



York University Senate Notice of Meeting

Thursday, 22 May 2025, 3:00– 5:00pm

Via Videoconference

AGENDA

Page

- 1. Chair’s Remarks (L. Sergio)
- 2. Business arising from the Minutes
- 3. Inquiries and Communications
 - a. Report of the Academic Colleague to the Council of Ontario Universities (M. Armour)1
- 4. President’s Items (R. Lenton)
 - a. Efficiency and Accountability Fund (EAF) exercise
 - b. Revised five-year rolling budget model

Committee Reports

- 5. Executive Committee (P. Burke Wood)3
 - a. Election of Members of Non-Designated Senate Committees and Positions (For approval) ¹
- 6. Academic Policy, Planning and Research (M. Herbert).....6
 - a. Establishment of School of Medicine: Statutory Motion (Appendix A, P.13)
- 7. Academic Standards, Curriculum and Pedagogy (J. Thienpont) 145
- 8. Academic Policy, Planning and Research / Academic Standards, Curriculum and Pedagogy (M. Herbert/J. Thienpont) 147
 - a. Report of the Joint Sub-committee on Quality Assurance (Appendix A, P. 148)
- 9. Other business

Consent Agenda

- 10. Minutes of the Meetings of 17 and 24 April 2025 198
- 11. Synopsis of the 29 April meeting of the Board of Governors, (Senators on the Board, R.Green; M. Giudice, for information) 206

Sarah Willey-Thomas, Secretary

Note: Nominations are also accepted “from the floor” (after the May 12, 2025 deadline) if the nominee has consented and is available for the published meeting time of the committee. Under Senate Rules, nominators must report prospective nominees to the Secretary prior to the start of the Senate meeting to determine their eligibility.

Academic Colleagues

April 15-16, 2025

Meeting Notes

Evening meeting, April 15, 2025, 6:00 to 8:30 pm

Land Acknowledgement

The Land Acknowledgment was provided by Fazle Baki, Windsor.

Discussion on Impacts of US Policies on Academic Activities at Ontario Universities

Guest

[Sarah Laframboise](#), Executive Director, Evidence for Democracy

Dr. Laframboise's remarks covered the following items.

- Background information on the founding of Evidence for Democracy in 2012 and its mission as a “non-partisan, not-for-profit organization championing the integration of scientific evidence in government decision-making.”
- The current political landscape at the federal level.
- The major impacts of the Trump administration on Canadian research, with Dr. Laframboise sharing examples from on the ground about:
 - Cuts to funding for Canadian researchers collaborating with US counterparts;
 - Threats to environmental protections;
 - Data censorship and loss of scientific integrity;
 - Restrictions on international collaboration and talent flow; and
 - Weakening of public trust in science.
- The Evidence for Democracy tracker on the [effects of American policies on Canadian research](#).
- The activities underway in other countries to recruit American researchers, through relocating grants, fast-tracking of visas and direct recruitment.
- Challenges within Canada that may limit its ability to benefit from a “brain gain” of American researchers, such as its declining percentage of GDP expenditure on research and development, financial constraints in Ontario universities and international student caps.
- The equity, diversity and inclusion landscape, with an overall growing interest in the commitment to EDI within institutions, but some signals of waning interest at the federal level.
- The results of polling which show that Canadians are very supportive of science and research, with 90% of Canadians supporting investments in research even without immediate benefits

An engaged discussion ensued, in which the following items were raised:

- The possibility that international undergraduate students may choose to study in Canada rather than the US as a result of American policies.
- Concerns about American promotion of a merit-based system spilling over into Canada, and the importance of collecting evidence on the positive impacts of EDI across research and teaching activities as a pre-emptive measure.
- The reality that the US is Canada's top source for research collaboration but the reverse is not the case.
- Concern about future missed career opportunities for researchers in light of travel advisories for the US, and the measures universities may take should researchers traveling to the US find themselves in difficult situations.

Colleagues Meeting, April 16, 2025, 9:00 am to 12:00 noon

Preparing for the Members Meeting of April 17

Drawing on the presentation and discussion during the dinner meeting, Colleagues planned their presentation to the Members, grouping the topic into the following themes and speakers:

- Introductory remarks, Kim Hellemans, Carleton
- Impacts on research and researchers, Alison Flynn, Ottawa
- Impacts on undergraduate teaching and training, Mike Eklund, Ontario Tech
- Social impacts, Mary-Helen Armour, York
- Recommitting to equity, diversity and inclusion (EDI), Lanyan Chen, Nipissing

Information Sharing

Colleagues shared updates on topics and issues that were front-of-mind at their respective institutions, including ongoing institutional reviews on the topics of equity and civil discourse; continuing fiscal pressures due to budgetary constraints; changes in senior administrative positions; and ongoing and upcoming collective bargaining.

COU Update

COU Chief of Staff Dominika Flood delivered a brief update on COU advocacy leading up to the provincial budget, anticipated in May, and recent signals from the provincial government, in its platform, about targeted funding for STEM programming.

Committee Updates

Budget and Audit Committee member Mary-Helen Armour, York, and Governance and Nominations Committee member Catherine Amara, Toronto, reported on the outcomes of meetings held in March.

Topics for future meetings

The following topics were suggested for future Academic Colleagues meetings:

- Revisiting the Scarborough Charter
- Collaboration across units within universities
- Academic freedom
- Future of work and skills development
- Ethics and integrity in academia
- Barbara Fallon, Associate Vice-President, Research (Toronto) on an Impact Report
- Quality assurance processes
- Climate change/sustainability
- Accommodations with the Ontario Human Rights Commission
- Collegial governance

Executive Committee – Report to Senate

At its meeting of 22 May 2025

FOR ACTION

a. Nominees for Election to Senate Committees and Senate-elected Positions

Senate Executive recommends that Senate confirm the following candidates for election to *Senate Committees* (non-designated seats) for three-year terms beginning 1 July 2025 and ending 30 June 2028, for the position of *Senator on the Board of Governors* for a two-year term between 1 July 2025 – 30 June 2027, and the position of *Vice-Chair / Chair of Senate* for consecutive 18-month terms for a total three-year term between 1 January 2026 – 31 December 2028.

The call for nominations to fill the vacancies for the various Senate elected seats was issued on 30 April 2025 with submissions received through 13 May 2025. Nominations are also accepted “from the floor” if the nominee has consented and is available for the published meeting time of the committee. Under Senate Rules, nominators must report prospective nominees to the Secretary prior to the start of the Senate meeting to determine their eligibility.

The Committee confirms that all the candidates nominated have met the eligibility requirements for the committee or position and have the requisite status as current Senators (in the case of the Senate nominee to the Board of Governors) and the required experience for relevant committees. The *Senate Nominations Rules and Procedures* (Appendix C of the [Rules of Senate](#)) govern the nomination process for membership on Senate committees and other positions elected by Senate.

Upon approval of the slate of candidates by Senate, an election through e-voting will be held for the *Senator on the Board of Governors* position between 28 May - 3 June 2025. A communication about the election will be sent to Senators in advance providing information about the e-vote.

I. Senate Nominee for Membership on the Board of Governors

Senator on the Board of Governors (Full-time tenure-stream faculty or full-time tenure-stream librarian and archivist; 1 vacancy; two-year term; must be a member of Senate to stand for election). Board of Governors normally meets five times each year; Senate Executive meets on the third Tuesday each month at 3:00pm; Senate meets on the fourth Thursday of the month at 2:30pm (**as of September 2025*):

Robert Kenedy, Associate Professor, Department of Sociology, LAPS
Jennifer Van Wijngaarden, Professor, Department of Chemistry, Science

Executive Committee – Report to Senate

II. Vice-Chair / Chair of Senate

(Full-time faculty member; 1 vacancy; Vice-Chair term of 18 months from 1 January 2026 – 30 June 2027, followed by 18 months as the Chair of Senate between 1 July 2027 – 31 December 2028; Senate meets the fourth Thursday of each month from September to June except earlier in December and February; Senate Executive meets on the third Tuesday of each month except earlier in December and February):

Lisa Farley, Professor, Faculty of Education

III. Senate Committees

Academic Standards, Curriculum and Pedagogy (Contract faculty member; 1 vacancy; one-year term; ASCP meets Wednesdays at 1:30 pm, normally twice each month)

Note: 1 vacancy remains.

Academic Standards, Curriculum and Pedagogy (Full-time faculty members; 2 vacancies; ASCP meets Wednesdays at 1:30 pm, normally twice each month)

Jeff Harris, Associate Professor, Mechanical Engineering, Lassonde School of Engineering
Karin Page-Cutrara, Associate Professor, School of Nursing, Faculty of Health

Appeals (Full-time faculty members; 5 vacancies; meets in panels at the call of the Chair)

Lucy Angus, Assistant Professor, Education

Note: 4 vacancies remain.

Awards (Full-time faculty members; 5 vacancies) (Meets 4-5 times annually; Friday)

Eliezer Prisman, Professor, Schulich School of Business
Shirley Roburn, Assistant Professor, Communication and Media Studies, LAPS
Lorin Schwarz, Assistant Professor, Faculty of Education

Note: 2 vacancies remain.

Tenure and Promotions (Full-time faculty members; 5 vacancies; meets in panels on Thursdays at 3:00pm when Senate is not in session; members participate on T&P committees constituted at the Faculty level; candidates must fulfil all membership criteria).

Richard Hornsey, Professor, Electrical Engineering and Computer Science, Lassonde

Note: 4 vacancies remain.

Executive Committee – Report to Senate

APPRC Advisory Sub-committee on Academic Resource Allocations (Senators; 3 vacancies with terms to be staggered at the outset to support gradual turnover in the initial three years; meets at the call of the Chair)

Richard Wellen, Associate Professor, Business & Society, LAPS for one-year term

Note: 2 vacancies remain.

FOR INFORMATION

b. Reviewing Annual Senate and Committee Surveys

Executive advised Senate in April that the Committee is reviewing the annual Senate and Senate committee survey questionnaires. The surveys in use were developed several years ago and are due for a refresh to ensure they support the purpose of the feedback exercise.

Executive resumed its review of the documents at its 13 May meeting. The questionnaires will be finalized for use in the 2024-2025 Senate survey exercise.

Lauren Sergio, Chair

Patricia Burke Wood, Vice-Chair

Academic Policy, Planning and Research Committee Report to Senate

At its meeting of 22 May 2025

FOR ACTION

- a. **Establishment of a School of Medicine within the Faculty of Health (Statutory Motion)¹**

APPRC recommends:

That Senate, having taken note of the documentation attached and set out in Appendix A, approve the establishment of the School of Medicine as a new academic unit in the Faculty of Health effective 1 July 2025, and recommend formal approval by the Board of Governors.

Rationale

APPRC strongly recommends that Senate approve the proposal to establish a School of Medicine in the Faculty of Health.

In December 2021, APPRC reported to Senate that planning was commencing on the development of a proposal for a medical school for submission to the Province. Being imagined was a distinct School of Medicine for York that reflects the University's interdisciplinary approach and commitment to health and wellness within a model of integrated health learning. Early on, in March 2022, APPRC facilitated a Senate consultation on the University's engagement in the bid process for the Province's planned expansion of medical education. Based on input from the consultations with Senate and APPRC, in Fall 2022, the conceptual proposal for the York University School of Medicine was submitted to the Province seeking authorization to proceed with a new school with government provision of operating funding for an MD program and post-graduate residencies. APPRC remained engaged in the planning work for the possible new School. Together with the Provost a Planning Prospectus was prepared outlining the sequencing of actions and governance process that support planning for a potential School of Medicine.

Following on the announcement by the Province of its support for the establishment of a school of medicine at York University in March 2024, planning for the school gained momentum through significant involvement of the community, governance and accreditation committees and pan-university consultation exercises. Senate approved the establishment of the School in principle in January 2025. The Faculty of Health Faculty Council recorded 97% approval for the establishment of the School of Medicine within the Faculty at its meeting on 2 April 2025.

¹ A new academic unit is established by the Board of Governors on a recommendation from Senate following approval of a statutory motion, the first stage of which is notice of motion. The School was approved in principle by Senate in January 2025, and notice of this motion was given to Senate in April.

Academic Policy, Planning and Research Committee Report to Senate

Response to Senate Questions / Input from Notice of Motion Discussion

As the Rules of Senate require, APPRC provided Senate in April with its notice of intention to bring in May the statutory motion to establish the School of Medicine. In a constructive discussion, Senators shared questions and provided input on the proposal from which APPRC discerned additional information needed for Senate's review at the statutory motion stage.

Fronting the proposal in Appendix A is a preface document entitled, *Responses to Senate Questions / Input from Notice of Motion Discussion, April 2025*. The table in the preface provides a guide for Senators to view the clarifications / additional information provided in response to the feedback from the Notice of Motion discussion, while also pointing to the relevant section in the proposal that speaks to a given topic. The summary table in the preface defines the core themes that emerged in the April Senate discussion, identifies the relevant section of the SoM proposal to consult, and provides answers / responses to the themes raised to address Senate's input. Also in the preface is a revised version of Table 11.2 from the SoM proposal on *Overview of Annual Revenues and Expenditures at Steady State* with highlighted information on shared services cost analysis.

Included in the preface documentation are three statements of support from the University Registrar, the Dean of Libraries, and the University's Chief Information Officer speaking to the status of academic planning and confirmation of resources from their respective units; the statements have also been added to the letters included in Appendix 6 within the School of Medicine proposal for completeness.

What has changed since Senate's approval in Principle and Notice of Motion?

As the proposal and supporting documentation now before Senate indicates, further planning and consultations have been completed for the creation of the new unit stage of this initiative. The proposal has been fleshed out with fuller details about accreditation requirements, the organizational and administrative structure of the School, faculty categories and complement, School and Faculty governance and academic resource modeling. Table 1.1 in the proposal sets out a helpful summary of key changes from the proposal in principle to this full proposal and, as noted above, the addendum fronting the proposal provides information requested from the Notice of Motion stage.

Important to note is that since the January 2025 meeting of Senate significant progress has been made by the University in solidifying the various funding streams that government will be providing to support the operations of the School of Medicine. Table 11.2 in the proposal, *Overview of Annual Revenues and Expenditures at Steady State*, revised following the April Senate meeting, sets out funding information including the overhead costs for the School within the Faculty of Health.

Academic Policy, Planning and Research Committee Report to Senate

What does it mean for the School to be established as of 1 July 2025?

Having the School of Medicine established as a new unit effective July 2025 will make it possible to undertake the steps necessary for both accreditation and full implementation in August 2028, the latter being the defined timeline by the Province. Following the establishment of the School as a new academic unit by Senate and the Board of Governors, the stages of Phase 6 articulated in the Planning Prospectus (copy in the proposal) would move forward, specifically:

- approval of academic programs (e.g., MD, pathway undergraduate programs) and policies
- necessary revisions to Faculty of Health governance framework and related Senate governance changes
- academic leadership appointments
- operational and transition planning

Importantly, the accreditation requirements underway would also continue apace to meet the defined timelines of the process for the School to launch in 2028.

Medicine and University Planning

Successive *University Academic Plans* (2010-2015; 2015-2020 and the current 2020-2025 UAP) have articulated York's aspirations and commitment to diversify its academic activities and create a more comprehensive university by adding medicine to our steadily growing health-related teaching and research, while affirming and building upon our foundation of distinctive strengths in the liberal arts, the fine arts, engineering, business, law, education, bilingualism, and the sciences, as well our culture of interdisciplinarity. Accordingly, groundwork to bring a medical school to York has been nascent for over two decades, with some quieter phases at times. The rare opportunity is before for the University to bring its long-held aspiration to fruition for its long-term benefit, and to the greater benefit of societies across Ontario that are in desperate need of primary care physicians; APPRC concurs and is persuaded that the opportunity must be seized at this time. As the documentation attests, the School of Medicine is fully compatible with our mission.

The Faculty of Health avidly supports the integration of a medical school within its metaphorical walls. Its faculty members have been actively engaged in academic and program planning and collaboration with other Faculties / units about complementary teaching and research opportunities. Those conversations will continue to maximize the opportunities and benefits the School of Medicine brings to the University as a whole. As an expression of the deliberative interprofessional and interdisciplinary approach being taken to the curriculum and programming within the School of Medicine, a commitment has been made to establish a pan-university *Health Education and Research Committee* to seed health-related collaborations across the University from which new undergraduate pathways, complementary and joint degree programs, and new research opportunities can develop.

Academic Policy, Planning and Research Committee

Report to Senate

Academic Resourcing

The School of Medicine will be funded through the Ministry of Health and the Ministry of Colleges and Universities, through tuition fees and other contributions paid by partners and levels of government. Yet, funding for this initiative is a sensitive matter, as the consultations with the community and Senate deliberations have made clear. There have been concerns that a new school of medicine might divert funding from other activities and Faculties; the concerns and questions are particularly pressing with the University's current fiscal deficit and the plan for closing this deficit over the next three years through a combination of revenue growth and cost reduction initiatives. Resource allocation is a critical matter informing academic planning and the feasibility of pursuing new opportunities, and it has been a central feature of the Committee's deliberations with the Interim Provost and the President on the school of medicine.

Questions about funding for the medical school have been acutely focused on the planned new building for the school; this discussion featured prominently in Senate's deliberations at the approval in principle stage. APPRC reiterates that the decision to establish a new academic unit is distinct from a capital building project, the latter being a decision that lies with the Board of Governors. The President's April 2025 statement reaffirms that a new building will not commence until sufficient funds have been raised from outside the University's operating budget, and that it will not be funded by adding to the University's interest-bearing debt. Also reiterated in her statement is that if a contribution from the University Fund for this strategic initiative is necessary to attract external sources of capital, that allocation should not exceed funds provided for other strategic initiatives.

At its 10 April meeting, APPRC re-emphasized to the President the importance of sharing at the earliest possible time developments with fundraising efforts with donors and external sources for the capital project to help address the collegium's understandable ongoing resource questions and concerns.

On the matter of the new building, APPRC again draws Senate's attention to the contingency planning in development should the timelines for the capital project need to be adjusted. Options are being reviewed for having learning spaces on the Keele campus coincident with the plans to launch the School on the 2028 schedule. Guiding the review of the options is the strategy to minimize costs and disruption to existing units in the interim period. Any renovations needed for temporary space will be taken up with a view to concurrently addressing deferred maintenance needs to help meet other space needs at the University in support of teaching and research. A status update on these plans is anticipated at the May Senate meeting.

APPRC senses that where there is trepidation about taking the direction of creating the new school, the cause is the timing of it, coming when significant financial challenges at the University need to be dealt with and difficult decisions made among priorities.

Academic Policy, Planning and Research Committee

Report to Senate

Concerns about the possible risk that the costs of the new school will add to the financial difficulties weighs heavily in minds of several across the collegium. APPRC discussed and weighed carefully these concerns against the advantages a school of medicine can bring to the University. It will benefit York by diversifying its makeup, enhancing its profile, building research capacity, strengthening partnerships, and fostering undergraduate enrolment growth through opportunities to develop new complementary and / or pathway degree programs. APPRC finds these benefits persuasive, seeing them as critical opportunities that can directly contribute to the University's priority to return to a position of financial sustainability.

Following Senate's approval, the establishment of the new School will proceed to the review process of the Board of Governors. Its Academic Resources Committee has responsibility for reviewing the proposals and recommending approval to the Board of Governors as the final governance stage at the University.

Legislative History of School of Medicine Establishment Proposal

Approved in Principle by Health Faculty Council 8 January 2025

Approved in Principle and agreement to recommend to Senate by APPRC 9 January 2025

Approved in Principle by Senate 23 January 2025

Reviewed for completeness and clarity by APPRC Ad hoc Oversight Group 28 March 2025

Approved by Health Faculty Council 2 April 2025

Approved by APPRC 10 April 2025; final documentation for Senate confirmed 8 May 2025

FOR INFORMATION

b. Policy Framework for Temporary Suspension of Admissions to Programs at York University

At the March 27 Senate meeting, APPRC brought forward for endorsement a recommendation for Senate to endorse the President's Policy Framework for Temporary Suspension of Admissions to Programs at York University. From that discussion Senate approved a motion to refer back to APPRC its motion *"with a request that the committee bring it forward with the procedures and encourage the President (1) to address the operational definition of the key criteria guiding the decision to suspend admissions, and (2) to offer clear guidance on what will be eligible for exemption, and to account for APPRC's recommendations as identified in [its March] report to Senate."*

The Provost confirmed to APPRC at its meeting on 8 May plans to share with APPRC at its meeting on May 22 the associated procedures with the policy on the temporary suspension of program admissions for discussion to enable the return of the policy together with the procedures to Senate at its meeting on 26 June 2025.

Academic Policy, Planning and Research Committee

Report to Senate

c. Discussion of Task Force on the Future of Pedagogy Report

In winter 2023, the *Joint APPRC-ASCP Task Force on the Future of Pedagogy* was launched. Its mandate was to gather, through collegial discussions, input on directions in 21st Century Learning and to define actions to scale up pedagogical adaptations that enhance the quality of learning experiences for York's diverse students. The Task Force submitted its final report to the two sponsoring Senate committees in late December 2023. APPRC had a preliminary discussion of the report in February 2024 and endorsed the recommendations the Task Force put forward. The Committee planned to liaise with ASCP to discuss its reflections on the report and thoughts on next steps in response to the recommendations. The 2024 labour disruption that term shifted plans for the balance of that academic year with the outcome being deferred action on the Task Force report.

APPRC has among its priorities this academic year resumed discussions of the Task Force report and identification of plans in response. To that end, the Committee invited the Chair of ASCP and Vice-Provost Teaching & Learning to meet with it to share ASCP's perspectives and input on the Task Force recommendations and advise of any initiatives / developments in progress within the teaching and pedagogy realm related to the recommendations. This discussion occurred at the 8 May APPRC meeting. It was a constructive step to helping the Committees think through plans moving forward on the work of the Task Force. Further actions on this initiative is anticipated in the coming months.

d. Senate Undergraduate Degree Framework: Proposed Directions

One of the University's Forward Action Plan projects is *Redesigning the Undergraduate Degree Framework*. The Co-Chairs of the project, Vice-Provost Teaching & Learning Chloë Brushwood Rose and Professor Kate McPherson, discussed a draft of the undergraduate degree framework at its meeting on 8 May to receive the Committee's feedback and input. Members shared their individual views and perspectives with overall support expressed for the degree streamlining exercise.

Consultation on the draft framework is continuing, which is expected to reach Faculty Councils and students in the Fall. Senate will be updated as the initiative progresses and eventually will be reviewing for approval the Undergraduate Degree Framework policy when ready to proceed.

e. University Resourcing of Research Matching Grants

At the April Senate meeting, the Vice-President Research provided the annual report on research. In the discussion of the report that ensued, queried was the amount of University revenue that supported the achievement of the reported research outcomes. Noted specifically were the grants and research funding opportunities that required a University matching grant commitment, and a request for information on what the cost-revenue ratio is, the trend of that ratio over time, and the specific investment the University made to support the Connected Minds research project.

Academic Policy, Planning and Research Committee Report to Senate

Senators are directed to the written response from the Vice-President Research & Innovation attached as Appendix B to the APPRC report. Senator Asif can speak further to this matter at the May Senate meeting if requested.

