THE UNIVERSITY OF BRITISH COLUMBIA



Faculty of Medicine



# Building the Future



# **Table of Contents**

Dean's Message	4
Executive summary	6
Our contract with society	8
Foundations for excellence	10
Challenges demanding an evolution in our approach	14
Mission, principles and goals	18
Transformational change	30

## "The best preparation for tomorrow is to do today's work superbly well."

William Osler

# **Dean's Message**



#### MESSAGE FROM THE DEAN



Since joining UBC's Faculty of Medicine in 2015 I have been continually excited by the history of excellence in education and research, by the commitment to social accountability best exemplified by a decade of distributed medical education and by the breadth of the partnerships in place for better health. As a Faculty, we are invigorated by the challenges we face collectively in meeting both internal and external demands for transformation, and, ultimately, improved health. Each day across the province our people and partners are making incredible discoveries, forging meaningful relationships, and helping to improve life for our students, our patients, our communities, and our world.

The process of engagement and consultation to explore our aspirations reinforced that our excellence results from the engagement of our staff, faculty, students and partnerships. It is my belief that "Building the Future," the Faculty of Medicine's new Strategic Plan, captures the quality and urgency of the ideas you shared with us, and provides a new point of origin and new destinations for our journey together. We have a strong foundation to build upon and the potential to use our immense intellect, creativity and commitment to overcome obstacles, seize new opportunities, and most importantly create the pathways that deliver the care individuals and our communities deserve.

Dermot Kelleher, MD, FRCP, FRCPI, FMedSci Dean, Faculty of Medicine The University of British Columbia

# 6 **Executive summary** Strategic Plan | 2016-2021

Forces of change are transforming education and health for both individuals and the system — at home here in British Columbia, and around the world. Societal needs, technology, distributed and flexible learning are reshaping how we teach and learn. Researchers in all areas, from cells to policy, are generating new knowledge in response to urgent issues such as aging and chronic illness. New models of partnership and collaboration are forming to ensure our health system

is accessible, effective and sustainable.

As British Columbia's only Faculty of Medicine, we are rising to the challenge of training the next generation of health professionals and researchers in a system that is evolving in real-time. To ensure we meet the demands of today and tomorrow, we must strengthen and integrate our operations and systems to inspire innovation and agility, enabling a personcentred approach to health care that is excellent, equitable, engaged, and effective.

In "Building the Future," we articulate the commitments, principles, goals and objectives that will propel us forward. The new plan will build upon Faculty successes in training the next generation of health professionals and developing focused areas of research pre-eminence; and it will enable the Faculty, and the University, to deepen and extend our leadership role in shaping British Columbia's health system and contributing to the knowledge economy of the province.

Our plan is informed by the following imperatives:

- We must build upon our foundational strengths;
- We must sharpen our collective focus for maximum impact;
- We must evolve and sustain our agility given the pace of sector change;
- We must promote and facilitate collaboration across the Faculty and University;
- We must work with our Health Authority partners to create a seamless platform for teaching and research;
- We must remove the system and organization complexities that constrain our mutual success;
- We must secure additional funds for investment in strategic priorities.

This is a time and place of great opportunity, and through collaboration and focused action we can harness synergies in academic and clinical settings across the province in support of our mission: health through knowledge and innovation.

The plan provides a shared purpose and vision that will guide our decisions. Our priorities, based firmly on effective collaboration with our academic and health partners, strive to reflect the impact of transformative trends in health and care, and create an agile and effective organization that uses resources, investment and strategic fundraising efficiently and effectively in the face of fiscal pressures.

There are enormous assets across the University and our provincial ecosystem that our plan seeks to leverage in pursuit of our goals. Through collaboration and focused investment in capability building to support our continued excellence, our plan sharpens our focus on the translation of research into innovative patient care, creating objectives that are fully aligned with the establishment of a provincial *Academic Health Sciences Network* and the creation of Academic Health Science Centres.

