Microbiology & Immunology
April 1, 2013

Dean Michael Strong
Overview

- Schulich in the context of the University
  - Broad strokes budget issues
  - International rankings
  - Major external pressures

- Highlights of specific areas
  - Development
  - Globalization and Internationalization
  - Stabilization of basic sciences budgets
  - Future of Microbiology & Immunology

- Discussion
Our vision

“We will be a global leader in optimizing life-long health through innovations in research, education and active engagement with our communities”
2013/2014: Foundational items

1. **No major changes** to strategic directions of Faculty in this 3rd year of 4 year budget planning cycle
2013/2014: Foundational items

2. Decision making now based on solid foundations:

   b. Deloitte Administrative Operations review (2011/12)
      • PMO implementation (2012)
   c. Level 5 report on Schulich positioning (2011)
   d. Research white paper (2011)
   e. Globalization and Internationalization white paper (2012)
   f. Office of Faculty Affairs white paper (2012)
   g. Implementation of Activity Based Management &
      Costing (early phases with stratified educational
      program) (2012)
   h. BMSc program at near steady state
   i. Full understanding of deficit funding
2013/2014: The changing environment

1. Changing landscape of the funding models:
   a. Status of the omnibus agreement(s) – reductions
   b. Impact of the restructuring of health care delivery
   c. Unknown impact of MCTU funding changes

2. Changing physician remuneration models and how this will affect overheads/tithing system

3. Implementation of the new CIHR application and peer-review process (2014)

4. New professional/MSc tuition fee uncertainty

5. North American trends in declining graduate student enrollment
2013/2014: The changing environment

6. Clarification of the University expectations
   a. improved international ranking
   b. enhanced graduate student enrollment
   c. Increased international presence (locally and at a distance)
   d. Renewal of strategic plan
2012/2013: The changing environment

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International rankings

International rankings relevant to Western

- Academic ranking of World Universities (Shanghai; ARWU*)
- Time Higher Education World University Rankings (THE*)
- Quacquarelli Symonds World University Rankings (QS**)
- The Leiden Ranking*
- Scimago Institutions Rankings (SIR**)

<table>
<thead>
<tr>
<th>Western Ranking</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-300</td>
<td>ARWU</td>
</tr>
<tr>
<td>201-225</td>
<td>THE</td>
</tr>
<tr>
<td>157</td>
<td>QS</td>
</tr>
<tr>
<td>330</td>
<td>LEIDEN</td>
</tr>
<tr>
<td>180</td>
<td>SIR</td>
</tr>
</tbody>
</table>

* Thomson Reuters Web of Science
** Scopus

Truman report, 2012
QS ranking in Canadian context

Relevant weightings
- Academic reputation (Survey; 40%)
- Employer reputation (Survey; 10%)
- Student/faculty (20%)
- Citations/faculty (20%)
- International faculty (5%)
- International students (5%)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Canadian Ranking 2011</th>
<th>Canadian Ranking 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy</td>
<td>4th - 5th</td>
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<tr>
<td>Modern Languages</td>
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<tr>
<td>Geography</td>
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<td>7th - 15th</td>
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<td>5th - 8th</td>
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<td>Linguistics</td>
<td>7th or 8th</td>
<td>10th - 12th</td>
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<td>English Language &amp; Literature</td>
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<td>8th - 9th</td>
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<td>8th - 9th</td>
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<td>8th - 11th</td>
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<td>4th - 5th</td>
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<td>Biological Sciences</td>
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<td>Psychology</td>
<td>4th - 5th</td>
<td>4th</td>
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<td>Physics &amp; Astronomy</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Metallurgy &amp; Materials</td>
<td>N/A</td>
<td>not in 2012 list</td>
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<td>Mathematics</td>
<td>6th - 10th</td>
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<td>Environmental Sciences</td>
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<td>Chemistry</td>
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<tr>
<td>Materials Science</td>
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<tr>
<td>Statistics &amp; Operational Research</td>
<td>4th - 6th</td>
<td>6th - 7th</td>
</tr>
<tr>
<td>Sociology</td>
<td>7th - 10th</td>
<td>7th - 8th</td>
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<tr>
<td>Politics &amp; International Studies</td>
<td>7th - 10th</td>
<td>5th - 7th</td>
</tr>
<tr>
<td>Law</td>
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<td>12th - 13th</td>
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<td>Economics &amp; Econometrics</td>
<td>4th - 5th</td>
<td>4th - 5th</td>
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<tr>
<td>Accounting &amp; Finance</td>
<td>4th - 5th</td>
<td>4th - 5th</td>
</tr>
<tr>
<td>Communication &amp; Media Studies</td>
<td>not in 2011 list</td>
<td>2nd - 4th</td>
</tr>
<tr>
<td>Education</td>
<td>not in 2011 list</td>
<td>6th - 8th</td>
</tr>
</tbody>
</table>

