

Proposal to Establish a School of Medicine in Principle

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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, in principle.

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. 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 up to this proposal for approval in principle include the following:¹

- In 2022 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 the University 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 and Ministry of Health, to work with York University 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 University's application to enter the accreditation process for a new medical school.
- President Lenton appointed Dean of Health 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 also appointed as Interim Provost & VP Academic pending a search for a new Provost).

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/>.

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 2024.² 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 & VPA to establish a School of Medicine Planning Group (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 Planning Group 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 have listened attentively to all feedback from Senate, the APPRC Planning Forum, Faculty Councils, and others, and additional information is provided in this proposal to address questions that have been raised, including more information about the financial plan.

In accordance with its mandate, the SoM Planning Group 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 will vote on this proposal 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).

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

- Is the proposal consistent with the University Academic Plan and needs of students and York University’s vision for access?

² 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.

- Does the proposal align with best practice for its vision, governance and organization, curricular design, and approaches to research and health services?
- Does the proposal align with the University's and relevant Faculty's interests? In interprofessional practice? Interdisciplinary research? Impact on community health and wellness? Addressing social justice?
- Are there adequate resources committed by the 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?

Subject to receiving approval in principle by Senate, the Planning Group will complete further consultations as needed to develop a more detailed full proposal for the establishment of the medical school, including its name and any concurrent changes to existing unit structures. The full proposal would be considered for approval by the Council of any Faculty whose composition is proposed to be altered, before being considered by APPRC and recommended to Senate for approval, followed by the Board of Governors for approval.

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.³ Framed as a set of assumptions to inform future academic and enrolment planning, this document stated the intention to become a ‘comprehensive’ university.⁴ 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.”⁵

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 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.”⁶

³ *2020 Vision: The Future of York University* p.5.

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

⁵ *2020 Vision: The Future of York University* p.10.

⁶ *2020 Vision: The Future of York University* p.24.

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.⁷

The creation of the Faculty of Health in 2006 was a major step forward in consolidating 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.⁸

In 2010 a Provostial White Paper was developed based on extensive collegial input, 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.”⁹

The University Academic Plan 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.”¹⁰

The longstanding intent to establish a medical school at York University 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

⁷ 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

⁸ 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.

⁹ *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)

¹⁰ 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>).

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 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 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.¹¹

In the face of these events, the province undertook a review of health workforce planning and embarked on a historic expansion of medical school places. It looked to support innovative 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.¹²

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 Ministry of Health and Ministry of Colleges and Universities. 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

¹¹ 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>.

¹² <https://news.ontario.ca/en/release/1001773/ontario-training-more-doctors-as-it-builds-a-more-resilient-health-care-system>

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 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 Plan 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 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.

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.¹³ 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 SoM 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 University 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.

¹³ 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/>

The timing could not be more critical. Currently, one in five Canadians do not have a family physician,¹⁴ due both to the lack of family physicians, and to social and structural barriers that limit peoples' access to primary health care. 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.

In order to directly address the most pressing shortages in primary care medicine, the school would be designed to produce family practitioners as well as a select range of specialists to whom family doctors most commonly must 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 train in multiple contexts (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 patients 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.

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. In light of 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 will 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 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

¹⁴ Duong D, Vogel L. National survey highlights worsening primary care access. CMAJ. 2023 Apr 24;195(16):E592-E593. doi: 10.1503/cmaj.1096049

needed to continue building our excellence in areas of basic and applied research. Importantly, however, pre-medical education has moved well beyond the traditional focus on basic sciences to include social sciences and humanities pathways. 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. To illustrate the possibilities, a sampling of pre-medical and health-adjacent programming at other medical universities is provided in Appendix 5. This survey makes clear that 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 SoM 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 degrees in Artificial Intelligence (AI) and Digital Health, Biostatistics, Epidemiology, or in basic sciences (with the Faculty of Science). New joint degree programs involving the School of Medicine, whether with the Faculty of Health or other Faculties, would go through the required quality assurance and University governance processes for review and approval.

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

Specifically, it can:

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

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

aging, health economics and political economy, critical disability studies, medical anthropology, social work, health analytics and administration).

A sizable proportion of overall research funding in Canada and internationally is reserved for medical and clinical health research, and some of these sources are restricted either formally or informally to scholars affiliated with medical universities. This is why medical universities on average have much higher research income than non-medical universities, more research infrastructure, and more externally funded research intensive faculty positions including Canada Research Chairs. 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 University Academic Plan and Strategic Research Plan. Furthermore, the tri-agency allocates Canada Research Chairs (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 Canada Research Chairs 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 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 takes into account 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 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 a number of subject areas where we have longstanding strength and profile.¹⁵ Yet despite our superb reputation in some fields, our lack of a medical school means that York's overall World University Rankings still lag behind those of all medical universities in Ontario.¹⁶ Rarely do prospective students, funders, or partners drill down beneath our overall rankings, to consider our 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 universities, enhancing our attractiveness to top students and faculty from around the world across all fields, and enhancing recognition for all of 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 University. In an increasingly competitive higher education landscape, bringing a medical school to York will ensure we receive 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 are launching new medical schools; a path that is more focused on undergraduate teaching and less concerned with being a research intensive university.

¹⁵Based 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.

¹⁶ 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.

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.¹⁷ 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 would 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 covers 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 and economic 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 will be trained to work in interprofessional teams, thus strengthening primary health care through collaborative expertise. This will require opportunities to learn and work with other health professionals in primary care settings including nurses, nurse practitioners, rehabilitation therapists and others. To build these collaborative learning opportunities, the York University School of Medicine will use a network of clinical learning sites including hospitals, family health centres, community health clinics, long-term care and rehabilitation facilities. Learners will 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

¹⁷ OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>.