"Building the Future" outlines four transformative goals that will strengthen our capacity to meet today's challenges, and establish a platform for excellence and innovation for the future:

**Education:** teaching, development and mentoring of practitioners and scientists that can work together effectively in an evolving system

**Research:** knowledge creation, translation and exchange to gain insight and promote improved outcomes in patient and public health

**Organization:** creation of a working environment that inspires innovation, strengthens academic and operational affiliation, and fosters agility

**Partnership:** collective system leadership to help shape practices and policies for improved care of the population across the province

The Faculty of Medicine at the University of British Columbia has the unique opportunity to build on our successes to advance interdisciplinary research that generates and applies new knowledge, to spur innovation in socially accountable medical and health professional education, to tailor our programs around societal and system needs, and to facilitate quality improvement through the use of technology, data, and health analytics.

We are committed to working closely with all of our stakeholders, including our Provincial Government, our Health Authority and Academic partners, and our faculty, staff and students whose dedication, knowledge, and contributions account for our collective excellence and success.

Over 400 individuals have participated in working sessions and structured dialogue, with many colleagues from across British Columbia providing substantive input, challenge and support. External stakeholders have demonstrated commitment to the process and to the outcomes, and their contributions have helped us shape the plan to ensure alignment with provincial direction.

Together, we have an unprecedented opportunity to define the future of health and the future of our Faculty.

# Our contract with society

Strategy is about choice, and the strategic planning process has posed questions that assess critical decisions at the interface between societal requirements, Faculty capabilities and collective sector capacity for change.

We have explored how to develop our training programs to support effective care in an evolving health system, how to promote continued advances in research and efficient translation of new knowledge to patient care, and how to align our teams and processes to enable academic and clinical contributions.

Through iterative dialogue, we have reaffirmed the fundamental premise of social accountability, and have articulated a set of commitments outlined below that define the role of the Faculty in society. We recognize that our position is a privileged one, and our Strategic Plan outlines the ways in which we will strive to fulfil these commitments.

### **Our commitments**

## We will put the patient and the public at the centre of the plan.

The system must work for the public, the patient, for the patient's family and for society as a whole. In the planning, management and evaluation of all of our activities, we must consider, first and foremost, the capacity of our education and research programs to positively impact the users of the system, wherever they are – rural, remote and urban.

## We will apply excellence to the study of the determinants of health and disease.

We will view the patient and the population through a series of 'lenses' including the social determinants of disease, the interface between genes and environment in health and disease, and the basic cellular and molecular science that informs our knowledge.



## We will consider our learners, staff and faculty as the platform for our success.

People are at the heart of our organization, and we need to prioritize the creation of an environment that enables both learners and colleagues throughout our entire enterprise to fulfil their potential.

## We will contribute to provincial prosperity through innovation and growth in the knowledge economy.

We believe that we must add value in British Columbia's economy through research innovation and technology transfer, through improving health system sustainability with better health practices, through attracting investment, and through developing and attracting innovative commercial activity that brings top talent to new jobs in the province. Health and wealth are mutually reinforcing, and we have an obligation to make a difference across both dimensions.

## We will help address health inequities across the province.

Geography, ancestry and economics create a complex tapestry of health challenges in British Columbia and in Canada, and it is imperative that we work with our system partners to influence practices and outcomes in specific populations, as well as across the province as a whole.

## We will demonstrate responsible stewardship of provincial resources.

The impact of student funding from all sources on Faculty success is profound, and we will demonstrate a strong return on this investment, in multiple areas including graduate competencies, research productivity and contributions to patient health and system effectiveness.

## We will conduct our work in respectful engagement with the people and nations of our Indigenous partners.

Consistent with the commitment of UBC at the highest levels, we seek to support improved outcomes, access and understanding at the interface of research, education and care.

# Foundations for excellence



Our Strategic Plan builds upon enormous collective assets in the provincial ecosystem and the University by articulating the areas of focus and differentiation for the Faculty.