Monique Herbert
Chair, APPRC

School of Medicine: Preface Document

Responding to Senate Questions / Input from Notice of Motion Discussion, April 2025

Core Themes from Senate Questions / Input	Section of Proposal (if relevant)	Response
<p>Operational Funding:</p> <ul style="list-style-type: none"> Clarification / confirmation of firm funding commitments from the Province, providing specificity on amounts, and whether that funding covers staff costs. 	<p>Section 11 <i>Resource Modelling and Implications</i></p> <p>Table 11.1</p> <p>Table 11.2 REVISED</p>	<p>The Government has approved <u>operational funding</u> for the SoM with 240 undergraduate places and 293 residencies at steady state. The University has <u>received confirmation of the annual dollar amounts of base funding the province will provide</u> for the approved undergraduate MD class and post-graduate residents per year over and above the University’s normal enrolment corridor.</p> <p>The funds from the province will be available to the University to expend annually on its own operating costs for the School of Medicine, including salaries for staff and non-clinical faculty, and a portion of the compensation for clinical faculty, as well as funding for teaching that takes place in hospitals and clinics.</p> <p>Additional funding components have been <u>committed in principle</u>, but the precise amounts are still to be confirmed. This includes start-up costs for both the University and its clinical partners. It also includes pass-through funding that the Ministry of Health (MOH) will provide annually to cover compensation of post-graduate residents and the physicians who train them in hospitals and clinical sites, as well as some clinical partner administration costs. The MOH will also provide some level of funding directly to our hospital partners to defray their costs of hosting medical students, some of which is included in the <i>Integrated Clinical Learning Network (ICLN)</i> funding. The ICLN has working groups are analyzing the range of costs for start-up and for hosting learners across clinical partners (see <i>Delivery Management and Alignment Committees</i>, P.53 of SoM proposal), and the York team is meeting bimonthly with MOH/MCURES on the financing framework. Based on experiences shared by other new medical schools, these additional funding amounts likely will not be fully specified until closer to the opening date in 2028.</p>

<p>Overhead and Shared Resources Costs:</p> <ul style="list-style-type: none"> include overhead costs in Table 11.2 within the proposal coming in May confirmation shared services processes are included in resource plans (e.g., research ethics, registrarial and IT functions etc.) 	<p>Section 11</p> <p>Resource Modeling and Implications</p> <p>Table 11.2</p> <p>Statements of support appended to this table from:</p> <ul style="list-style-type: none"> Dean of Libraries CIO University Registrar 	<p>Follow up correspondence with the Senator on their question about overhead costs clarified that the information sought was how the School of Medicine will contribute to the cost of University overhead including general institutional costs (e.g. utilities) and shared services provided by institutional units outside the Faculties.</p> <p>The Faculty of Health is subject to the same SHARP principles and drivers as other Faculties, and the revenue model will also apply to the SoM as part of the Faculty of Health. Being explored is the most efficient way to deliver standard shared services needed by all Faculties and applying the same formula within the SHARP budget model which determines what Faculties pay for those services.</p> <p>As is the case with other Faculties, there is a need to determine if there are additional new services that need to be funded specifically by the school or on behalf of the school. For example, there are needs for IT to protect communications with personal information related to medical records; the <u>additional costs would be paid by the School of Medicine operating funds</u>. Similarly, the SoM transition team has met with the Libraries leadership to discuss additional medical library needs that would be <u>paid for by SoM operating funds</u>.</p> <p>The budget presented in the SoM proposal included an estimated \$17.6 million as “overhead” costs (shared services or general institutional costs). Further discussion is needed with the province on the full set of funding elements. The SoM will be contributing its fair share towards shared services and GI costs within the range of the standard currently set. It will either pay separately for any additional specialized services unique to the School or cover those costs as part of its own local overhead.</p> <p>It is premature to forecast some shared services staff requirements at this point. However, we will account for additional staff required for research administration of the School’s research program. Statements of support from the Libraries, UIT and the University Registrar further address the resource planning in those areas.</p>
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<p>Faculty Complement and Roles</p> <ul style="list-style-type: none"> • Information on how existing faculty members could teach in the SoM • Clarity of differences between teaching roles for medical school curriculum and clinical work/supervision of residents • Information on how the hiring committees would work. • Information on tenure and promotion for non-clinical faculty members in the SoM? 	<p>Section 8</p> <p>Faculty Complement: Clinical and Non-clinical</p> <p>Section 10</p> <p>Governance</p> <p>See Table 10.1</p>	<p>Non-clinical faculty (full-time tenure stream academics) may teach in the life sciences areas (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 10 faculty members) and may be filled by current York faculty members or qualified individuals from partner organizations (e.g. hospitals). <u>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 province.</u></p> <p>Wherever possible, the SoM would look to draw upon the expertise of existing York faculty to deliver the MD curriculum, whether as part of their normal teaching load or otherwise. The capacity and availability of existing faculty to teach MD students will need to be worked out in discussion with those faculty members, their department Chairs, and Dean’s Offices, consistent with current practices when faculty teach outside of their home unit. New tenure stream faculty will also be hired for the SoM, but the complement will be modest (less than 10 as noted in the proposal) given the role of clinical faculty in teaching medical students and conducting clinical research. <u>Searches for tenure-stream faculty will follow normal collegial processes</u> and will need to be supported at the outset by colleagues outside the SoM itself, as is typical for any new academic unit.</p> <p>Non-clinical faculty will be hired on tenure-track and will be <u>subject to the normal University tenure and promotion policy and process</u>. As with any unit, local standards for tenure and promotion will have to be developed by the SoM itself, and until then members of the School will be subject to the general standards of our Senate Tenure and Promotion policy. <u>The process will be consistent with Senate policies.</u></p> <p>As with any new unit or new discipline established at the University, support may be needed at the outset from colleagues in other units to serve on tenure and promotion committees.</p>
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<p>School of Medicine Curriculum</p> <ul style="list-style-type: none"> • consider representation within the School’s administrative structure for the Black community • advise whether unconscious-bias training be taught in the curriculum explicitly reflecting what should be York’s commitment equivalent the Black community as well as to Indigenous issues 	<p>Section 9 Curriculum</p>	<p>A Black Health Advisory Committee has been established to inform the planning and design phase of the School. It includes representatives from the Black Physicians Association of Ontario, the Black Medical Students Association of Ontario, the Black Health Education Collaborative, as well as Black Creek Community Health Centre, and the Black Health Alliance. This will be part of the curriculum and learning objectives, of the MD program and also the SoM admissions policies in terms of how we look at pathways. There have been real innovations in recent years on how to create opportunities for Black students to come into health sciences and medicine, and Ontario is quite advanced in this work. York’s medical school will build on that to reflect the population in our service area. This is part of the social mandate of the School.</p> <p>Also, as indicated in the SoM proposal (P.44), the curriculum will include elements related to anti-racism and cultural safety, which will include unconscious bias, Indigenous health care, history, and ways of knowing, among other relevant topics.</p>
<p>Alternate Location Planning</p> <ul style="list-style-type: none"> • Fuller budget information on the backup plan for an inaugural location of the School on the Keele campus 	<p>Section 11 Resource Modelling and Implications See P.55 Table 11.1</p>	<p>The VP Finance and Administration team is currently working on two potential “Plan B” locations on the Keele campus. The President is actively working on securing external funding for Plan B and will update Senate in May.</p>

York University School of Medicine

Overview of Annual Revenues and Expenditures at Steady State

No.	Revenues	Annual (\$M)	Notes
1	- Ministry of Colleges and Universities UGME Funding	\$ 13.0	(1)
2	- Ministry of Colleges and Universities PGME Funding	\$ 4.2	(1)
3	- Ministry of Health Base Operating Funding	\$ 39.5	(1,2)
4	- Tuition (UGME)	\$ 6.2	(3)
5	- Ministry of Health Distributed Medical Education Operating Funding (eg. ICLN related). Funding from MOH with levels to be determined based on costs estimated in 2025-26	\$ 15.0	(4)
6	- Flow through Funding Revenues (e.g. Residents - (PARO) and Academic physician funding plan). Funding from MOH with levels subject to negotiations	\$ 38.0	(5)
	Total Revenues	\$ 115.9	(6)
	Expenses		
8	- Faculty Leadership (Deans and Department Chairs)	\$ 5.8	(3)
9	- Fulltime GFT Clinical & Non-clinical Faculty	\$ 21.6	(3)
10	- GPT Clinical Faculty	\$ 11.5	(3)
11	- Administrative Leadership and Support Staff	\$ 4.7	(3)
12	- Academic Operating Costs (Class and ICLN related)	\$ 5.9	(3)
13	- Shared Services and General Institutional Costs (previously shown as expenses included in lines 11-12)	\$ 17.6	(3)
14	- Flow through Expenditures (matches Flow-Through Revenues). Funding levels subject to negotiations.	\$ 38.0	(3)

	Total Expenses	\$ 104.9	
	Revenues after Expenditures	\$ 11.1	

Notes
(1) MCU & MOH Base Funding Commitment - Jan 28, 2025
(2) MOH Base Funding Commitment - Jan 28 2025; based on residencies and to be shared with clinical partners
(3) Deloitte Financial Analysis for 240 student medical school, June 2023.
(4) Amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Costs are to be shared with clinical partners
(5) Amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Funding provided to residents and other physicians.
(6) Does not include all additional revenues (or operating costs) provided to hospitals from MOH for hosting learners, or research direct and indirect revenues (and expenditures) from grant agencies.

May 07, 2025

Dear Members of APPRC,

DIVISION OF STUDENTS

Office of the
University Registrar

BENNETT CENTRE FOR
STUDENT SERVICES
99 IAN MACDONALD BLVD
TORONTO ON
CANADA M3J 1P3
T: 416 736 2100

As University Registrar and Assistant Vice Provost, I am writing to express my support for the establishment of the York University School of Medicine, as proposed in the document submitted by the School of Medicine Planning Group. I am pleased to be contributing from the outset of this important initiative as a member of the Student Admissions Committee, supporting the coordinated development of the MD program and helping shape key process recommendations at the foundational stage.

The Office of the University Registrar has been, and remains, committed to working collaboratively with the Faculty of Health and the School of Medicine to support planning related to admissions, enrolment pathways, student records, and academic scheduling. As development of the program continues, we will continue to engage in shared planning processes and resource coordination to ensure alignment with York's frameworks and external expectations. Our aim is to contribute constructively to the identification and coordination of registrarial services and to provide guidance in developing the budget as the operational model takes shape.

The establishment of a School of Medicine represents a significant academic initiative, and the Office of the University Registrar affirms its commitment to ongoing collaboration. We look forward to continuing to work together to help define and support effective registrarial processes in service of this new academic unit.

Sincerely,



Keshia Gray
University Registrar and Assistant Vice Provost
York University



May 6, 2025

Dear Members of APPRC,

As Chief Information Officer, I am pleased to share this strong letter of support for the School of Medicine Planning Group's proposal to establish the School of Medicine (SOM) in the Faculty of Health.

Founded on a patient-centered, community-based approach, the York University School of Medicine will prepare the next generation of primary care physicians—trained to leverage the most recent digital health technologies and to work collaboratively within inter-professional health care teams at diverse learning sites.

UIT's mission to bring positive change through York's community by providing reliable and secure technology solutions is well aligned with the School of Medicine's mission and differentiators. In addition, the needs of the School of Medicine are well served by UIT's strategy and four key initiatives: Artificial Intelligence, Cybersecurity, Network Modernization and renewal of York's legacy digital platforms through the Student System Renewal Program (SSRP).

The Scope of IT needs associated with the SOM are broad and inclusive of various forms of technology including:

- Administrative Technologies
- Educational Technologies
- Clinical Technologies
- Regulatory/ Compliance Management Technologies
- Research Technologies
- Security Technologies
- As well as new and emerging technologies

UIT will be working closely with the SOM's IT Working Group, led by Moyez Jadavji, and the full SOM team to develop a roadmap to ensure the necessary requirements for the establishment of SOM are achieved to commence operations in Summer of 2028. This starts with compliance of the relevant standards associated with Information Technology required by the Committee of Canadian Accreditation Standards for Medical Schools. Thereafter, like other installations and adoption of technologies, the required applications and infrastructure for the SOM will be established with the necessary integration and/or



interfacing with UIT's current and/or upgraded IT environment, along with training and change management initiatives to ensure effective implementation.

UIT will collaborate with SOM and commit to providing leadership, establishing the budget and operationalizing the implementation plan to address IT requirements of SOM. The planned operating SOM budget has anticipated the need for additional and specialized IT resources required for SOM and changes to UIT's service delivery model to support and incorporate the required SOM IT services.

A handwritten signature in black ink, appearing to read "Brad Strom".

Brad Strom
Chief Information Officer
York University

May 1st, 2025

Dear Members of APPRC,

I am pleased to write this letter in support of the proposal to establish the School of Medicine as an academic unit of the Faculty of Health.

Mission and Strategic Alignment between the School of Medicine and the Libraries

The York University School of Medicine differentiates itself in three distinct ways.

First, it will help strengthen community health by prioritizing primary care specialties including family medicine, psychiatry, pediatrics, general internal medicine, obstetrics/gynecology, and surgery. The School has established an Integrated Community Based Learning Network (ICLN) including healthcare partners across a large, underserved area spanning northern Toronto, York Region, Simcoe County, the District of Muskoka, and adjacent rural areas to create a network of sites for learning, teaching, and research focused on improving population health outcomes.

Secondly, it is poised to transform medical education by training students and residents in the way primary care providers should practice—with community-based and inter-professional teams, a focus on the social determinants of health, and training organized around patient-centered care. This will include longitudinal integrated clinical experiences and continuous mentoring.

Finally, the school aims to improve the health of the individuals and communities served through evidence-based approaches that leverage digital technology, AI, and learning systems in collaboration with its network of partners. These are areas in which the Libraries bring considerable expertise and leadership.

Collaboration with the School of Medicine Planning Group To-Date

The School of Medicine Planning Group consulted with the York University Libraries team in 2024. Through those discussions, we shared that 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.

Collaboration with the School of Medicine Team on Resourcing

In addition to the Libraries' own internal preparations and consultations with the School of Medicine Planning Group, we have also continued to meet with Dean David Peters and Executive Director Moyez Jadavji to advance our shared understanding of the research collection needs, space for students, and sufficient librarian and support staffing for research and teaching. The Libraries' School of Medicine Committee is in the process of preparing its statement for the Committee on Accreditation of Canadian Medical Schools' (CACMS) mock accreditation process, in collaboration with two School of Medicine representatives for Undergraduate Medical Education (UGME).

In collaboration with SOM, Libraries commit to resourcing and providing expertise in further refining the planned SOM budget and thereafter executing the implementation plan (eg. introducing the relevant collections and subscriptions for the SOM).

Research libraries also have a tradition of technical cooperation that will benefit the new School of Medicine. York University Libraries collaborates with provincial, national and international partners and consortia, and is able to draw on such networks for information in its planning of the new School of Medicine.

York University Libraries is fully committed to supporting the School of Medicine in its mission to improve health outcomes and transform medical education.

Sincerely,

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

Joseph Hafner
Dean of Libraries
York University

Proposal to Establish a School of Medicine

May 2025

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 & Vice President Academic (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 undertook further consultations as needed to develop a more detailed full proposal for the establishment of the medical school, which included its name and any concurrent changes to existing unit structures. The full proposal was reviewed by the AOG on March 28, 2025, with suggested changes incorporated into the proposal. The Faculty of Health Council reviewed and approved the proposal on April 2, 2025, with additional clarifications included in the current proposal. APPRC reviewed and approved bringing the proposal to Senate on April 10, 2025. Pending review and approval by Senate, the proposal would 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	1-21	These sections have been edited to reflect the transition from proposal in principle to a full proposal, and edited for clarity. Box 4.1 was added to highlight the distinguishing features of the York SoM vision.
5 – Accreditation Requirements	22-23	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	24	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

Section	Page(s)	Content
		in Health, though Faculty remains open to discussing other changes/additions as Faculties of the Future project progresses.
	24	Proposal to keep existing name of Faculty of Health which is broad enough to encompass all disciplines including SoM
	25-33	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	34-38	No substantive changes, updated to reflect ongoing work by MD program planning committees.
8 – Faculty Complement	39-41	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	42-47	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	48-54	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	55-63	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	64-65	Minor edits to update to the transition to a full proposal and the subsequent steps.
13 – Risk Mitigation	66-68	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, Lavalley 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, 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 and influence on policy and practice (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, dietitians, 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. The main features that distinguish the York University School of Medicine from other schools of medicine are summarized below (Box 4.1).

Box 4.1 What makes York University's School of Medicine different?

With our partners, we are...



Developing a new kind of medical school that **builds modern primary healthcare systems** to strengthen community health, creating an **Integrated Community-based Learning Network** with providers across our service area and focusing on what health and wellness means in peoples' lives



Transforming medical education so students and residents are educated the way we want them to practice – through **community-based, inter-professional teams**, applying **social determinants of health**, and organizing training around patient-centered care that supports patients across settings, using **longitudinal integrated clinical learning experience** and continuous mentoring



Focusing on improving **the health of individuals and the communities** we serve through **evidence-based approaches**, using digital technology, AI, and learning systems along with our network of partners

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 or merging organizational structures and academic programs may 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 working together with 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.

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,

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).

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 positions 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 Departments	Class Cohort Size (2024)
Michael G. DeGroot School of Medicine (within Faculty of Health Sciences) [†]	6	3	2	26	203
Northern Ontario School of Medicine University	3	6		13	88
Queens University School of Medicine (within Faculty of Health Sciences)*	4	6	3	17	139
University of Ottawa, Faculty of Medicine*	9	2		15	184
University of Toronto, Temerty Faculty of Medicine **	4	7		22	341
University of Western Ontario, Schulich School of Medicine & Dentistry*	6	9	9	21	190
York University School of Medicine Proposal	1 (0.9 FTE)	9 (6.1 FTE)	3 (1.4 FTE)	9 (4.3 FTE)	80 in 2028

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

[†] Includes 14 non-disciplinary Chairs

** Not including Chairs or Directors of Institutes and Centres

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.

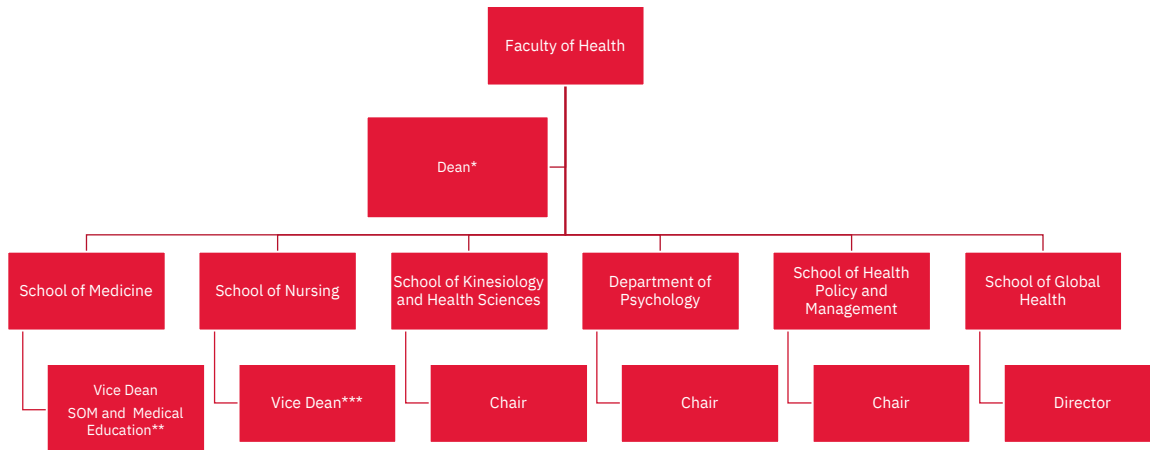
c) Unit leadership for SoM and existing Schools and Department of the Faculty

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



*. Accreditation requires that the Dean, Faculty of Health, also has a position as Dean, School of Medicine. The Dean of the School of Medicine does not need to be a medical doctor
 ** 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 or chair (the practice at nearly all other Canadian medical schools is to use the “chair” title) who is a clinical faculty member and 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 York’s SoM are summarized in Table 6.2. Except for the two Department chairs noted above, all these roles would be held by clinical faculty.

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.”

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

Role	Responsibilities
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.

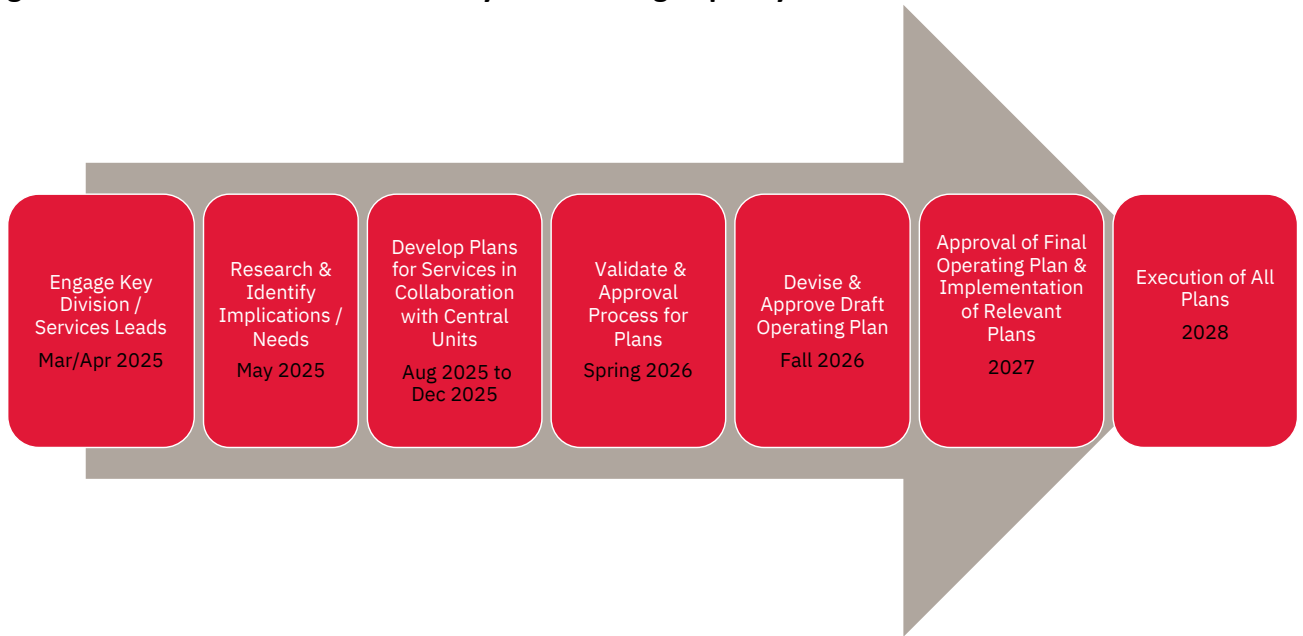
Figure 6.2 Foundational Administrative & Operations Functions of SoM



* 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 and Abilities Required for Entry to a Medical Degree Program* (updated 2016, but currently

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

undergoing revisions).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.³⁹ 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.³⁹ 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 7.1: Ethnic Background of Medical Student, Canadians and Ontarians Aged 15-34

Self-Identified Ethnic Background	Medical students (%) in 2016	Canadians aged 15-34 (%) in 2016	Ontarians aged 15-34 (%) in 2021
Indigenous	3.5	7.4	3.4
Black	1.7	6.4	6.7
Chinese	11.2	6.1	6.4
South Asian	8.8	7	14.8
Other visible minority	9.4	10.9	5.7
(Number)	1,388	8,808,300	3,632,465

Sources: For 2016 estimates (Medical students and Canadian population): Khan et al.,³⁹ for 2021 Ontario estimates: Statistics Canada⁴⁰

Note: Statistics Canada reports incomplete enumeration (i.e., under-counting) of Indigenous populations

Available data from the 2021 Census Canada data of the population aged 15-34 in the York SoM service area, indicates that Indigenous peoples made up 2.5% (41,345 people) of the population, noting that enumeration of Indigenous peoples is incomplete, and that data from northwest Toronto are not available.⁴¹ The Black population in the York SoM service area, excluding northwest Toronto, comprised 2.6% (45,730) of the population.⁴² Ontario-wide census data from 2021 are available on 2SLGBTQ+ populations (reported as LGB+) across broad

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 Statistics Canada (2023). An update on the socio-economic gaps between Indigenous Peoples and the non-Indigenous population in Canada: Highlights from the 2021 Census. <https://www.sac-isc.gc.ca/eng/1690909773300/1690909797208>; Statistics Canada (2022). <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/alternative.cfm?topic=8&lang=e&dguid=2021A000235&objectId=7>

⁴¹ Statistics Canada (2025). [Table 98-10-0293-01 Indigenous identity population by gender and age: Canada, provinces and territories, census divisions and census subdivisions](https://doi.org/10.25318/9810029301-eng). DOI: <https://doi.org/10.25318/9810029301-eng>

⁴² Statistics Canada (2025). [Table 98-10-0352-04 Visible minority by gender and age: Census subdivisions with a population of 5,000 or more by province or territory](https://doi.org/10.25318/9810035201-eng). DOI: <https://doi.org/10.25318/9810035201-eng>

age groups, estimating that 9.5% (154,800 people) of Ontarians aged 15-24 identify as LGB+.⁴³ Statistics Canada survey data also estimate high levels of self-reported disabilities among Ontario youth, including about 337,100 people aged 15-24.⁴⁴

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.⁴⁵ 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

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

⁴³ Statistics Canada (2025). [Table 13-10-0876-01 Socioeconomic characteristics of the LGB+ population, 2019 to 2021](https://doi.org/10.25318/13100876-eng). <https://doi.org/10.25318/13100876-eng>

⁴⁴ Statistics Canada (2025). [Table 13-10-0376-01 Type of disability for persons with disabilities aged 15 years and over, by age group and gender](https://doi.org/10.25318/1310037601-eng). <https://doi.org/10.25318/1310037601-eng>

⁴⁵ 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

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 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.⁴⁶ 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.