Valley 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 and a large number of community clinics and family medicine and specialist practice groups.

These and other health providers will come together with the University to form an Integrated Clinical Learning Network (ICLN). The ICLN will 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.

It should be pointed out that 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 they will make strong ICLN partners for York's medical school to achieve its goals.

The program would thus be based in 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 would 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 focused on training primary care physicians, the students enrolled at York's School of Medicine will benefit from opportunities to train in multiple clinical and community settings while learning from world-class faculty.

5. Organization and Structure

A new School of Medicine has significant implications for the Faculty of Health, and that Faculty 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 School of Medicine is established as a new unit within the Faculty of Health (“Model 2”), and provided that input to the SoM Planning Group, who similarly concluded that it best aligns with the vision for interprofessional education and interdisciplinary research. The options for the administrative architecture of a School of Medicine 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).

Having further reflected on all of the feedback on organizational models, **the SoM Planning Group continues to support and is now recommending for approval in principle, Model 2. The key reason for embedding the School of Medicine 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. This approach is also more affordable than other options, as it will allow the schools 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).

As noted in the Introduction, Faculty of Health Council will vote on this embedded model at its meeting of January 8, 2024. Faculty of Health Council also plans to discuss the possible need for a change in the name of the Faculty, to reflect on what would be a major change in its composition. **Should Senate approve this recommendation in principle, a new name for a combined entity (integrating the School of Medicine within the Faculty of Health) will be considered, and any name change will be recommended as part of the full proposal and statutory motion to establish the School of Medicine.**

While the Faculty of Health is proposed as the most logical administrative location for a school of medicine, there are also many opportunities for synergistic collaboration with other units beyond the Faculty of Health. In addition to having faculty joint appointments and collaborations through research units, another way to optimize these collaborations may be 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.

6. Student Admissions and Enrolment

The provincial government has approved a class size of 80 undergraduate medical students¹⁸ per year, starting with the first cohort to be admitted in 2028, with 240 students across all years at steady state. In addition, 102 residency places have been allocated per year, growing up to 293 residents at steady state, to accommodate York's own MD graduates as well as some medical residents¹⁹ who have obtained their MD degree elsewhere in Ontario, Canada, or in other countries. 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.²⁰ Between 90-95% of those offered undergraduate placements in Ontario medical schools are residents of Ontario.²¹

It is anticipated that the School of Medicine 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.²² We are unaware of any Canadian medical school that has failed to fill all of 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 20-29.²³ Indeed, many aspiring and well qualified Canadian medical students are currently attending schools abroad, estimated to be about 3,600 students,²⁴ as space is so constrained in Canadian medical schools.

The York SoM will welcome all 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

¹⁸ 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](#)).

¹⁹ 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.

²⁰ 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%).

²¹ Personal communication (October 26, 2024), Council of Ontario Faculties of Medicine.

²² 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/>

²³ 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

²⁴ 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

Medicine (COFM) Policy document on *Essential Skills and Abilities Required for Entry to a Medical Degree Program* (updated 2016).²⁵

As per AFMC Guidelines:

“Generally speaking, entry criteria for Canadian medical schools fall into four main categories:

- **Eligibility requirements:** Most provinces require at least two years of postsecondary education, while Quebec residents applying to a medical school in that province must complete their CEGEP training. Most schools also request that applicants complete specific basic science courses before entering their program to prepare them for the study of medicine. Since these prerequisites vary among schools, please consult each school’s section in this guide for details.
- **Academic performance:** Medical schools look closely at academic performance when evaluating candidates for potential entry into their programs. Selection committees consider grade point average (GPA) to determine whether applicants have the right study habits and intellectual capacity to pursue medical studies. Some also use Medical College Admission Test (MCAT) results. Once again, faculty websites should be consulted for specific requirements.
- **Autobiographical sketch/essay:** Applicants have the opportunity to differentiate themselves from other candidates by providing the selection committee with an autobiographical sketch/essay that reflects their personality and accomplishments. It should include a list of such things as volunteer and paid work, research, extra courses, hobbies, sports, awards, scholarships, and other forms of recognition.
- **Reference letters:** Most Canadian medical schools ask for reference letters, which can come from such individuals as community members, faculty members, or previous employers. These letters give selection committees an additional perspective on the type of medical student an applicant might become.”²⁶

Admissions processes also 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, we will actively seek students who demonstrate interest in learning in our service area, and ultimately practicing primary care and generalist specialties in those communities. A recent review of interventions that influence taking up practice in underserved communities identified a number of promising practices, including preferentially selecting

²⁵ Available at: <https://cou.ca/reports/essential-skills-study-of-medicine/>

²⁶ Admission Requirements of Canadian Faculties of Medicine for Admission in 2025. Ottawa, ON: AFMC.

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.²⁷ 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 (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).²⁸ The study also identified other strong factors related to the curriculum, particularly to establishing longitudinal 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 population.”²⁹ But Canadian medical students are less diverse than the communities they serve.³⁰ 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.³⁰ 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.³⁰ 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.

²⁷ 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

²⁸ Pfarrwaller 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

²⁹ 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

³⁰ 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.