Truman report, 2012
International rankings

Actions to consider to increase rankings

- Hire more faculty members – this would have the effect of improving the overall student faculty ratio which will improve scores in ARWU, THE and QS
- Hire faculty with strong research experience - ARWU, THE, QS
- Hire international faculty – THE and QS
- Enrol more international students – THE and QS
- Increase the percentage of graduate students - ARWU
- Modify faculty performance evaluation to place a higher value on bibliometrics

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- Increase the percentage of graduate students - ARWU
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Truman report, 2012
2013/2014: The changing environment

7. Changes in the National landscape
   a. Impetus for translational science
      • Impact on clinician scientists
      • Impact on research team development
      • Greater likelihood of “large scale” grants
   b. Renewed impetus to Academic Health Science Networks
   c. Canadians studying abroad
   d. New models of medical school accreditation

8. North American trends in declining graduate student enrollment
When we’re not talking about money.....
Our programs: 3140 students

- BMSc (802)
- Residents and Fellows (742)
- Medicine (684)
- Graduate Studies (502)
- Postdoctoral Fellows (130)
- Dentistry (223)
- Internationally trained Dentists 41
- Postgraduate Dentistry (16)
2,171 full- and part-time faculty members

- Full-time clinical Faculty (PhD/DDS)
- Full-time clinical Faculty (Physicians)
- Part-time clinical Faculty (Physicians)
- Institute Scientists
- UWOFSA Limited duties
- Other
Our staff complement: 1,721

- Regular Full-time & Part-time staff (562) - 32.7%
- Temporary contract staff (522) - 30.3%
- Graduate research Assistants; PDFs; Research assistants (637) - 37.0%
Schulich base operating funds available (1,000s)
Schulich base operating funds available (1,000s)
The importance of increased grad enrollment
Consolidated Revenues by source projected (2012/2013)

- Clinical Dept Self-funding: (18.9M) - 10.7%
- Carry forward: (31.1M) - 17.6%
- Recoveries: (5.5M) - 3.1%
- Operating Revenue: (49.2M) - 17.2%
- One-time: (10.6M) - 6.0%
- Revenue Sharing: (2.7M) - 1.5%
- CRC: (2.7M) - 1.5%
- Operating: (74.6M) - 42.3%
Funding that is not ours....

Clinical Department Self-funding (total 36M; 20.4%)

Carry-forward

Projected

Operating Revenue includes
7.5M Hospital Envelope
5.2M AFP
True carry-forward

True carry-forward
14.4M (7.8%)
True carry-forward

Dentistry 3.8M
Medicine 10.9M
Robarts 0M
The long term objective
The long term objective

To place Schulich in a position where any growth in revenues can be directly applied to academic growth and the fulfillment of the strategic mission
Key strategic initiatives (2013 - 2014)

1. Develop new funding avenues to support the growth of all aspects of the School

2. Expansion of graduate education opportunities

3. Stabilize the basic science & education funding model (must move away from mortgaged future model)

4. Redevelop the clinical funding formulas for greater transparency and to align with activity based management principles