#### The Faculty

UBC is recognized as world-leading in genomics, cancer, brain and mental health, heart and lung health, paediatrics, women's health and infectious diseases. The Faculty and our partners have invested in these areas to achieve global pre-eminence, accounting for approximately 50 per cent of the UBC's research funding. The University also has emerging leadership in precision medicine and prevention, in biomedical engineering and the linked areas of informatics and evidence-based care are important areas of growth and innovation. The BC government has granted UBC academy status in medicine and many health professional disciplines, creating a provincial mandate based on partnership across peer universities. The distributed provincial model in medical education is an approach unrivalled globally in impact, reach and innovation.

The scale and breadth of our education offerings is extensive, with approximately 4,500 students and trainees enrolled in medical and health professional programs across the province, spanning the spectrum of undergraduate, graduate and post-graduate training. UBC has transitioned to a competencybased medical undergraduate curriculum and can boast globally renowned capabilities in education scholarship and national acclaim in Continuing Professional Development (CPD).

The Faculty is sustained through engaged learners, internationally known faculty and committed staff. Our relationships with partners across the entire University are key to our present and future success.

#### The health sector

There is emerging convergence in priorities across government and our health sector partners in addressing provincial needs, which provides a powerful framework to anchor the Faculty.

The provincial government has established the *BC Academic Health Sciences Network (AHSN)* to coordinate academic, clinical and industry capacity across British Columbia in support of faster diffusion of evidencebased practices, integrated development of health policies, and closer alignment of research investment with population priorities. These priorities include a focus on chronic disease prevention, mental health and addictions; preventing or slowing down the onset of frailty; quality of care for dementia patients; emergency medicine; evidence informed and equitable access to health care; and compassion for end of life patients.

UBC is also closely working with Health Authorities and academic partners to form *Academic Health Science Centres (AHSCs)* as nodes that will incubate both research super-centres and shared capability platforms to deliver the highest quality experience and health care for patients and populations, and improved health outcomes in targeted underserved populations. Notable areas of collective provincial focus also include:

- new paradigms for healthy aging;
- interdisciplinary educational programs that support changing health care demands;
- team-based primary care;
- data sharing and access;
- and Health Human Resources (HHR) planning.

Our collaborative approach focuses on new opportunities such as the innovative St. Paul's Hospital: a development project which will provide added focus on aging, urban health and new models for care that extend into the community, and PHIX: (Pacific Health Innovation eXchange) an enabling platform focused on commercialization and implementation of research results, which will provide enhanced benefit to patients and populations across the health sector.

#### The province

The provincial foundation in life sciences, distributed education, population data and innovation provides the Faculty with resources and networks that support our activities and our aspirations.

The size and profile of the British Columbian population yields a highly tractable database for research and analysis. Location also confers advantage, given the existence of highly entrepreneurial faculty and a corridor of innovation anchored by both universities and industry along the Pacific coast. "British Columbia's life sciences sector is also a significant contributor to the economy and health of British Columbia. [The] industry brings innovation to patients through diverse organizations, growth of a skilled workforce and development of a knowledgebased bio-economy."<sup>1</sup> Overall there is increased emphasis across the health sector on innovation which translates into benefit for the economy both through technology transfer and through more effective use of health resources.

#### Our potential for transformation

These foundational strengths create a unique foundation upon which the Faculty can define its excellence and differentiate its strategy from those of its peers. The combination of the provincial mandate and systemic expertise across life sciences and genomics enables UBC to connect the power of precision medicine with population perspectives and access.

Further bolstered by breadth in education and research, and by an embedded culture of innovation, the Faculty is well positioned to prioritize four dimensions of transformation that derive from these sources of advantage.

## Four dimensions of transformation:

- Sector coalescence around areas of interdisciplinary research focus that align with the health of populations;
- Training program alignment around societal and system needs, both demanded and enabled by the interdependencies between education and health care delivery across the province;
- 3. Innovation in education to enhance, integrate and extend our programs, building in particular upon our experience and impact in the distributed model; and
- Improved system capacity in health analytics and quality improvement, channelling our expertise to help effect a step change in outcomes through effective and responsible use of technology and data.