⁴⁶ 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 from 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 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](#)⁴⁷ 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

⁴⁷ 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.⁴⁸ 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).^{37,49,50}

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.

⁴⁸ 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.

⁴⁹ Palmer K. Are 3 years of medical school as good as 4? Inside Higher Education. Nov 4, 2024.

⁵⁰ 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.⁵¹ 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,

⁵¹ 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 sit on Senate as part of the Faculty of Health's allocation of Senate seats.

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 where clinical faculty expertise is needed 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 fellows⁵² 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 governed by CACMS standards.
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

⁵² 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.**

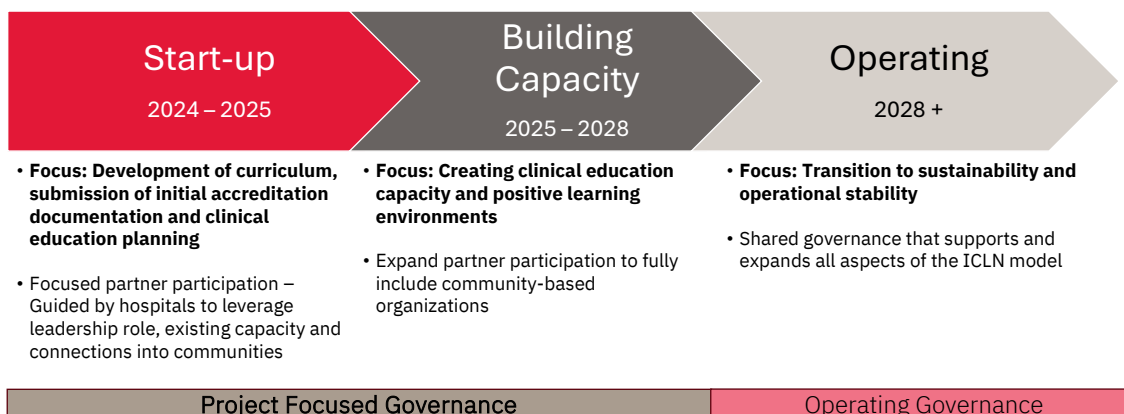
Integrated Community-Based Learning Network (ICLN) Governance

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

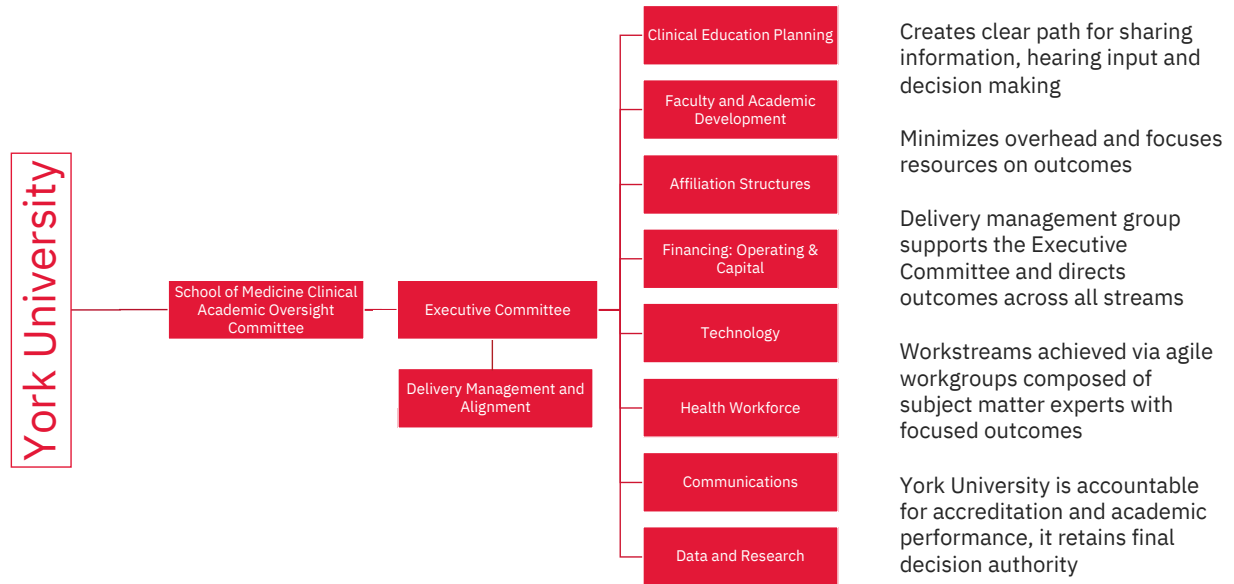


Figure 10.4 ICLN Workstream Priorities for 2025

Workstream Focus 2025



Clinical Education Planning

- 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



Faculty & Academic Development

- Faculty requirements identified
- Volume and location of faculty defined by discipline and training year
- Recruitment program designed
- Faculty development needs assessment underway



Affiliation Structures

- Accreditation agreements in place with all hospital partners
- Expanding governance model to include community-based organizations, e.g. primary care, OHTs

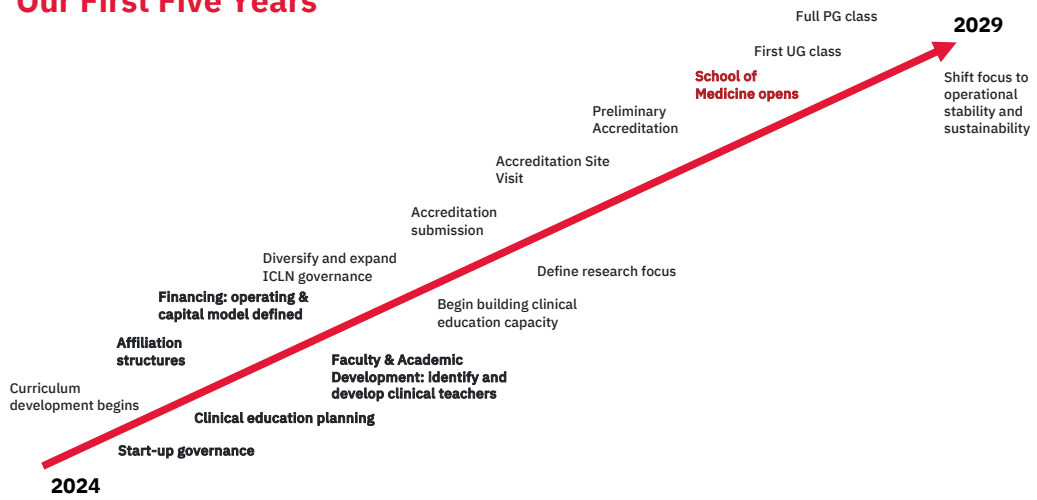


Financing: Operating & Capital

- 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 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 	Estimated minimum ~\$100 million per year by year 3 Residencies ~\$25 million at steady state at current rates Clinical faculty teaching compensation TBD To be costed in 2025-26 \$17.2 million MCU grant \$39.5 million MoH educational grant \$6.2 million per year in student tuition (projection)	MCU/MOH commitment that “York University will also receive ongoing operating funding to support the cost of delivering undergraduate and postgraduate medical education.” MOH funds residency training at the rates agreed with PARO MoH commitment to support negotiations with OMA for clinical teaching costs 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)
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 	SoM new Building ~ \$350 million Land at Vaughan ~ \$20 million To be costed in 2025 To be costed in 2025-26	Philanthropy Governments (City of Vaughan provided land) University (if needed to attract external money) ⁵³ University (if necessary to renovate space that will also address other future priorities) ⁵⁴ MOH commitment to support these costs
Research Revenue⁵⁵ <ul style="list-style-type: none"> • Indirect Research Revenue • Canada Research Chair (CRC) Revenue 	RSF projected to increase by \$17.4 million per year Overhead income projected to increase by \$6.72 million per year CRCs projected to increase by \$13 million per year based on growth from 35 to 65 CRCs	Federal Government (Tri-Council) (Research Support Fund) Other public and Non-Profit Funders (Overhead charges) Industry (Overhead charges) Federal Government (Tri-Council)

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."⁵⁶ 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

⁵³ 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.

⁵⁴ No new borrowing.

⁵⁵ Research revenue and Canada Research Chairs are based on multiple years of grant experience, so that the additional revenues are likely to rise beginning five years after the start of the school of medicine. The research revenue included here does not include the potential direct costs covered for carrying out the research project.

⁵⁶ Standard 5.1.

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 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 (Revised May)

York University School of Medicine			
Overview of Annual Revenues and Expenditures at Steady State			
No.	Revenues	Annual (\$M)	Notes
1	- Ministry of Colleges and Universities UGME Funding	\$ 13.0	(1)
2	- Ministry of Colleges and Universities PGME Funding	\$ 4.2	(1)
3	- Ministry of Health Base Operating Funding	\$ 39.5	(1,2)
4	- Tuition (UGME)	\$ 6.2	(3)
5	- Ministry of Health Distributed Medical Education Operating Funding (eg. ICLN related). Funding from MOH with levels to be determined based on costs estimated in 2025-26	\$ 15.0	(4)
6	- Flow through Funding Revenues (e.g. Residents - (PARO) and Academic physician funding plan). Funding from MOH with levels subject to negotiations	\$ 38.0	(5)
	Total Revenues	\$ 115.9	(6)
	Expenses		
8	- Faculty Leadership (Deans and Department Chairs)	\$ 5.8	(3)
9	- Fulltime GFT Clinical & Non-clinical Faculty	\$ 21.6	(3)
10	- GPT Clinical Faculty	\$ 11.5	(3)
11	- Administrative Leadership and Support Staff	\$ 4.7	(3)
12	- Academic Operating Costs (Class and ICLN related)	\$ 5.9	(3)
13	- Shared Services and General Institutional Costs (previously shown as expenses included in lines 11-12)	\$ 17.6	(3)
14	- Flow through Expenditures (matches Flow-Through Revenues). Funding levels subject to negotiations.	\$ 38.0	(3)
	Total Expenses	\$ 104.9	
	Revenues after Expenditures	\$ 11.1	

Notes

- (1) CU & MOH Base Funding Commitment - Jan 28, 2025
- (2) OH Base Funding Commitment - Jan 28 2025; based on residencies and to be shared with clinical partners
- (3) Deloitte Financial Analysis for 240 student medical school, June 2023.
- (4) amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Costs are to be shared with clinical partners.
- (5) amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Funding provided to residents and other physicians.
- (6) Does not include all additional revenues (or operating costs) provided to hospitals from MOH for hosting learners, or research direct and indirect 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". 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.

Additional flow-through funding is also provided by the MOH for the salaries of medical residents and compensation for physician supervisors. 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. With the provincial election completed and the swearing in of cabinet, the University will resume 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. **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). These renovations would not incur additional interest-bearing debt to the University nor affect the operating funds of other Faculties.**

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,⁵⁷ 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 research revenues described below are long term estimates:

- 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.**

⁵⁷ [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. The research revenues would be expected to rise after a lag period of about five years from the opening of the School of Medicine. 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

Based on the approval by Faculty of Health Council to establish the School as a new unit within the Faculty of Health on April 2, 2025, governance approvals will 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:

- The Board Academic Resources Committee is to recommend establishment of the SoM as a new academic unit at the University to full Board of Governors for approval.
- The Board Finance and Audit Committee is to recommend approval of the resourcing plan for the School of Medicine to full Board of Governors.
- The Board Land and Property Committee and the Board Finance and Audit Committee would also evaluate any capital project to recommend approval by the Board of Governors. This would include the medical school building when sufficient external funding has been secured, as well as for major renovations to existing space on York

campuses to support the initial cohorts of medical students, and for other students when the medical students are able to move into a new medical school building.

Approval and Accreditation of Curriculum

- MD Degree program is to be 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 good 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.
- 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 style="text-align: center;">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 style="padding-left: 40px;"><i>APPRC</i>: February and March 2022; Sept and November 2022; March 2023 <i>Senate</i>: March 2022 (consultation) <i>Faculty Councils</i>: throughout</p> <p>Continued external consultations to share ideas and receive input on the conceptual plan to further its development.</p> <p style="padding-left: 40px;">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~~]⁵⁸. 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

⁵⁸ 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.⁵⁹ 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.⁶⁰ 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:

⁵⁹ A list of early consultations with summary notes is available here: <https://www.yorku.ca/medicine/py-community-area/resources/>

⁶⁰ 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.⁶¹ 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.^{62, 63} 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

⁶¹ Veralon, 2015. Analysis of Governance Models for Academic Health Centers. Prepared for The Center for Mississippi Health Policy.

⁶² 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>.

⁶³ 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).⁶⁴ 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

⁶⁴ 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

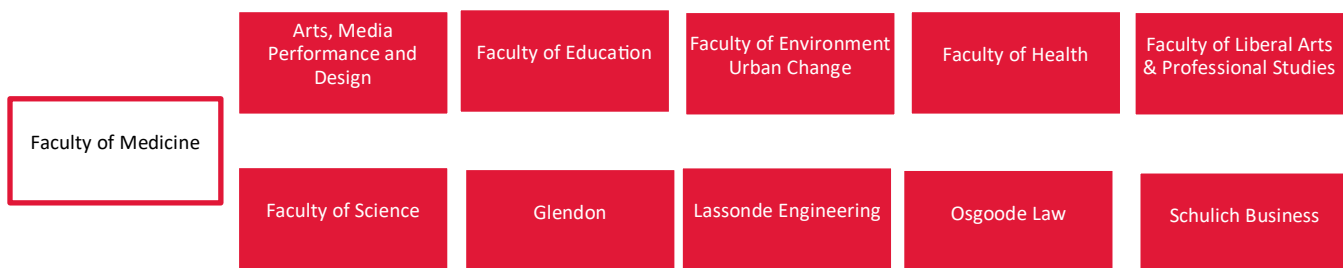
Addressing ways to promote interprofessional teams and fostering interdisciplinarity in academics and research involve nurturing a collaborative and service-oriented organizational culture that is supported through the structures and processes.

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.).

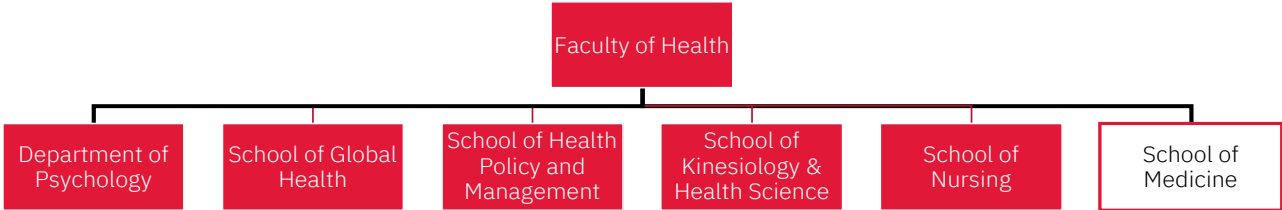
Organizational Options for the York University School of Medicine

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.

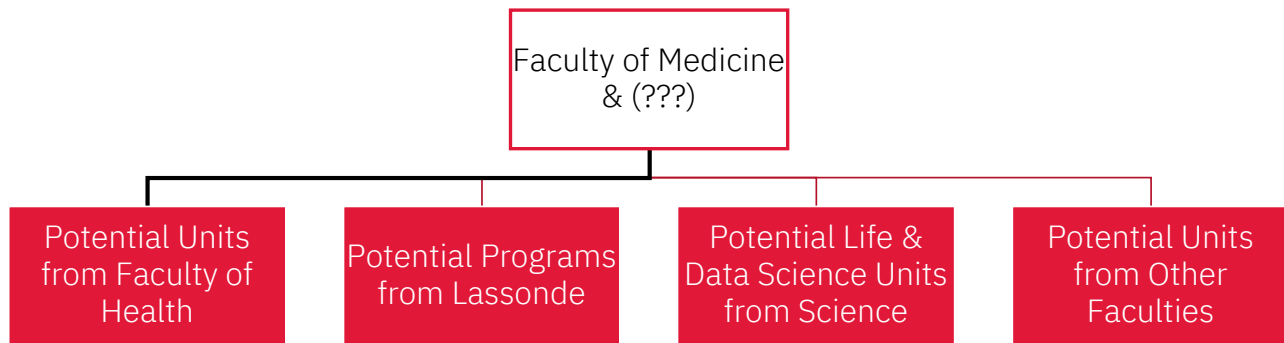
Advantages	Challenges
<ul style="list-style-type: none"> - Strongest ability to promote York values and strengths (inter-disciplinarity, community-engaged and socially oriented), and population health programming in teaching, research and practice across health professions - Can make the accreditation 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

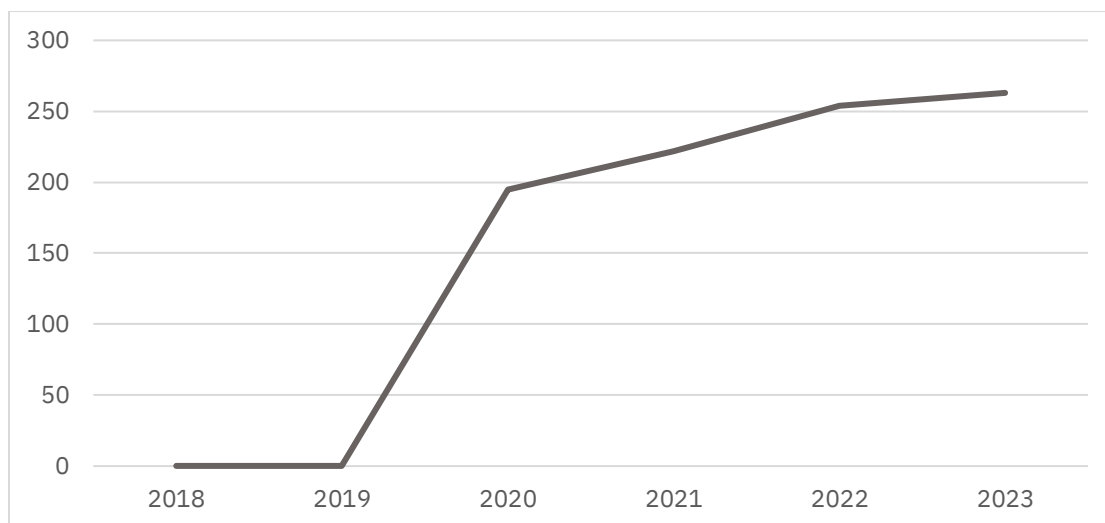
- The scan shows innovative interdisciplinary health programs are emerging in Ontario as well as outside of Canada, in addition to the existing ones in Public/Global Health, Health Informatics, Health Law, and Health Administration.
- The latest Classification of Instructional Programs (CIP) taxonomy 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

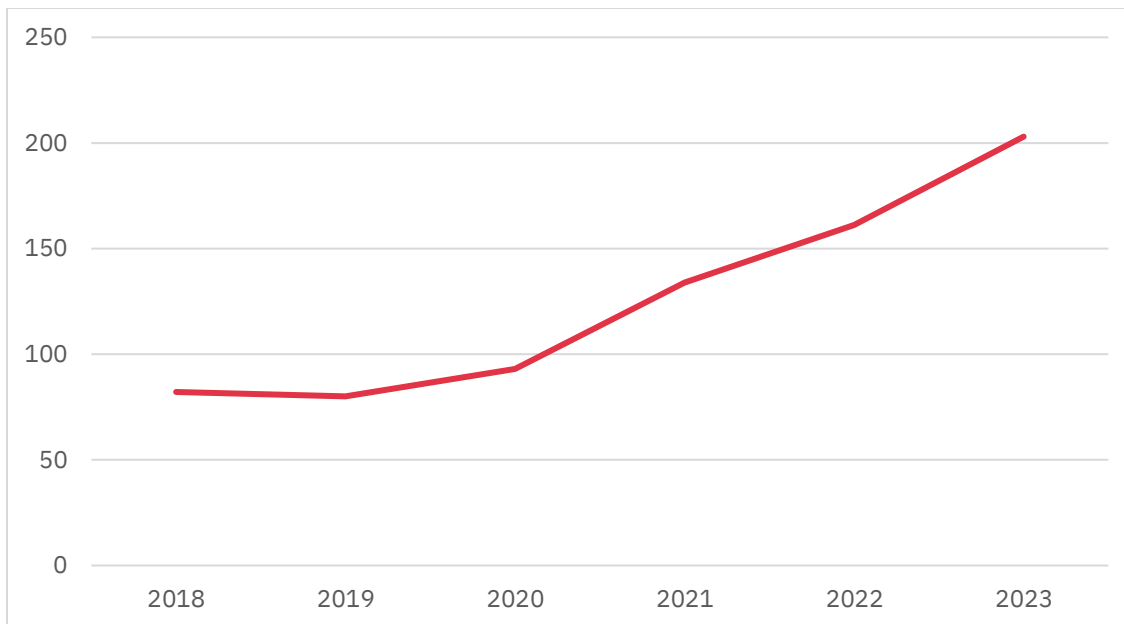


Health/Medical Anthropology

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.

Appendix 6: Statements of Support

Chair and Members
Academic Policy, Planning and Research Committee (APPRC)
York University

HEALTH

Dean's Office

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April 4, 2025

Colleagues,

It is with sincere pleasure that I am providing a statement of support for a statutory motion to establish a School of Medicine as a new academic unit within the Faculty of Health. I have been continually involved in the collegial discussions within and beyond the Faculty of Health that have informed this proposal. The Faculty, as a collective, is strongly supportive of ongoing work to create a new School of Medicine at York University.

Approval to establish a School of Medicine as an academic unit within the Faculty of Health was confirmed by a clear vote of support (97% in favor) at Council on April 2nd, 2025. The full, expanded proposal builds directly on the version that was approved in principle at the January 23rd, 2025 meeting of Senate and provides further valuable detail. Subsequently, an approval from Senate will ensure a pathway for detailed analyses and continued planning for administrative and governance structures, including accreditation supports, budget, enrolment and curricular programming, that will comprise a School of Medicine that is situated in the Faculty of Health.

Faculty of Health was created almost 20 years ago to consolidate health-related disciplines and research initiatives at York, and a School of Medicine, reflected as part of both the Faculty's and University's long-term vision and planning, will help secure a stronger future for the institution as a whole. This proposal in its current form responds fully to this history, and highlights the timely opportunity from the provincial government at a point when Ontario's needs for primary care providers and support of its healthcare system are considerable.

The information in the current proposal sets the stage for how the collective can firmly advance York's [University Academic Plan](#), and confirms the full alignment of this initiative to the Faculty of Health's strategic direction of [Building a Healthy World for All](#). By contributing to the development of a community-based school of medicine that partners with government, community groups, and health care organizations, we will add to the Faculty of Health's current activities and future offerings, including a Vaughan Healthcare Precinct partnership and plans for rehabilitation sciences and public health programs. Alongside members of the wider York community we will be able to meet our commitment to our strategic directions, while providing training for professionals in healthcare and research with Indigenous partners, and with groups that are underrepresented in this area.

The Faculty of Health supports a School of Medicine as a new academic unit, and will anticipate updates to its governance structure that will best serve Health's academic units, and incorporate a new unit's needs for autonomy and accreditation requirements. The proposal describes revisions to the leadership in the Faculty, including a dual role for the Dean in both the Faculty and the School of Medicine. (It is understood from medical school accreditation standards that a Dean of the Faculty also serves as the Dean, School of Medicine, but that that person does not



need a medical degree). Additionally, inclusion of new clinical faculty members in a medical school will be represented in governance structures and processes. The addition of a new group of instructors and researchers will enrich the delivery of education by the institution as a whole and create new opportunities for interprofessional education with pre-existing areas (e.g. social work, nursing, etc.). Since the January “In Principle” vote, we have held a separate undergraduate and staff town halls to share information and gather feedback on these and other related matters.