Table 1: Ethnic Background of Medical Students and Canadians

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

Source: Khan et al. 2020³⁰

There is a particular need for training Indigenous physicians and those interested in serving in Indigenous communities, as is outlined in the Truth and Reconciliation (TRC) Calls to Action (see Box 1).³¹ York's School of Medicine, and indeed the professional health programs in the Faculty of Health, intend to fully embrace and implement these Calls to Action as part of our social accountability mandate with respect to Indigenous Health. Some of these plans have been outlined in York University's Relationship Agreement with the Indigenous Primary Health Care Council in September 2024.³²

³¹ 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

³² 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/>

Box 1: Truth and Reconciliation Commission of Canada: Calls to Action³¹

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.³³ York's School of Medicine, 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.

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.³⁴ 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.³⁴

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,

³³ Anderson M, Crowshoe L, Diffey L, Green M, Kitty D, Lavallee B, Saylor K, Richardson L, (Writing Working Group) on behalf of the Indigenous Health Network. (2019). Joint Commitment to Action on Indigenous Health. Association of Faculties of Medicine of Canada. Available at: https://www.afmc.ca/wp-content/uploads/2022/10/AFMC_Position_Paper_JCAIH_EN.pdf

³⁴ 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

that then uses a selection and matching system that applies a principle of merit-based selection to link residents with residency programs. 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.

A detailed admissions policy is one of the elements that must be developed for accreditation purposes. Based on the vision outlined above, it is anticipated that York will follow the trend of other Canadian medical schools that have moved away from an exclusive focus on traditional “pre-med” programs with course requirements focused on basic sciences (e.g. organic chemistry, biochemistry, biology) and towards a broader range of undergraduate studies. Whereas many applicants still come through basic sciences, a route that would be sustained at York with a new School of Medicine, Canadian medical schools have moved toward also welcoming applicants with a broader undergraduate education, with few medical schools specifying any particular course requirements in order to apply (students lacking basic sciences may be required to complete some foundational courses prior to as part of their MD degree).

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

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 at the York SoM. In addition, a new 60-credit pathway approach is being developed to accelerate access to medicine at York that includes unique interprofessional health courses, and that can be integrated with curricula offered in Faculties of Science, Liberal Arts & Professional Studies, and any other Faculty at York. 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 School of Medicine.

7. 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 on a fractional part-time basis, and vastly outnumber the more traditional academic non-clinical faculty who will also form part of the faculty complement. The numbers of clinical and non-clinical faculty and staff needed will depend on the how the curriculum is designed, the interests of our partner organizations and existing York faculty 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 inter-disciplinary fields. This number of positions will be relatively small (e.g. 10 faculty) and may be filled by current York faculty 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 School of Medicine, and fully covered by funding from the provincial government. A phased staffing program 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 School of Medicine 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.³⁵ 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 School of Medicine, clinical faculty members will also have appointments and credentialing in hospitals and other health care organizations in our network of health care partners. We expect to provide academic appointments to clinical faculty members who are supervising medical students and residents in their clinical settings as well as

³⁵ 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.

in the classroom across this network of providers. The School of Medicine will also provide pedagogical training and support to clinical teaching faculty.

Unlike typical University professors, academic physicians typically derive most of their income from clinical activities, funded through the Ministry of Health and the Ontario Health Insurance Plan, and often form corporations, or contract with management firms, to administer their clinical billings and operations. Because of their multi-faceted roles in patient care in addition to their teaching and research roles, there are many more clinical faculty than medical students, and the number of GFT or GPT clinical faculty appointments changes frequently. In traditional medical schools, the ratio of GFT 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), and particularly when community-based physicians are doing the clinical supervision.

Based on early work on curricular design, **we project to need a minimum of about 600 individual clinical faculty to establish and maintain the program.** This number 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 to all faculty members participate equally, the majority 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. Nearly all of the clinical faculty will have GPT clinical faculty appointments. 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.

Leadership positions in the school would also be largely comprised of clinical faculty, though typically in GFT clinical appointments. Approximately 40 such GFT clinical faculty would be anticipated, to include clinical faculty in the Dean's office, as program leads, and as unit heads.

Within the proposed service area of the School of Medicine, there are already a number of 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 School of Medicine would seek to participate in these arrangements.

8. Curriculum and Accreditation

An approval in principle to establish the School of Medicine as a new academic unit at York University does not imply approval of the curriculum. The discussion on degree programming 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 would proceed through the regular processes of quality assurance for new academic programs at York University and the Province of Ontario, as well as the CACMS accreditation requirements set out for all Canadian Schools of Medicine.

In order to stay on track with timelines for accreditation, a suite of prescribed Program Development Committees was established in fall 2024. There are 15 committees planned involving over 280 people in total, including over 40 York faculty members, plus two academic administrators and staff, as well as external medical education experts, clinicians, and members of the community in our service area, in accordance with CACMS guidelines.³⁶ The planning grant provided by the province is being used to retain the requisite expertise and administrative support to develop the detailed curriculum.

The Program Development Committees will work in a coordinated fashion with the SoM PG, to align the accreditation process with collegial governance approvals for 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. What is described below outlines some of the main directions in curricular design, but recognize that the curriculum design work is still in progress, and could change considerably as it goes through the planning processes.

Curricular Approach

To ensure compassionate and person-centered care, the School of Medicine 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 get 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 patient 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

³⁶ Accreditation requirements for medical school curricula 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/>.

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 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 semester-based schedule typical of most other academic programs, but will consist of a three-year core curriculum that can be roughly divided into the first part of the curriculum preceding the main clinical experiences and the latter phase that focuses on clinical learning experiences, commonly called “clerkships”. Use of the term is being discouraged by CACMS given the origins of the term that connotes service by a subordinate rather than learning through experience, which is the intention of this approach.

