University and Toronto Metropolitan University, University leaders informed us that because of hesitation from other health-related schools, they decided from a pragmatic perspective to go ahead with a standalone Faculty of Medicine, so that greater attention could be devoted to pursuing accreditation rather than focusing on the additional collegial consultation and change management that would be needed to create an integrated Faculty. And while both Universities aim to promote interprofessional education (as is the case with all medical schools in Canada), interprofessional education and practice does not play as central a role in their models as it does in the vision for the York SoM.

C. Consultations Following Provincial Funding Approval (Spring/Summer 2024)

Following Provincial approval to fund a new School of Medicine at York University, as announced in the March 2024 Budget speech, academic leaders in the Faculty of Health recognized that this announcement had particular implications for the Faculty especially as interprofessional education was so central to the vision endorsed by the province. Discussions were initially held among the Faculty of Health Chairs/Directors, Associate Deans, and Dean about what this might mean for the Faculty, and a follow-up discussion was requested with the Faculty Council Executive & Planning Committee. An update on the medical school was provided to the Executive & Planning Committee at its meeting of April 25, 2024, with a plan to update Faculty Council and have a preliminary discussion about the options for the proposed School of Medicine being either within or outside the Faculty of Health, to be followed by discussions at the School/Department level over the summer. Faculty Council discussed this matter on May 1, 2024, and a series of School/Department Council Meetings in the Faculty of Health were held over the course of May – June 2024. Those meetings included:

- School of Global Health Council (June 19, 2024)
- School of Kinesiology & Health Science Academic Council (June 7, 2024)
- School of Health Policy & Management Council (June 5, 2024)
- School of Nursing Council (May 21, 2024)
- Department of Psychology Council (May 13, 2024)

The unit level meetings included an overview of the vision and key features of the proposed School of Medicine as well as discussions related to different options for its organizational location (i.e., within the Faculty of Health or in a separate Faculty outside the Faculty of Health).⁵⁹ After the unit-by-unit consultations, feedback was further solicited from the Faculty of Health collegium at large through a survey of faculty members (84 responses). Over 63% of respondents were in favour of housing the School of Medicine under the Faculty of Health, compared to 11% who preferred it to be outside the Faculty of Health (the remaining 26% were undecided).

Common themes among those in favour of Health housing the School of Medicine include:

Appropriate fit: Respondents noted the overlap in health-related disciplines and the benefits of creating a cohesive academic environment for health-related disciplines.

Avoids Siloing: Desire to prevent the creation of silos between health-related fields of study and to enhance interdisciplinary/ interprofessional collaboration.

Resource sharing: Leveraging existing health resources and expertise between departments was seen as beneficial.

Holistic health perspective: Interest in fostering a holistic approach to health, integrating the study of physical, mental, and community needs with medical education. Belief that integration will enrich educational opportunities by allowing learners to have a wider range of expertise and disciplines.

Common themes among those who prefer other models or were undecided include:

Leadership and influence: Concern that future Deans might be MDs, potentially shifting the focus and priorities of the Faculty.

Governance and Autonomy: Concerns that the governance of the Faculty of Health may change. Uncertainty was expressed regarding whether the autonomy of existing Schools/Departments could become compromised.

Resource concerns: Potential resource allocation issues and strain on existing programs and resources.

Resource drain: Concerns that the new SoM could drain resources from existing programs, potentially leading to a reduction in quality or support for those programs.

Need for more information: Undecided due to a lack of information about the implications of integrating the School of Medicine within the Faculty. Expressed need to understand both the benefits and potential drawbacks more fully.

Following the unit-level consultations and survey, a Faculty of Health Working Group of champions for a School of Medicine proposal was composed of faculty members who responded over the summer expressing an interest to engage further in this initiative, along with academic administrators from the Dean's office. The consultation results and early discussions of the Working Group were shared with the Faculty of Health Council at its meeting on September 11, 2024, with members encouraged to share questions and information related

⁵⁹ It was discussed that merging with other units from outside the Faculty of Health could also occur, and that this could be explored further through further in the Faculties of the Future consultations.

to the organizational location (i.e. architecture) for the SoM. Plans were also made to schedule consultation meetings with other Faculties, and to expand the Working Group beyond the Faculty of Health (evolving into the School of Medicine Planning Group as directed by APPRC).

After an initial meeting between the Deans of Health and Science in the summer of 2024 to discuss collaborative approaches, it was agreed that further meetings would occur in the Fall between Faculty of Health representatives and the broader Science leadership group, and then with Science Faculty Council, to discuss opportunities for both Faculties to participate in pre-medical or pathway programs into health professions, as well as School of Medicine planning *per se*.

D. Discussions with SoM Planning Group and APPRC Academic Oversight Group (Fall 2024)

With new members in place and building upon work done by the original Faculty of Health Working Group, the SoM Planning Group confirmed its support for an integrated model that would see the SoM established as a new academic unit within Health, rather than as a separate Faculty. However, it was noted that Faculty Council consultations may surface additional input on this question.