There is a continued acknowledgement that many elements of the School of Medicine will not only be guided according to accreditation standards (for medical schools), but will be funded differently and separately by the province than our current academic programs. Despite the challenging current financial climate in post-secondary education, medical education is being supported through targeted funding from new operational monies that York will receive from the provincial government. We are buoyed by the Ontario government’s January 27th, 2025 [announcement](#) in the Primary Care Action Plan that further reinforces their support for a medical school at York, and as necessary, are ready to explore options to accommodate space requirements for the initial medical school cohort.

The complementarity of programming and values for social justice and access at York will continue to support the development of collaborative, cross-Faculty programming and research in health-related areas, so that the full interdisciplinary breadth of York University is realized. A pan-institutional approach will ensure the strengths of the humanities, creative arts, and social sciences disciplines can be showcased with new medical school initiatives – the Faculty of Health is fully in support of this engagement. This will augment our collective excellence and make meaningful impact in health and health-related research initiatives, equity initiatives, interdisciplinary projects and community and clinical partnerships. In fact, the proposed addition of a School of Medicine at York has begun to attract interest from community partners who are seeking to expand education and research collaborations, relationships we are eager to build on.

In closing, I must sincerely acknowledge the significant time and energy put forward by colleagues in preparing, reviewing and offering feedback on this proposal and process to establish a new School of Medicine in the Faculty of Health. As a Faculty, we are fully committed and invested partners in the initiative. As leaders who together represent a diverse range of health and health-related disciplines and regulated professions, the Faculty of Health is well-positioned to continue to work and grow with our York colleagues on this exciting landmark initiative. I am therefore pleased to strongly endorse this proposal, as the next essential step in this new chapter at York.

Sincerely,



Chris Ardern
Interim Dean, Faculty of Health



April 4, 2025

Office of the President

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T 416 736 5200
www.yorku.ca/president

Dr. Monique Herbert
Chair, Academic Policy, Planning and Research Committee (APPRC)
Associate Professor, Faculty of Health
York University

Dear Dr. Herbert,

I am writing to confirm my support for the statutory motion to establish a School of Medicine as a new academic unit within the Faculty of Health. The full proposal builds directly on the earlier version that was approved in principle at the January meeting of Senate. It reflects the outcome of a collegial planning process that has been informed by appropriate clinical expertise and by a range of disciplinary knowledges and perspectives that reflect the vision for York's School of Medicine. As you know that vision calls for a focus on educating the next generation of primary care doctors to work much more closely with nurses, social workers, and others as part of inter-professional family health teams, informed by a deep understanding of the social determinants of health and by innovative strategies for promoting health equity across the diverse communities in our service area.

For convenience and to avoid repetition, I am attaching my letter of January 8, 2025 in support of the proposal for approval in principle, which captures the fundamental reasons for my ongoing support of this initiative. Establishing the School of Medicine is fully aligned with York's values and academic mission and vision, as expressed in a long and continuous chain of academic planning documents approved by Senate and its collegial bodies, right up to our current University Academic Plan. Even more significant than this history, however, is the opportunity that the School of Medicine represents for the future of our University and all of its constituent parts. The commitment of the government of Ontario to fund this new School of Medicine is an incredibly timely invitation for York to demonstrate that our University is an essential partner, working with communities and governments, to help solve the most pressing and wicked challenges of our time. My support for this motion has been reinforced by further developments since the time of January Senate in the evolving financial context for higher education, and in our discussions with governments and other external partners and friends of the University.

The senior leadership team has recently shared [community updates](#) on the financial impact of key changes to federal and provincial policies, current and projected enrolments, and cost inflation including increases reflected in recent collective bargaining agreements. Sector advocacy over the past several years including through the recent provincial election campaign have thus far not resulted in the comprehensive increases to grant funding or the additional flexibility through a tuition fee framework recommended by its Blue Ribbon Panel. Instead, government has signaled that near-term investments in post-secondary education will be in the form of targeted funding that is designed to address specific labour force gaps or innovation needs connected to public policy and economic priorities. One of those priorities is expanding access to primary health care including investing in the expansion of medical school education.



The University has made encouraging progress since the January meeting of Senate in solidifying the various funding streams that government will be providing to support the operations of the School of Medicine as outlined in Section 11 of the proposal on the Resourcing Model and Implications. These discussions are complex involving two Ministries as well as clinical partners and medical profession governance bodies. While final details will continue to be worked out over the coming year, the more detailed confirmation of funding we received at the end of January provides the necessary reassurance that operational funding from government will be fully adequate to deliver on our vision for medical education. Importantly, this funding will be incremental to (over and above) both our corridor grant under SMA4, and the additional grant funding the province is providing for enrolments at the new Markham campus.

Also 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. I will be able to report verbally to Senate the positive progress that is also being made in discussions with other levels of government and with potential donors.

It bears repeating that the creation of a medical school at York is not only about realizing a long-term aspiration in terms of our leadership in health care but about the opportunity it provides for advancing York as a high quality, comprehensive, and research-intensive University. Collegial discussions over the last few months have demonstrated a growing sense of excitement across many areas of the University about the academic and research possibilities associated with the proposed School of Medicine. I note the recommendation from the Faculty of Health as the proponent of this motion that the University should move ahead now to establish a pan-institutional Health Education and Research Committee. I will be happy to support the formation of such a body well before the School of Medicine is scheduled to open in 2028, with a mandate to develop collaborative, cross-Faculty programming and research in health-related areas, in a manner that taps the full interdisciplinary breadth of York University and that directly benefits all participating Faculties and units. A top priority for this body will be to ensure our humanities, creative arts, and social sciences disciplines have clear channels to explore how they can work with the Faculty of Health and others to boost student demand for their existing offerings that contribute to a broad understanding of health and health equity, and to overcome any barriers to building new joint programs or activities. Such programs have the potential to attract further enrolment and grant funding while expanding York's strengths in interdisciplinary and interprofessional programming essential to an integrated health care system.

I want to acknowledge the financially-driven concerns that some senators and community members have about the need to mitigate any risks to the University from embarking on the School of Medicine at a time when we are also working to close a significant budget deficit. As previously discussed, establishing a medical school at York is a key element of our strategy for enrolment recovery and thus part of the solution to our budget challenges. As an example, the Toronto Metropolitan University received over 6,000 applications for its medical school opening in 2025. The demand far exceeds the opportunities with the result that many qualified Canadian students leave the country to pursue their aspirations. In addition to the medical school itself is the spillover effect. York is developing a two-year

pathway to enhance access for students who may not have felt that medical school was within their reach. This pathway is an opportunity for students to consider a range of career options in health and other cross-Faculty programs. Aside from enrolment, medical schools attract philanthropy and significant research funding.

At the same time, I am reiterating the commitments in my January letter, attached here, to guard against other Faculties or the University as a whole experiencing any short term negative impacts on financial sustainability as a result of this initiative. These can be summarized briefly as follows though I encourage Senators to review the full resourcing plan as set out in the proposal:

- SoM operations will be fully self-funding based on new, incremental funds provided by government, partners, and student tuition fees.
- The SoM must be resourced separately so as not to impair the operating resources or financial viability of other academic units at the University.
- Approval to establish the SoM does not imply approval for a capital project. The plan is to establish the medical school in the Vaughan Healthcare Precinct on land donated to the University by the City of Vaughan given the benefits of co-locating beside a lead partner, Mackenzie Cortellucci Hospital, as well as other health organizations (i.e., a planned Elderly Care facility and health innovation hub). However, the necessary capital funding for that new facility will need to be found from sources outside the University's operating budget, with the possible exception of a contribution from the University Fund targeted for strategic initiatives (if necessary to attract those external sources). Such a contribution should not exceed funds provided for other strategic initiatives.
- A new building will not therefore be started until sufficient funds have been raised from outside the University's operating budget nor will a new building be funded by adding to the University's interest-bearing debt.
- An alternative plan is under development as necessary to house the first cohort of 80 students in their first year with minimal renovations anticipating how the space can be used to meet other Faculty needs after the SoM vacates.

In closing, the opportunity to establish a School of Medicine at York is a rare and exceptional opportunity that will benefit our students, the University as a whole, and the communities we serve. I lend my full support for the statutory motion to establish a School of Medicine as a new academic unit within the Faculty of Health and confirm that establishing the School will not draw on the operating funds of other Faculties. To the contrary, we should expect that the medical school will support our enrolment recovery and bring new resources to the University.

Sincerely,



Rhonda Lenton, PhD
President and Vice-Chancellor



January 8, 2025

Office of the President

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Dr. Monique Herbert
Chair, Academic Policy, Planning and Research Committee (APPRC)
Associate Professor, Faculty of Health
York University

Dear Dr. Herbert,

I am writing to share my support for the School of Medicine Planning Group's request that Senate *approve in principle* the establishment of a School of Medicine, as a new academic unit within the Faculty of Health. An interdisciplinary school of medicine focused on primary care that builds on York's strengths in health has been identified as a strategic goal in York's last three Senate-approved University Academic Plans, representing over 15 years of planning. Academic planning documents going back to *2020 Vision*, endorsed by Senate in 1992, have continually advanced priorities of becoming more comprehensive and expanding the range and depth of our health programming and research, in particular, to eventually include a School of Medicine. The proposal provides an excellent history of how we have arrived at this critical juncture.

York has always been a progressive university committed to access, excellence, social justice, inclusion and diversity, sustainability, and creating positive change. I am satisfied that the School of Medicine as proposed is fully reflective of these values, and with our vision to provide a broad demographic of students with access to a high-quality education at a research-intensive University that is committed to enhancing the well-being of the communities we serve.

Access to medical school is currently very limited in Canada and especially in Ontario. Many highly qualified students leave the jurisdiction if they have the means to study at private schools abroad, and others simply abandon their aspiration to be physicians. Ontario is also home to many internationally trained doctors who cannot obtain the necessary residency placements to become qualified to practice in Canada. For many residents of our region, and especially those most likely to attend York, the ability to study medicine or qualify to practice at a public University that is relatively close to their home and family, is the only viable path to a medical career. Within the next three years, 1 in 5 Ontarians will not have access to a family doctor. Health inequity is strikingly present in the proposed service area for our School of Medicine, and yet, ironically, we are losing students to other jurisdictions because of the lack of medical school spots. The situation has intensified now because of pandemic-related burnout and earlier than forecasted retirements of physicians and other healthcare workers.

York University has always responded to the health care needs in our province and across the country. The creation of the Faculty of Health in 2006 was a major step forward in consolidating many of the health-related disciplines at York University 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 spanning all disciplines.

York's prior academic health planning ensured that the University was well placed to assume the mantle when the provincial government responded to the primary care crisis by embarking on a once-in-a-generation expansion of medical education – a response that has been assisted by a major boost in health transfers from the federal government. Whereas past expansions have been more incremental and were limited to existing medical schools, the current expansion is for the first time in many decades embracing brand new medical schools designed to address key gaps in the health system.

The proposal captures three major distinguishing features that will ensure York University's School of Medicine meets the most critical needs for improving health equity in our service area and beyond. First, we will prioritize family medicine and primary care specialties including psychiatry, pediatrics, general internal medicine, geriatric medicine, obstetrics/gynecology, and general surgery.

Secondly, we will transform medical education by training students and residents in the way primary care providers should practice. Our curriculum will include an understanding of the social determinants of health and our students will have ample opportunities to work with interprofessional teams through longitudinal integrated clinical experiences at hospitals and community-based health organizations with a focus on patient-centred care. We have been working closely with healthcare partners across a large, underserved area spanning northern Toronto, York Region, Simcoe County, the District of Muskoka, and adjacent rural areas to create a network of sites for learning, teaching, and research focused on improving individual and community health outcomes.

Finally, we are aiming to improve the health of the individuals and communities we serve through evidence-based approaches that leverage digital technology, AI, and learning systems in collaboration with our network of partners. This will provide a foundation for robust clinical decision-making, personalized medicine approaches, and integrated care, as well as improving population health and access.

The key reason for embedding the School of Medicine within the Faculty of Health is to deliver on interprofessional education and to build on the strong social determinants' perspective for which York is known, both core features of the vision for the School. In addition, situating the SoM within the Faculty of Health will encourage joint planning and sharing of resources across different health programs and foster interdisciplinary and transdisciplinary research and practice. This aspect of the proposal is consistent with the overall vision and mandate for the School and is based on a thorough analysis of the different options and dedicated discussion with Senate on the best administrative location for the School. This does not in any way preclude the School of Medicine establishing important partnerships with relevant programs outside the Faculty from health studies to social work, health leadership and management, the arts, science, engineering and others.

Approval in principle is being 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. Building on years of prior consultations, the current proposal is based on work that started in 2021. A School of Medicine Planning Group was formed and has met with eleven units over the past several months taking a thoughtful and open approach to consultation with colleagues from across the University and adjusting the proposal in response to feedback received. As part of that process, the School of Medicine Planning Group has worked closely with Faculty Councils, the Ad Hoc Oversight Group, APPRC and Senate over the last several months to advance their proposal to house a new School of Medicine within the Faculty of Health. They have committed to continue this robust consultation process following *approval in principle*, and to address remaining questions in the full proposal.

Approval in principle from Senate will provide direction to the institutional planners in moving forward with further detailed analysis, planning and consultation required to develop the full proposal for consideration by Senate and the Board of Governors, to put in place the governance and administrative structures, the budget and enrolment plans, and the programming that will comprise the new School of Medicine. I support the principles set out in the proposal to guide this planning going forward and would highlight especially the commitments I have made to ensure that resourcing plans are sufficient and consistent with the overall financial well-being of the University and its existing units.

Should Senate *approval in principle* be granted, these principles include the expectation that a Faculty of Health that includes a School of Medicine will be subject to the same budget approval process and general financial parameters of all Faculties at York University. A fundamental principle of the resourcing model is that a School of Medicine must not impair the operating resources or financial viability of other academic units at the University.

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. Nevertheless, I think it is important to acknowledge that concerns have been raised by some colleagues regarding the use of internal funds to support a new building and to provide reassurance that a new building will not be proposed or started until sufficient funds have been raised from sources outside the University's operating budget. Also, a new building will not be funded by adding to the University's debt.

The University is committed to admitting the first class of medical students in 2028, in accordance with the provincial mandate. If sufficient funds have not been raised to support timely completion of a new building by that date, the initial student cohorts will be accommodated on the Keele campus with the potential of additional temporary facilities provided by one or more of our partners. Any investment in temporary facilities at Keele will be done with a view to addressing existing deferred maintenance and creating spaces that can be used by other units in future.

As President, I have also committed that the operations of the School of Medicine will be self-funding upon reaching steady state based on new, incremental funds provided by government, partners, and student tuition fees. I will continue to share information with APPRC and Senate as well as Board and to seek input as the

funding plans develop further. It is anticipated that careful attention will be paid in planning to ensure the accuracy of revenue and expenditure projections, and that every effort will be made to contain transition expenditures.

Planning will, of course, also need to take into account how we can best seize the opportunities that a School of Medicine will create for other Faculties, many of which have identified opportunities for potential programming. In addition to creating a model that supports collaboration across the Faculty of Health, there is potential for a University-wide structure like a Health Education and Research Committee to support health-related collaborations across the University, such as to develop new undergraduate pathways, complementary and joint degree programs, and new research opportunities.

I would like to close simply by saying that York University has differentiated itself as a progressive and modern institution based on inclusive excellence and committed to meeting the needs of students and of society. In an increasingly competitive sector, a School of Medicine at York will build on our unique strengths and continue to enhance our reputation, attracting students not only in medicine but across all faculties, creating opportunities for new collaborative programs, and proliferating research funds and partnerships locally and globally.

I would be happy to respond to any questions and concerns regarding the proposal for *approval in principle* of this important initiative and urge that it be given favourable consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rhonda L. Lenton'. The signature is fluid and cursive, with a large initial 'R'.

Rhonda L. Lenton, PhD
President and Vice-Chancellor

March 28, 2025

Dr. Monique Herbert
Chair, Academic Policy, Planning and Research Committee (APPRC)
Associate Professor, Faculty of Health
York University

Dear APPRC Colleagues,

I am writing to voice my unequivocal support for the School of Medicine Planning Group's proposal to Senate, seeking approval to establish a School of Medicine as a new academic unit within York University's Faculty of Health. This initiative represents a transformative opportunity for York to expand research capacity, foster interdisciplinary collaboration, and address pressing health and wellness challenges locally and globally.

The creation of a medical school will unlock access to new research funding and additional industry and community research partnerships for York. Medical and clinical health research receives substantial investment, much of it restricted to institutions with medical schools. Establishing a School of Medicine would position York to access federal and non-federal grants and attract research-intensive faculty through programs such as the prestigious Canada Research Chairs (CRC). With higher research income and robust infrastructure, York will accelerate its progress toward achieving its research intensification goals.

Moreover, increased research funding would lead to a proportional rise in CRCs at York, further enhancing the University's ability to attract and retain top-tier talent while boosting overall research income. The new School of Medicine would provide access to Canadian Institutes of Health Research (CIHR) funding streams in biomedical and clinical research, supporting faculty and student salaries, administrative costs, and critical infrastructure, including laboratories and vivaria. As funding from CIHR and other sources grows, York will benefit from heightened research support funds (RSF) provided by tri-council agencies. These funds support essential costs associated with managing York's research enterprise, such as:

- Salaries for administrative staff and students supporting research projects;
- Workplace health and safety training, as well as equity, diversity, and inclusion initiatives;
- Maintenance of libraries and laboratories; and
- Administrative costs related to securing patents for new inventions.

Collaborations with biomedical and clinical research partners would generate additional overhead revenue, which could be reinvested to support both medical and non-medical research initiatives. Furthermore, upgraded facilities, including a state-of-the-art vivarium for preclinical research, would strengthen York's research environment and foster innovation.

The School of Medicine's strategic location within the Vaughan Healthcare Precinct (VHCP) will amplify its impact. This integration will create synergies between medical education, healthcare services, MedTech innovation, and research activities, generating substantial economic benefits for local and regional communities. York will establish itself as a leading hub for healthcare innovation, fostering collaborations in medical technology, healthcare practice, and health research.

The new medical school would also enhance York's capabilities in research ethics and protocols, particularly for studies involving human participants. This improvement would streamline approval processes, ensure compliance with ethical standards, and support a thriving research environment.

York's strengths in interdisciplinary research will be further amplified by the School of Medicine. Areas such as health informatics, biomedical engineering, global health, public health, health management, health public policy, social justice, and health equity would benefit from increased collaboration, enabling innovative solutions to complex health challenges.

While transitioning to a medical university poses initial challenges, York's strategy positions it for long-term success. By integrating biomedical and clinical research with its established expertise in population health and health services, York will secure diverse funding streams and contribute meaningfully to addressing Canada's most urgent health challenges.

In conclusion, the establishment of a School of Medicine at York University is an investment in a healthier and more equitable future. It will elevate York's research profile, attract world-class talent, and position the University as a leader in innovative health research and education. I strongly support this endeavor and encourage its advancement as a vital next step in York's continued growth and success.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Amir Asif', with a stylized flourish extending to the right.

Amir Asif, PhD, PEng
Vice President Research and Innovation
Professor, Electrical Engineering and Computer Science

May 07, 2025

Dear Members of APPRC,

DIVISION OF STUDENTS

Office of the
University Registrar

BENNETT CENTRE FOR
STUDENT SERVICES
99 IAN MACDONALD BLVD
TORONTO ON
CANADA M3J 1P3
T: 416 736 2100

As University Registrar and Assistant Vice Provost, I am writing to express my support for the establishment of the York University School of Medicine, as proposed in the document submitted by the School of Medicine Planning Group. I am pleased to be contributing from the outset of this important initiative as a member of the Student Admissions Committee, supporting the coordinated development of the MD program and helping shape key process recommendations at the foundational stage.

The Office of the University Registrar has been, and remains, committed to working collaboratively with the Faculty of Health and the School of Medicine to support planning related to admissions, enrolment pathways, student records, and academic scheduling. As development of the program continues, we will continue to engage in shared planning processes and resource coordination to ensure alignment with York's frameworks and external expectations. Our aim is to contribute constructively to the identification and coordination of registrarial services and to provide guidance in developing the budget as the operational model takes shape.

The establishment of a School of Medicine represents a significant academic initiative, and the Office of the University Registrar affirms its commitment to ongoing collaboration. We look forward to continuing to work together to help define and support effective registrarial processes in service of this new academic unit.

Sincerely,



Keshia Gray
University Registrar and Assistant Vice Provost
York University



May 1st, 2025

Dear Members of APPRC,

I am pleased to write this letter in support of the proposal to establish the School of Medicine as an academic unit of the Faculty of Health.

Mission and Strategic Alignment between the School of Medicine and the Libraries

The York University School of Medicine differentiates itself in three distinct ways.

First, it will help strengthen community health by prioritizing primary care specialties including family medicine, psychiatry, pediatrics, general internal medicine, obstetrics/gynecology, and surgery. The School has established an Integrated Community Based Learning Network (ICLN) including healthcare partners across a large, underserved area spanning northern Toronto, York Region, Simcoe County, the District of Muskoka, and adjacent rural areas to create a network of sites for learning, teaching, and research focused on improving population health outcomes.

Secondly, it is poised to transform medical education by training students and residents in the way primary care providers should practice—with community-based and inter-professional teams, a focus on the social determinants of health, and training organized around patient-centered care. This will include longitudinal integrated clinical experiences and continuous mentoring.

Finally, the school aims to improve the health of the individuals and communities served through evidence-based approaches that leverage digital technology, AI, and learning systems in collaboration with its network of partners. These are areas in which the Libraries bring considerable expertise and leadership.

Collaboration with the School of Medicine Planning Group To-Date

The School of Medicine Planning Group consulted with the York University Libraries team in 2024. Through those discussions, we shared that 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.

Collaboration with the School of Medicine Team on Resourcing

In addition to the Libraries' own internal preparations and consultations with the School of Medicine Planning Group, we have also continued to meet with Dean David Peters and Executive Director Moyez Jadavji to advance our shared understanding of the research collection needs, space for students, and sufficient librarian and support staffing for research and teaching. The Libraries' School of Medicine Committee is in the process of preparing its statement for the Committee on Accreditation of Canadian Medical Schools' (CACMS) mock accreditation process, in collaboration with two School of Medicine representatives for Undergraduate Medical Education (UGME).

In collaboration with SOM, Libraries commit to resourcing and providing expertise in further refining the planned SOM budget and thereafter executing the implementation plan (eg. introducing the relevant collections and subscriptions for the SOM).

Research libraries also have a tradition of technical cooperation that will benefit the new School of Medicine. York University Libraries collaborates with provincial, national and international partners and consortia, and is able to draw on such networks for information in its planning of the new School of Medicine.

York University Libraries is fully committed to supporting the School of Medicine in its mission to improve health outcomes and transform medical education.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Hafner". The signature is fluid and cursive, with the first name "Joseph" being larger and more prominent than the last name "Hafner".

Joseph Hafner
Dean of Libraries
York University

May 6, 2025

Dear Members of APPRC,

**Office of the Chief
Information Officer,
University
Information
Technology (UIT)**

136 Campus Walk
4700 KEELE ST.
TORONTO ON
CANADA M3J 1P3

As Chief Information Officer, I am pleased to share this strong letter of support for the School of Medicine Planning Group’s proposal to establish the School of Medicine (SOM) in the Faculty of Health.

Founded on a patient-centered, community-based approach, the York University School of Medicine will prepare the next generation of primary care physicians—trained to leverage the most recent digital health technologies and to work collaboratively within inter-professional health care teams at diverse learning sites.

UIT’s mission to bring positive change through York’s community by providing reliable and secure technology solutions is well aligned with the School of Medicine’s mission and differentiators. In addition, the needs of the School of Medicine are well served by UIT’s strategy and four key initiatives: Artificial Intelligence, Cybersecurity, Network Modernization and renewal of York’s legacy digital platforms through the Student System Renewal Program (SSRP).

