Biomedical Sciences
External Review Report

Faculty of Medicine & Dentistry, University of Alberta

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Reviewer(s):

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Five questions

Please ensure your observations and recommendations collectively address these questions. You may organize your report by question or by theme.

- What can we do to build stronger collaboration to enhance research impact and educational innovation?
- How do we ensure our undergraduate and graduate biomedical sciences training programs are best positioned to prepare students for future careers in health sciences?
- What can we do to reduce reliance on government funding sources and diversify revenue?
- What can we do to promote a culture of high research and education performance?
- How can the FoMD's organizational structure be optimized to better support productivity and well-being of a biomedical sciences community with fewer biomedical faculty members?

I. Key observations

1. There is a relatively good understanding of financial challenges within faculty and leadership
2. There is broad recognition that the status quo is not an option
3. High level of pride and satisfaction from faculty, students and HQP of the FoMD Biomedical Sciences (reputation, past accomplishments)
4. Morale of faculty members is hampered by anxiety around teaching load
5. There is openness toward more collaboration between basic scientists in BMS and those embedded in clinical departments
5. There is appetite for strengthening support and collaboration for enhancing translational research and teaching activities
6. There needs to be better connectivity between curricular development and hires
7. The institutes are playing an increasingly important role in strategically guiding hiring
8. There is openness toward teaching innovation but this is not seen as a means to ‘’teach better with less faculty members’’
9. There is little financial support offered for graduate students
10. The ability to hire clinician-scientists through AFPs could increase capacity in research but given clinical demands, it is unlikely that this alone could maintain research intensity

II. Advice and recommendations for the Dean

Recommendation #1 Strategic alignment between curricular development and basic science faculty

Brief rationale / intended outcome

Currently, the basic science departments each run separate undergraduate programs. These are notably very popular and of high quality. Exposure to laboratories and to research opportunities are clearly strengths that should be maintained; however, having the programs run separately limits economy-of-scales that could help to reduce teaching burden (e.g. by allowing programs to run with fewer courses in total). In addition, there is tremendous heterogeneity in teaching loads between faculty in basic departments (that run these programs) versus clinical departments. This has been mitigated in part through rather ad hoc collaborations between departments (e.g. between Cell Biology and others). Consolidated curricular development (e.g. a basic biomedical degree with discipline-specific specialties) could help to alleviate the pressures. Moreover, moving curricula out of the Departments, would allow for a more unified workload, wherein PhD scientists from across the faculty could participate equally. Moreover, innovative solutions for experiential learning (e.g. team-based projects) could be enabled through collaboration across departments. The timeline for this alignment exercise ought to be aggressive, such that implementation is practical for 2027-2028.

Recommendation #2 Better alignments between strategic priorities at UofA, FoMD, Research Institutes and Biomedical Sciences Department levels

It is unclear what the research priorities are for the school and the University. Articulating a vision and priorities can provide a basis for decision making. Creating space and expectation that BMS can grow is warranted, and aligning this priority with strategic plans of the Institution is an essential next step over the coming months. As basic science faculty numbers will be decreasing, strategy will become increasingly more important. It could be that research institutes can help to ensure this type of alignment as they are often pan-institutional, and are in the very least pan-faculty.

Recommendation #3 Any solution should be accompanied by a strong communication plan (why better?) and ideally solutions that will not add disruption (rather increase cohesiveness)

In order to rally behind proposed changes, faculty will need to feel engaged and that they can work through toward a brighter future. This will require complete transparency regarding why and how decisions are being made.

Recommendation #4 Envision support for building bridges between basic science and clinical departments through strategic hires

While AFPs will certainly build research capacity, it is unclear whether clinician scientists will be successful if left alone, particularly given issues associated with workload. There are fabulous examples of where scientists have worked to increase research capacity within the clinical departments. These types of purposeful collaborations (building in basic scientists to complement clinician scientists) would help to enable translational research but also to allow all members to be as productive as possible.

Recommendation #5 Develop a transparent budget model, so that faculty can realize the benefits of teaching and can work toward expansion through other sources of revenue.

It is unclear exactly how much revenue is made through teaching versus research. This would be needed to understand the best financial decisions for the basic science faculty. Moreover, it will delineate the extent to which chairs (competitive and endowed) must be sought to offset time spent on research. Finally, the faculty should work to obtain a TA allocation that is proportional to the courses taught. This would incentivize teaching and would increase research capacity.

Recommendation #6: Better harness the institutes.

The institutes appear to be driving research but with a few exceptions, they are not well funded. The institutes could help guide strategic hiring and could be a place to build up, for example, endowed chairs. The relationship between hiring, which is enacted by Department Chairs and can often consider curricular needs, and Institutes is complex and unpredictable: proactively setting expectations across FoMD regarding stakeholders' roles and responsibilities during hiring would help to prevent tensions and improve recruitment outcomes. Most Institutes should be provided an explicit mandate and support to foster collaboration between basic and clinical sciences, complementing the efforts of all FoMD leaders; metrics of success in this realm could be developed to track/incentivize outcomes.

III. Notable strengths & promising practices

We have noted strengths throughout: The quality of research and education being done by basic science faculty is high; exemplified by popular programs, the success of graduates, excellent recruitments and notable research achievements. There is also a collaborative and innovative spirit; as evidenced by collaborations between institutes and departments, improvements to graduate programming and the operationalization of administrative hubs.

IV. Additional considerations

Add any issues not captured above that warrant attention.

The level of engagement of the FoMD members in the process was impressive, indicating a willingness to invest in FoMD renewal. The work of the BMS Working Group was comprehensive and excellent, and though sometimes the work was uncomfortable, it was impressively collegial, transparent and constructive; continued engagement of FoMD leadership in this consultative mode will be essential to retain morale and a sense of ownership amongst the FoMD community.

Decisions regarding organizational restructuring, such as merging BMS Departments, should be taken with further collegial consultation when they can be aligned with well-defined strategic priorities in teaching and research, with the outcomes of ongoing reviews of graduate student programs, and with due consideration of any organizational restructuring of clinical Departments.