The Ad Hoc Oversight Group established by APPRC reviewed an early draft proposal to establish the school. On the matter of administrative architecture, the AOG generally endorsed the benefits of an integrated model but asked the SoM Planning Group whether a separate Faculty of Medicine could have any reputational advantages that would assist in raising philanthropic funding needed for the capital project. This question was brought back to the SoM Planning Group which determined that examples of named schools of medicine can be found in Canada with either an integrated or separate Faculty model, suggesting there is no inherent advantage to either model from a philanthropic perspective.

E. Faculty Council Consultations (Fall 2024)

The School of Medicine Planning Group Co-Chairs along with the Dean of Record have requested invitations to all Faculty Councils this Fall and these visits will be concluded by early December. As of writing, the idea of locating the school of medicine within the Faculty of Health has not met with specific concerns. Other issues have been raised by Faculty Council members, including the need for additional information on how a school of medicine will be resourced in light of current financial pressures on York and other Ontario universities. Information on the preliminary resourcing plan will be provided in the proposal for approval in principle. Overall, the consultations have been positive about the opportunity the school of medicine represents for the University, its diverse students, and the broader community. The exception was LA&PS Council where several members in attendance voiced concern about the University's ability to establish a school of medicine at this time in the absence of fuller information about the resource plan for it.

Discussions with the Faculty of Science that began in the Summer continued into the Fall. The Dean of Health and leaders from the FOH Working Group met with the Dean of Science and

leadership of the Department of Biology and other Departments and academic leaders in the Faculty of Science on October 7, 2024. The discussion focused on the potential for multiple pre-medical and pre-health pathway programs to be offered, and to address concerns about maintaining the strength of medical biology (pre-med) enrolments in the Faculty of Science, as well as the initial designs of the SoM plans. The Faculty of Science Council met on November 12, 2024 to discuss the SoM plans – many of the questions concerned opportunity for pre-medical and medical curricular approaches, the location and opportunities for wet-laboratory spaces and collaboration, and nature of faculty appointments, as well as opportunities for engagement in the accreditation and program development committees; there were no concerns raised about whether the SoM would be part of the Faculty of Health.

The Faculty of Health Council will continue to discuss plans for the School of Medicine in its December and January Council meetings, and expects to vote on approval in principle of the proposal, thereafter, submitting it to AOG for review as needed, and subsequently to APPRC for recommendation to Senate for approval.

Aside from the Faculty of Health, no other Faculty Council has thus far voiced interest in housing the school of medicine within it, or in joining up with another Faculty that includes a school of medicine. However, all Faculties have continued to express interest in collaborating with a school of medicine in future, often circling back to themes raised in the 2022 consultations. A common thread in these discussions has been the opportunity for other Faculties to create interdisciplinary pre-medical pathway programs, to contribute to the non-clinical aspects of the MD curriculum, and to establish joint degrees for graduate learning and research that complement the MD degree. Not all students who enter a pre-medical pathway will end up in medical school, creating further opportunities for other units to absorb upper year students into other existing programs or new health-adjacent programs.

The following summary consolidates ideas for crossover programming and research that were identified in either or both of the 2022 and 2024 rounds of consultations:

School of the Arts, Media, Performance & Design – In both 2022 and 2024 Faculty Council consultations, a number of opportunities were identified to link visual arts, music, and performance to research and applications in medicine. Parallels between sport and exercise medicine are noteworthy and offer potential opportunities for partnerships. Considerable opportunities were seen for potential collaborative research, including examining the linkages between games and health, artistic processes and health & wellness, and around music therapy. Artistic endeavours were also seen as an important avenue for promoting health knowledge and behaviour. Actors could be engaged to be involved in simulation health scenarios which are used for training students in medical history-taking and counseling.

Faculty of Education – In the 2024 Faculty Council consultation, faculty and staff identified ways of being involved in providing consultation around curriculum design and evaluation, education/training in the caring professions, as well as in the development of a Masters of Medical Education degree.

Faculty of Environmental & Urban Change – Consultations at Faculty Council are yet to occur, though there are some clear opportunities for collaboration, which have emerged through informal conversations. The medical community is engaged in understanding and addressing the effects of climate change on health, and embracing One Health and Planetary Health approach to research, policy and practice, so there are numerous potential collaborative education and research opportunities.

Lassonde School of Engineering – In both 2022 and 2024 Faculty Council consultations, considerable synergies were seen, particularly as medicine moves to the future where there is greater need for collaboration with engineering in areas such as precision medicine, population health, AI and data analytics, digital health, biomedical engineering, robotics, among other topics. In the 2024 consultation, the school also identified its experience in Kindergarten to Industry Pathways approaches in under-served communities, and offered to share experience in developing these approaches alongside the School of Medicine, which has similar interests in promoting such approaches.