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.³⁷ The number of three-year programs are growing in the United States, with currently over 30 programs adopting this model. Evaluations of these programs continue to show strong educational outcomes, as well as 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).^{37,38,39}

The conceptual proposal for the School of Medicine centred 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

³⁷ 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.

³⁸ Palmer K. Are 3 years of medical school as good as 4? Inside Higher Education. Nov 4, 2024.

³⁹ 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.

settings; continuity with preceptors (clinical instructors); 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 patient experience, quality of care and outcomes is 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 faculty specialists in primary care medicine.
- 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 human biology, microbiology, biochemistry or disease modeling could be taught by faculty from the Faculty of Science or Lassonde School of Engineering.

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 and is assessed through the Medical Council of Canada examinations based on objectives for knowledge, skills and abilities. Areas of learning would include the following:

- Moral Reasoning and Judgement
- Social, Cultural, and Structural Dimensions of Health
- Anti-racism and Cultural Safety
- Indigenous Health Content and Competencies
- Population Health and Health Systems
- Digital Health
- Clinical Decision-making & Evidence-informed Practice
- Relationship Management
- Leadership, Teamwork, and Professionalism
- Effective Communication and Emotional Intelligence
- Interprofessional Learning and Practice
- Clinical Skills

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 School of Medicine would integrate interprofessional education in its curriculum, which would involve medical students learning with and from 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, 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 in the first year of the curriculum preceding the clinical learning experiences (i.e. when medical students are seeing patients in clinics and hospitals), and later woven into the last two years of the medical school curriculum that focuses on clinical learning experiences, including:

- Interprofessional advisors (IPAs) and facilitated reflection (longitudinal & systematic)
- Longitudinal medical student small groups
- Interprofessional team problem-solving and case-based learning
- Plenary lectures, demonstrations, and presentations combined with small group sessions
- Self-directed learning to complement cases
- Supervised projects on learning and applying principles of evidence-informed medicine and clinical decision-making
- 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 problem-based learning modules to meet the Interprofessional Primary Health Care competencies. These modules will include themes in 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 will be used 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 patient-centred care at the heart of the curriculum, and applies core principles of continuity for patients, 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 School of Medicine's goal of producing well-rounded, community-focused physicians. The School will prepare students to work as a team and excel in real-world health care settings.

As discussed above under the Rationale, this proposed model of education is specifically geared to graduating outstanding 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 take up for primary care among their graduates which is unsurprising given it was not the focus of their training. While many medical schools are now working toward greater focus on primary care, established curricula, systems, and infrastructure change slowly. **The province recognized that York has the opportunity to redesign medical education in a different way from the ground up.**

The School of Medicine would be designed to attract students who care deeply about their community. The LICLE model draws in those who are dedicated to making a difference, not just in their careers but in the lives of the people they serve. The LICLE model appeals to students committed to primary health care, community engagement and diversity – ensuring we attract not just good students but great future family doctors.

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, patients experiencing better care, and communities becoming healthier and more resilient.⁴⁰ By making the LICLE model a cornerstone of the School of Medicine'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.

Residencies (Post-Graduate Medical Education)

The proposed York University School of Medicine will provide post graduate certification and train residents in family medicine, and other primary care specialties including Pediatricians, Internists, Psychiatrists, Geriatricians, Obstetricians, Gynecologists, and General Surgeons.

⁴⁰ Research consistently demonstrates 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

Some of the issues about residency training to be considered in the development of the programs include:

- The number of postgraduate residency slots for Canadian and International Graduates, and their distribution across specializations are regulated by the Provincial government.
- Canadian Residency Matching Service (CaRMS) manages applications and matching of placements across Canada.
- The York University School of Medicine 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 & 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 residencies.

9. Collegial Governance and Administration

The School of Medicine would operate consistent with the governance principles and policies of York University. The York University Senate is ultimately responsible for university's academic policy, including for the MD program. The internal governance structure for the SoM will be developed further during planning once approval in principle has been achieved. These structures will be in part guided by the CACMS accreditation requirements for leadership functions that must be present in a School of Medicine. This will include ensuring that there is a leadership role responsible for undergraduate medical education, for example, as well as leadership related to Indigenous Health, and more broadly for Diversity, Equity and Inclusion. A full collegial governance structure, such as the functional units, School Council, and relationships to Faculty Council and committees will be developed once Senate approval in principle is given, including its preference among the basic options for administrative architecture.

Situating the SoM within the Faculty of Health would encourage joint planning and sharing of resources, particularly for interprofessional health academic programming and fostering inter-disciplinary and transdisciplinary research and practice (see Appendix 3). Principles for representation and participation in various governance structures and processes will be worked out, including the role that clinical faculty would play, if any, in Faculty Council, Committees and Faculty-wide service.

In addition to creating a model that supports collaboration across the Faculty of Health, **there is potential for 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.**

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 also involve hospital and health care organizations, as well as physician and community groups, with particular involvement of Indigenous communities. 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

10. Resourcing Model and Implications

Outline and Principles of Resourcing Model

The York University School of Medicine will be funded through the Ontario Ministry of Health (MOH) and the Ministry of Colleges and Universities (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 an initial size of the SoM with 240 undergraduate places and 293 residencies at steady state. Schools of Medicine and Nursing are currently the only University programs in Ontario for which expansion is being funded by the provincial government, and the operating funds provided through MCU are additional to the core enrolment grants provided under the Strategic Mandate Agreements (SMA) with universities.