The Scope of IT needs associated with the SOM are broad and inclusive of various forms of technology including:

- Administrative Technologies
- Educational Technologies
- Clinical Technologies
- Regulatory/ Compliance Management Technologies
- Research Technologies
- Security Technologies
- As well as new and emerging technologies

UIT will be working closely with the SOM’s IT Working Group, led by Moyez Jadavji, and the full SOM team to develop a roadmap to ensure the necessary requirements for the establishment of SOM are achieved to commence operations in Summer of 2028. This starts with compliance of the relevant standards associated with Information Technology required by the Committee of Canadian Accreditation Standards for Medical Schools. Thereafter, like other installations and adoption of technologies, the required applications and infrastructure for the SOM will be established with the necessary integration and/or



interfacing with UIT's current and/or upgraded IT environment, along with training and change management initiatives to ensure effective implementation.

UIT will collaborate with SOM and commit to providing leadership, establishing the budget and operationalizing the implementation plan to address IT requirements of SOM. The planned operating SOM budget has anticipated the need for additional and specialized IT resources required for SOM and changes to UIT's service delivery model to support and incorporate the required SOM IT services.

A handwritten signature in black ink, appearing to read "Brad Strom". The signature is written in a cursive, slightly stylized font.

Brad Strom
Chief Information Officer
York University



OFFICE OF THE
VICE-PRESIDENT
RESEARCH &
INNOVATION

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Memo

To: Senators

From: Amir Asif, Vice-President Research & Innovation

Date: May 9, 2025

Subject: **Senate Follow up: Question on Connected Minds Funding**

Please see the attached chart on the CFREF project Connected Minds: Neural and Machine Systems for a Health, Just Society. The information is provided as a follow up from an information request to VPRI. The table outlines the university financial commitment made to the CFREF Connected Minds project over 7 years. The data is grouped into two categories. Category 1 data corresponds to cash and in-kind funds that the University contributes to CFREF but is part of normal operation, which would have been provided independent of the CFREF project. Category 2 data correspond to cash and other contributions that are solely for Connected Minds project expenses. As shown in the table, York University's contributions under category 2 are about \$4.5M for the CFREF funded project of over \$318M.

Thank you for the opportunity to provide further information on this important project.



The financial details of the Connected Minds are as follows:

CFREF Funding:	\$105,658,935.00
Contributions from all Partners:	\$212,771,856
Total Funding:	approx. \$318M

200% leverage of CFREF funds

Total York University Commitments to CFREF	\$80,570,679
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CATEGORY(i): Inkind and cash that the University contributes to CFREF but is part of normal operation and the University would have provided for them independent of the CFREF project:

GRADUATE STUDENTS	\$4,357,708
FACULTY SALARIES & RESEARCH SUPPORT	\$32,902,290
SPACE (New Space)	\$12,000,000
SPACE (Incremental Cost)	\$26,900,000
Total	\$76,159,998

200 Grad students at around \$22K/student. All of the funds for grad students fall within what the University would be spending anyways.

Based on discussions with the Faculties, we only included faculty positions that were already hired within the grace period prior to the grant and within the hiring plans of the Faculties, thus all commitments would fall within category (i). commitments would fall within category (i).

Mostly Markham Campus space, which is already in place
Use of existing Campus research space

CATEGORY (ii): Cash and other contributions that are solely for Connected Minds:

FACULTY SALARIES & RESEARCH SUPPORT	\$1,601,732
STAFF SALARIES	\$2,587,949
IP & KMB	\$221,000
Total	\$4,410,681

Stipends for Director and Associate Director over 7 years plus Teaching releases for Connected Minds funded YRCs over 5 years

0.5 Program Director, 0.5 Senior Finance Manager, 0.5 Commercialization Manager, 0.5 Engagement Coordinator, 0.5 Sustainability Manager over 7 years. Connected Minds cover the remaining 50% of the salaries.

Costs for covering patents, license agreements, legal fees etc. over 7 years.

Queen's University Commitments to CFREF	\$32,520,637
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Contribution from Other Research Partners	\$99,680,540
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Report to Senate

At its meeting of 22 May 2025

For Information

a. Minor Modifications

Arts, Media, Performance and Design (AMPD)

- Updates to the co-op eligibility requirements for the BFA Creative Technologies degree program, Department of Creative Technologies, Markham Campus, effective 1 June F2025 (ASCP 23 April 2025).
- Rescind previously approved graduate program name change from “Film/Cinema & Media Studies” to “Cinema & Media Arts”, and rescind accompanying change of course rubric from “Film” to “CMA”, effectively retaining the current program name (Film/Cinema & Media Studies) and the related course rubric (Film). The department is undertaking further consultation on the name change. (ASCP 7 May 2025).

A minor modification proposal, which included the above changes, was approved by ASCP on 22 January and subsequently reported as an information item to Senate in February. Other minor changes included in the proposal and approved by ASCP, remain with the effective date of F2025.

Faculty of Graduate Studies (FGS)

- Updates to Faculty Regulations - Generative AI in teaching and learning, effective 1 June 2025 (ASCP 23 April 2025); and
- Updates to Faculty Regulations – degree program descriptions, effective 1 June 2025 (ASCP 23 April 2025).

Other Information Items

ASCP received an update on Project 3 of the YU Forward Action Plan. Project 3, Redesigning the Undergraduate Degree Framework, described below, is led by the Vice-Provost Teaching and Learning (VPTL), Chloe Brushwood Rose.

The goal of this project (Project 3) is to evaluate the existing degree matrices and to develop a renewed framework for undergraduate degrees at York. A new framework is needed for several reasons: to address the range of new degrees that have emerged (beyond the BA and BSc), to simplify the approach to breadth requirements and general education, to improve student success, to enhance quality assurance for undergraduate

ASCP – Report to Senate

degrees, and to allow for more diverse offerings across Faculties ([YU Forward Action Plan – Project 3](#)).

Beginning in September 2024, ASCP was informed by the VPTL that a Working Group (WG) for Project 3 (members listed on the Forward Action Plan site) would undertake research and consultation on current and future states of degree matrices/frameworks to inform development of a related framework for the University. At invitation of the VPTL, an ASCP faculty member joined the WG.

Throughout the academic year, ASCP received updates and discussed the project at each Committee meeting. At its April 9 meeting, ASCP had a focused discussion of the draft Undergraduate Degree Framework presented at the meeting. Responses to questions and comments raised (April 9 meeting) were presented in an updated draft policy document at the April 23 meeting of ASCP. ASCP endorsed the revised draft framework and agreed with the WG recommendation that the draft policy should proceed to pan-university consultation after which a final draft policy would make its way through ASCP to Senate for approval. The *Undergraduate Degree Framework* will be included in the final ASCP priorities status report, which will be transmitted to Senate Executive in June.

Joshua Thienpont, Chair

Academic Policy, Planning and Research Committee

Academic Standards, Curriculum & Pedagogy

Joint Report to Senate

At its meeting of 22 May 2025

FOR INFORMATION

a. Report of the Joint Sub-Committee on Quality Assurance

Attached as Appendix A is the April 2025 report from the *Joint Sub-Committee on Quality Assurance* which transmits Final Assessment Reports for completed Cyclical Program Reviews, and shares its reflections on planning matters discussed in conjunction with the program reviews.

Monique Herbert, Chair, APPRC

Joshua Thienpont, Chair, ASCP

**Joint Sub-Committee on Quality Assurance
Report to the Full Committees
Academic Policy, Planning and Research Committee
Academic Standards, Curriculum and Pedagogy Committee**

The Subcommittee met on 4 April 2025 and submits the following report to the full Committees.

I. Cyclical Program Review (CPR)

1. Final Assessment Reports

Attached are the Final Assessment Reports (FAR) for recently completed CPRs as listed below. The FARs are transmitted to APPRC, ASCP (and through them to Senate), the Board of Governors Academic Resources Committee, and the *Ontario Universities Council on Quality Assurance*.

- Arts, Media, Performance and Design
 - Bachelor of Fine Arts in Dance

It should be noted that the review took place prior to the merger of Dance with Theatre.

- Liberal Arts & Professional Studies
 - Bachelor of Arts in Professional Writing, and English and Professional Writing

The Sub-Committee determined it not necessary to invite proponents of these programs to discuss the CPRs. The FARs, including Implementation Plans, have now been finalized to reflect discussions and suggestions from the meeting; they are attached to this report.

2. 18-month Follow-up Reports

Integral to the CPR process is the Subcommittee's role in reviewing the Follow-up Reports (FUR) for responses to the CPR recommendations.

The Subcommittee received and reviewed two 18-month follow-up reports from:

- Faculty of Health: Global Health (BA, BSc)
- Glendon: Translation (BA, iBA)

The Subcommittee is satisfied that the programs have paid due regard to the recommendations arising from the CPR process and are making progress toward implementation of the specified actions.

In reflecting on the backlog of FARs and Follow-up reports, the Sub-committee noted excessive delays in some items and a worrying trend of significant delays at Dean's Offices. Considering the recently initiated audit by the Quality Council of University's processes and a serious roster of upcoming reviews, the committee discussed the serious staffing challenges at the Office of the Vice-Provost Academic.

II. Legislative and Administrative Items

3. Quality Council Audit of York University – Update

Part of the audit self-study process requires engagement with community members. A survey was sent out to the community, including committee members, parent committees, faculties, and students. Auditors will review six programs for which governance processes have been completed (e.g., New Program process: Sports Management and CPR: Theatre), and two in-progress processes (e.g., New Program process: BEng Mechatronics).

T. Peridis, Chair

YORK UNIVERSITY

Final Assessment Report

DANCE, BFA

School of Arts, Media, Performance and Design

Cyclical Program Review – 2014-2022

This Final Assessment Report (FAR) provides a synthesis of the cyclical review of the programs listed below.

Program(s) Reviewed:
Dance, BFA

Reviewers appointed by the Vice-Provost Academic:

External Reviewers

1. Joy Guarino, Professor of Dance and Director of the Maureen Callahan Bouras Center for Global Engagement, The State University of New York Buffalo State, New York, USA.
2. Angela Kane, Professor Emerita of Dance, School of Music, Theatre & Dance, University of Michigan, Michigan, USA.

Internal Reviewer

1. Natalie Coulter, Associate Professor, Department of Communications & Media Studies, Faculty of Liberal Arts and Professional Studies, and Director of ORU – Institute for Research on Digital Learning (IRDL), York University

Cyclical Program Review Key Milestones:

Cyclical Program Review launch: September 2022

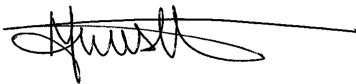
Self-study submitted to Vice-Provost Academic: September 19-20, 2023

Date of the Site Visit: February 26-27, 2024; May 2-3, 2024; June 3, 2024.

Review Report received: August 23, 2024

Program and Dean's Response received: November 7, 2024

Implementation Plan and FAR confirmed by Joint Sub-Committee on Quality Assurance, April 2025.



Submitted by Marcia Annisette, Vice-Provost Academic, York University

This review was conducted under the York University Quality Assurance Protocol, August 2020.

SITE VISIT: February 26-27, 2024; May 2-3, 2024; June 3, 2024.

The virtual site visit began on February 26, 2024 but was paused due to a labour disruption at the university.

On February 26th, the following individuals were interviewed:

- Vice Provost Academic, Marcia Annisette
- Dean Sarah Bay-Cheng, School of Arts, Media Performance and Design (AMPD); Associate Dean Academic, Gabriel Levine; Associate Dean Research, Sarah Parsons
- Chair and Undergraduate Program Director, Patrick Alcedo
- Associate Dean Sherril Hook, York University Libraries; Senior Librarian Mary Kandiuk
- Full-time faculty members
- Admin staff

On May 2-3, 2024, after the labour disruption had ended, the reviewers resumed their interviews and met with:

- part-time and contractual faculty members
- current BFA students, including Concurrent Education students.

On June 3, the reviewers were given an extensive virtual tour of the dance facilities, organized by the Faculty's Operations Manager. The tour was extensive and included access to all six dance studios (Studio A-F) located on the 2nd floor of the Accolade East Building, and the Review Committee was made aware of faculty and staff offices, a faculty locker room, kitchen and committee room on the 3rd floor. On the 1st floor, we saw inside two smaller studios that are used for individual work and rehearsal, student dressing rooms with showers and lockers, a well-equipped conditioning room and the public areas adjoining the Sandra Faire and Ivan Fecan Theatre (a School of the Arts, Media, Performance and Design-managed facility which is also used for Music concerts). The Review Committee was also made aware of storage space for dance on the 2nd floor and costume storage on the 1st floor.

OUTCOME:

The Joint Sub-Committee on Quality Assurance received the Program and Decanal responses to the recommendations and has approved an implementation plan.

A report on the progress of the initiatives undertaken in response to recommendations in general and as specified in the implementation plan will be provided in the Follow-up Report which will be due in October 2026, 18 months after the review of this report by the York University Joint Sub-Committee on Quality Assurance.

The next Cyclical Program Review will begin in the Fall of 2029 with a site visit expected in the Fall of 2030 or Winter of 2031.

PROGRAM DESCRIPTION AND STRENGTHS:

The BFA in Dance program is the nucleus of the Department of Dance that is housed in the School of the Arts, Media, Performance and Design (AMPD) of York University. Within the program are two streams: Choreography and Performance, and Dance Education. These two streams reflect the department's historical strength, faculty research, and response to the needs of and opportunities in the dance community in Canada. The BFA in Dance at York is the most comprehensive and the largest of its kind in Canada, with close to 200 majors. In 2021 the BA in Dance was closed due to lack of demand.

The Self Study states, "The physical, performative, and creative practices of dance are central to the program, all grounded in the moving body. Without them, there are no embodied materials to study, research, critique, teach, write about, reconstruct, and unpack".

The reviewers noted, "The BFA Dance program has a dedicated and diverse faculty spanning studio expertise and dance-related areas [...]Their collective experience and investment are clearly an asset to the program and to the University more broadly." The faculty are research-active and, in addition to taking advantage of the University's support structures and library resources, "Dance faculty have also taken advantage of the Making and Media Creation Lab which is part of the Libraries' Digital Scholarship Centre. This has resulted in very fruitful outputs, including the production of dances in virtual reality and the creation of digital dance content."

RECOMMENDATIONS:**Reviewers' Summary**

The BFA in Dance is a long-standing, highly-regarded program led by dedicated full-time and CUPE faculty, and administrative staff. The general objectives, curriculum and learning outcomes, admission and enrollment, and physical resources all appear to meet national standards for a professional baccalaureate degree in dance and BFA students expressed a high level of satisfaction with the program. Despite significant reductions in other academic offerings since the last Cyclical Program Review and the multiple pivots required during the COVID-19 pandemic, the BFA Dance program has not only remained relevant and robust; it has been greatly enhanced by the Department of Dance's commendable efforts to embed Decolonization, Equity, Diversity and Inclusion (DEDI) principles within the curriculum.

The major restructure currently underway with regard to creating a single department for Theatre, Dance and Performance has the potential for new cross-disciplinary opportunities while also streamlining administrative processes and faculty service loads. The Review Committee cautions, however, that it will be important to ensure that Dance retains its disciplinary identity and autonomy within the new Department, and that the physical and creative focus of the BFA program does not become diluted in any way. We strongly encourage the Department to consider creating distinct

leadership positions for each art form, perhaps as Associate Chairs or specifically a BFA Dance Program Director.

Maintaining disciplinary autonomy while also pursuing cross-disciplinary possibilities within the new Department should not be seen as diametrically opposite goals. Conversely, the Review Committee perceives the merger as an opportunity to enhance curricular offerings at both the undergraduate and graduate levels, and also streamline operations. Dance's Core Values statement (Self-Study, p.8) could be a valuable document in determining the mission and vision of the new Department and it may also serve as a unifying theme for all faculty, staff and students.

The Review Committee offers three recommendations regarding the quality of the BFA Dance program and its sustainability (*see below*). Our three recommendations are closely related and they emerged as the most essential priorities as we reflected on the BFA Dance program specifically during the extended time-frame of our review and on the realities and opportunities ahead for the new Department of Theatre, Dance and Performance. Dance's DEDI work has resulted in a major rethinking of the BFA curriculum and it seems timely to 'take stock' of all the philosophical and programmatic changes. As one full-time faculty member said in our meeting with them, there is a need to critically assess "who we are" and "where we're going".

Recommendation 1: Identity

There is an urgent need to clearly define the program's identity, especially in light of the many recent changes, and to update all promotional materials accordingly.

In order for Dance to retain its disciplinary autonomy and relevance, and to better reflect and publicize its important DEDI work, the Review Committee recommends that the faculty carve out time to critically consider the many programmatic initiatives and changes that have taken place recently. In so doing, they should not only address questions of identity but also determine what distinguishes their teaching, research and curricular offerings from other BFA dance programs within Ontario and across Canada. As the Dean said in our meeting with her, a single program "can't be all things to all people".

Ideally, both full-time and CUPE faculty should come together to address these questions collectively and contractual faculty should be paid for their time. Additionally, we suggest that an independent facilitator is brought in to lead a situational analysis (for example, a SWOT analysis to identify Strengths, Weaknesses, Opportunities and Threats) and to help the Dance faculty create a mission statement to better represent their distinctiveness and priorities.

Recommendation 2: Strategic Planning

Devise a 5-year strategic plan for Dance within the new Department of Theatre, Dance and Performance structure, together with a timeline for introducing or phasing out components of the BFA program.

We recommend a second retreat during which the Dance faculty devise a 5-year strategic plan. This might include a follow-up discussion on mission and priorities but this time with a commitment to action points, timeframes and measurable outcomes. This should include making tough discussions about future initiatives - what is feasible and what is not? - particularly regarding a dance specialization in health and wellness, and creative entrepreneurship, as well as shorter-term curricular possibilities, such as collaborative courses in creative process and production, and incorporating live music in both studio practice classes and performances.

A strategic plan will also allow the BFA program to further develop its DEDI work - see Recommendation 3 below about incorporating Dance's *Core Values* and *7 foci* in the revised Program Learning Outcomes.

The creation of a 5-year plan would enable the BFA Dance program to look ahead strategically with regard to faculty complement, including the timing of searches, sabbaticals, secondments and retirements. The timeline itself will be a useful 'road map' but it will also ensure that Dance's needs are foregrounded in the new Department and within the School's budget projections.

A 5-year strategy for Dance might also include plans for reinstating the MFA Dance program. While this is inextricably linked to faculty complement and budget constraints, the strategic plan would enable Dance to demonstrate not only a realistic timeframe and preliminary steps for reintroducing the program but also a rationale for how such a development would enhance the BFA program - through additional studio courses taught by MFA students and/or additional revenue from graduate students teaching non-majors dance courses. It could also lead to additional performance opportunities for dance majors through MFA choreography and thesis work.

An area not considered within the Self-Study is how BFA faculty, students and courses may be impacted over the next five years by Artificial Intelligence. This may be discussed as part of a strategic planning exercise or as opportunities and threats specifically for the BFA Dance program - see Recommendation 3 below.

Recommendation 3: Evaluation

Conduct an academic review of the BFA Dance program and create a more detailed mapping of core competencies across the 4-year program, clearly identify pre- and co-requisites, degree pathways, capstone requirements, etc.

While the current Cyclical Program Review has enabled the Department of Dance to carefully consider several important aspects of its operations, the Review Committee recommends a more in-depth critical evaluation of the BFA Dance program specifically. This seems especially timely given the philosophical and artistic shifts resulting from decolonizing and diversifying the curriculum. As noted in Section 2 of this report, Program Learning Outcomes should be updated to reflect the *Core Values* and *7 foci* documents, and the program would benefit from a fuller articulation of core competencies and pathways through the 4-year professional baccalaureate degree. In what ways have core dance training and competencies changed to align with the *Core*

Values? In striving for a non-hierarchical provision of different dance forms, are they equitable in terms of the number and level of courses available to students across their four years of study and are all studio classes supported by comparable dance academic courses? Do all students in the Performance and Choreography stream have a similar number of performance opportunities within their chosen contemporary, global and urban dance specializations? To what extent do all dance majors have access to career preparation and guidance specifically within their chosen specialization(s)? Does the program meet the professional expectations for all careers aspired to by York BFA Dance students?

Since it appears that Dance Education is no longer a parallel stream alongside Performance and Choreography, it might also be timely to consider the type of BFA Dance degree now offered at York University, especially since the program includes a much wider range of pedagogical experiences and appears to prepare students for multiple career trajectories, “such as choreography, teaching, production, community health and wellness, arts administration, and screendance.” (Self-Study, p.25) The Review Committee notes that this statement does not include performance as a possible career post-graduation yet Dance’s commitment to DEDI would seem to open up new opportunities in the area of Performance Activism.

IMPLEMENTATION PLAN

The chart below lays out the implementation plan approved by the Joint Sub-Committee at its April 2025 meeting.

Recommendation:	Internal Response	Action	Timeline:	Person(s) responsible
<p>1. There is an urgent need to clearly define the program's identity, especially in light of the many recent changes, and to update all promotional materials accordingly.</p>	<p>Agree <input checked="" type="checkbox"/></p> <p>Agree if resources permit <input type="checkbox"/></p> <p>Agree in principle <input type="checkbox"/></p> <p>Do not agree <input type="checkbox"/></p>	<p>An environmental scan of competitor programs will be undertaken, and the program will work with a facilitator to create a mission statement that represents the program's strengths and identity. Subsequently, relevant websites and promotional materials will be updated.</p>	<p>Environmental scan to be completed by end of Summer 2025</p> <p>Discussions regarding mission of the program and updating of material to be completed by end of Fall 2025</p>	<p>Dance Area Coordinator along with full-time faculty in Dance.</p> <p>Support from the Teaching Commons, AMPD's Communications and Digital Engagement Office, as well as the Advising Office.</p> <p>Collaboration from full-time faculty in the Theatre, Dance and Performance Department will be invited.</p>
<p>2. Devise a 5-year strategic plan for Dance within the new Department of Theatre, Dance and Performance structure, together with a timeline for</p>	<p>Agree <input checked="" type="checkbox"/></p> <p>Agree if resources permit <input type="checkbox"/></p> <p>Agree in principle <input type="checkbox"/></p> <p>Do not agree <input type="checkbox"/></p>	<p>The program will establish a 5-year plan through the discussion of the program's mission, consultation with industry partners, consideration of the development of a new stream, and the creation of a timeline of faculty sabbaticals,</p>	<p>Consultation with industry partners to be completed by the end of Summer 2025.</p> <p>Strategic planning to be focus of retreat in 2025</p>	<p>Dance Area Coordinator along with full-time faculty in Dance, as well as area coordinators and/or full-time faculty members in Theatre and Performance.</p>

<p>introducing or phasing out components of the BFA program.</p>		<p>secondments and retirements to support resource requests. Collaboratives with faculty from Theatre and Performance will be beneficial. The strategic plan should align with the plan for the entire Department of Theatre, Dance and Performance.</p>	<p>and to be completed by end of Fall 2025.</p>	
<p>3. Conduct an academic review of the BFA Dance program and create a more detailed mapping of core competencies across the 4-year program, clearly identify pre- and co-requisites, degree pathways, and capstone requirements.</p>	<p>Agree <input checked="" type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/></p>	<p>The program will update the program learning outcomes to align with the Department of Theatre, Dance and Performance core values. In addition, the program will undertake a mapping of competencies and pathways in the program, as well as capstone experiences, being mindful of career preparation in relation to the diversification of the curriculum.</p>	<p>Finalization of review of the program by the end of Fall 2025. Changes to courses and potential modifications to the program to follow.</p>	<p>Dance Area Coordinator along with full-time faculty in Dance. Support from the Teaching Commons will be essential.</p>

Appendix: Program and Dean Responses to Review Report

DATE COMPLETED AND RETURNED TO VICE-PROVOST ACADEMIC'S OFFICE:

COMPLETED BY: PROFESSOR PATRICK ALCEDO

Dean(s) PROFESSOR SARAH BAY-CHENG

Recommendation:	To be completed by program in consultation with Dean.	Program's detailed response	Dean's Response	Timeline: (to be completed by the program in consultation with the Dean)	Person(s) responsible: (to be completed by the program in consultation with the Dean)
1. There is an urgent need to clearly define the program's identity, especially in light of the many recent changes, and to update all promotional materials accordingly.	Agree <input checked="" type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/>	<i>Briefly comment on the recommendation, describe action to be taken and provide a rationale. If "Agree in principle" or "Do not agree", indicate what other action will be taken to address the issues underlying the recommendation, as applicable.</i> We agree that defining the Dance program's identity in relation to the curricular and pedagogical changes made as propelled by DEDI principles and the valuing of dance as a tool for positive change is needed. Such definition will throw light on the program's foci on choreography and performance that are strengthened by embodied techniques in contemporary modern, world dance, street dance, and ballet techniques; dance pedagogy; and dance studies and research. These foci and strengths and the dance advocacy in their ambit are reflected in the artistic and scholarly backgrounds of the program's full-time faculty members, the students it attracts, and the	<i>Briefly comment on the recommendation. Affirm the program's action / rationale. Provide confirmation of resources as applicable. Suggest additional avenues to explore as applicable. Consult with program prior to submitting if Dean and Program response do not align.</i> I agree with the External Reviewers and the Department's response. I would extend the Department's considerations to include not only how the DEDI emphasis affects the program identity, but also the changing landscape for its graduates. What is the labour market into which Dance students emerge? Are they prepared to meet changing demands? What are the career pathways available and is the curriculum sufficient to meet them? The response here is internally focused, which is a necessary first step. However, any substantial	The environmental review the Dean is suggesting will be conducted in December 2024 and January 2025 and the retreat will be in February 2025.	To be headed by Professor Patrick Alcedo, Transition Advisor and Dance Area Coordinator, the environmental review will be done by full-time faculty members in Dance. Aside from faculty members in Dance, experts from the University's Teaching

		<p>alumni it produces. The new AMPD website where the Department of Theatre, Dance and Performance (TDP) website resides contains language that already highlights the Dance program's strength in diversity, the balancing of physical and intellectual training, and the program's uniqueness. However, additional work needs to be done in terms of identity promotion.</p>	<p>and enduring revision should also address where the Department is going and how it is differentiated in the current landscape. It would be helpful to have some articulation of the aspirations of the program toward excellence and what this means in the landscape. I would hate for our important emphasis on DEDI work to be equated with a lack of attention to rigor, but the meaning of excellence may need to be reassessed and rearticulated in this context.</p> <p>In addition to the actions outlined below, I recommend an environmental review of other competitor programs, career outcomes for students and unique offerings that support York Dance students in becoming career ready. This stage should be done in advance of the retreat and can draw on the available research and analysis conducted as part of the CPR self study.</p>		<p>Commons and key personnel from AMPD's Communications & Digital Engagement Office and Office of Advising and Integrated Student Services (OAIS), AMPD's Recruitment Officer, Web Developer, Marketing and Graphic Design Officer will be invited to the retreat. Since the program's identity is inextricably linked with the Department's overall identity, area coordinators and/or full-time faculty members from Theatre and Performance will also be invited.</p>
		<p>Action: <i>State the action clearly and concisely.</i> As the reviewers indicated, the program will need an independent facilitator to partner in constructing a situational analysis and to "create a mission statement to better represent their distinctive and priorities." To this end, the program will do the following:</p> <p>a) with full-time faculty members in Dance, schedule a 2-day retreat, whose goal is to action this particular recommendation, as well as Recommendations 2 and 3, during the Winter Reading Week (Feb 15-21);</p>			

		<p>b) invite a facilitator from the Teaching Commons to partner the faculty in articulating and distilling the program’s identity; and</p> <p>c) collaborate with AMPD’s Communications & Digital Engagement Office, Recruitment Officer, Web Developer, Marketing and Graphic Design Officer, and Office of Advising and Integrated Student Services (OAISS) to update the program’s promotional materials such as recruitment flyers and posters, soft and hard advertisements, and student handbooks.</p>			
<p>2. Devise a 5-year strategic plan for Dance within the new Department of Theatre, Dance and Performance structure, together with a timeline for introducing or phasing out components of the BFA program.</p>	<p>Agree <input checked="" type="checkbox"/></p> <p>Agree if resources permit <input type="checkbox"/></p> <p>Agree in principle <input type="checkbox"/></p> <p>Do not agree <input type="checkbox"/></p>	<p><i>Briefly comment on the recommendation, describe action to be taken and provide a rationale. If “Agree in principle” or “Do not agree”, indicate what other action will be taken to address the issues underlying the recommendation, as applicable.</i></p> <p>We also agree that devising a 5-year strategic plan along the lines the reviewers have indicated is needed. Given the financial realities of universities across Canada, where faculty and staff resources are increasingly becoming limited, the program will continue to draw from its existing strengths mentioned above and to actively seek out curricular and pedagogical collaborations with colleagues in Theatre and Performance and across AMPD.</p> <p>At the moment, the program has 8 full-time faculty members; however, 1 is seconded to Lassonde School of Engineering, 1 will retire on December 31, 2024, and another will also retire on June 30, 2025. Therefore, in 2025-26 Academic Year, the</p>	<p><i>Briefly comment on the recommendation. Affirm the program’s action / rationale. Provide confirmation of resources as applicable. Suggest additional avenues to explore as applicable. Consult with program prior to submitting if Dean and Program response do not align.</i></p> <p>I support the Department’s proposed response, with the addition that some consultation occur with industry partners to delineate how the new strategic plan will be informed by specific professional opportunities for students amid a rapidly changing landscape.</p>	<p>The consultation with industry partners the Dean is recommending has already started in November 2024 with Canada’s National Ballet School and the Dance Arts Institute, formerly the School of Toronto Dance Theatre, and will continue with other partners in December 2024 and January 2025. The retreat where the</p>	<p>To be led by Professor Patrick Alcedo, the consultation with industry partners will be accomplished along with full-time faculty members in Dance. The retreat that will centre on the 5-year strategic planning will be attended by not only the Dance faculty but also by area coordinators and/or full-time faculty members in Theatre and Performance. Such devising should be aligned with</p>

		<p>program will be left with only 5 full-time faculty members, 2 of whom are Assistant Professors. Thanks to the approved 2-year CLA position in contemporary modern dance technique and choreography, which hopefully will be filled on July 1, 2025, the program will have an additional full-time faculty in these core areas for the next 2 years. These realities on the ground are the key points that will inform the program’s strategic planning.</p> <p>With regards to “introducing or phasing out components of the BFA program,” work has already started in this area through the migration of Dance courses in the new <i>Curricular Mapping System</i> (CMS) under the Department of Theatre, Dance and Performance and for which Professor Alcedo, in his capacity as both Transitional Advisor and Dance Area Coordinator, is one of the Approvers. To further streamline curricular components of the BFA program, a number of Non-Major Modification and Change to Existing Course proposals will be submitted to AAPPC this fall and winter term.</p>		<p>strategic planning will be articulated is scheduled in February 2025.</p>	<p>overall the strategic planning of the entire Department of Theatre, Dance and Performance, in which the Dance program is now an area.</p>
		<p>Action: <i>State the action clearly and concisely.</i> To accomplish the 5-year strategic plan, the following action will be conducted during the 2-day faculty retreat in February 2025:</p> <p>a) discuss of the program’s mission and priorities and assess if those are strongly and consistently reflected in the BFA Dance curriculum, which is the heart of the program;</p>			

		<p>b) re-visit the program’s interest in creating a stream in Health and Wellness, taking a hard look whether that is realizable and is a priority in the next 5 years;</p> <p>c) create a timeline indicating sabbaticals, secondments and retirements which will help the program strategize its course offerings and in its request for faculty complement should that become available in the future;</p> <p>d) invite colleagues in Theatre and Performance to explore the possibility of collaborating in courses around production, creative work and entrepreneurship; and</p> <p>e) as part of this exploration, include a discussion with Theatre and Performance colleagues if a merged MFA in Performance, akin to the MA and PhD in Theatre, Dance and Performance Studies model, is both feasible and beneficial to the Department at this time.</p>			
<p>3. Conduct an academic review of the BFA Dance program and create a more detailed mapping of core competencies across the 4-year program, clearly identify pre- and co-requisites, degree pathways, capstone requirements, etc.</p>	<p>Agree <input checked="" type="checkbox"/></p> <p>Agree if resources permit <input type="checkbox"/></p> <p>Agree in principle <input type="checkbox"/></p> <p>Do not agree <input type="checkbox"/></p>	<p><i>Briefly comment on the recommendation, describe action to be taken and provide a rationale. If “Agree in principle” or “Do not agree”, indicate what other action will be taken to address the issues underlying the recommendation, as applicable.</i></p> <p>The proposed academic review of the BFA Dance in Choreography and Performance is going to be welcome, particularly since the Education stream in the BFA program is now on hiatus. The work for the review has already started in the meetings of full-time faculty members in Dance in September and October 2024. These meetings have generated unanimous agreement to submit proposals for Non-Major Modification and Change to Existing Courses in the BFA Dance curriculum. Once approved the proposals will guide the mapping of core competencies, along with</p>	<p><i>Briefly comment on the recommendation. Affirm the program’s action / rationale. Provide confirmation of resources as applicable. Suggest additional avenues to explore as applicable. Consult with program prior to submitting if Dean and Program response do not align.</i></p> <p>I agree with the recommendation and the Department’s response and note the context articulated above may similarly inform this response.</p>	<p>The academic review of the BFA program had already begun in September and October 2024 and has continued in November 2024; it will continue in December 2024 and January 2025. The information and input gathered from this</p>	<p>Spearhead by Professor Patrick Alcedo, the academic review will be conducted by full-time faculty members in Dance in consultation with the university’s Teaching Commons that have experts in areas such as: program</p>

		<p>identification of pre- and co-requisites, degree pathways, and capstone requirements. Needless to state, additional work needs to be done for this proposed review.</p> <p>As mentioned in the Self-Study, although the core of the program remains anchored in contemporary modern dance and choreographic practices, it has become a program that is more inclusive, diverse, and non-hierarchical in the way dance forms are viewed and practised. For instance, ballet, which is taught from a decolonized perspective, is in the curriculum treated equally with world dance forms: Dances of Sub-Saharan Africa, Philippine Folk Dance, and Breaking and Hip Hop. Such “philosophical and artistic shifts resulting from decolonizing and diversifying the curriculum” as the reviewers stated, must be reflected in the Program Learning Outcomes that in turn should be inextricably linked with the program’s <i>Core Values</i>. Because of the departmental merger, the Dance program’s <i>Core Values</i> are now combined with those of Theatre and Performance. The latest iteration of these <i>Core Values</i> are the ones that will inform the program’s academic review.</p>		<p>preliminary work will be finessed during the retreat in February 2025.</p>	<p>learning outcomes, core competencies, degree pathways and capstone experiences.</p>
		<p>Action: <i>State the action clearly and concisely.</i></p> <p>Academic review and curricular mapping are within the purview of the university’s Teaching Commons. Hence, experts from this office will be invited to the 2-day retreat in February to help guide the Dance faculty in the following:</p> <ul style="list-style-type: none"> a) updating Program Learning Outcomes vis-à-vis the Department’s latest Core Values; 			

		<ul style="list-style-type: none"> b) identification of core competencies and pathways in the program; c) career preparation in relation to the diversification of the curriculum; and d) making present courses in dance pedagogy in the Choreography and Performance stream, as the York Dance program is known for training and producing dance educators in the province and beyond. 		
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PROGRAM'S ADDITIONAL COMMENTS:

Insert text. Where applicable, indicate that consultation has taken place with the Dean.

DEAN'S ADDITIONAL COMMENTS:

Insert text. Where applicable, indicate that consultation has taken place with the program.

YORK UNIVERSITY

Final Assessment Report

Professional Writing (PRWR), (BA)

English and Professional Writing (ENPR), (BA)

Faculty of Liberal Arts and Professional Studies

Cyclical Program Review – 2015 to 2022

This Final Assessment Report (FAR) provides a synthesis of the cyclical review of the programs listed below.

Program(s) Reviewed:

BA Professional Writing
BA English and Professional Writing

Reviewers appointed by the Vice-Provost Academic:

External:

1. Dr. Jaqueline McLeod Rogers, Professor, Department of Rhetoric, Writing and Communication, University of Winnipeg, Manitoba, Canada
2. Dr. Jared Colton, Associate Professor, Department of English, Utah State University, USA

Internal:

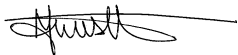
1. Dr. Marcel Martel, Professor, History Department, York University

Cyclical Program Review Key Milestones:

Cyclical Program Review launch: September 15, 2022
Self-study submitted to Vice-Provost Academic: August 8, 2023
Date of the Site Visit: November 2-3, 2023
Review Report received: December 11, 2023
Program Response received: February 13, 2024
Dean's Response received: December 4, 2024

Implementation Plan and FAR confirmed by Joint Sub-Committee on Quality Assurance, **April 2025**

Submitted by Marcia Annisette, Vice-Provost Academic, York University



This review was conducted under the York University Quality Assurance Protocol, August 2020.

SITE VISIT: November 2-3, 2023

The virtual site visit included meetings with the following individuals:

- Vice-Provost Academic, Marcia Annisette
- Dean of Liberal Arts and Professional Studies (LA&PS), J.J. McMurtry
- LA&PS Associate Dean Programs, Maggie Quirt, and Associate Dean Teaching and Learning, Neil Buckley
- Department Chair, Andrea McKenzie, Undergraduate Program Director Karen Ruddy, and Writing Centre Director Jon Sufrin
- Associate Dean Teaching and Learning Sarah Coysh, and Program Support Librarian Scott McLaren
- Full-time faculty
- Administrative staff
- Students

No part-time instructors were available to meet with the reviewers at the scheduled meeting. Reviewers noted that it would have been beneficial to be in person and to be able to view the facilities used by the program as no opportunity was included in the virtual visit (e.g., through a live Zoom tour, recorded video or photos).

OUTCOME:

The Joint Sub-Committee on Quality Assurance received the Program and Decanal responses to the recommendations and has approved an implementation plan.

A report on the progress of the initiatives undertaken in response to recommendations in general and as specified in the implementation plan will be provided in the Follow-up Report which will be due in October 2026, 18 months after the review of this report by the York University Joint Sub-Committee on Quality Assurance.

The next Cyclical Program Review will begin in the Fall of 2030 with a site visit expected in the Fall of 2031 or Winter of 2032.

PROGRAM DESCRIPTION AND STRENGTHS:

The Professional Writing Program is administered by the Writing Department in the Faculty of Liberal Arts & Professional Studies (LA&PS). It includes an Honours Bachelor of Arts in Professional Writing (PRWR), a specialized Honours Bachelor of Arts in English and Professional Writing (ENPR), and a Bachelor of Arts in Professional Writing (a delayed-entry program, first available 2015/16). The English and Professional Writing (ENPR) program is offered in collaboration with the LA&PS Department of English.

Students may choose from specialized clusters in Book Publishing, Periodical Publishing, Digital Writing, and Corporate and Organizational Writing.

The reviewers noted in their report the Department's programs are "all consistent with the current state of the field of professional writing's focus on professionalization and its intersection with social justice issues. The programs' incorporation of capstone courses and the professional and skill-learning opportunities they provide students should also be applauded."

The reviewers noted that the students they spoke with were, "enthusiastic about the instructors, the courses and the program in general...Specifically, they spoke highly of the keystone-to-capstone experiential opportunities."

The four recommendations made by the reviewers in their report are reproduced below and are followed by the Implementation Plan.

Recommendations

Recommendation 1

Slight Revision to Name and Structure of Department and Offerings

It may sound superficial to suggest changing the name but not the contents, but we are convinced the identifying title of ENPR should be reworked so that writing features first: perhaps PREN. This would line up clearly with PRWR in searches and the catalog and in both cases make clear to students and those unfamiliar with the programs that the courses are offered as part of the Professional Writing Program by the Writing Department.

Some faculty members suggested shifting the department name to Professional Writing and Rhetorics, yet the students we interviewed did not support the added term "rhetoric," even as several used the term affirmatively in describing course content and approaches. The faculty might want to consider whether an alternate designation would position the Department in more attractive and clearer light, but we want to reiterate that professional writing programs are relatively new on many campuses compared to more traditional subjects. Messaging is extremely important, so that central advising and other mentors don't confuse the professional writing programs.

The Dean's Statement for Reviewers (by Associate Dean Quirt) asked that we consider the value of having 2 honours degrees: PRWR and ENPR. As we learned more about what each offers, we grew to appreciate they fulfill different needs, and if there was a problem, it was in the messaging and identity. The ENPR DOES take students out of upper-level writing courses. As we understand it, the ENPR degree program designates near 30 credit hours to English courses and thus allows English to function—informally—in the capacity of a minor. Yet this "specialized" honours answers the need of students who want reading and background in literature, and to have another credential: a degree designated as "specialized" that may hold weight on their resumes or grad school applications (the term "specialized" is not name only, as the program requires to maintain a higher GPA than students in PRWR). The PRWR

Honours is also an essential component of the department structure. It is richly planned with the Keystone, Capstone pairings, and in allowing students to participate in 2 streams.

Thus, we believe the Writing Department needs both Honours programs. We learned there is a 3-year BA degree for students unable to do all 120 credits. If there are concerns about some students not finishing their degrees, perhaps making the three-year option more visible might help.

Again, we do recommend the specialized program be renamed as PREN (or something very close), so that its position within the Writing Department is clear to prospective students, central advising, and parents. We found the acronym led to confusion—as if the degree emanates from the English Department rather than the Writing Department.

Recommendation 2

New Certificates, Social Media Marketing, and Strategic Faculty Outreach

We recommend the faculty offer some Certificate Programs—this may be especially effective for the organizational or digital writing streams, luring people employed in these areas to pursue this education and secure the certificate as professional upgrading. For example, students could get a document design certificate (with ADOBE name if possible), a writing certificate, and/or a digital publishing certificate by taking certain courses, to attract students who seek micro credentials rather than full degrees.

Alongside these certificates (and possibly the name change to PREN), the Professional Writing Programs need a more active social media presence. Perhaps this could be accomplished with a paid position for a student with expertise in digital writing and high social media experience. Faculty and students mentioned that a more active social media presence would attract more students.

Faculty could also do more outreach work to connect with Central Advising to ensure they have a clear understanding of what each of the degree programs offer students, who would benefit from them, and the types of professionalization occurring in the programs. Faculty also suggested they might create online promotional videos as part of such an initiative. We were impressed (as it is not necessarily common) that the faculty themselves expressed the desire to work on finding more ways to connect with incoming students—not so much recruiting in secondary education schools but connecting with more of the pool of 18,000 students who come to York for their first year (numeric info supplied by the Dean). They might work on boosting enrollment by attracting students from across campus to take one or two entry-level writing courses; or attract student in related fields (Business or Communications) to take the under-prescribed Minor (albeit, low enrolled minors are, we understand, common in York culture); or to choose the Major itself, either as a three-year course (so something that is “do-able) or in one of its two Honours forms. Getting students more familiar with these

options and clear on the distinctions is important.

Recommendation 3

Curriculum Suggestions (summarized from #3 Program Curriculum, Structure and Outcomes in the Review Report)

- Maintain the integrity of the program
- Consider concentrating on three (rather than four) streams
- Consider making room in the curriculum for an entry-level rhetorical grammar course, whether as a requirement or a strong suggestion

Recommendation 4

Building Bridges and Making those Bridges Visible

Continue developing positive relations with the Library and the Writing Centre. Work to formalize those relations in ways that are easy to document and then communicate with administration.

We note the Library has a media learning lab, much like the one requested by the Writing Department in the self-study report. If high and formal use of the lab are well documented, then proposals for growth and expansion will be more convincing.

Perhaps use the Writing Centre as space to convene faculty forums on academic writing issues like using AI sources with integrity and writing assignment incorporating AI. Advertise such forums to other departments to show the synergy between the Writing Centre and the Writing Department. Possible outcomes would be roundtables or discussion forums, and offering at least one course devoted to the ethics and practises around AI and writing. (On a related note, the proposed new courses taking up ethics may assume that the role of AI is implied in this title, but we recommend making the role clearer in the course title.)

Continue pursuing or strengthening existing links via the streams with the Professional Writing Programs and the community and communicating those relationships in social media and other documentation. Organizational writing can strengthen links to Business; publishing can strengthen links to publishing houses and work on building another layer to the experiential learning component; and digital writing can strengthen links to Communications and industry's take on the role of AI in writing (in academic, business and really all professional writing).

IMPLEMENTATION PLAN

The chart below lays out the implementation plan approved by the Joint Sub-Committee at its meeting in **April 2025**.

Recommendation:	Internal Response	Action	Timeline:	Person(s) responsible
1. Slight revisions should be made to the name and structure of the Department and programs offered.	Agree x Agree if resources permit <input type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/>	The Department should discuss revisioning options. A market research report should be requested from OIPA to help inform optimal structures that will resonate with potential students.	Possible rubric change to be approved for use in 2025/2026 or next possible year; Plans for any curricular proposals to come forward in 2025/2026.	Chair Associate Dean Programs
2a. Undergraduate certificates should be developed.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/>	Department to review options for Certificates, including professional requirements for the Certified Professional Editor designation. Note: badges and other micro credentials suggested in the program response are not approved for credit as of yet.	Discussions to take place in Winter 2025 with curricular proposals to come forward, if appropriate, in 2025/2026.	Chair/designate, AD Programs Chair/designate and unit; Associate Director, Faculty Curriculum
2b. A stronger social media presence should be established for the Professional Writing Programs.	Agree <input type="checkbox"/> Agree if resources permit x Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/>	The strengthening of the Department's social media presence should continue in collaboration with LA&PS Communications and YU Students Communications. The Department should consider using	Ongoing	Chair/designate

		a departmental work/study student to support this work.		
2c. Stronger connections with Central Advising should be cultivated.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle x Do not agree <input type="checkbox"/>	The Department and Central advising continue to build and maintain a strong relationship.	Ongoing	Chair/designate
3. The program should consider curricular revisions, including a reduction of streams and the creation of an entry-level rhetorical grammar course.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle x Do not agree <input type="checkbox"/>	The program should review the existing streams, in particular the Periodicals stream, considering perhaps, a broadening of scope. The need for a required grammar course and the development of a 3-credit course that would satisfy general education requirements should also be considered.	Efforts to continue through Winter 2025 with consideration of curricular revisions to be proposed in 2025/2026	Chair/designate, AD Programs
4. The program should continue to develop and formalize working relationships with the Library and the Writing Centre.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle x Do not agree <input type="checkbox"/>	The Department should work with the Library to formalize use of the lab and to ensure that all faculty are aware of this resource. The many links between the Department and the Centre should be made clearer on the Department website and new ties should continue to be explored.	Ongoing	Chair and unit

Appendix: Program and Dean's Responses to Review Report

Date Completed and Returned to Vice-Provost Academic's Office: December 3, 2024

Completed by: Chair, Writing Department; UPD Writing Department

Dean(s): Dean J.J. McMurtry; Associate Dean, Programs Maggie Quirt

Recommendation:	To be completed by program in consultation with Dean.	Program's detailed response	Dean's/Principal's Response	Consultation notes:	Timeline:	Person(s) responsible:
<p>Recommendation 1: That slight revisions be made to the name and structure of the Department and programs offered.</p>	<p>Agree <input checked="" type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/></p>	<p>The department agrees that changing the acronym for our ENPR program—and possibly for the PRWR program—would make our identity and program content clearer. We would need to obtain agreement with the English department about changes to the acronym and the name.</p> <p>Action: Rename the ENPR acronym and possibly the ENPR program, after carefully considering the possibilities and obtaining input from the English dept.</p>	<p><i>Comment:</i> We agree that clarity is essential to effectively promote curricular offerings, however this requires more than a rubric change.</p> <p><i>Affirmation/discussion:</i> We support the Department's collaborative approach and would advise that OIPA or central Communications be consulted as well to assist with market research.</p> <p>Is there value to marketing the ENPR program as a "Professional Writing Plus" option (i.e., a Professional Writing degree + a Minor in English) if minors tend to be under-enrolled because of the perceived extra workload?</p>	<p>(Dean and AD Programs met with Chair and Writing Centre Director on June 17, 2024.)</p> <p>Chair & WC Director need to discuss revisioning options with colleagues in the unit.</p> <p>Ask OIPA for a market research report exploring:</p> <ol style="list-style-type: none"> graduate outcomes labour market needs (including key employers and skills in demand) trends in writing studies foresight analysis exploring how skills requirements may 	<p>(to be completed by the program in consultation with the Dean)</p> <p>WRIT to report back in Winter 2025.</p> <p>AD Programs requested (June 17, 2024); expected receipt end-of-July 2024; <i>[update: received Oct 28 and shared with WRIT Nov 28, 2024]</i></p>	<p>(to be completed by the program in consultation with the Dean/Principal)</p> <p>WRIT Chair</p> <p>AD Programs</p>

				change in the short- or long-term		
Recommendation 2: a) That undergraduate certificates be developed.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input checked="" type="checkbox"/>	<p>After examining the requirements for LA&PS certificate programs, the Writing Department believes that such programs require too many credits, especially at upper year levels, for potential students to obtain (24 total, of which at least 18 must be at 3rd-year or above).</p> <p>However, the Department considered the intent of this recommendation and is considering the potential impact of clusters of two or three existing courses (such as Document Design, AI, or Tech Comm) and labelling their completion. Engineering is already practicing such clusters, calling them “badges.” These might draw existing program students, students from outside our programs, and possibly mature working students for whom such clusters would add achievement to their CVs.</p> <p>Action: Explore clusters of two or three existing courses and “badges” for students who complete them.</p>	<p><i>Comment:</i> We agree that the department can productively explore certificate options, particularly as these would relate to external accreditation.</p> <p><i>Affirmation/discussion:</i> Currently, the Office of the University Registrar (OUR) does not permit unique external enrolments into York’s for-credit courses; applicants must be registered in a degree pathway in order to access for-credit courses. The emerging “badges” for existing degree students tend to be for non-credit courses (similar to what is offered by the School of Continuing Studies, but offered by the Faculties). If the Writing Department is seeking to repackage existing for-credit courses into something smaller than a degree, certificates are the only mechanism we currently have for this type of endeavour.</p> <p>LA&PS certificates that are not aligned with external professional accreditation tend to be under-enrolled. It may make sense for the Writing Department to consider</p>	<p>Chair/Dept have also discussed developing a Professional Certificate in Editing that would meet the requirements of the Certified Professional Editor (CPE) exam.</p>	<p>Research CPE requirements and reach out to Editors Canada for exploratory discussion (summer 2024).</p> <p>Develop certificate proposal (fall 2024) [Due to the Chair’s six-week illness in Fall 2024, discussion is planned for Winter 2025]</p>	<p>Chair/designate and AD Programs</p> <p>Chair/designate and unit; Associate Director, Faculty Curriculum (Dr. Tanzina Tahereen)</p>