Faculty of Liberal Arts & Professional Studies – The 2024 consultations at Faculty Council identified a few opportunities for collaboration with the School of Medicine, though it was noted that courses taught in LA&PS would be applicable to students applying for medicine. It was explained that a medical school curriculum is designed differently from regular curriculum, as much of the teaching is done in clinical settings, but there are nonetheless opportunities for interdisciplinary learning both in the undergraduate MD curriculum and through joint graduate degrees. Prior discussions with LA&PS faculty have identified potential collaborations with various programs, including in history, where there is an opportunity to develop a Hannah Chair in medical history (a program funded by AMS Healthcare to teach the history of medicine in health care education, women studies, and social work). Social work students should also have the opportunity to be involved in interprofessional experiential learning with medical students and other health professions given the important role of social work in community health.

Osgoode Hall Law School – The 2024 Faculty Council consultation identified a number of opportunities for collaboration on education and research in growing areas of law such as privacy in a digital world, medical litigation, bioethics, and in community services. They also expressed an interest in how to design admissions that promotes opportunities for students from communities that are under-represented in medicine.

Schulich School of Business – Faculty Council meetings in both 2022 and 2024 identified many areas of collaboration and mutual benefit. Medical students at the undergraduate and postgraduate level, as well as clinical faculty, will be interested in learning more about health care leadership and potential joint business of medicine and leadership programs can be developed. Active areas of scholarship in health care management, health systems change, informatics and AI, comparative cost-effectiveness of health interventions, among others, were identified.

Faculty of Science – Consultations in 2022 involved the Faculty Council as well as Departments of Biology, Mathematics & Statistics, and identified considerable interests in collaborative research, the potential for MD/PhD opportunities, and in a medicine curriculum that includes

data science and addresses population health issues. The Department of Biology discussions in particular highlighted the importance of Biology in pre-medical, multidisciplinary, and a physician curriculum. The 2024 Faculty Council consultations, as discussed above, also identified many research collaborations could be forged on basic and computational sciences and their translation to clinical and population health applications for a wide range of health conditions. Specific areas of research strength from the Faculty of Science consultation include: Data Science and Disease Modeling; Sensory biophysics; Microbiology and cancer virology; Immunology; Human genetics; Vaccine and antibody therapeutics; Addressing anti-science and anti-vaccine sentiment with better ways of communicating science and technology information to the general population. Given the role of basic life sciences in the medical curriculum, it will be important to engage interested Science faculty in the curricular design, and consider ways cross-appointments, joint Departments, or other alternatives to organizational design for the basic life sciences.

Glendon – In both 2022 and 2024 Faculty Council consultations, potential for collaborations around health care for francophone populations, or collaboration around speech and language pathology, and medical translation were identified.

Libraries – Prior to the 2024 Faculty consultation, Libraries faculty had already developed ideas and initial plans around organizing for the critical role that libraries play in academic medicine. This is particularly different from traditional models in the distributed medical education system being proposed, where students and preceptors need access to specialized medical information to support clinical decision-making in spaces where they see patients. Expertise and access to source materials for knowledge synthesis for clinical care, health services management, and population health has been identified, as well as the need for consultation space for students and faculty with librarians, which have become important supports for modern academic medicine. Librarians are key partners with researchers in medicine, particularly in the areas of knowledge synthesis and systematic reviews. Their expertise in these areas ensures that research is comprehensive, accurate, and up-to-date. The Libraries team also has experience in mentoring students in pathways programs to the health professions and expressed an interest in helping to design and participate in such programs. Additionally, the Libraries team is committed to developing innovative resources and services to support the new medical school, including virtual collections and advanced research support tools.

Appendix A: Organizational Options for a School of Medicine

Key Principles

The organizational design of the Faculty or School of Medicine should address the following key principles:

1. Build on York values, strengths, and vision for the School, which includes:
 - Integrating with the community in our service area;
 - Promoting interprofessional teams;
 - Fostering interdisciplinarity in academics and research; and
 - Supporting a social justice orientation.
2. Meet the CACMS accreditation standards, including social accountability, and particularly the commitments to the Truth & Reconciliation Commission Calls to Action

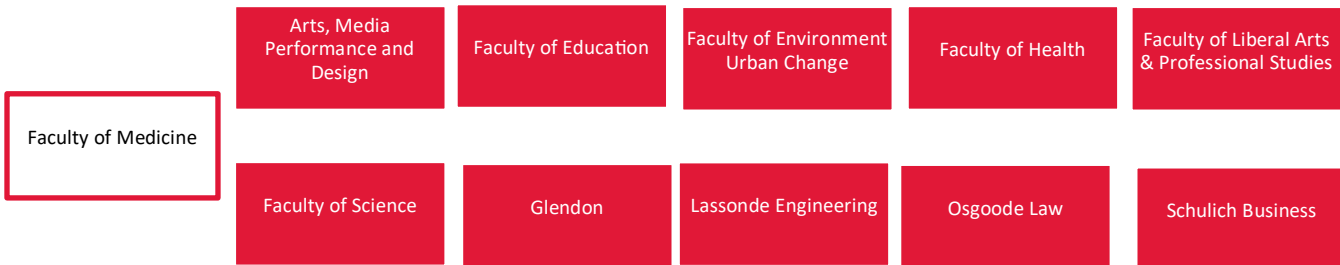
Addressing ways to promote interprofessional teams and fostering interdisciplinarity in academics and research involve nurturing a collaborative and service-oriented organizational culture that is supported through the structures and processes.

