

October 3, 2025

Tom Nault, Registrar and Executive Director, Student Enrollment
Secretary of Senate
Via email: senate@sfu.ca

The SFU School of Medicine (SoM) is the first new medical school in Western Canada in over 50 years and will open its doors to the inaugural medical undergraduate class in August 2026. In September 2025, the SoM received accreditation from the Committee on Accreditation of Canadian Medical Schools (CACMS), the body that oversees accreditation of medical schools in Canada.

Much work has been underway in planning the implementation of the SoM. This cover memo and attachments (Q&A and timeline) provide information in response to questions that have been posed by senators and members of the SFU community regarding the SoM, its approval processes, and how it will be operationalized. Details include:

- All internal Board and Senate approvals required to launch
- An outline of program quality, approach, and admission criteria
- Details on the faculty model

We look forward to engaging with Senate on October 6, to further discuss the medical school and answer any additional questions you may have.

Please find below a high-level overview of key matters that Senate and the SFU community have had questions about.

Overview of SoM Undergraduate Programming

This three-year MD program is designed to produce physicians who are clinically competent and also deeply connected to the communities they serve. SFU has adopted the Competency-Based Medical Education (CBME) model for this school, as it emphasizes precision medical education tailored to individual student needs. Curriculum oversight is managed by the Undergraduate Program Committee (UPC), supported by robust evaluation mechanisms through the Educational Quality Improvement (EQI) Unit.

The program will also build on the strengths of SFU's research expertise and engage experts from across the university for teaching and research collaborations.

Faculty Hiring Categories

As outlined in the attached Q&A document, we have developed policies for some hiring categories (clinical faculty and medical research faculty). As we continue to determine other potential faculty hiring categories to support the SoM faculty complement, the university remains open to further discussions about medical research faculty and to having further dialogue with the SFU Faculty Association to better understand if the bargaining unit should represent other continuing School of Medicine faculty.

Faculty Recruitment

Faculty hiring and defining of duties is governed by the SFU Board of Governors. Senate is kept informed, though hiring plans are outside its formal jurisdiction. Annual faculty hiring plans called "Faculty Renewal Plans" are submitted to the Board of Governors from the Provost Office every March. Therefore, going forward the Board of Governors will have approval for faculty hiring in School of Medicine as they do with all faculties.

Faculty recruitment is aligned with CACMS accreditation requirements, ensuring instructional quality and program integrity.

Admissions and Recruitment

Admissions is inclusive process that evaluates all applicants on academic and non-academic criteria.

- Open Stream: For residents of B.C. and the territories.
- Indigenous Stream: Designed to support culturally sensitive evaluation and relational support, aligned with SFU's strategic priorities and national standards.

All applicants—regardless of stream—are evaluated using the same criteria. No applicant automatically advances through any stage; all must demonstrate alignment with academic criteria and institutional priorities.

Admissions tools and processes are grounded in national best practices and validated frameworks, including anti-bias training for assessors and standardized MMI stations.

This is a new era for primary care education in B.C. The SFU School of Medicine is not a replica of traditional models—it is a deliberate departure. It centers primary care, community needs, and Indigenous health.



Dilson Rassier

Provost and Vice-President, Academic
Chief Budget Officer

Appendix A - SFU School of Medicine Q&As

Open Senate Meeting: School of Medicine: Q&As

Prepared by SFU School of Medicine | 10.01.2025 | Version 4 (9PM)

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I. Faculty & School Approvals, Governance and Faculty Impacts

1. Is the medical school accredited?

Yes, the medical school has now been accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS). We have met the rigorous accreditation standards expected of any medical school in Canada.

We will graduate physicians prepared for any residency program offered in Canada. Additionally, because of curriculum focuses on primary care, our graduates will be uniquely suited for the various primary care specialties, including family medicine.

2. What has the Senate approved to date? What did Senate authorize when it approved the Business Case and Full Program Proposal?

The School of Medicine has received all internal Board and Senate approvals required to launch.