Challenges demanding an evolution in our approach



As we look ahead to the next five to ten years, there are some potentially profound challenges impacting our effectiveness, both systemic and Faculty-specific. Our strategy must reflect and, where possible, address these complexities.

#### Transformative trends in health and care

Trends in health and care have the power to drastically reshape health systems. Health funders are struggling to balance the competing demands of aging populations, the costs attached to sophisticated technologies and therapeutics, and increasing societal expectations with regard to sustainable health care. Hence, there is growing need for patient-centred and community-based care, increasingly supported by new developments in technology and digitalization, all of which mandates change in the evolving role of the practitioner.

The resulting paradigm shifts in care will represent a tremendous opportunity for those that are well positioned to shape and respond, but a substantive threat for those that are not. Economic and regional inequities must be addressed, but in some cases may be exacerbated by new epidemics and climatedriven migration.



### **Organizational complexity**

Without change in our organizational structure and resourcing we will be unable to respond effectively to these challenges. Delivery on our strategic priorities demands enhanced nimbleness in the functioning of our organization.

Current processes and governance structures are often ambiguous and potentially impair agility in decision making and faculty efficacy. Enhanced integration between Faculty, University and Health Authority practices and systems will enhance collective efficiency and accountability. Such integration can be provided through the creation of Academic Health Science Centre(s) and through our participation in the *Academic Health Sciences Network*.

Additional organizational complexity is created by our geographic dispersion and by current variations between academic and clinical faculty models. It is essential that we endeavour to remove the impediments to Faculty effectiveness and strengthen coalescence within and beyond our community.

### **Faculty finances**

The Faculty is constrained by its current financial position which severely limits faculty renewal and growth. New and innovative solutions are required to enable faculty renewal and strategic investment, and the Faculty must accordingly focus on its prospective areas of financial impact and influence, including operational management and strategic growth.

The Faculty has recently carried out an intensive Program Budgeting and Marginal Analysis (PBMA) exercise to identify opportunities for cost savings and revenue generation, and implementation of the associated actions remains a priority. Continued fiscal diligence is an imperative, and our Strategic Plan will provide the platform for new revenue sources through education, research innovation and philanthropy. New and innovative solutions are required to enable faculty renewal and strategic investment.

# Mission, principles and goals

#### Mission

## Health through knowledge and innovation

Our refined mission statement builds from the 2011 - 2016 Faculty Strategic Plan, but reflects a sharpened focus in particular on capability building, translation, interdisciplinary teams and collective system leadership.

#### **Pillars and Goals**

The plan defines goals and objectives in four pillars: education, research, organization, and partnership that we believe will enable the Faculty to make the most effective contributions to achieving our mission. Our principles – excellence, equity, engagement and effectiveness – are embedded in each objective outlined in each of the four pillars.

Each goal and objective seeks to balance our aspirations with our context and with our capabilities. Each has been shaped through consultation with our colleagues and partners, and reflects the reality in which we operate.

#### Principles

Four key principles underpin our plan. These principles help to define what we believe is our contract with society – placing the patient and public at the centre of all that we do.

## **Excellence**

Excellence is fundamental to everything that we do as an academic institution – in education, research and service to our community. This is the primary lens through which we make our decisions, manage our resources and judge our success.

## Equity

Equity in both access and outcomes is closely linked with our social contract. We have a critical role to play in helping to address the regional, cultural and economic disparities that challenge the province and society more broadly around access to, and delivery of, health care and education.

#### Engagement

Engagement is required to create the alignment and sense of inclusivity upon which our success and that of the system depends. In addition to sustained focus on our connections with sector partners, our efforts must extend to better recognize clinical faculty, and to embrace more fully staff, learners, community and industry.

## Effectiveness

Effectiveness must pervade all of our activity so that we channel our contributions for maximum impact. We need to enable our faculty and staff to work productively and happily, both with each other and with our partners.

### **Education Pillar**

With the introduction of distributed medical and health professional education over ten years ago, we demonstrated our ability to reimagine how and why we educate people. As we look forward, we have an ability to continue this tradition of innovation to enhance, integrate and extend our education programs.