Whatever the organizational design, the medical school will need to find ways to promote IPE, which is also embedded in the accreditation standards, and should take advantage of new opportunities for joint or complementary degrees and academic programs (e.g. MD-MBA, MD-MSc, MD-MPH, and MD-PhD dual degree programs, or health and humanities programs, etc.). Finding ways to encourage cross-faculty collaboration on research is also important, such as through joint appointments, or shared research supports that promote collaboration.

One way to address the interest in promoting interdisciplinarity and IPE, and build on York's overall strengths related to health, could be to create an entity that provides a venue to ensure ongoing and inclusive planning and constant interchange across all units with related interests, such as by a *University Health Coordination Committee*. The potential for such a committee is being explored in the development of a proposal and is seen as equally possible in each of the organizational options. Programs could be organized in specific areas of common interest (e.g., coordinating health professional programs and/or organized in topical areas of common interest like: Aging, Women's Health, Indigenous Health, Implementation Research, Disability Programming), as well as Collaborative education and research programs across the University (e.g., Biomedical Engineering, Bioethics, Business of Health, Arts-based Wellness, etc.). The Committee could also serve to provide connections for York faculty and units outside of a SoM to an expanded set of Institutional Partners external to York (e.g., Ontario Health Teams, hospitals, international and community-based NGOs, Industry collaborators, etc.).

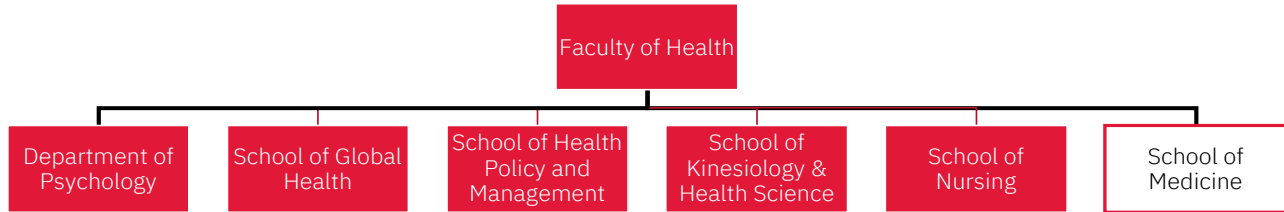
Organizational Options for the York University School of Medicine

Model 1: Stand Alone New Faculty of Medicine



Advantages	Challenges
<ul style="list-style-type: none"> - Smaller and potentially more nimble - May be more efficient to develop a school of medicine without having to make changes in other schools - Can make the accreditation deadlines to open in 2028 - Simpler to communicate, particularly if the vision for a school were to become more traditional - May make it easier to set up governance arrangements with hospital/clinical organizations and physicians if the school is autonomous - Simpler arrangements to separate clinical faculty from those in other Schools - Can provide naming opportunity for a separate Faculty (2 such Canadian medical schools are supported by named gifts) 	<ul style="list-style-type: none"> - Much harder to integrate inter-disciplinary and interprofessional approaches - More difficult to promote integrated care and population health - More expensive administratively as it requires separate structures - Harder to take advantage of community-engaged and socially oriented scholarship strengths of FOH - Greater isolation from the rest of Health's Schools and the University - More difficult to meet TRC commitments need to involve all health professions and pre-professional education; there's a risk of losing economies of scale and ability to learn and support if separated - Duplication of administrative structures with an additional Faculty which carries higher costs

Organizational Options for the York University School of Medicine
Model 2: New School of Medicine within Existing Faculty
Example of the Faculty of Health



