



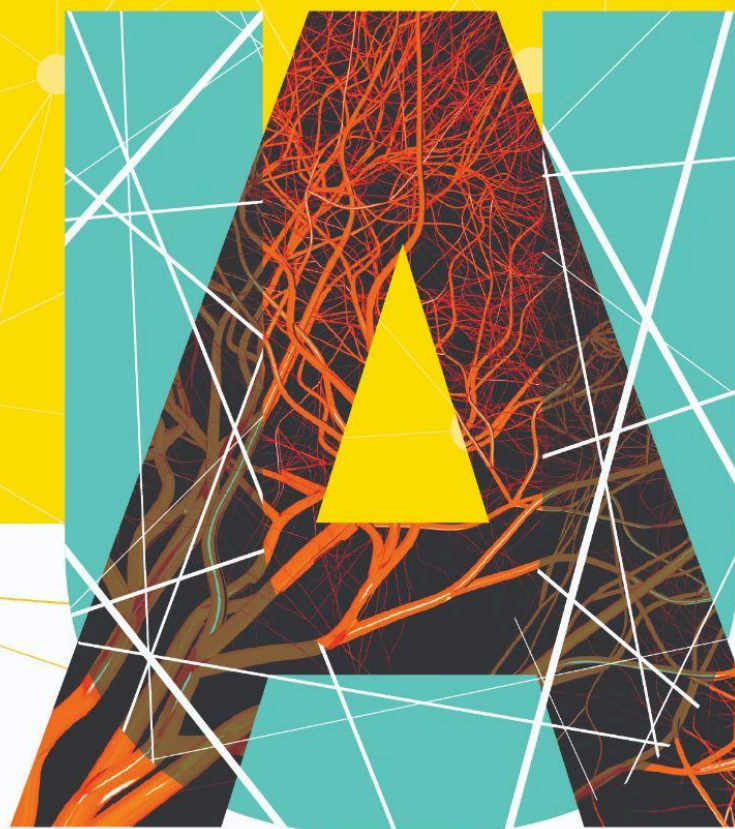
UNIVERSITY
OF ALBERTA

FACULTY OF MEDICINE & DENTISTRY

What We Heard

Strategic plan consultation

2026



Briefing: What we heard

Below is a synthesis of What We Heard, organized by theme and written to reflect observations rather than interpretations or recommendations. We consolidated overlapping observations into eight themes, separated what participants said from possible recommendations, and preserved unresolved tensions where the consultations did not indicate consensus.

Through surveys, written submissions, interviews, focus groups, workshops, discussion sessions, and a town hall, we engaged 789 individuals (549 unique). Participants include: faculty 45%, staff 37%, learners 4%, alumni 7%, and the community 6%. Community engagement included: members of Indigenous communities, donors, rural physicians, dentists, dental hygienists, government and the health system.

1. Teaching and education: Make education a differentiator

- The Faculty's education programs (dental hygiene, dentistry, MD, graduate studies, medical laboratory science, postgraduate medical education, radiation therapy, undergraduate biomedical science etc.) are all respected, and participants asked whether education could become a more visible source of strategic distinction;
- Learners must be prepared for a health system that will be increasingly team-based, digitally enabled, distributed and shaped by changing population and workforce needs.
- Northern, rural, regional and remote education was consistently identified as a distinctive strength, with an opportunity to become known nationally for preparing broadly skilled practitioners who can serve communities outside major urban centres.
- Participants emphasized the importance of "recruit local, train local, retain local," supported by intentional admissions pathways, distributed placements, community-based learning and sustained relationships with regional educators and preceptors.
- Education should expose learners to the breadth of practice and prepare them to meet population needs, including rural generalism, Indigenous health, aging, health-system leadership, AI and data-enabled care.
- Rural physicians and preceptors want a stronger academic connection to the Faculty, but teaching responsibilities are frequently added to already demanding clinical workloads without sufficient time, support or recognition.

- Participants called for more experiential and place-based learning, particularly in northern and Indigenous communities, supported by mentorship, community relationships, Elders and Knowledge Keepers.
- Indigenous education was described as stronger at the undergraduate level than in graduate and postgraduate pathways. Participants identified learner community, belonging, mentorship, faculty representation and retention as being as important as curriculum.
- Learner success should be measured through outcomes such as readiness for practice, residency pathways, rural and northern retention, Indigenous representation, leadership capability and health impact, rather than enrolment or program activity alone.