Goal: Teaching, development and mentoring of practitioners and scientists who can work together effectively in an evolving system

#### Objectives

## 1. Invest in program renewal and realignment to meet evolving societal and career requirements.

A continually evolving health system demands greater attention to the teaching of new disciplines (e.g., precision medicine and translational medicine) and pivotal application skills (leadership, change management, system navigation).

We will respond accordingly, taking a flexible approach to new program development. We will reimagine graduate programs and expand clinician scientist training in line with changing career options, and we must build new testable models for enhanced practice in underserviced health professions such as physiotherapy and occupational therapy.

## 2. Exploit disruptive innovation to enrich the learning experience and increase access.

We have built tremendous capability through the distributed education model, and have an exciting opportunity to leverage this experience in new applications.

Team-based training, online learning hubs, flexible learning pathways, and extension of the current model to rural communities through 'microdistribution' are all examples of ways in which we could leverage new technologies and practices to transform the impact and reach of our programs and of our Continuing Professional Development (CPD) activity.

We will leverage our expertise in education scholarship, build a Faculty team to support program development, and connect with the broader University capacity within initiatives such as Flexible Learning and Career and Personal Education (CPE).

### Pursue new program development and expansion where UBC excellence aligns with provincial and global demand.

The University has significant expertise in highdemand disciplines, including brain and mental health, exercise medicine, genomics and health informatics, biomedical engineering, business and medical humanities, and in evidence-based care.

We believe there is significant reputation and economic upside in potential new flagship bachelor and applied master's programs in at least some of these areas, particularly if we collaborate effectively across the institution.



## 4. Transform the clinical placement model and experience to support practical team-based and lifelong learning.

The placement model is a fundamental component of our education programming, and the supply of students and trainees at practice sites is integral to capacity and innovation in health care delivery.

We must work with individual clinicians, with professional associations, with Health Authorities and with academic colleagues across the province to confirm collective strategic commitment to the model. We will then work together to implement operational changes, improve preceptor training and align incentives to facilitate the interface.

## 5. Develop a learning environment conducive to learner, trainee, staff and faculty development and mentorship.

We reassert our commitment to a safe and supportive learning environment, and we will invest in processes, training and feedback mechanisms to ensure that we consistently uphold the highest standards.

## **Research Pillar**

Our research environment is remarkable for its depth and breadth in core areas of critical importance to human disease such as cancer, brain and mental health, heart and lung health, chronic and infectious diseases. With focused support and development we can extend our research platform to explore new and emerging areas of focus, engage patients and the public, and strengthen translation capabilities to accelerate the transfer of research to care.

Goal: Knowledge creation, translation and exchange to gain insight and promote improved outcomes for patient and public health

#### Objectives

## 1. Create focused alignment with our partners to transform our leading research capabilities.

We will focus upon our strengths building on three thematic foundations: the life sciences based on our rich tradition of discovery science, and now strongly embracing translation and innovation; the life course - building bridges through maternal/fetal health and child and adolescent health to provide new insights into mechanisms of healthy aging and illnesses of later life; and approaches to disease including both preventative medicine and the use of precision medicine in the management of complex diseases.

These foundational themes anchor our research priority areas supporting a strong, innovative and focused interdisciplinary research approach.

We will continue to build upon our research excellence focusing on sustaining and growing our pre-eminence in five research priorities including: **cancer, brain and mental health, heart and lung health, population health, and chronic diseases** (such as diabetes). Within each of the five research priority areas the Faculty has emerging and established strengths in areas of major importance for human health, for example in cancer – precision oncogenomics; in brain and mental health – neurodegenerative disease, mental health and addiction; in heart and lung health – chronic obstructive pulmonary disease (COPD); in population health – infectious disease such as HIV/AIDS; and in chronic diseases – diabetes. The Faculty will continue to build upon these strengths, while also pursing new frontiers of research to advance the transformation of health outcomes and care.