**Note:* The name of the Faculty could also change in this model.

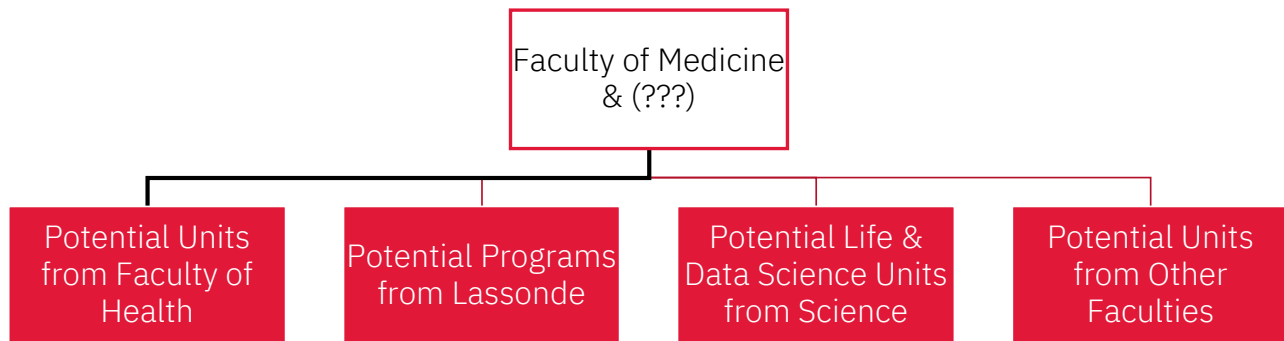
Advantages	Challenges
<ul style="list-style-type: none"> - Strongest ability to promote York values and strengths (inter-disciplinarity, community-engaged and socially oriented), and population health programming in teaching, research and practice across health professions - Can make the accreditation deadlines to open in 2028 - Lower cost and more efficient administration through sharing resources with other schools and creating economies of scale; avoids cost of creating another Faculty with a separate Dean’s office and administrative functions (budgeting, operations management, HR, research administration, clinical placements, etc.) - Better communicates a vision of integration and interprofessional approaches - Greater potential to change medical education, health systems, and the practice of medicine - Easier to pursue research grants involving multiple disciplines - Provides greater access to medical partner networks to other schools - Can provide naming opportunity for a medical school as well as at Faculty level (3 integrated medical schools are supported by named gifts, and such gifts are also seen for the Faculty and constituent schools) 	<ul style="list-style-type: none"> - Need to manage change with other schools in the Faculty, particularly for interprofessional programming and team-based approaches - Conceptualizing mechanisms to ensure other units are equitably prioritized for resource sharing and recognition, and are not “left behind” in a school of medicine - Greater difficulty in managing a larger and more complex Faculty of Health

Dr Steele also identified a number of units that are typically a part of Faculties of Medicine in Canada that would be more efficiently shared across all health-related schools in an integrated Faculty combining Schools of Medicine and other Schools. These include units with leadership positions for:

- *Indigenous Health* – these are typically more specific and operational with community partners working in health and related services than University-wide units dedicated to Indigenous Relationships, in part because of the central role of health services and relatively higher demand for services. Canadian medical schools often have both an office of Equity, Diversity, Inclusion and Anti-racism in addition to an additional focus on Indigenous Health, which supports pathway programs, admissions, curriculum and evaluation of Indigenous programs, and engages with knowledge-keepers, elders and Indigenous communities.
- *Health Systems and Community Engagement* – these typically involve the health care organizations, physician groups, and community organizations involved in health services. There is also an expectation that a SoM representative will be involved in the Medical Advisory Committees or Boards of major hospitals.
- *Human Resources* – a large number of physician and other health care professions are involved, and require specialized knowledge and coordination over credentialing at clinical sites, appointments (at SoM and affiliated clinical partners), licensing, and continuing professional education.
- *Advancement* – often there is an additional group of philanthropic interests related to health, and because many of the hospital and health care network partners also have their own philanthropic teams that involves greater efforts on collaboration.
- *Interprofessional Education* – sharing a centre with a collaborative interprofessional health education unit would be more effective and efficient when involving multiple schools, and encourages sharing of learnings, spaces and better scheduling for experiential learning, standardized patient programming and simulation, and to make practical interprofessional placements.

It was also noted that Research functions serve a larger volume of work with a school of medicine, and may involve having a larger unit for research supports, and potentially a separate ethical review board for clinical research & quality improvement when the volume of work and specialized knowledge justifies it, which would more effectively be shared across a number of schools working in health related areas in the same Faculty.

Organizational Options for the York University School of Medicine
Model 3: New Faculty of Medicine Comprised of New and Existing Units



Advantages	Challenges
<ul style="list-style-type: none"> - Depending on which units are involved, it has potential to strongly promote York values, and still has ability to demonstrate interprofessional approaches - Similar advantages as model 2 if all of Faculty of Health units are included, and may bring in additional synergies from other units - If it involves an existing Faculty merging with other units to form new, larger Faculty, then the costs could be more like model 2. - Naming opportunity similar to both model 1 and model 2 - Potential for Administrative costs similar to model 2 	<ul style="list-style-type: none"> - Requiring initial mergers to set up the new Faculty will make it nearly impossible to meet accreditation deadlines to be able to open in 2028 - Likely more costly to administer if resource sharing from model 2 is foregone and if an additional Faculty is created - If the plan involves adding a Faculty while leaving existing Faculties in place it has the extra costs of model 1. - Most disruptive for current units - Potential for complicated accreditation across different programs - For Faculty of Health units not included in model 3, opportunities to collaborate would be jeopardized if they remain separate

Framing Questions for Discussion at December Senate Meeting

APPRC poses the following framing questions for the Senate discussion:

The vision for the planned School of Medicine at York University centres on community health and primary care with a transformational community-based and person-centered curriculum, informed by emerging technologies and the delivery of primary health care through interprofessional teams. Which of the three models best position the University to support the achievement of the vision?

Noting the structural array each of the three models present, together with the advantages and academic, operational and resource considerations each carries, do any of the models pose a distinctive disadvantage as an option?

Are there other considerations / questions about the models that need to be examined in the ongoing planning work by the School of Medicine Planning Group?