- The updated Business Case was provided to the Senate and the Board of Governors for information in May 2024 to support Senate's approval to recommend the establishment of the School of Medicine to the Board of Governors. The Business Case was not subject to formal approval but served as background information supporting the establishment decision.
- The Senate, including SCUS and SCUP, approved the Full Program Proposal and the three-year curriculum on May 21, 2024.
- The Full Program Proposal received all necessary Senate approvals through SFU's established governance framework. Senate has fulfilled its responsibilities under the University Act for faculty establishment, academic programming, and rule-setting.

Approvals Timeline

- **May 31, 2023** - SFU submits first Business Case to the Province to support ministerial funding for the School of Medicine.
- **August 31, 2023** – SFU submits final version of the Business Case to the Province, following a series of iterative discussions.
- **Fall 2023 – Spring 2024** - SFU continues discussions with the Province, resulting in updates to the business case. These updates include:
 - A shift from a four-year to a three-year curriculum.
 - Clarifications on financial sustainability and workforce planning.

- **May 2024** - The August 31, 2023 Business Case is provided to Senate and the Board of Governors for information, with updates explained in a summary briefing note.

(b) Full Program Proposal (FPP) Approvals:

- **April 18, 2024:** SCUS approves Full Program Proposal for MD Program
- **May 8, 2024:** SCUP approves motions to establish the School of Medicine and Full Program Proposal
- **May 21, 2024:** Senate approves establishment of School of Medicine and Full Program Proposal
- **March 20, 2025:** SCUS approves faculty rules and guidelines requiring Senate approval under the University Act
- **April 3, 2025:** SCUS approves new course proposals for MEDS 410/420/430 (updated from FPP)
- **April 7, 2025:** Senate approves faculty rules and guidelines for admissions, programming, and curriculum
- **May 20, 2025:** Updated course proposals provided to Senate for information

3. What is the Senate responsible for approving with respect to the establishment and implementation of the School of Medicine?

Under the University Act, Senate is assigned responsibilities regarding the establishment of the new faculty, courses of study in the faculty, rules of the faculty and its affairs, admission requirements, and calendar requirements.

Some of these responsibilities are built upon decisions made at the faculty level and/or subject to the Board's ultimate approval.

Senate Has Satisfied Its Responsibilities. The following have received Senate approval (including, through Senate-approved delegated authority) on the dates specified:

- **Faculty Establishment:** May 8, 2024 (SCUP) and May 21, 2024 (Senate): Motions to establish School of Medicine
- **Courses of Study:** April 18, 2024 (SCUS), May 8, 2024 (SCUP), May 21 (Senate), 2024, April 3, 2025 (SCUS under delegated authority), May 20, 2025 (Senate for information): Course approvals and updates
- **Faculty Rules and Affairs:** March 20, 2025 (SCUS) and April 7, 2025 (Senate): Faculty rules and guidelines motions

- **Admission and Calendar Requirements:** April 7, 2025 (Senate): Calendar language, rules on admissions appeals and attempts to interfere with admissions, rule on core competencies, and rule on immunization and testing post acceptance
- **Ongoing Responsibilities:** Other matters requiring Senate approval will be brought forward consistent with regular practice as they arise (for example, relating to examinations)

4. Was the change to the medical school staffing plan (introducing new categories of faculty) approved by all the appropriate bodies?

The business case did not contain a formal staffing plan.

It included an estimate of instructional load converted into faculty equivalents for the purpose of providing a rough estimate of the size of the budget that would be needed to support the workforce. The 30-40 faculty FTE figure often cited was for the 2039-40 academic year, intended to provide a sense of what the ongoing operational expenditures would look like over time.

Board Authority Under University Act: Pursuant to section 27(2)(g) of the University Act, the Board has sole authority to appoint faculty and "to define their duties and their tenure of office or employment." In substance, the creation of a new "faculty category" is the assignment of duties to a specific group of faculty. Definition of employee duties is the subject of the Board's sole jurisdiction.