5. Realign the Schulich infrastructure
Key strategic initiatives (2013 - 2014)

6. Prepare for significant funding reductions across the next 3 years accompanied by significant increased cost pressure (i.e., CIHR funding rates, transfer of clinical clerkship “paymaster role” from the OMA to UGE office)

7. Expansion of research agenda
   a. Address “core” research support funding formulas (lead on this is the Provost’s office)
   b. Increased Industry base
   c. Increased capacity for large scale grant applications
   d. Move towards translational research teams
Expansion of Graduate opportunities
Expansion of Graduate opportunities

Introduction of Master of Public Health
Introduction of accelerated MSc programs
Opening of Centre for Family Medicine Studies
Opening of General Anaesthesia Dentistry suite
Ongoing graduate student support
  year 2 of Schulich PhD award; MSc award
ongoing 4 year match of DSIG initiative
New graduate programs
  Pathologist’s Assistant program
  CAMPEP Medical Biophysics program
  MSc in Surgery
  JUMP Musculoskeletal program
Stabilization of basic sciences funding
<table>
<thead>
<tr>
<th>Action</th>
<th>2013/14 (one-time)</th>
<th>2013/14 (base)</th>
<th>2014/15 (one-time)</th>
<th>2014/15 (base)</th>
<th>2015/16 (one-time)</th>
<th>2015/16 (base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science: Abolish cumulative deficits (one-time deficit funding)</td>
<td>3,449,039</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start-up: <strong>New</strong> faculty hires basic sciences (one time)</td>
<td>250,000</td>
<td></td>
<td>250,000</td>
<td></td>
<td>250,000</td>
<td></td>
</tr>
<tr>
<td>Start-up: <strong>Commitments</strong> to honour existing contractual obligations (one time)</td>
<td>250,000</td>
<td></td>
<td>250,000</td>
<td></td>
<td>250,000</td>
<td></td>
</tr>
<tr>
<td>Basic Science: ongoing in year <strong>structural</strong> truing-up to accommodate new base allocation to meet market standard (93.5% wages and benefits); inclusive of base salaries &amp; benefits for new hires</td>
<td>986,540</td>
<td></td>
<td>1,266,540 (incremental 280,000 over 2013/14 base)</td>
<td></td>
<td>1,546,540 (incremental 560,000 over 2013/14 base)</td>
<td></td>
</tr>
<tr>
<td>Education: correction for ongoing leadership &amp; staffing base (Accreditation &amp; MoHLTC mandated program expansion)</td>
<td>500,000</td>
<td></td>
<td>500,000 (no increment)</td>
<td></td>
<td>500,000 (no increment)</td>
<td></td>
</tr>
<tr>
<td>Education: Base adjustment education (Wellness, SWOMEN, Windsor)</td>
<td>230,000</td>
<td></td>
<td>230,000 (no increment)</td>
<td></td>
<td>230,000 (no increment)</td>
<td></td>
</tr>
<tr>
<td>MPH program initiation</td>
<td>1,800,000</td>
<td></td>
<td>1,800,000</td>
<td></td>
<td>1,800,000</td>
<td></td>
</tr>
<tr>
<td>Administrative (hospital &amp; faculty affairs; AHSN funding; awards; Deloitte)</td>
<td>798,000</td>
<td></td>
<td>798,000 (no increment)</td>
<td></td>
<td>798,000 (no increment)</td>
<td></td>
</tr>
<tr>
<td><strong>Yearly subtotal (one-time)</strong></td>
<td>3,949,039</td>
<td></td>
<td>500,000</td>
<td></td>
<td>500,000</td>
<td></td>
</tr>
<tr>
<td><strong>Yearly subtotal (base)</strong></td>
<td>4,314,540</td>
<td></td>
<td>4,594,540 (280,000 incr)</td>
<td></td>
<td>4,874,540 (560,000 incr)</td>
<td></td>
</tr>
</tbody>
</table>
Stabilizing basic departments

1. “strategic hiring review” across all aspects of the organization where there is an implication for Schulich global operating budget