Appendix 4. School of Medicine Planning Group Fall 2024 Presentations

Forum	Meeting date
Glendon Faculty Council	October 25, 1:35-2:05pm
APPRC Planning Forum	October 31, 10:00am – 12:30pm
Faculty of Education Council	October 31, 3:20-4:20
Faculty of Graduate Studies Faculty Council	November 7, 4:15 p.m.
Osgoode Hall Law School Faculty Council	November 11, 12:30-2:20 p.m
Faculty of Science Faculty Council	November 12 at 3:45pm – 4:25pm
LA&PS Faculty Council	November 14, 4-5pm
Library Academic Matters	November 15
AMPD Faculty Council	November 20, 1-2 PM
Lassonde School of Engineering Faculty Council	November 22, 12:30-2:30,
Schulich School of Business Faculty Council	November 29, 12-1pm
EUC Faculty Council	December 13

Appendix 5. Environmental Scan- Emerging Interdisciplinary Health Programs

OFFICE OF INSTITUTIONAL PLANNING AND ANALYSIS (OIPA) - Foresight and Market Research Practice, December 2024

Key Highlights

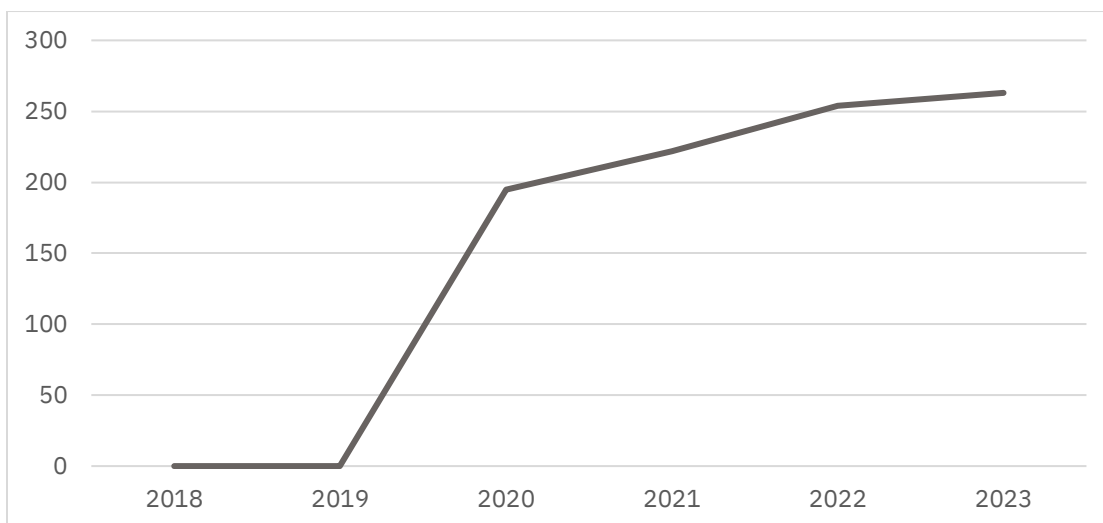
- The scan shows innovative interdisciplinary health programs are emerging in Ontario as well as outside of Canada, in addition to the existing ones in Public/Global Health, Health Informatics, Health Law, and Health Administration.
- The latest Classification of Instructional Programs (CIP) taxonomy through Statistics Canada introduces new categories for emerging interdisciplinary health programs reflecting growing interest in innovative pathways.
 - Medical/Health Humanities
 - Medical/Health Anthropology
 - Health Communication
 - Bioethics/Medical Ethics
 - Arts in Medicine/Health
 - History of Medicine
- While Canadian institutions have not yet reported enrolments under these codes, some institutions such as University of Toronto (U of T) have started formalizing programming in these areas.
 - UofT already offers a minor in Medical Humanities, as well as Medical Anthropology, a Master's in Biomedical Communications, and both a Master's and a BA in Bioethics.
- U.S. institutions are actively developing and offering programs aligned with these categories. Data from the US shows degree completions (wherever available) in the last three years have been trending upwards at a fast pace.
 - The environmental scan in the section provides more detail on these categories as well as sample programs.
- York is well situated to re-position its current programs, such as Health and Society, to benefit from the School of Medicine. Additionally, York can create new interdisciplinary programs to drive enrolments in other faculties before these programs become mainstream in Ontario/Canada.

Medical/Health Humanities

Medical humanities programs integrate arts, literature, philosophy, and ethics to explore human experiences of health and illness, equipping students with empathy and critical thinking—key competencies for medical school.