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

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

The capital cost of constructing an anchor facility for the School of Medicine 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. 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 debt to construct facilities for the School of Medicine.
- 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 1: Outline of Costs for School of Medicine

Revenue and Expenditures Buckets	Projected Amount	Sources of Revenue
Planning costs - Accreditation preparations	\$9 million cost	Government of Ontario
Start-up costs - Training community physicians - Developing IT needs for network of health organizations	To be costed in 2025-26	Ministry of Health
Operating costs - Operating costs - salaries and facilities costs - Resident salaries - Faculty compensation TBD - Mission critical pathways programs and student supports - Provincial Student Grant and Tuition	Estimated minimum ~\$100 million per year by year 3 (Residencies ~\$25 million at steady state at current rates) To be costed in 2025-26 Approximately \$23.5 million per year	Ministry of Health Ministry of Health; Philanthropy Ministry of Colleges and Universities - Funding is Additional to Current SMA Corridor Student tuition
Capital costs - Medical School building - Backup plans for alternative sites in existing spaces in 2025 if construction delayed - Conversion and upgrades of community sites to support learning	SoM new Building ~ \$300 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) ⁴¹ University (if necessary to renovate space that will also address other future priorities) ⁴² Ministry of Health
Research Revenue ⁴³ - Indirect Research Revenue - Canada Research Chair (CRC) Revenue	RSF projected to grow 4-fold with increase of \$17.4 million per year Overhead income projected to grow 4-fold with increase of \$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)

⁴¹ 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.

⁴² No new borrowing.

⁴³ Research revenue does not include the potential direct costs covered for carrying out the research project.

Operating and Planning 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 also 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 supports that fit those locations. The Ontario government also provides for start-up costs related to medical training expansion.

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 starting in 2028 and would support up to 240 undergraduates and 293 postgraduates in a letter to President Rhonda Lenton. Following the March 2024 budget announcement, York University received a letter confirming the \$9 million in start-up funding to support the planning for accreditation associated with establishing this model. 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.

The University is now discussing the specific categories of operating funds, start-up costs, and funding flows for the School of Medicine with the provincial government, with the framework to be agreed by the end 2026, and 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. The compensation for physicians involved in academic work will be negotiated with the provincial government and multiple parties, with the Ontario Medical Association (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 Ministry of Health. 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 the costs of the special features of our program related to community-based learning and pathways and supports programs for equity-deserving student populations are part of our operating costs.

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

The Government has also recognized that they will need to provide for additional start-up costs for educating physicians in community settings. This will 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. 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 School of Medicine 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 School of Medicine 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 School of Medicine 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.

This funding must be securely in place before starting to construct a new building in the VHCP. In order to stay on track to **have the first intake of medical students in 2028, if the new building will not be ready before the opening of classes for the School of Medicine, alternative plans will be made to find learning spaces for our initial cohort(s) of students utilizing existing spaces, most likely at the Keele campus** (others are also under consideration). **Any renovations needed would be designed with a view to addressing relevant deferred maintenance and to ensuring the space will help to meet other space needs of the University (including after the medical school vacates the space to move to Vaughan).**

The School of Medicine 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 School of Medicine, 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 School of Medicine, student scholarships and supports, and eventually on faculty research chairs.

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

In the provincial government’s Fall Economic Statement,⁴⁴ 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. 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 train 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

⁴⁴ [2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You](#)

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 increase in research revenue associated with a School of Medicine to be within the range of up to \$39 million to manage its research funded enterprise. Notably, the externally sponsored research income itself is not included in these estimates.

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:

- RSF in 2023-2024 was \$6M. If SOM income will grow 4x based on assumptions below then RSF is anticipated to grow 4x to approx. \$24M=> **an increase of about \$18M in RSF.**
- Overhead income in 2023-2024 was \$2.24M. If SoM income will grow 4x then overhead income is anticipated to grow 4x to approx. \$8.96M => **an increase of about \$6.72M in overhead.**

Canada Research Chair (CRC) income in 2023-2024 was \$4.76M. Multiplying this by 4x (increase of 3x) leads to \$19.04M. This is equivalent to 65 Tier I CRCs. (A Tier 1 CRC is equivalent to 2 Tier II CRCs) => **an increase of about \$14.28M.**

The total of above increases is about \$39M. We have not taken into account external graduate scholarships that should increase substantially as well with this level of finding.

It is assumed that this level of research incomes will be realized over time as the assumptions of four-fold increases are compared to schools of medicine that have long track records of research funding. It is also not clear how the mix of research activity (e.g. biomedical basic sciences research; clinical research; health services research; and social, cultural, environmental, and population health research) will change with a School of Medicine. 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 to reach these numbers.

11. Next Steps in Implementation

Post-Approval in Principle

The next step in implementation is for the SoM Planning Group to work with the Interim Provost and Dean of Record to develop a full proposal to establish the School of Medicine as a new unit in the Faculty of Health (with possible name change for the Faculty), 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

Assuming the motion is to establish the School as a new unit within the Faculty of Health, governance approvals would be sought in Spring 2024 as follows, with continued consultation to incorporate input and respond to questions at every stage:

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

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

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

Approval and Accreditation of Curriculum

- MD Degree developed by Program Development Committees, for submission to ASCP, recommendation to Senate, and submission to provincial quality assurance bodies for approval
- CACMS accreditation review proceeds in parallel with the following critical milestones:
 - Submission of medical school self-study (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)

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12. 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 School of Medicine depends entirely on the approval and funding support of the provincial government, as announced in March 2024. Withdrawal of that support is highly unlikely, **assuming that 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.