This approach combined with research excellence in our priority areas, prioritization of resources, and assertive investment will create new knowledge, discoveries, and translation helping to improve prevention and treatment of diseases, influence health policies, and advance the delivery of health care. This will translate into benefits for the population, patients, locally, nationally, and internationally and the economy. To achieve maximum impact, this must be coordinated with our regional and Health Authority partners; the AHSN and the AHSCs will be pivotal enablers of this integration. **Research Priorities, Themes and Platforms** 



**Drugs and Therapeutics** 

## 2. Build powerful core platforms to support research and translation.

The successful implementation of the Faculty's research priorities and themes requires a sophisticated integrated core research infrastructure, of which the Faculty has developed strong core platforms. Specifically our capabilities in genomics are exceptional; however we will need to strengthen our capacity in other areas to create the infrastructure needed to sustain research excellence, innovation, and translation.

The cross-cutting platforms the Faculty will invest and focus on are: genomics and 'omics; data science including access to, analysis and interpretation of large data sets and the integration, management and utilisation of complex information in a clinical setting; biobanking; imaging; experimental medicine including first-in-man capability; biomedical engineering; and the development and evaluation of novel therapeutics including cell-based therapies.

Cost-effective development and utilization of such platforms will require a sectoral approach and coordination through our academic and health care partners. In the context of our thematic priorities, the core platforms will enable the Faculty to be a transformative leader in research, and to be at the forefront of the use of such research and innovation to address patient and public health at a local, national and global level.

## 3. Embed and extend patient-oriented clinical research capacity.

The province has deepened its commitment in this critical area through the coordination of the BC SUPPORT Unit and the AHSN; our Faculty is a key partner in advancing the goals of these entities.

In this context, we must strengthen our capabilities in conducting interdisciplinary populationbased, patient-oriented clinical research that leads to effective policy development, and in the development of new effective models of clinical trials across the province - in turn improving outcomes and delivery of health care in patient and public health in both urban and rural settings.

## 4. Enhance our leadership in precision medicine across a population.

Our assessment of provincial and Faculty assets highlights the unique interface between our public mandate and our expertise in precision medicine.

To fully realize and establish our capabilities will require disruptive change, specifically an educational focus on advancement of medical informatics and data science, strengthened interdisciplinary research across the University, development and training of our clinical faculty, and coordinated province-wide population-based studies.

The precision medicine approach provides a basis for transformations in health upon which future sustainable population health activity may pivot, providing the capacity to transform health outcomes across society both urban and rural, improved efficiency of clinical trials, and more efficient use of health resources. In turn, this may help lead to new policy developments facilitating sustainable and effective health care.

#### MISSION, PRINCIPLES AND GOALS



## 5. Facilitate innovation, commercialization, and industry partnership and investment.

Knowledge creation, translation, and exchange for the improved delivery of health care are critical components of our strategy.

Through a cohesive and deliberate approach focused on enhanced entrepreneurship, technology transfer, and commercialization, we will actively strengthen our innovation capacity through coordinated support and strong partnerships with industry. Effective translation will have significant results providing benefits to health care and the knowledge economy through licensing, spin-out and start-up companies, and strengthened relationships with industry. The Pacific Health Innovation eXchange (PHIX) will be a key enabler to strengthen collaborations across the research network and facilitate the implementation of innovation.

#### **Organization Pillar**

As a provincial Faculty stretched across the diverse and vast landscape of British Columbia, we must work together with renewed and shared purpose to bring innovation to our operations, reimagining communication, collaboration, and our collective impact.

Goal: Creation of a working environment that inspires innovation, strengthens academic and operational affiliation, and fosters agility

#### Objectives

## Develop a communication strategy to foster engagement and inclusivity across the Faculty and its stakeholders.

We will focus efforts on creating clear external awareness and understanding of the Faculty and its role in society. Equally importantly, we must build an integrated Faculty community through meaningful engagement across clinical faculty, academic faculty, staff and learners.

## 2. Ensure strategic faculty renewal to enable excellence in education and research.

Faculty renewal is critical to our success, and we will work with our colleagues across the University, for whom this is also a top priority, to attract and channel funding and to manage the systemic conditions surrounding successful renewal and recruitment.