- **University of Texas at San Antonio (UTSA):** Offers a [BA in Medical Humanities](#), combining courses in history, philosophy, and cultural studies with healthcare ethics and policy. The program, offered through the College of Liberal and Fine Arts, is designed for careers in healthcare and offers three concentrations: concentrations: (1) Health Careers; (2) Pre-Medicine; and (3) Pre-advanced practice.
- **Johns Hopkins University** offers a [Medicine, Science and Humanities](#) major through its Krieger School of Arts & Sciences.
- **Columbia University:** Features a [Medical Humanities Major](#) through its Institute for Comparative Literature and Society, emphasizing narrative medicine, the history of medicine, and bioethics.
- **Keele University** offers a [BSc in Medical Humanities](#). This program is also offered as an intercalated degree for the students enrolled in its medical school.
- **University of Toronto** offers a **minor in [Health Humanities](#)** to its Health Studies students (offered through the department of Health and Society).
- **University of Waterloo** is now offering a [diploma in Health Humanities](#) through St. Jerome University.
- **Several medical schools in Canada and the United States have centers focused on Health/Medical Humanities.** See [Canadian Association for Health Humanities](#) for more details (select examples below).
 - The [Center for Medical Humanities & Social Medicine](#) at **Johns Hopkins**
 - [Program for the Medical Humanities](#) at **University of California, Berkeley**
 - [Trent Center for Bioethics, Humanities & History of Medicine](#) at **Duke University**
 - [Arts & Humanities in Health & Medicine](#) at **University of Alberta**
 - [Health, Arts, and Humanities Program](#) as well as the [Scope: The Health Humanities Learning Lab](#) at the **University of Toronto**.
- Figure 1 shows that bachelor's degree completions in Medical Humanities growing at a fast pace at U.S. institutions. Note: not all completions get captured in new codes as institutions may be reporting enrolments under generalized codes.

Figure 1: Bachelors Degree Completions in Medical Humanities, U.S. Institutions

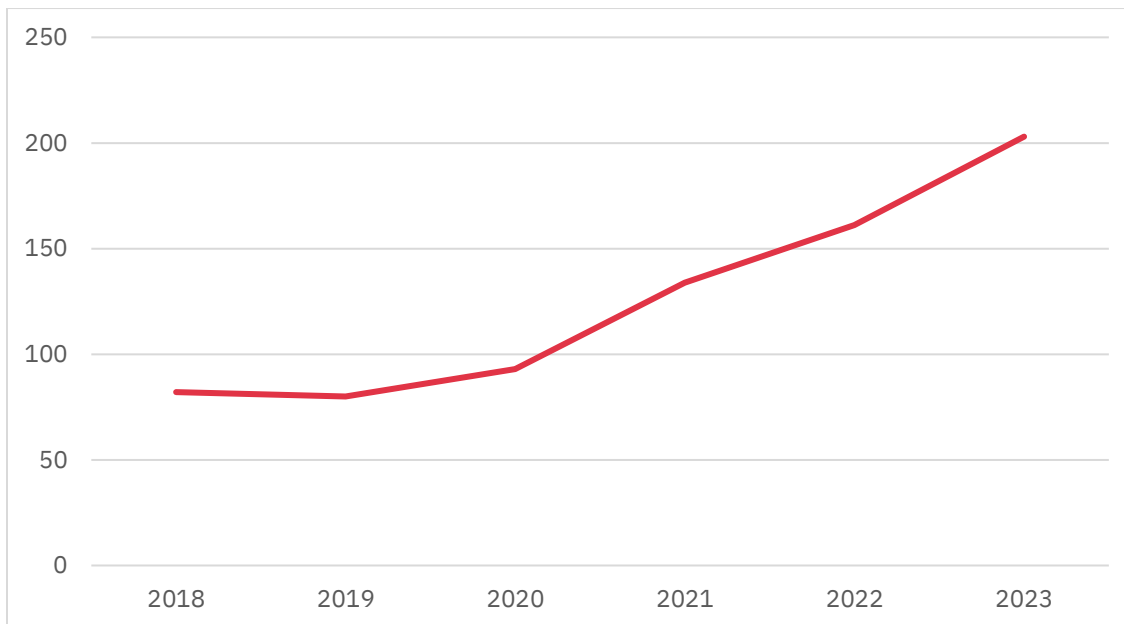


Health/Medical Anthropology

Health anthropology examines the intersection of health and culture, emphasizing global and community health practices.

- **University of Washington** offers a [BA in Medical Anthropology and Global Health](#) for students intrigued by the intersection of health sciences, cultural diversity, and global perspectives.
 - [University of Maryland](#) also offers a similar program.
- **Brown University** offers [Medical Anthropology track](#) through its department of anthropology.
- **University of North Carolina and University of Miami** also offers BA in [Medical Anthropology](#).
- Medical anthropology is also offered as at **Masters level by Harvard University, UC Denver, etc.**
- In Canada, only **UofT** offers a [minor in Medical Anthropology](#).
- Figure 2 shows that Bachelor degree completions in Medical Anthropology at US institutions trending upwards. Note: not all completions get captured in new codes as institutions may be reporting enrolments under generalized codes.

Figure 2, Bachelors Degree Completions in Medical Anthropology, U.S. Institutions



Health Communications

Health communication programs focus on the design and delivery of effective health messages, addressing public health challenges and improving patient-provider communication.