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 School of Medicine 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 have to assume this would end, for the foreseeable future, York's opportunity to open a medical school. This in turn would raise new risks discussed above under the Rationale, that York would be relegated to a second tier status behind other universities that are now opening medical schools, and York would lose this generational opportunity to benefit our communities, and to build our reputation and competitiveness as an appealing destination for more students, faculty, research funds, philanthropy, and partnerships.

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

There is a moderate chance of this risk materializing due to external economic conditions, and the University's firm commitment not to raise the capital by borrowing or drawing on operating funds needed by existing units of the University. The senior administration is creating a contingency plan to address this risk and will be sharing more information with Senate as plans evolve. This would involve a principled approach to identifying and using other spaces for the initial cohorts, such as on Keele or Markham campuses, and/or in other sites in the vicinity. 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 School of Medicine 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 to fund the capital project to construct an anchor facility.
- Based on discussions with the Board, the University's operating budget must be balanced no later than 2027-28. This will be before the opening of the medical school.
- Debt associated with the Markham campus construction is not being financed by the rest of the University. The interest charges on this debt are paid from the Markham campus budget, which is separate from the Faculty budgets.
- The principal amount of the Markham debt will be repaid in full when it comes due in 2060, from a sinking fund that has been established to repay all of York's debt. The sinking fund is financed by the ancillary services of the university (housing, food, parking, and other cost recovery services) and by investment income which compounds within the fund.
- Faculties are not bearing the start-up operating costs for Markham, as these are segregated in a separate Markham budget. Markham operations are funded by student tuition and by additional grants provided by the province for Markham enrolments, on top of the regular enrolment corridor grant received for Keele and Glendon. The Markham operating budget will break even in year 7, after additional cohorts of students are admitted. In the meantime, the Markham operating budget is showing a positive variance from its approved start up deficit, as faculty and staff hiring has been slowed down to reflect slower enrolment growth at the outset.

Risk of loss of support from clinical partners

This risk is considered low based on extensive interactions with clinical partners since the conceptual proposal was submitted in 2022, about their needs and motivation to participate. Partners have expressed their support for the vision for the York School of Medicine 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 understanding the potential for extra capacity to maximize flexibility.

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

York has now successfully launched all 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, 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 School of Medicine 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 in order to gain the preliminary accreditation required in Spring of 2027 to be able to admit the inaugural class that would matriculate 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 provides a further valuable opportunity for Senate to raise questions that need to be addressed before a final proposal is brought forward in a statutory motion.**

Appendix 1. School of Medicine Planning Group Members

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
Andrew Ernest Brankley	Assistant Professor, Psychology, Faculty of Health
Catriona Buick	Assistant Professor, School of Nursing
Chris Ardern	Interim Dean, Faculty of Health, Associate Professor, School of Kinesiology and Health Science
Chris Perry	Director and Professor, Muscle Health Research Centre, School of Kinesiology and Health Science
Claire Mallette	Director and Associate Professor, School of Nursing
David Peters	Interim Provost, Dean of Record and Institutional Lead, School of Medicine, Professor, Faculty of Health
Dua'a AlNusairat	MBA student, Schulich School of Business
John D Eastwood	Associate Professor and Associate Chair, Department of Psychology
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, Teaching Stream, School of Nursing
Leeat Granek	Professor, School of Health Policy and Management and Department of Psychology
Mazen J Hamadeh	Associate Dean of Students, Faculty of Health, Associate Professor, School of Kinesiology and Health Science
Nancy Sangiuliano	Associate Professor, School of Nursing
Parissa Safai	Chair and Professor, School of Kinesiology and Health Science
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
Sean Hillier	Interim Associate Dean of Research & Innovation, Faculty of Health, Associate Professor, School of Health Policy & Management
Tara Haas	Professor, Kinesiology and Health Science
Tarra Penney	Associate Professor, School of Global 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 social service 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	APPRC and Senate

	<p>Faculty Councils, departments, schools, individual faculty members Board Academic Resources and Executive committees, and Board of Governors York community via Town Halls Office of Institutional Planning and Analysis (enrolment modelling)</p>
<p>Establish the vision for the School of Medicine</p>	<p>Preparation of a conceptual proposal. Broadly established:</p> <ul style="list-style-type: none"> • the design of York’s SoM to address Ontario’s 21st century health and wellness needs through innovative curriculum, technology, and collaborations • the central features of the medical program (i.e., two-year pre-health program as an access bridge; a three-year degree program option; interprofessional primary care and population health-focused curriculum; integration of digital health technologies to enhance continuum of care; distributed learning model with community preceptors) • enrolment plan and business model principles for an initial cohort of 60 students in year one, growing to an entry cohort of 120 by year five and steady state enrolment of 360 students by year seven. <p>Conceptual Proposal submitted to Province February 2022.</p>
<p>PHASE 2: Advancing the Conceptual Proposal and Seeking Government Support to Proceed <i>Spring 2022- March 2023</i></p>	
Actions	Major Steps / Processes
<p>Further defining the conceptual proposal</p>	<p>Continued internal consultations to share ideas and receive input on the conceptual plan, and additional directions and options, to further its development.</p> <p><i>APPRC:</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>Medical education experts, physicians, health care providers, community partners in catchment area.</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.
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
Creation of a School of Medicine Planning Group (SoM PG)	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.
Membership finalized October 2024	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

	<p>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) • 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

	<ul style="list-style-type: none"> 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 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>	
Actions	Major Steps /Processes
<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 • 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
<p>Faculty Council(s) review of <i>Approval in Principle</i> proposal</p>	<p>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.</p>
<p>AOG and APPRC review of <i>Approval in Principle</i> proposal</p>	<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>
<p>Senate review of <i>Approval in Principle</i> proposal</p>	<p>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