2. Research: Protect and renew excellence while increasing translation and impact

- Research excellence remains fundamental to the Faculty's identity, reputation, talent attraction and international standing.
- The Faculty has a strong legacy in biomedical and discovery science that participants believe must be protected and renewed, including through research infrastructure, core facilities, protected time and support for early-career researchers.
- Participants did not see discovery science and translational research as competing choices. They called for stronger pathways connecting discovery to clinical application, commercialization where appropriate, policy influence, health-system improvement and community benefit.
- Major funders are increasingly supporting collaborative, interdisciplinary and translational teams rather than individual investigators working in isolation.
- Alberta's health data, AI ecosystem, clinical research capacity and provincial scale were repeatedly identified as potential research advantages that few jurisdictions can easily reproduce.
- Data is increasingly viewed as core research infrastructure, alongside laboratories, equipment and physical facilities.
- Participants identified several possible areas of research priorities / strengths, including AI and health, health systems, Indigenous health, drug discovery and precision medicine, and healthy development and aging. However, they cautioned that priorities must be defined clearly enough to guide recruitment, investment and partnership decisions.
- There is an unresolved tension between sustaining broad research excellence and concentrating disproportionate resources in a smaller number of fields where the Faculty can achieve national or global distinction.

- Institutes are viewed as potentially important engines of interdisciplinary research, talent attraction and funding, but their current structure, authority, resources and relationship with departments are not consistently aligned with these expectations.

3. A clearer and more distinctive Faculty identity

- Participants consistently described the Faculty as respected, ambitious and rich in research, education and clinical strengths.
- At the same time, many struggled to articulate what the Faculty is uniquely known for, where it should lead rather than participate, or what would be lost if it did not exist.
- There is a strong desire for a clearer strategic thesis that connects the Faculty's strengths to a small number of consequential problems it is uniquely positioned to help solve
- There is an opportunity to adopt an expansive and more integrated view of health to include oral health.
- Participants cautioned against developing another broad plan in which every activity is presented as strategic.
- A credible strategy should identify a limited number of commitments that leadership is prepared to champion, resource, communicate and use to guide decisions.
- The Faculty's distinctive identity may come not from one isolated field, but from its ability to connect research, education, clinical partnership, data and AI, and social accountability around meaningful health challenges.
- The strongest recurring test was whether the Faculty's choices matter to the people and communities it serves, build from genuine strengths, attract talent and partners, and produce measurable results.

4. Northern, rural, and distributed health

- Northern, rural, remote, regional, Indigenous and distributed health emerged as the Faculty's most consistently identified area of potential distinction.
- Participants see an opportunity to build a comprehensive academic health model that connects education, research, clinical support and workforce development across northern and underserved communities.
- Existing platforms, including the Northern Alberta Medical Program, rural residencies and community-based teaching relationships, were described as important foundations that could be expanded deliberately.

- Rural and community sites do not want to be treated as peripheral delivery locations. They want to be full partners in teaching, simulation, specialist connection, research and health-system improvement.
- Participants stressed that rural, regional, remote and northern communities are not interchangeable and will require different models and commitments.
- Participants also cautioned that distributed expansion must recognize the workload and capacity constraints facing rural clinicians and educators.

5. Indigenous health

- Indigenous health must move beyond priority language and goodwill to measurable commitments in learner pathways, faculty recruitment, mentorship, place-based education, community partnerships, Elder involvement, presence in community, Indigenous-led admissions pathways, Indigenous data sovereignty and community-defined outcomes.
- Relationships must precede implementation. Indigenous communities and rightsholders should help define success, co-develop the work and see evidence that consultation leads to action.
- The Faculty's northern and Indigenous ambitions will only be credible if they influence resource allocation, program design, research priorities, infrastructure and accountability

6. People, culture and ways of working

- The Faculty's people are consistently described as talented, committed, collaborative and proud of their work.
- At the same time, participants reported change fatigue, workload pressure, low morale in parts of the organization and difficulty maintaining strategic focus amid operational demands.
- Silos across departments, institutes and administrative units make it harder to connect expertise, share resources and pursue interdisciplinary opportunities.
- Participants described a culture that can be thoughtful and supportive, but also cautious, slow-moving and reluctant to risk visible failure.
- Innovation will require permission to test ideas on a smaller scale, learn from unsuccessful experiments and adapt without treating every deviation from plan as failure.
- Administrative teams want their contribution to research, teaching and clinical success to be recognized and reflected in the strategy.
- Faculty renewal is a significant concern. Participants cited competition for talent, aging faculty demographics, limited recruitment capacity and insufficient support for early-career researchers and educators.