- At the undergraduate level, health communication is often offered as a concentration or track under the communications or global health programs. **Standalone programs on Health Communication are also becoming common.** See select examples below:
 - **University of Houston** offers a [BA in Health Communication](#).
 - **San Diego State University** offers a [Bachelor of Science in Health Communication](#).
 - **Minnesota State University** also offers a Bachelor of Science in Health Communication.
 - **Rutgers University** features a [Health and Wellness Communication specialization](#) within its Communication major.
 - **University of Central Florida** provides a [Bachelor of Arts in Human Communication with a Health Communication track](#), focusing on the communication processes in health-related contexts.
 - **Harvard T.H. Chan School of Public Health** offers a [Health Communication Concentration](#).
 - **Johns Hopkins Bloomberg School of Public Health** provides a [Health Communication Certificate Program](#).
- **University of Toronto** recently started a [MS in Biomedical Communication program](#).
- Several US and UK institutions also have masters level (standalone) programs in Health Communication. For example:
 - Both [Purdue](#) and [Boston University](#) offer Masters in Health Communication programs.
 - Similarly in UK, [University of Dundee](#) and [University of Manchester](#) offer MSc in Science and Health Communication.

Bioethics/Medical Ethics

Bioethics programs explore moral and ethical issues in medicine, healthcare policy, and biomedical research. **With the advancement of technology and AI in medicine, this stream is expected to grow in demand.**

- **University of Toronto** has started a Master of Health Science in [Bioethics](#) program as well as a [BA in Bioethics \(Specialist\) through its Humanities department](#).
- Outside of Canada, US and UK institutions have also started offering these programs at the Bachelor level, for example:
 - **Case Western Reserve University** and [University of Rochester](#) offer **BA in Bioethics**, with courses on ethical dilemmas in healthcare and emerging biomedical technologies.
 - **NYU** has a [BA in Bioethics with a fast-track MA option](#).
 - **UPenn** has a BA in [Bioethics and Society](#).
 - **University of Bristol** offers an [intercalated BSc \(Hons\) in Healthcare Ethics and Law](#). This program delves into ethical and legal issues in healthcare, covering topics like best interest decision-making, conscientious refusals, and euthanasia.

- **University of Leeds** also has a [BA in Biomedical and Healthcare Ethics](#)
- The [Berman Institute of Bioethics](#) at Johns Hopkins offers courses at all levels as well as research (undergraduate minor, MBE, PhD and Postgrad programs).

Arts in Medicine/Health

Programs in arts and health explore creative approaches to patient care, focusing on mental health, therapy, and rehabilitation.

- US institutions are offering Masters and Bachelor level programming in this area.
 - **University of Florida:** Offers a [MA in Arts in Medicine](#), combining creative practices with health sciences to enhance patient care.
 - **Lesley University:** Provides a [BS in Expressive Arts Therapy](#), emphasizing visual and performing arts in therapeutic settings.
 - **Drexel University** offers [three Masters in Expressive Art Therapy](#)
 - **Adler Graduate School** provides a [Master of Arts in Counseling with a specialty in Expressive Arts Therapy, focusing](#) on integrating creative modalities with Adlerian theory.
- Several medical schools also offer courses in this area, for example, **Stanford has a Medicine and the Muse** program.
 - **McMaster** offers an **Art of Seeing program**, a collaboration between the Department of Family Medicine and the McMaster Museum of Art.
- In Ontario, **University of Guelph** recently started a **Bachelor of Creative Arts, Health and Wellness** program.
- **The CREATE Institute in Toronto** offers a [three-year Expressive Arts Therapy Training](#) Program that combines theoretical knowledge with experiential learning, emphasizing intermodal artistic practices.
- The [International Expressive Arts Therapy Association](#) offers resources and a directory of training programs worldwide, supporting the professional development of expressive arts therapists.

History of Medicine

Programs provide deep dives into the historical evolution of medicine and its intersection with science, technology, and society. Several US, as well as UK, institutions offer programs in this area at both graduate and undergraduate levels. See examples below.

- **Johns Hopkins School of Medicine** has a dedicated [Department on History of Medicine](#) that delivers graduate programs and undergraduate courses in this area.
- **Harvard University:** The [Program in the History of Medicine](#) is an inter-faculty initiative jointly sponsored by Harvard Medical School and the Faculty of Arts and Sciences. While primarily a graduate program, it offers undergraduate courses through the Department of the History of Science, allowing students to explore the history of medicine within a broader context.

- **Yale University** offers a bachelor level programming in this area. The [History of Science, Medicine, and Public Health](#) major is an interdisciplinary program that focuses on how different forms of knowledge and technology have been created in various times, places, and cultures, and how they have shaped the modern world.
- **Harvard University:** The [Program in the History of Medicine](#) is an inter-faculty initiative jointly sponsored by Harvard Medical School and the Faculty of Arts and Sciences. While primarily a graduate program, it offers undergraduate courses through the Department of the History of Science, allowing students to explore the history of medicine within a broader context.
- Both [University College London](#) and [Birmingham University](#) offer an **Intercalated BMedSc in History of Medicine program**. [University of Cambridge](#) Department of History and Philosophy of Science offers **training in the history of medicine at various levels**. Undergraduate students can specialize in this field during their third and fourth years.
 - **Dedicated programming in this area is not currently offered by any institution in Ontario.**
- **University of Calgary** has [History of Medicine and Healthcare Program](#) that conducts research and delivers courses.