## 3. Clarify governance accountabilities and simplify processes to enable decision making.

We will ensure strong representation and interface across three organizational dimensions (portfolio, discipline and region); create singlepoint accountability in leadership roles; and reduce operational redundancy and free faculty capacity for academic contribution.

## 4. Create functional academic groupings to facilitate coherence, collaboration and operational support.

It is critical to create closer academic and administrative alignment across UBC Departments to enable: enhanced operational support to Department leadership; best practice sharing and conjoint program growth; more effective representation in Faculty governance; and improved regional and system coordination.

## 5. Embed wellbeing and leadership development to improve personal and collective effectiveness.

We will take a more deliberate approach to organization development, embracing both training and mentorship to strengthen leadership capability and to help facilitate academic and systemic change.

We must also actively promote wellbeing, as well as faculty and staff diversity, to enhance our productivity and our working environment. UBC's current focus on strengthening the culture of excellence across the University provides valuable institutional context and capacity.

#### MISSION, PRINCIPLES AND GOALS



#### **Partnership Pillar**

We can help shape the evolution of an equitable, patient-centred, sustainable and effective health care system through collective leadership with our partners.

Goal: Collective system leadership to help shape practices and policies for improved care of the population across the province

#### Objectives

## Support the establishment of mechanisms that formalize and simplify connections across the system through the AHSN and AHSCs.

The provincial AHSN has been established, and there is growing traction in the Vancouver AHSC as an initial regional centre and node of the AHSN, both of which would create infrastructure and align resources to facilitate focused collaboration. Our continued focus on partnering and helping to shape these constructs is an absolute imperative for the Faculty and for the system as a whole.

## 2. Engage with partners and populations to help reduce inequities in Indigenous health care and outcomes.

We will continue to expand our partnerships to address the unique challenges associated with Indigenous health. Our contributions will include improved access to education programs, curriculum renewal to embed content, research into disease determinants, and advances in models of health care delivery in rural and remote areas. We will work with our provincial partners to align priorities, capabilities and accountabilities for collective success.

#### MISSION, PRINCIPLES AND GOALS



## 3. Develop shared agendas and accountabilities with sector partners to address core systemic issues.

The complexities attached to the cross-cutting challenges (e.g., data access and technology integration, a shift towards community-based care, system sustainability) require government dialogue, holistic solutions, shared accountability and collective action. We must commit to work more proactively and more effectively across the University and across the system. The current approach to the Providence Health hospital development provides a strong demonstration project.

## 4. Reinforce provincial capacity and rigour in health data analytics and quality improvement.

The provision of training and analytical tools is likely to be a critical component, as is innovation in health care delivery practices. Most urgently, we collectively need to prioritize the development of policies around access to, and usability of, patient data for research.

## 5. Strengthen education and research through coordinated international focus and growth.

The Faculty has numerous international connections through education programs such as the Vancouver Summer Program, research collaborations, expertise in global health, response capabilities in international health crises, and health outreach programs in developing areas of the globe. Through a more deliberate and coherent approach to internationalization and recruitment, we will strengthen our research capacity and innovation potential through partnerships with international institutions and industry partners.

# Transformational change



The future of health care demands innovative solutions. The UBC Faculty of Medicine plays a key role in the future of health care not only in British Columbia but nationally and globally. In this Strategic Plan we have refreshed our contract with society and are ready to step forward to be part of the transformation of health care.

This plan outlines our intent to modernize our organization to permit efficient and effective services to our faculty and our partners. We are committed to deliver the next generation of health care providers, researchers and educators to enable truly excellent person-centred health care and population level preventative and precision medicine.

Our goal is to provide the vital answers in our key knowledge gaps to inform how we can improve health and health care for our citizens - to truly provide health through knowledge and innovation.

Special thanks to the hundreds of faculty, staff and students across the province who have contributed to the development of this plan.



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THE UNIVERSITY OF BRITISH COLUMBIA

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