			<p>piloting one professional certificate and assessing results before proceeding too far down this path. For instance, a Certificate in Professional Editing that would meet Senate requirements but also prepare students to write the Certified Professional Editor (CPE) exam offered by the Editors' Association of Canada could be marketable. Such a certificate would be available to current students as a consecutive offering; it would also be available as a standalone (i.e., consecutive) option for anyone who already possesses a university degree.</p>			
<p>Recommendation 2: b) That a stronger social media presence be established for the Professional Writing Programs.</p>	<p>Agree <input type="checkbox"/> Agree if resources permit <input checked="" type="checkbox"/> Agree in principle <input type="checkbox"/> Do not agree <input type="checkbox"/></p>	<p>This recommendation is already being fulfilled. The Department has had its proposal for social media usage approved, and already has new alumni videos up on the agreed-upon platforms. However, we do require a WSS to keep our social media accounts active and growing, since the workload for faculty and staff is considerable.</p> <p>Action: Hire a WSS and develop a strategic plan for future social media usage. Continue to consult LA&PS Communications and YU Students Communications about best practices</p>	<p><i>Comment:</i> We agree that it is important to promote our LA&PS programs across diverse platforms, spaces, and opportunities.</p> <p><i>Affirmation/discussion:</i> We support the department's collaboration with LA&PS Communications and YU Students Communications.</p> <p>While no new resources can be allocated to this initiative at the present time given the budget situation, the department has the discretion to cover the cost of a work-</p>	<p>Chair/unit and Dean's Office agreed that continued collaboration was beneficial. DO confirmed that funding for WSS needs to come out of departmental budget.</p>	<p>ongoing</p>	<p>Chair/designate</p>

		for planning and executing social media campaigns.	study student out of its departmental budget.			
Recommendation 2: c) That stronger connections with Central Advising be cultivated.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>	This recommendation is already underway. Our UPD regularly speaks to Central Advising. Action: We will again connect with Central Advising to ensure that our programs and their requirements are well-known, and to answer any questions they have.	<i>Comment:</i> We agree that it is important for programs to have strong connections with LA&PS Advising. <i>Affirmation/discussion:</i> We support the department's plan to meet regularly with LA&PS advisors to ensure that PRWR and ENPR requirements are well-understood.	Chair/unit and Dean's Office agreed that maintaining strong connections with LA&PS Advising is important.	ongoing	Chair/designate
Recommendation 3: That the program consider curricular revisions, including a reduction of streams and the creation of an entry-level rhetorical grammar course.	Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>	This recommendation is in several parts, each addressed separately. 3a. A reduction of streams. The reviewers' recommendation suggested collapsing Book Publishing and Periodicals into one stream. The objective of Book Publishing is book production (from acquisition through to print), whereas the objective of Periodicals is long form article writing. The Department felt that collapsing two such different objectives into one stream was not viable.	<i>Comment (3a):</i> We agree with the reviewers that the current streams need to be reconsidered and potentially reduced, particularly given the low take-up of the Periodicals option. <i>Affirmation/discussion (3a):</i> Revising the Periodicals stream into a Non-Fiction stream holds promise and the Dean's Office supports this idea in principle. The AD Programs is happy to meet with departmental representatives to discuss recruitment	Discussion centred around the need to examine viability of streams in the context of low enrolments; would reducing or eliminating streams provide students with more areas of expertise upon graduation? Dept considered the potential of a 3.0 credit GenEd in writing for both general and	AD Programs to meet with Dept for a data-driven discussion about enrolments across the streams (summer 2024); <i>[pending]</i> Dept to discuss moving forward with a	Chair/AD Programs Chair/designate

		<p>The Department did, however, consider re-designing Periodicals, which currently focuses on journalistic writing, into the area of non-fiction writing, which would still focus on writing, but with a larger scope that would attract more students.</p> <p>3b. Rhetorical grammar course. PRWR 2710, The Grammar Course, already exists as an elective or free choice and is not a required course. In principle, the Department agreed that making this course required would be helpful for students; however, that would mean removing an existing second year course from the current requirements. This recommendation requires considerably more exploration before a decision is made.</p> <p>3c. Develop a 3-credit course in “basic writing and editing” to attract non-majors, especially science students This specific recommendation is an attempt to interest students from other faculties in a writing minor, but our General Education courses (we offer both 6-credit and 9-credit courses) do offer students from other faculties a humanities course, writing</p>	<p>and marketing options (for both direct entry and in-course students).</p> <p><i>Comment (3b):</i> We agree that grammar instruction for majors and non-majors is critical, however, given the availability of PRWR 2710 The Grammar Course, the creation of a similar option at the 1000 level seems redundant.</p> <p><i>Affirmation/discussion (3b):</i> We support the department’s position to consider this recommendation carefully before proceeding. We appreciate the rescheduling of the existing PRWR 2710 course into a more attractive time slot for students.</p> <p><i>Comment (3c):</i> We agree that there is merit to developing a 3-credit course in “basic writing and editing”; this could be appealing to students across a host of other programs and Faculties.</p>	<p>specialized audiences (e.g., Science majors, Law majors, etc.)</p>	<p>3.0 credit GenEd [pending Winter 2025]</p>	
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		<p>practice, and critical reading/writing/thinking already. Offering introductory courses for science students (that is, on writing within the sciences) requires instructors with specialized knowledge of teaching writing in those disciplines. We have very few such instructors and lack the capacity to add new introductory courses targeting science students.</p> <p>Action: 3a. The Department will rigorously consider the Periodicals area and what to do with it. We will also consult with AD Programs about who to consult about recruiting efforts. 3b. The Grammar course has been rescheduled at a more appealing time for students. As well, the Department's Program Committee plans to study the current requirements at second year and consider whether another required course can be replaced with the existing grammar course. 3c. 3-credit basic writing course. We respectfully do not agree with this recommendation.</p>	<p><i>Affirmation/discussion (3c):</i> Three-credit General Education options have existed for a long time among our ESL offerings; recently, a trio of 3-credit SOSC General Education courses were developed by the Department of Communication & Media Studies and will launch in fall 2024. The development of a 3-credit offering in the HUMA category would help not only non-majors, but also any LA&PS student (and there are many) who are 3 credits short of their General Education requirement because they have only taken 6-credit GenEd courses.</p> <p>Curriculum developers in the Dean's Office are available as a resource to assist with the development of new or revised curricular offerings.</p>			
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<p>Recommendation 4: That the program continue to develop and formalize working relationships with the Library and the Writing Centre.</p>	<p>Agree <input type="checkbox"/> Agree if resources permit <input type="checkbox"/> Agree in principle <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/></p>	<p>4a. Develop and formalize working relationships with the Library. We agree, especially with regard to the Media Creation Lab (MCL) and its use in our courses. Our Digital Authoring Stream has demonstrated the value of such a relationship. Students have created high-resolution video projects and completed capstone placement projects in collaboration with MCL faculty.</p> <p>4b. Develop and formalize working relationships with the Writing Centre. We agree in principle. The programs, the WC, and our other courses (Gen Ed and discipline-specific) are already strongly linked through our shared teaching, in that many of our FT, contract, and graduate student instructors work in the WC and at least one other area, such as program courses or Gen Eds. We will, however, work to make our connections and relationships more visible, and we will add to them, so that program students are more aware of the resources the WC has to offer them.</p> <p>Action: 4a. We will work with the Library to formalize our use of the lab</p>	<p><i>Comment (4a):</i> We agree with the recommendation that the Writing Department continue to collaborate with the Library.</p> <p><i>Affirmation/discussion (4a):</i> We support the department's commitment to working with the library to increase awareness about the Media Creation Lab (and other related resources) among writing instructors.</p> <p><i>Comment (4b):</i> We agree with the recommendation that the Writing Department continue to collaborate with the Writing Centre.</p> <p><i>Affirmation/discussion (4b):</i> We support the department's approach to continuing its relationship with the Writing Centre, including making the connections between the programs and the centre more visible. Our LA&PS Communications team can assist with revising web pages, while the Experiential Education team in the Office of the Associate Dean Teaching & Learning can provide certain types of</p>	<p>Chair/unit and Dean's Office agreed that maintaining good working relationships with the Library and the Writing Centre is important.</p>	<p>ongoing</p>	<p>Chair/Dept</p>
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		<p>and to ensure that all faculty are aware of this resource. 4b: Writing Centre relationship with Programs. This work is already ongoing. The many connections between the WC and Programs will be made more visible on our website, and new ties will be developed, such as our already existing strategy of having students in our first-year course complete team projects that involve learning about the WC's resources. Two caveats must be stated: using the WC cannot be a course requirement because of capacity limits and equity; and the policies and procedures of the WC must be adhered to in any new plans.</p>	<p>support for classroom-based experiential learning.</p> <p>We agree with the department's caveats.</p>			
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Program's additional comments:

Response to Reviewers' Recommendations

The department is grateful to our CPR reviewers for such thoughtful comments and recommendations about our programs and our department. We noted that reviewers lauded our program and its instructors for our up-to-date content, innovative teaching methods, commitment to social justice issues, and experiential education opportunities. Reviewers also

stated, “**We do not think that collapsing PRWR and ENPR into one degree would accomplish**” the desired goal of raising enrollment rates. Their rationale was that “each degree program appeals to students with overlapping but slightly different goals (one more interested in having a heavier theory/literature component, the other more streamlined to focus on professional writing).”

Several of reviewers’ recommendations thus focused on raising enrollments by better publicizing the unique nature of our programs within our Faculty and throughout York, and we have heeded all of their suggestions, some of which were not emphasized in their recommendations.

- **Re-branding ENPR.** We whole-heartedly agree that a change to the ENPR program name would help students, administrators, advisors and parents understand its nature. That is, ENPR students complete the full degree requirements (48 credits) of the Professional Writing Degree, plus a minor (30 credits) in English Literature. We are considering re-branding both programs to maintain consistency and to ensure that a “W” for Writing is included in our names and possibly our rubrics. Any changes to the name ENPR will be discussed with the English Department.
- **Cross-listing our courses.** Reviewers suggested this strategy in their discussion, but not in their recommendations. We will consider which courses would benefit from cross-listing and reach out to appropriate departments. We would also undertake reviewers’ recommendations to reach out to other departments beyond LA&PS about our minor and about courses that would benefit their students.
- **More active social media.** We have already received authorization from Communications to re-activate our accounts on multiple social media platforms and have implemented new strategies that involve documenting the positive experiences of our alumni. FT faculty are currently doing this work; it would be immensely helpful to hire a WSS to carry out the Program Committee’s plans.
- **Certificate programs.** Research into LA&PS requirements revealed that certificates require students to complete 24 credits, with at least 18 of those at 3rd-year or above. This load seems be overly intensive, especially for students in other programs and for working professionals. Some discussion was held about creating small bundles of two or three existing courses, as Engineering is doing, that students could take to complete smaller credentials than certificates. We also discussed microcredentials, though these attract a different body of students (working professionals) and would have to be created and taught off-load.
- **3-credit “rehearsal” writing and editing course.** Reviewers suggested this new course to attract students from outside our programs and Faculty, with an emphasis on drawing in science students. However, it was unclear whether reviewers were suggesting a Humanities course for writing *about* science, which would be open to all students, or a course for writing *in* science, which would be a discipline-specific course with an emphasis on genres such as lab reports. Our discussion of this recommendation noted that we already offer 6-credit and 9-credit General Education courses that focus on writing while providing content that teaches critical reading, thinking, and writing skills. As we have already commented, offering a writing-in-science course would require instructors with specialized knowledge in the discipline. An alternative might be to offer a 2nd-year course in writing about science with an emphasis on conveying the complexities of science to the public, though again, we would need the resources to do so. The Faculty of Health and the Faculty of Environmental Change & Urban Studies might be more productive targets to draw students from.

Program Structure and Content Recommendations

Reviewers also made recommendations about the structure of our programs. They lauded our keystone/capstone structure and the experiential education students receive, especially at the capstone level.

Reducing four streams to three by collapsing Book Publishing and Periodical Publishing.

The department discussed this recommendation thoroughly. Book Publishing focuses on production; that is, on the process from acquiring manuscripts through editing to printing. Periodicals, in contrast, focuses on individual writing of feature articles, with an emphasis on journalism. Although students do write in the Digital and Org/Corporate streams, Periodicals is the only stream that focuses on individual writing, and so we are reluctant to lose it.

However, we recognize that the state of journalism today (under siege), coupled with students' reluctance to perform interviews as a result of their lengthy social isolation, hinders this stream from filling. Our recommendation is to re-design this stream into a long-form non-fiction writing course, which would provide students with much broader opportunities in a needed field.

Making a 3-credit grammar course required for program students. Although the department agreed in principle with this recommendation, our students already take 15 credits of required courses at the 2nd year level, and so there is no room in our present requirements for an additional course. In 2015, our grammar course, PRWR 2710, was changed from required to elective/free choice as the result of our extensive curriculum restructuring and updating. At that time, a very thorough two-day discussion was held about which 2nd-year courses should be required. The department will consider this recommendation in more depth, since we would need to remove one of our currently required courses to make way for grammar. We did consider alternatives, but none seemed viable.

3rd to 4th year retention levels and graduation rates. The DSFR identified our retention rates and graduation rates as a concern. 2023/24 is the year when 2020 entry students should have reached 4th-year. Notably, in keeping with the pattern throughout LA&PS, a number of those 2020 students chose to take additional credits and graduate early. Others chose to leave with 90-credit degrees due to financial constraints. We noted in our self-study report that our graduation rates in 2020 and 2021 were excellent, and that students stayed during the pandemic years to finish their degrees. We also noted the very small number of respondents to government surveys about post-graduation employment, while our LinkedIn accounts show very promising employment rates in fields related to professional writing.

We have considered that the new co-op program may aid students in financial straits by providing a regular salary and work experience during their degrees. Such financial backing may encourage students to continue with 120-credit degrees.

Building Bridges with the Writing Centre

We also appreciated the nuanced nature of reviewers' suggestions about the Writing Centre and our programs; in conversations and in their report, reviewers respected the unique nature of a department that houses writing expertise beyond the programs, and suggested building closer ties between our programs and the WC.

The Writing Centre is an academic unit; our hires have included FT faculty members who specialize in WC pedagogy. Many of our FT faculty members teach in program courses and in the Writing Centre, and so our expertise is already uniquely intertwined. Many instructors also run workshops for the WC or do in-class visits. Our connections, however, are not necessarily visible to students, administrators, and others.

Reviewers suggested that the Writing Centre hold a symposium for students on a topic of interest, such as AI and Writing, to make students aware of the WC. This is quite possible, though due to lack of space, any such symposium would have to be online or in another building. (We believe reviewers' suggestions about using the WC space for classes and such occurred because they did not see our physical space. We have no large space such as they are accustomed to for our WC.)

Our thoughts about building bridges between the programs and WC include:

- Providing opportunities for first-year program students to find out about the WC. The CD of PRWR 1003, our large first-year program course, obtained the WC Director's permission to include assessing the WC's recruiting strategies and recommending new techniques for the team project assignment. This strategy has already resulted in some students using the WC, and in all students in the course learning more about its resources.
- Create other innovative connections between program courses and the WC.
- As well, we will emphasize our connections on faculty profiles and instructor descriptions.

Caveats include:

Ethical and capacity considerations. The WC's policy and procedures specifically exclude any course from requiring students to visit the WC for an online appointment. The WC does not have the capacity to deal with such requests, and moreover, fulfilling such requests would create inequities in who does or does not have access to the WC. Resources are also an issue when the WC Director and WC staff are called upon to provide expertise to projects in courses about the WC.

Dean's additional comments:

We agree with the external reviewers that the Writing Department offers excellent programs. That said, there exists an opportunity (as with many or most of our curricular offerings) to improve how we articulate our excellence to the broader public, and potential applicants in particular. This is all the more critical given the twin budget and enrolment crises we find ourselves in.

We encourage WRIT colleagues to draw on market research from OIPA to determine what potential students are looking for when it comes to a writing degree. OIPA is well positioned to conduct a strategic forecast to help determine how to tweak or re-tool our current offerings in a way that is most palatable to today's generation of learners.



Dean's/Principal's Follow-Up Report (FUR) for Cyclical Program Review
For submission to the Joint Sub Committee on Quality Assurance

Submit report to yugap@yorku.ca by: September 30, 2024

Program	Global Health (GH)
Program options (example, BA, MA, PhD)	BA, BSc
Faculty and Home Academic Unit	Faculty of Health, School of Global Health
Year of Previous Cyclical Review and Date of Final Assessment Report (FAR)	2021 March 2023
Launch of next Cyclical Program Review	Fall 2028
Submission Date	September 23, 2024

This Follow-Up Report is the culminating step in the Cyclical Program Review process and is to be completed by the Dean/Principal. The Follow-up Report is reviewed by the Joint Subcommittee on Quality Assurance before being transmitted to the parent committees, ASCP and APPRC, as well as the relevant Faculty Councils.

- Please provide an update in the chart below on the recommendations in the Implementation Plan outlined in the Final Assessment Report. Comments should be a brief summary of the progress made or challenges encountered. If an action item has not been implemented, please use the Outcomes and Observations column to provide a rationale and, as appropriate, describe any action that has been taken to address the related recommendation.**

IMPLEMENTATION PLAN

The chart below lays out the implementation plan approved by the Joint Subcommittee at its meeting March 2023.

	Recommendation	Action	Responsible for Follow-up	Timeline	Outcomes and Observations (comment on challenges or success)
1.	That a pro-active strategy for the marketing of the Global Health program be developed and implemented.	The School should align recruitment tactics with the Faculty of Health Strategic planning exercise and strategic enrollment plans. It should also collaborate with the Director of Communications and Planning, as well as York central Marketing to influence marketing materials.	Director and UPD, School of Global Health Associate Dean Students, Faculty of Health Director of Communications and Planning, Faculty of Health, York Central Marketing	Winter and Summer 2023 and ongoing	The School is continuing its collaboration with the Faculty to develop a proactive communications and marketing strategy. This initiative includes updating existing materials, such as the Faculty of Health Viewbook and a postcard flyer, and promoting the School at the Ontario Universities Fair and Fall Campus Day. We are also creating new content and marketing approaches, such as regularly updating the School website. However, progress has been slow due to administrative and leadership shortages at the School level, which limits the School's capacity to lead and oversee these efforts (see below, item 3).
2.	That the basic science admission requirement for the BA and BSc degree be reviewed.	For students who may not have the required high school science courses, the School should ensure students are guided to alternate first-year courses to satisfy this requirement.	Director and UPD, School of Global Health OSAS staff, Faculty of Health	Winter and Summer 2023 and ongoing	The School has confirmed that students lacking the required high school basic science courses can be offered admission to the GH programs. In such cases, OSAS places a note in the student's academic record indicating that the admission requirements can be met with alternate first-year courses (i.e., 1500-course code designated courses) in the necessary areas (e.g., math, biology). As such, this recommendation is resolved.

3.	That the range of provision within the School be expanded to ensure an appropriate range of electives tailored to Global Health students is accessible.	The School should prioritize creating and offering electives that will satisfy a student's stream requirement, particularly in the popular Health Promotion and Disease Prevention stream. Teaching load and complement requests should be made that align with enrolment, recruitment and retention targets. The School should focus on recruitment and retention as well as finalizing a teaching load document and submitting curricular proposals. Also explore space for faculty and students in buildings other than the Dahdaleh Building.	Director, School of Global Health Dean, Faculty of Health Executive Officer, Faculty of Health	Winter 2023 through to Fall 2025. Curricular approval processes should be followed in 2023-24 with goal to launch in Fall 2025.	The School has made excellent progress in expanding elective course offerings and is on track to continue this progress in the coming years depending on faculty/teaching complement. This success can be attributed to the appointment of Stream Leads for each Specialized Honours stream GH program. These Leads have identified existing courses that could be added as stream electives and have encouraged the development of new electives. Additionally, the School is completing the proposal application for a new Global Mental Health stream, which will be submitted to the Faculty's curriculum committee in Fall 2024. This new stream will provide GH students with more options and alleviate some pressure off the Health Promotion and Disease Prevention stream. Some of the new courses include "Introduction to Global Environmental Health" and "Global Health and Humanitarianism," with new course proposals underway in global mental health, implementation science, and global health law. In terms of teaching load, the School is currently contributing to a Faculty-wide workload document to support its activities (see below, item 5). In terms of complement requests, there has been some regression. The School lost its only full-time tenure-track teaching professor in experiential education, who also served as UPD. This was a significant loss in terms of the teaching, administrative, and leadership capacity within the School. Although the position was reposted in 2023-2024, it was
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					not filled. For the next 2024-2025 request, the tenure-track status of this appointment was changed to a contractually limited appointment. In 2023-2024, the UPD position was filled by a faculty member outside the School, and now the UPD position is vacant for 2024-2025, with the School Director assuming the role of Acting UPD. Further, the current School Director position is also held by a faculty member outside the School for 2024-2025 and 2025-2026. Moreover, it was also recently announced that a Full Professor in the School will be leaving in January 2025. The permanent faculty complement/capacity concerns have contributed to ongoing marketing, enrollment, and teaching challenges faced by the School. Regarding space, the School is now at full capacity within DB 5022, with any future faculty or staff needing to be placed elsewhere. The Director is working with the School's Operations Manager and the Faculty's Manager of Health, Safety & Facilities to identify space options soon.
4.	That support for partnerships, including international options on which the practicum depends, be adequately resourced.	The School should advocate for any new resources through the faculty strategic planning process.	Director, School of Global Health Dean, Faculty of Health Associate Deans, Faculty of Health	2023-24	Support for partnerships continues to be a challenge at the School level; however, strategies to expand practicum options are currently underway. In active collaboration with the Faculty's Director of Global and Community Partnerships, who liaises with York International, the School can provide international practicum placements to most students who express interest. The School is also working with the Director of Global and Community Partnerships as well as

					with the Faculty's Director of Development to identify potential funding opportunities to support practicum experiential education with additional resources in the future. This support will be essential as the GH programs grow and enrollments increase. There has also been interest from current undergraduate students and recommendations from alumni to open the practicum option to all GH honours students, rather than restrict it to Specialized Honours GH program students only. The School would like to pursue this recommendation as a matter of equity. The permanent faculty/teaching complement, as well as the supports and resources provided to the practicum, would need to be increased to realize this change.
5.	That the varying teaching loads from different 'home' departments be addressed.	The School should continue to develop a teaching load document.	Director, School of Global Health, Dean, Faculty of Health	2023 and ongoing	Despite the School's intention to secure a unit workload document agreement, one has not yet been reached. Establishing a workload agreement in the School is a priority, as the lack of such an agreement has resulted in continued inequitable teaching loads within the School, thus posing a risk to faculty retention. However, since the CPR, unit workload agreements have become a priority across all units within the Faculty. Faculty-level documents to guide unit workload allocation have been drafted. These documents are currently being discussed by units before finalization and implementation.
6.	That the initiatives and plans identified by the	The School should continue the development of plans and initiatives identified in the	Director, School of Global Health,	Ongoing	The declining permanent GH faculty complement has significantly slowed the progress of achieving some CPR

	School in its self-study continue to be developed and implemented.	self-study and endorsed by the external reviewers.	Faculty and staff, School of Global Health, Dean, Faculty of Health	recommendations. However, the School has made good progress on continuing the plans identified in the self-study. For example, monthly curriculum committee meetings were initiated to ensure a regular and focused opportunity for self-study engagement and the development of strategies to address recommendations in the CPR. The School also developed a Strategic Plan to guide our efforts in various areas, including those covered in the CPR.
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2. Please describe in the chart below any additional initiatives designed to enhance program quality undertaken since the Cyclical Program Review was completed. Please also describe any quality enhancement initiatives planned to take place between now and the next review.