2. Implement a new model of basic science recruitments that is governed by availability of funding
   • All new recruitments to be vetted by Basic Science chairs using criteria to be developed by Basic Science Chairs with Dean
   • All new hires to become operating budget allocations (not one time recurring)
   • IBA is absorbed centrally
Stabilizing basic departments

3. Graduate student funding to flow to basic science chairs with accountability for hitting targets within the budget cycle for deliverables of enhanced graduate student enrollment (mechanism already developed and in place)

4. All incremental growth to remain central (Schulich)

5. Budget cost over-runs cannot be tolerated as there will be no room for “repair”
The future of Microbiology & Immunology

• The department will remain (there is no interest in a “super department similar to Queen’s)
• Stabilization of operational budget (deficit abolished and balanced moving forward; resources for administrative staff)
• Opportunity for increased integration of research with other basic and clinical departments
  • Ongoing support of senior hospital leadership for infectious diseases focus
  • Increased opportunities for project specific funding
• Recruitment process
  • Capacity to recruit both internally and externally
  • No predetermined outcome
  • Recruitment positions but not in the absence of a strategic hiring plan
Develop new funding avenues
Develop new funding avenues
Globalization & Internationalization
Schulich International

Special Advisor to the Dean for Health Globalization, Internationalization, and Simulation:

John D Denstedt
MD FRCSC FACS
Internationalization Priorities

• Survey of all faculty to develop a catalogue of current activities
• Develop better linkages with the supporting infrastructure at central Western University
• Continue to advance the relationships in China and Middle East (USA, Brazil, East Africa)
• Build a team
• Stay focused on tangible, real results
• Develop strategic plan for Schulich Internationalization
Guiding principles: Strategic Initiatives

- Will be consistent with SSMD Strategic Plan
- Will envelop education, research and development opportunities in a manner that is clear and transparent to all
- Will have a defined budget
- Will have the following characteristics
  - Integration (the ability for a strategic initiative developed in one limb of the school’s activities to be applied elsewhere)
  - Sustainability
    - Sufficient depth that the loss of a single core individual does lead to the demise of the program
    - Fiscal sustainability
    - Evidence of structure sustainability
Guiding principles: *Emerging opportunities*

- Will be consistent with SSMD Strategic Plan
- Will envelop education, research and development opportunities in a manner that is clear and transparent to all
- While emerging opportunities will be eligible for seed funding, the absence of such funding would not preclude their development
- Support, fiscal or otherwise, would be contingent on defining short term measurable deliverables.
Global connections, clinical partnerships and outreach activities in more than 18 countries
Guiding principles: Student experiences

- Will be consistent with SSMD Strategic Plan
- May be individual or group, student or faculty initiated
- Subject to a prior approval/vetting process
- Will have unique characteristics depending on the nature of the group, student or faculty
- SSMD funding will not be automatic, but will be dependent on ranking within the vetting process
- Issues of safety should be integrated into considerations regarding the development of, or maintenance of, student experiences.
Refocusing and realignment
Homegrown workarounds to expedite slow business processes have emerged in the absence of Standard Operating Procedures. As a result, key person dependencies exist throughout Schulich.
The presence of SWOMEN and Windsor within Education need to be assessed within the broader goals of the Strategic Plan and the best fit for these entities as part of Schulich over time.
Three (3) year organization design & implementation timeline