- Recruitment was repeatedly described as one of the Faculty's most powerful strategy-execution tools. Future hiring should be more intentional and connected to strategic priorities, infrastructure and interdisciplinary opportunities.
- People want to understand how they fit within the strategy, what will change in their work and what the Faculty will stop doing so that new priorities do not simply become additional workload.

7. AI, health data and digital transformation

- AI and health data were among the most frequently identified opportunities for global differentiation.
- Alberta's data environment, digital infrastructure, clinical research capacity and proximity to AI expertise were described as significant advantages.
- Participants emphasized that AI should not be treated simply as another research topic or technology tool. It could become an enabling capability across research, education, clinical care and health-system improvement.
- The opportunity will not be realized without a clear operating model for responsible data access, privacy, ethics, governance, policy interpretation, Indigenous data sovereignty, clinical validation and partnership development.
- Existing administrative and approval processes are often viewed as too slow or difficult to navigate for the pace of AI-enabled innovation.
- Researchers and educators need usable platforms, technical support and clear navigation pathways, not merely access to data in principle.
- Participants stressed that trust, local involvement and visible benefit will be essential if AI and data initiatives are to earn support from clinicians, communities and patients.
- The unresolved choice is whether AI and data should be positioned as a standalone strategic priority or as infrastructure embedded across every Faculty priority.

8. Health-system partnership, social accountability and public impact

- Participants increasingly want the Faculty to be defined by impact, not only by rankings, publications, grants or reputation.
- Research, education and clinical partnership should reinforce one another and create a visible line of sight to better health outcomes, stronger workforce capacity and improved care.
- The Faculty is expected to use its capabilities in evidence, education, evaluation, research, AI, data and convening to help address significant health-system challenges.

- Frequently raised challenges included access to care, workforce shortages, rural and northern capacity, Indigenous health, aging, mental health and addiction, care closer to home, patient flow and system efficiency.
- Government indicated a desire that FoMD more deliberately align its education and research priorities with Alberta's most pressing health challenges. Ensuring the Faculty's academic strengths, talent, and investments can contribute to practical solutions in areas such as workforce capacity, access to care, rural and Indigenous health, system sustainability, and improved health outcomes for Albertans.
- Participants see an opportunity for the Faculty to become more indispensable to Alberta by helping health-system partners define problems, test solutions, measure results and translate successful approaches into practice.
- Those engaged suggested social accountability should shape admissions, curriculum, research priorities, hiring, partnerships and the way success is measured, and communities should have meaningful influence over priorities and outcomes, rather than being consulted after key choices have already been made.
- Success should ultimately be expressed in terms that matter to patients, learners, communities, clinicians, government, funders and partners.

9. Alignment, governance, resourcing and execution

- Participants questioned whether current structures are sufficiently aligned to mobilize people, funding, space and partnerships around Faculty-wide priorities.
- Decision rights and resources are dispersed across departments, institutes, the Faculty, the College and central university systems.
- Departmental autonomy is valued, and it can make coordinated recruitment, shared infrastructure, interdisciplinary research and Faculty-level investment more difficult.
- The future role of institutes is unresolved. Participants want greater clarity about which institutes are strategically essential, how they should be resourced and what authority they require.
- The Faculty must also clarify when it should lead independently, when it should work through the College and when College-level scale creates greater value.
- Philanthropic and external funding opportunities will require fewer, clearer and more compelling propositions linked to visible impact. Participants observed that numerous institutes and priorities can compete for the same limited donor and partner attention.
- The strategy must influence real choices about hiring, funding, protected time, space, infrastructure, fundraising and leadership attention.

- Participants were clear that execution will depend on visible ownership by the Dean and leadership team, supported by clear priorities, accountabilities, measures and follow-through.
- Stakeholders want evidence that their input has been heard, while also recognizing that consultation does not remove leadership's responsibility to make choices and trade-offs.

Overall messages

The following overall messages are intended to distill the strongest cross-cutting signals from the consultation themes and provide a shared frame for strategic discussion. They highlight the main implications for leadership as the Faculty moves from listening to choice-making, prioritization and execution.

- The Faculty is starting from a position of genuine strength, pride and ambition.
- Stakeholders are not calling for wholesale reinvention. They are asking the Faculty to be more focused, connected and explicit about where it will lead.
- The central opportunity is to connect research and education more deliberately to northern, rural and Indigenous health, AI and data, clinical translation, workforce development and measurable public impact.
- The central risk is that the strategy remains too broad, adds priorities without making trade-offs, or is not supported by changes in resources, structures and ways of working.
- The strongest request is for a strategy the leadership can clearly articulate and visibly use: a small number of choices, backed by operating commitments, measurable outcomes and sustained leadership ownership.