Spring 2025, for approval by 1 July 2025

Actions	Major Steps / Processes
<p>SoM Planning Group prepares the proposal for statutory approval to establish a School of Medicine</p> <p><i>Winter 2025</i></p>	<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 APPRC Ad Hoc Oversight Group 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
<p>AOG review of draft final proposal</p>	<p>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.</p>
<p>Proposal proceeds through the Senate and Board governance processes</p> <p><i>Spring 2025</i></p>	<p>Proposal proceeds for approval by 1 July 2025 to:</p> <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
<p>Attendant changes to existing Faculties if structure for SoM is</p>	<p>Approval of changes if necessary for merger / dis-establishment of a Faculty by 1 July 2025.</p>

either a new unit within an existing Faculty, or a new Faculty that is a combination of existing and new units.	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> <p>i. Approval of Academic Programs ii. Establishment of Faculty governance framework and related Senate governance changes iii. Operational planning</p>	
Actions	Major Steps / Processes
Development and review of proposals for new degree programs	<p>Approval of proposals for establishment of new programs in accordance with the York University Quality Assurance Procedures.</p> <p>Approval through all governance paths, including Quality Council, accrediting bodies and MCU where relevant.</p>
Establishment of new academic administrative positions	<p>Identification and arrangements for associated new academic leadership administrative positions (e.g., Dean, Director of a School)</p> <p>Possibility of interim appointments to facilitate SoM implementation.</p>
<p>Establishment of a Faculty Council / governance body</p> <p>Changes to other governance structures</p>	<p>Identification of governance structures for the SoM / Faculty, and any associated changes to existing Faculty Council structures</p> <p>Possibility of the establishment of an interim Faculty Council to facilitate SoM planning and implementation.</p> <p>Identification of changes to Senate governance structures to reflect establishment of the SoM.</p>
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

DRAFT

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~~]⁴⁵. 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

⁴⁵ 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.⁴⁶ 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.⁴⁷ 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:

⁴⁶ A list of early consultations with summary notes is available here: <https://www.yorku.ca/medicine/py-community-area/resources/>

⁴⁷ 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.⁴⁸ 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.^{49, 50} 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

⁴⁸ Veralon, 2015. Analysis of Governance Models for Academic Health Centers. Prepared for The Center for Mississippi Health Policy.

⁴⁹ 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>.

⁵⁰ 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).⁵¹ 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

⁵¹ 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

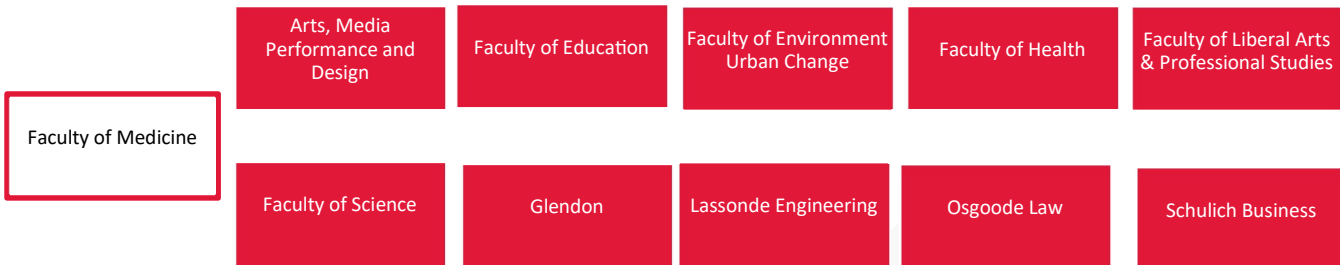
Addressing ways to promote interprofessional teams and fostering interdisciplinarity in academics and research involve nurturing a collaborative and service-oriented organizational culture that is supported through the structures and processes.

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.).

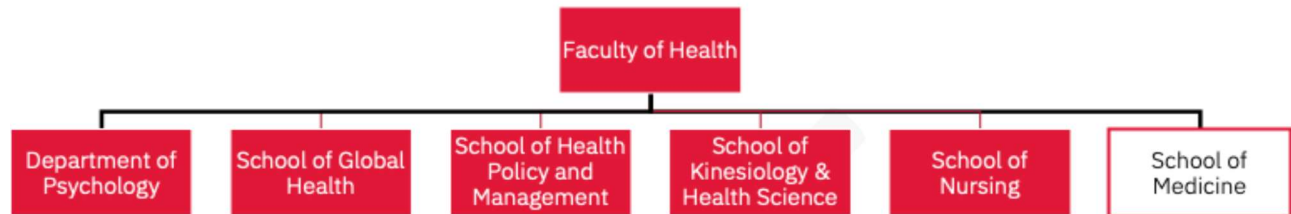
Organizational Options for the York University School of Medicine

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.