### Degree of Organization Design Program and Change

<table>
<thead>
<tr>
<th>2011 Current State</th>
<th>2011+ Transitional State</th>
<th>2014 End State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Alignment</strong></td>
<td><strong>Organizational Redesign</strong></td>
<td><strong>Organizational Transformation</strong></td>
</tr>
<tr>
<td>Focused on minimal organization/role changes needed to ensure project success</td>
<td>Focused on moderate changes to the organizational required to fully realize initiative benefits</td>
<td>Focused on total organizational transformation in support of strategic objectives</td>
</tr>
<tr>
<td>▪ Typically bottom-up effort – Identify organization impacts of the initiative and change the organization accordingly</td>
<td>▪ Can be bottom-up or top-down</td>
<td>▪ Takes a top-down approach – Build the case for change by addressing external &amp; internal business drivers</td>
</tr>
<tr>
<td>▪ Roles &amp; departmental lines may change to accommodate the new initiative</td>
<td>▪ Technology/process can be primary change drivers</td>
<td>▪ Organization design begins at the highest level of the organization in scope (the COO)</td>
</tr>
<tr>
<td>▪ Technology/Process is usually the primary change driver</td>
<td>▪ Job responsibilities, skills and reporting structures may be redefined to support new capabilities</td>
<td></td>
</tr>
<tr>
<td>▪ The case for change relating to technology/process implementation needs to be re-invigorated, on a bigger scale</td>
<td>▪ Performance measures may need review and modification</td>
<td></td>
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</tbody>
</table>
### Structural Changes by Area: COO Example

#### Current State

- **Associate Director Education Services**
- **Associate Director Finance**
- **Associate Director HR**
- **Associate Director IS**
- **Interim Manager TTS**
- **Sr. Consultant Research**
- **Comms Officer**
- **Media Relations Officer**
- **Alumni & Development**

#### Future State

- **Director Education Services**
- **Director Shared Services**
- **Director IT Services**
- **Director Research Services**
- **PMO**
- **Director External Services**
- **Dir. Academic Operations**

#### Number of Direct Reports to COO

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

- **Existing Role**
  - changed accountabilities
- **New role**
- **Existing Role**
- **New role**
- **New role**
- **New role in End State**
Managing Change

Managed vs. Unmanaged Change

- Managed Change:
  - Targeted Level of Organizational Performance (Future State)
  - Proactive Change Implementation
  - Return on Investment (ROI)

- Unmanaged Change:
  - Implementation of Initiative Begins
  - Return to Equilibrium
  - "The Valley of Despair"
  - Reactive Change Implementation
Where are we in this process?
# Overall Implementation Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<td>2012</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
</tr>
<tr>
<td>2013</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
</tr>
<tr>
<td>2014</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
</tr>
<tr>
<td>2015</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
<td>Apr - June</td>
<td>July - Sept</td>
<td>Oct - Dec</td>
<td>Jan - March</td>
</tr>
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## Dean's Office Reviews
- **Sept/12**: Post Implementation
- **Mar/13**: Post Implementation
- **Dec/12**: Post Implementation, Revisit
- **Jan/13**: Post Implementation
- **Mar/13**: Post Implementation, Revisit
- **July/13**: Post Implementation, Revisit
- **June/13**: Post Implementation, Revisit
- **Dec/12**: Post Implementation, Revisit

## Education Department
- **Sept/12**: Post Implementation

## Grad Assistants
- **Dec/12**: Post Implementation

## Consolidation of Clinical Dept Admin
- **March/13**: Post Implementation

## Consolidation of Basic Dept Admin
- **June/13**: Post Implementation

## Dentistry
- **Dec/12**: Post Implementation

## ISIT
- **Sept/12**: Post Implementation

## Director Roles
- **Sept/12**: All Directors in place
- **Dec/12**: Post Implementation

## Centralization
- **Sept/12**: All Directors in place
- **Dec/12**: Post Implementation

## Implementation of HR Hiring & Recruiting
- **Sept/12**: All Directors in place
- **Dec/12**: Post Implementation

## Ongoing Centralization of like functions (i.e. HR, Finance etc.)
The six strategic initiatives

1. “Create knowledge in the science of healthy and successful development and aging across the life span.”

2. “Strengthen knowledge translation to achieve health benefits for individuals and populations.”

3. “Become a destination of choice for exceptional education and learning.”

4. “Develop sustainable partnerships, networks and global initiatives.”

5. “Lead in programs that foster the growth and success of faculty and staff.”

6. “Enhance communications and profile for greater impact.”

Vision
A global leader in optimizing health across the life course through innovations in research, education and in actively engaging with our community.