Initiative	Responsibility (example, Dean's Office, Program)	Timeline for Completion	Observations
Expansion of Foundations of Global Health Courses	UPD	Winter 2025	As planned, the School has expanded the Foundations of Global Health course to now include two, 3 credit courses in the first year (GH 1010 and GH 1011). These two courses will result in better scaffolding and progression throughout the degree. The School has also made both GH 1010 and GH 1011 general education courses, which will hopefully better expose students to GH and perhaps interest them in taking more GH courses as electives or switching to a GH program.

3. Please comment on the alignment between the initiatives above and the University Academic Plan.

All activities within York University's School of Global Health align perfectly with the 2020-2025 University Academic Plan. The University and the School share a common vision of advancing global health and engagement. Both emphasize interdisciplinary learning, global citizenship, and community impact. The GH undergraduate programs promote understanding of global health challenges and opportunities, and the UAP highlights "Advancing Global Engagement" as a priority, aiming to equip students with the skills needed to navigate and resolve complex global issues. Both have an intentional focus on fostering multi-disciplinary and multi-professional collaboration, DEDI and social justice, as well as cultivating authentic partnerships to address critical societal challenges, which aligns with York's mission of social responsibility and inclusive education.

Signature of the Dean(s)/Principal:

A handwritten signature in black ink, appearing to be 'M. J. ...', written over a horizontal line.

Date: September 30, 2024



Dean's/Principal's Follow-Up Report (FUR) for Cyclical Program Review
For submission to the Joint Sub Committee on Quality Assurance

Submit report to yugap@yorku.ca by: May 31, 2024

Program	Translation, School of Translation
Program options (example, BA, MA, PhD)	BA, iBA
Faculty and Home Academic Unit	Glendon College
Year of Previous Cyclical Review and Date of Final Assessment Report (FAR)	Site Visit: November 16, 2021 FAR Date: November 2022 Follow-up Report Due Date: May 31, 2024
Launch of next Cyclical Program Review	Fall Launch 2026 Site Visit: Fall of 2027 or Winter of 2028

This Follow-Up Report is the culminating step in the Cyclical Program Review process and is to be completed by the Dean/Principal. The Follow-up Report is reviewed by the Joint Subcommittee on Quality Assurance before being transmitted to the parent committees, ASCP and APPRC, as well as the relevant Faculty Councils.

- 1. Please provide an update in the chart below on the recommendations in the Implementation Plan outlined in the Final Assessment Report. Comments should be a brief summary of the progress made or challenges encountered. If an action item has not been implemented, please use the Outcomes and Observations column to provide a rationale and, as appropriate, describe any action that has been taken to address the related recommendation.**

IMPLEMENTATION PLAN

The chart below lays out the implementation plan approved by the Joint Subcommittee at its meeting November 2022.

	Recommendation	Action	Responsible for Follow-up	Timeline	Outcomes and Observations (comment on challenges or success)
1.	That the program review teaching assignments for full-time and part-time faculty and that a hiring plan for the faculty complement be prepared.	The program should carefully consider teaching assignments and continue to plan for faculty retirements. The program should consider ways to enhance enrolments in the program, such as by reviewing admission requirements and making courses more accessible to non-translation students, possibly enabling them to pursue a certificate in translation.	Chair of the School of Translation; Glendon Recruitment Team; Director, Continuing Education and Business Development	Review to be undertaken in 2023 and any relevant changes prepared for consideration in late 2023 or early 2024.	The program has made a number of changes to its requirements and to the directionality of its courses. Those changes enable the unit to teach in the same course some content that was taught in separate courses, with separate directionality (English into French/French into English). There is a hiring freeze for tenure-track

					faculty outside the Connected Minds initiative, and the two hiring commitments from Glendon are going to Psychology.
2.	That the program review the program requirements to focus on specialized skills that are highly desired by employers.	The program should review its requirements and courses, and consider them in the context of the Glendon College curriculum initiatives and core program learning outcomes.	Chair of the School; Associate Principal Academic	Review to be launched in Winter 2023.	Courses have been reviewed, and the accelerated BA is made available online to those with a previous BA, in order to meet the needs of the industry more readily.
3.	That the School not pursue the creation of a not-for-profit translation agency.	The program should continue to explore experiential education opportunities and make use of supports available at Glendon.	Chair of the School; Associate Principal Academics; Director of Continuing Education and Business Development	Discussions to begin in Winter 2023.	This project has been abandoned for now.

2. Please describe in the chart below any additional initiatives designed to enhance program quality undertaken since the Cyclical Program Review was completed. Please also describe any quality enhancement initiatives planned to take place between now and the next review.

Initiative	Responsibility (example, Dean's Office, Program)	Timeline for Completion	Observations
Discussion has been launched to make this a truly multilingual program where students from a variety of linguistic backgrounds could work in a diversity of language combinations, most likely having either French or English in common, using similar pedagogical approaches as what has been used and proven effective in the Master's program		Fall 2025	This could set the program as a truly unique offering, with additional potential connection between the accelerated BA and the first year of the MCI, as two online offerings that could be combined to make for a compelling offering.

3. Please comment on the alignment between the initiatives above and the University Academic Plan.

These initiatives are perfectly aligned with the “Knowledge for the Future” priority, as established in the UAP.

Signature of the Dean(s)/Principal:

A handwritten signature in black ink, appearing to read "Marcus J. [unclear]". The signature is written in a cursive style with a large initial 'M'.

Date: November 7, 2024

The Senate of York University – Minutes

Meeting: Thursday, 17 April 2025, 3:00 pm

Via Zoom

L. Sergio (Chair)	J. Eastwood	S. Lazarev	M. Poirier
P. Burke Wood (Vice-Chair)	M. Ebrahimi	R. Lee	E. H. Prince
C. Underhill (Interim Secretary)	C. Ehrlich	R. Lenton	G. Rao
G. Abdel-Shehid	J. Elwick	M. Longford	T. Remmel
O. Alawode	O. Eyawo	M. Macaulay	P. Safai
G. Alboiu	T. Farrow	A. MacLachlan	V. Saridakis
O. Alexandrakis	M. Fiola	V. Mago	R. Savage
M. Annisette	S. Gajic-Bruyea	H. Mahon	R. Shao
C. Ardern	L. Gilbert	C. Mallette	D. Sinclair
M. H. Armour	M. Giudice	A. Mapp	B. Spotton Visano
E. Armstrong	J. Goodyer	G. McGillivray	J. Sutherland
A. Asif	K. Gray	A. McKenzie	C. Swenson
G. Audette	R. Green	P. McMahon	A-M. Tarc
M. Baljko	J. Hafner	J.J. McMurtry	K. Tasa
N. Balyasnikova	M. Hamadeh	B. Meisner	A. Taves
L. Bay-Cheng	E. Hamm	M. Mekouar	K. Taylor
S. Bay-Cheng	A. Hann	R. Metcalfe	J. Thienpont
S. Bell	A. Harvey	M. Morrow	G. Turlakis
D. Berbecel	M. Haslam	Y. Munro	J. Trevett
K. Bird	M. Herbert	Y. Murugarajan	P. Tsisis
M-H. Budworth	W.M. Ho	R. Nasrazadani	J. van Wijngaarden
S. Bury	A. Horkova	R. Ophir	G. Vanstone
E. Clements	Y. Hwang	M. Ott	R. Vivès
N. Couto	K. Kanagaretnam	A. Ouedraogo	R. Wang
A. Czekanski	T. Kelly	D. Palermo	R. Wellen
S. Datta	R. Kenedy	P. Park	B. Weobong
A. Dawson	T. Kirchner	S. Peacock	R. Whiston
S. Day	N. Kishinchandani	E. Perkins	M. Winfield
S. Desai	G. Langlois	D. Peters	
M. Di Paolantonio	F. Latchford	D. Pilon	

1. Chair’s Remarks

Senators were welcomed to the special meeting convened in response to a petition for further collegial discussion on the *Faculties of the Future* interim report.

2. Executive Committee

- a. Motion to Move into Committee of the Whole for the purpose of discussing the Faculties of the Future Interim Report brought forward by APPRC.

It was moved, seconded and carried “**that Senate move into Committee of the Whole for the purpose of discussing the Faculties of the Future Interim Report as brought forward by APPRC**”.

The Vice-Chair assumed the Chair.

3. Academic Policy, Planning and Research Committee

b. Faculties of the Future Interim Report: Facilitated Discussion

Noting the topic was originally intended for discussion in March, APPRC supports the Senators' request to bring it forward in this special meeting due to widespread interest and questions within the collegium, and to facilitate a constructive exchange of views to inform both APPRC and the broader university community. Professor Lisa Philipps, the project lead, was invited to attend the meeting to provide clarification and guidance as needed.

A comprehensive and constructive discussion emerged in which many Senators shared views and raised questions about the interim report and the ongoing initiative. The considerable work done to date on the Faculties of the Future plan was recognized and appreciation was extended by Senators.

The core observations made, and input provided from Senators to inform the ongoing work include:

- that substantive evidence and analysis (such as cost estimates, data etc), inform the direction of the initiative and any recommendations that come forward.
- whether the final report coming in June will include specific restructuring proposals (e.g., departmental mergers), and defined timelines for the next steps.
- encouragement that academic restructuring be unit / Faculty-led and proceed through governance processes .
- the critical need to preserve collegiality and trust, and avoid fostering unnecessary divisions among Faculties, within programs and between faculty members.
- appreciation that the process has been an internal one, not relying on external consultants
- that any structural changes be grounded in sound criteria and be guided by the need to support students, academic programs, and institutional identity.
- that restructuring should be collegially driven by opportunity and collaboration.
- the need for transparency in the process and enhanced communications about it across the university.

The President and the Senior Policy Advisor to the President spoke to the opinions shared and questions posed in the discussion. Confirmed was that there is no master plan for a broad reorganization of academic units at the University, rather it is meant to

The Senate of York University – Minutes

be an internal self-driven institutional project to open up conversations about possible innovations and solutions to address challenges. Reminding Senators of the many prior restructuring exercises that the University successfully embarked on over the years, colleagues were encouraged to be open to that possibility again with the Faculties of the Future for the benefits it could produce.

The final report on Faculties of the Future expects to narrow down and identify candidates for subsequent focused discussions about potential options for reorganization. Such discussions are targeted for the Fall 2025 term. To move forward with any outcomes, those conversations would need to generate proposals that would proceed through the appropriate collegial governance processes.

It was moved and carried **“that the Committee of the Whole rise and report.”**

With the Chair again presiding, the Vice-Chair reported that Senate had a productive discussion that provided a Senate perspective to help inform the next stages of the Faculties of the Future initiative and confirm the processes that will apply to its outcomes.

Lauren Sergio, Chair_____

Cheryl Underhill, Interim Secretary_____

The Senate of York University – Minutes

Meeting: Thursday, 25 April 2025, 3:00 pm

Dr. Robert Everett Senate Chamber, N940 Ross Building

L. Sergio (Chair)	O. Eyawo	V. Mago	T. Rimmel
T. Kelly (Acting Vice-Chair)	T. Farrow	H. Mahon	P. Safai
C. Underhill (Interim Secretary)	M. Fiola	C. Mallette	C. Sandilands
G. Abdel-Shehid	S. Gajic-Bruyea	A. Mapp	V. Saridakis
G. Alboiu	L. Gilbert	A. Maxwell	R. Savage
O. Alexandrakis	M. Giudice	G. McGillivray	R. Shao
M. Annisette	J. Goodyer	A. McKenzie	D. Sinclair
C. Ardern	K. Gray	P. McMahon	B. Spotton Visano
E. Armstrong	R. Green	J.J. McMurtry	C. Steele
A. Asif	J. Hafner	K. McPherson	C. Swenson
G. Audette	M. Hamadeh	B. Meisner	A-M. Tarc
M. Baljko	E. Hamm	M. Mekouar	K. Tasa
N. Balyasnikova	A. Harvey	R. Metcalfe	A. Taves
L. Bay-Cheng	M. Herbert	M. Morrow	J. Thienpont
S. Bay-Cheng	W.M. Ho	Y. Munro	J. Trevett
D. Berbecel	A. Horkova	Y. Murugarajan	P. Tsaparis
M. Biehl	Y. Hwang	R. Nasrazadani	P. Tsisis
S. Bury	A. Kalmin	L. Nguyen	E. van Rensburg
R. Caines	K. Kanagaretnam	R. Ophir	J. van Wijngaarden
B. Choudhury	S. Karimi	M. Ott	A. Valeo
E. Clements	T. Kirchner	A. Ouedraogo	G. Vanstone
A. Czekanski	N. Kishinchandani	D. Palermo	R. Vivès
S. Datta	T. Kubiseski	S. Paradis	R. Wang
A. Dawson	M. Lambert-Drache	P. Park	A. Weaver
S. Day	G. Langlois	S. Peacock	R. Wellen
S. Desai	F. Latchford	E. Perkins	B. Weobong
M. Di Paolantonio	S. Lazarev	D. Peters	R. Whiston
J. Eastwood	R. Lenton	D. Pilon	M. Winfield
M. Ebrahimi	M. Longford	M. Poirier	D. Zwick
J. Ehiagwina	M. Macaulay	E. H. Prince	
C. Ehrlich	A. MacLachlan	M. Ramaj	
J. Elwick	J. Magee	S. Rehaag	

1. Chair's Remarks

Senators were welcomed to the meeting. The Chair announced the 2024-2025 recipients of the Robert Everett Exceptional Leadership in Student Governance Award, Taline Apelian-Sutor and Senator Ryan Whiston, sharing with Senators their significant contributions to governance at the University. Appreciation was extended to Senators for participating in the recent special meeting of Senate. Senator Tamara Kelly was thanked for stepping in as Acting Vice-Chair at this meeting.

No requests were received to move any of the items on the consent agenda to regular business, as such the consent items were deemed to be approved.

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2. Business Arising from the Minutes

There was no business arising from the minutes.

3. Inquiries and Communications

There were none.

4. President's Items

President Lenton provided Senate with a comprehensive update on the University's response to sector-wide and institution-specific challenges; a copy of the presentation slides is filed with these minutes. Emphasized was that York's priorities must not be driven by financial pressures alone but aligned to support the University's long-term vision and academic priorities. The ongoing advocacy of all the universities collectively with both provincial and federal governments is an essential part of institutions' strategies for responding to the financial challenges each is facing.

Shared was York's undergraduate enrolment data for the past decade showing a declining enrolment trend and the significant negative impact of international student caps and repeated labour disruptions in that period. Comparative post-secondary institutional applications data for FW'25 shows York lagging many Ontario peer institutions, raising concerns about competitiveness and reputation. The early estimate of performance for FW 2025-26 is under target in almost all Faculties and at Markham campus. Improving and strengthening labour relations within the University, a shared responsibility, is a critical factor to help reverse the applications and enrolment trends upwards. Also critical is the opportunity presented with the projected enrolment growth in Ontario, indicating approximately 200,000 additional spots between now and 2046. The opportunity that growth presents, notably centred in our neighboring York and Peel regions, must be taken up in the University's enrolment strategy.

Additionally, York's Forward Action Plan, with initiatives focused on program innovation, cooperative education, and improved student support, is an important strategy aimed at strengthening our programs and aligning them to meet student need and demand.

By way of a brief budget update, reported was that York has a placement of "medium risk" under the Province's *Financial Accountability Framework* and as a result has been invited to submit a financial sustainability plan for an external review of the University's recovery plan. Expected is a balanced budget to be achieved within five years. To that end, with the support of the Board of Governors, the University is shifting to a five-year rolling budget to align with government expectations. The five-year time-frame will serve as an important bridge to some of the growth and new revenue that will come from the strategic initiatives in progress (e.g., co-op programming, school of

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medicine, Markham campus), and helps reduce the immediate emphasis on cost-cutting measures. A five-year budget scenario is currently being developed.

Sorrow was expressed over the passing of Professor Jerry Carrothers who was instrumental in creating environmental studies at York.

5. Executive Committee

- a. The Executive Committee reported on the following items:
 - The annual call for expressions of interest in Senate committees and elected positions will soon be issued, with most terms beginning July 1, 2025.
 - Draft revisions to the Senate and committee feedback surveys, which were reviewed in April, and will be used in this year’s survey cycle.
 - Communications from the Department of Physics and Astronomy and Glendon Faculty Council regarding the recent suspension of admissions to undergraduate programs, expressing concern over the process followed.

6. Academic Policy, Planning and Research Committee

- a. Establishment of a School of Medicine: Notice of Motion

APPRC served notice of its intention to put the following statutory motion at the May meeting of Senate.

“That Senate approve the establishment of the School of Medicine as a new academic unit in the Faculty of Health, effective 1 July 2025.”

A robust discussion of the proposal ensued, in which input and requests for additional information were offered, including the following:

- Clarification / confirmation of firm funding commitments from the Province, providing specificity on amounts, and whether that funding covers staff costs.
- On the topic of overhead and shared resources costs include overhead costs in Table 11.2 within the proposal coming in May and confirm shared services processes are included in resource plans (e.g., research ethics, registrarial and IT functions etc.)
- Information on how existing faculty members could teach in the SoM
- Clarity of differences between teaching roles for medical school curriculum and clinical work/supervision of residents
- Information on hiring committee and tenure and promotion processes for non-clinical faculty members in the SoM
- consider representation within the School’s administrative structure for the Black community

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- advise whether unconscious bias training be taught in the curriculum explicitly reflecting what should be York’s commitment equivalent the Black community as well as to Indigenous issues
- Fuller information on the backup plan for an inaugural location of the School on the Keele campus

The input was gratefully received and will be discussed by APPRC for response and follow up with Senate when bringing forward the statutory motion for approval in May.

b. 2024 Annual Report on Research

The Annual Report on Research was presented along with a summary of key items. These included:

- A record high of over \$120 million in externally sponsored research revenue, marking the highest in York’s history.
- Sustained growth in Tri-Council funding, with York achieving its highest-ever income across all three granting councils.
- An increase in research output, including 3,245 publications in 2023 — a 3.5% year-over-year increase.
- Strategic gains in artificial intelligence research, with York leading among Canadian comprehensive universities in publication growth in the field.
- A plan to double research productivity over the next five years through interdisciplinary collaboration, entrepreneurship, and international grant participation.
- Anticipated research expansion linked to the School of Medicine and the Markham Campus, including access to new clinical and health-related funding streams.

In the discussion of the report, it was noted that the presentation of research outputs and achievements included limited attention to the institutional costs required to achieve those outcomes. It was hoped that metrics such as the ratio of income to the cost to the university of securing that income — particularly in the form of matching funds or faculty complement— would have been provided alongside income figures, particularly for the large Connected Minds research grant.

The Vice-President Research & Innovation advised that most reported figures represented external research income and that a large portion of university contributions stemmed from existing faculty hires that aligned with strategic research areas. Emphasized was that York performs efficiently on research investments and returns relative to peer universities. Information on return-on-investment outcomes will be provided at a future meeting in response to the question.

It was moved, seconded and *carried* **“that Senate extend the meeting by ten minutes.”**

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7. Academic Standards, Curriculum and Pedagogy

Speaking to the Committee’s report in the agenda, the Chair noted the minor revision made to the Senate Academic Conduct policy. Referring to questions at the last meeting of Senate pertaining to the implementation of the Conduct of Examination Policy, a few details have been provided in the ASCP report, and the Committee will come back with more information on the remaining gap between the number of students with YU and digital cards.

8. Academic Policy, Planning and Research / Academic Standards, Curriculum and Pedagogy

a. 2023-2024 Annual Non-Degree Studies

The 2023–2024 Annual Non-Degree Studies Report was *received*.

The historical significance of non-degree studies at York was noted during the discussion, particularly as an access pathway for non-traditional students through Atkinson College and bridging courses. Concern was expressed that such access points no longer exist and APPRC and ASCP were encouraged to take up the question in future reviews of the non-degree studies annual reports. Information in response to a question pertaining to the revenue stream to the university from non-degree studies and the trends over time will be provided at a subsequent meeting.

Consent Agenda Items

9. Minutes of the Meeting of 27 March 2025

The minutes of the meeting of 27 February 2025 were approved by consent.

10. Minor revisions to the Academic Conduct Policy

Minor revisions to the Academic Conduct Policy were approved by consent.

Lauren Sergio, Chair _____

Cheryl Underhill, Interim Secretary _____

Synopsis

489th Meeting held on 29 April 2025

Appointments/ Re-Appointments

- Appointment of Sarah Willey-Thomas as University Secretary starting May 12, 2025.
- Appointment of Dr. Robert Tsushima for a 6-month period as Interim Dean, Faculty of Science effective 1 July 2025 and ending 31 December 2025.
- Re-appointment to the Pension Fund Board of Trustees:
 - Dee Patterson as a Board of Governors nominee, effective May 1, 2025, for a three-year term; and
 - Shanker Trivedi, as a YUFA nominee, effective June 1, 2025, for a three-year term.

Approvals

The President's April 2025 Report on Appointments, Tenure and Promotion.

The establishment of the Jay Smith and Laura Rapp Chair in Innovation and Entrepreneurship.

Amendments to the Smoking Policy.

Approval In-Principle of a new capital project to build the York University School of Medicine, comprised of a building at the Vaughan Healthcare Precinct and renovations on the Keele Campus to provide an interim solution.

The Legal and Literary Society levy of \$20.00 per semester; adjusted annually to increase or decrease in accordance with the Toronto Consumer Price Index applicable to all Juris Doctor students at the Osgoode Hall Law School.

The Markham Student Council levy of \$3.00 per credit; adjusted annually to increase or decrease in accordance with the Toronto Consumer Price Index applicable to Markham Campus undergraduate students.

Amendment to the Environmental Urban Change Student Association levy to expand the collection of Faculty Student Government levies for all students enrolled in the Environmental and Urban Change Faculty.

The termination of the Centre for Women and Trans People levy and withdrawal of the Recognition of the Student Organization.

York University Board of Governors

Synopsis

The termination of the Sexual Assault Survivors' Support Line & Leadership Student levy and withdrawal of the Recognition of the Student Organization.

The Bill S-211, Fighting Against Forced Labour and Child Labour in Supply Chains Act Annual Report.

Amendments to the Insurance Policy.

Annual approval of the following policies:

- Healthy Workplace Policy
- Workplace Harassment Prevention Policy
- Workplace Violence Prevention Policy

Amendment to the Regulation Regarding Student Organizations.

Presentations

From the President, an update on the University Academic Plan and the Strategic Plan, the inflection point facing the sector covering financial sustainability including opportunities for York. The presentation concluded with an update on select initiatives under the *YorkU Forward Action Plan*, including the financial accountability framework, an external review proposal and the path to balance.

Reports

Brief reports from each of the Executive, Academic Resources, External Relations, Finance and Audit, Governance and Human Resources, Investment and Land and Property committees on matters discussed in their meetings this Board cycle.

The agenda for the meeting is posted on the Board of Governors website:

<https://www.yorku.ca/secretariat/wp-content/uploads/sites/107/2025/04/board-agenda-20250429.pdf>