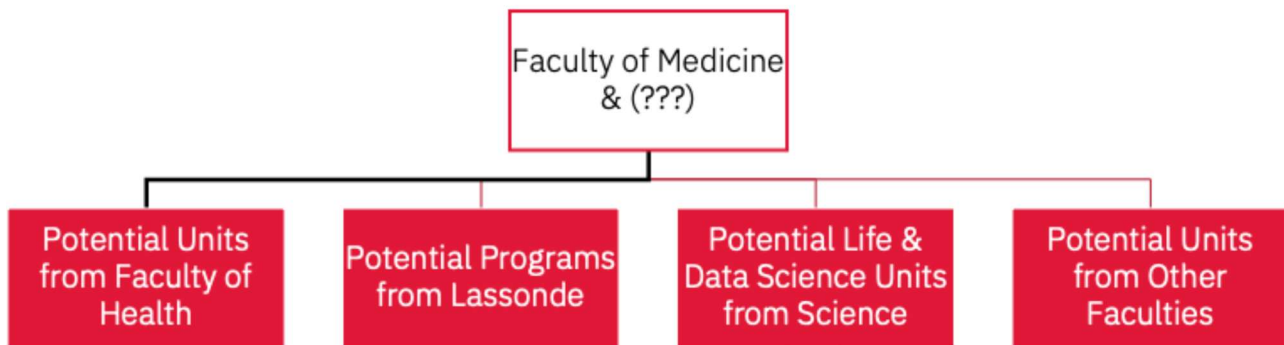
Advantages	Challenges
<ul style="list-style-type: none"> - Strongest ability to promote York values and strengths (inter-disciplinarity, community-engaged and socially oriented), and population health programming in teaching, research and practice across health professions - Can make the accreditation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

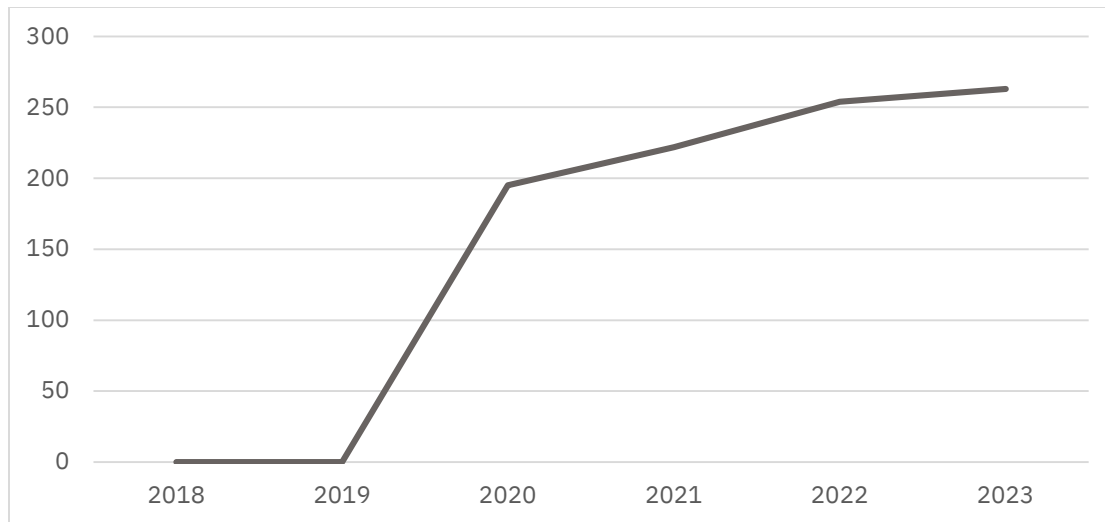
- The scan shows innovative interdisciplinary health programs are emerging in Ontario as well as outside of Canada, in addition to the existing ones in Public/Global Health, Health Informatics, Health Law, and Health Administration.
- The latest Classification of Instructional Programs (CIP) taxonomy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

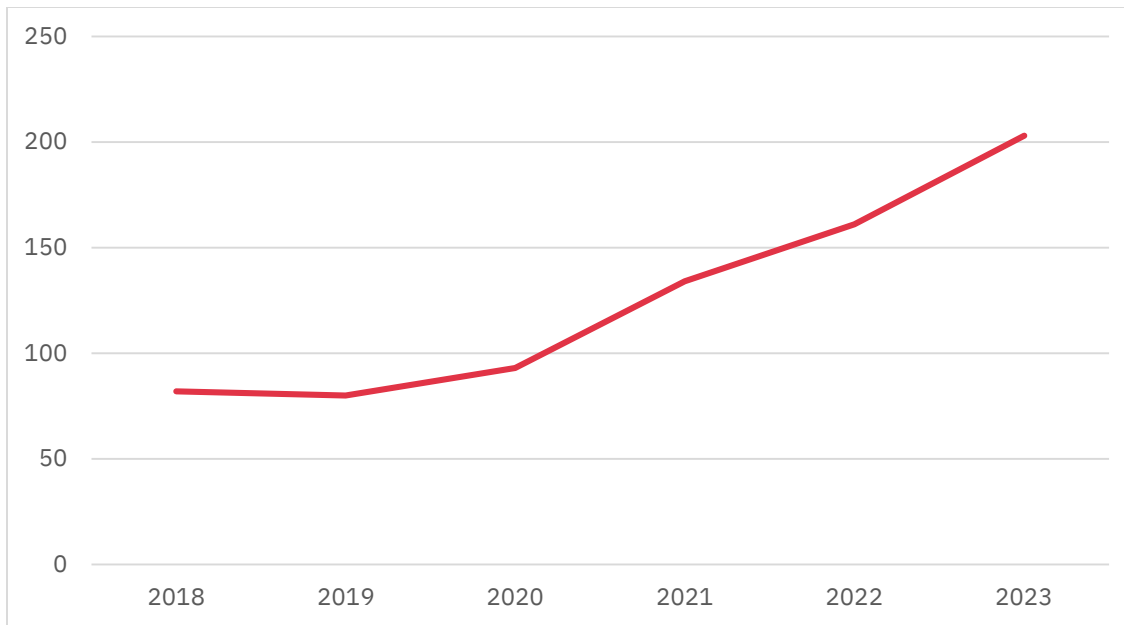


Health/Medical Anthropology

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, US 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

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