Approved Faculty Categories: The two appointment categories that are currently in the policy gazette were approved by the Board of Governors Executive Committee:

- A 10.07 Clinical Faculty Appointments in the School of Medicine
- A 10.08 Medical Research Faculty Appointments in the School of Medicine
- Additionally, A13.10 - Assistant Dean Appointments has been approved and posted in the policy gazette. This is an administrative appointment policy and therefore not relevant to the issue of "faculty categories." <https://www.sfu.ca/policies/gazette/academic/a13-10.html>

Approval Process: As these policies include terms and conditions of employment, authority for approval is delegated to the Executive Committee of the Board of Governors, and the B10.00 processes on consultation are not applicable.

5. Why was Senate not consulted or asked to approve the faculty categories, given the clear academic implications?

Board Authority for Faculty Categories: Pursuant to section 27(2)(g) of the University Act, the Board has sole authority to appoint faculty and "to define their duties and their tenure of office or employment."

In substance, the creation of a new "faculty category" is the assignment of duties to a specific group of faculty. Definition of employee duties is the subject of the Board's sole jurisdiction.

6. Why was the established policy pipeline (consultation with stakeholders, especially Senate) not followed in the establishment of the new faculty categories? Has Policy B10.00 been violated?

Proper process was followed, and we regret that the Senate does not feel well enough engaged.

- **Policy B10.00 Framework:** Policy B10.00 is the only framework at the university governing policy creation, amendment, and repeal. However, it does not apply to every policy that is created at the university. It applies only to policies within the Board's jurisdiction and also specifically excludes "policies that are within the authority delegated by the Board to one of its standing Committees pursuant to that Committee's terms of reference." This means that any policies for which the Board has delegated authority to one of its committees is not subject to the requirements of policy B10.00, including its consultation requirements.
- The Board has delegated its authority over "policies relating to terms and conditions of employment" to its Executive Committee (EC). As such those policies are not subject to the requirements of policy B10.00.
- In substance, policies A10.07 and A10.08 establish terms and conditions of employment of different faculty groups within the SoM. Therefore, they are subject to the EC's authority and are not subject to the requirements of policy B10.00.

7. Does bypassing Senate contravene the University Act?

- **University Act Authority:** Pursuant to section 27(2)(g) of the University Act, the Board has sole authority to appoint faculty and "to define their duties and their tenure of office or employment." In substance, the creation of a new "faculty category" is the assignment of duties

to a specific group of faculty. Definition of employee duties is the subject of the Board's sole jurisdiction.

- A statute like the University Act must be interpreted "in their entire context and in their grammatical and ordinary sense harmoniously with the scheme of the Act, the object of the Act, and the intention of Parliament." The clear authority of the Board in section 27(2)(g) provides appropriate context for the interpretation of the rest of the University Act. Interpreting the University Act to require Senate's approval or recommendation for faculty appointments would interfere with the Board's ability to exercise its authority in 27(2)(g).

8. How can the university justify approving academic policies without input from any faculty members or Senate?

SFU School of Medicine engaged with SFUFA and followed proper legal authority for employment-related policies, which fall under Board jurisdiction regardless of their "A-series" classification.

- SFU has engaged in good faith with SFUFA on faculty representation (see supplied response below)
- **Policy Framework and Authority:** Pursuant to section 27(2)(g) of the University Act, the Board has sole authority to appoint faculty and "to define their duties and their tenure of office or employment."
- Policies in the Policy Gazette are typically organized by policy authority. For the "A-series" of policies, the policy authority is the Provost and Vice-President, Academic.
- While policies A10.07 and A10.08 are categorized in the "A" (academic) series of policies, in substance they establish terms and conditions of employment. These types of policies are not brought before Senate for information or approval.
- There are a number of A-series policies that are not strictly academic in substance and, similar to policies A10.07 and A10.08, establish terms and conditions, or benefits, of employment for specific positions. These policies are not matters brought before Senate for information or approval. See for example:
 - policies A12.04, A12.06 and A21 series, which are focused on terms of employment and benefits,
 - policy A13.04 (Terms of Appointment of Department Chairs/Directors of Schools and other Academic Administrators)
 - policy A21.07 (Mortgage Subsidy and Down Payment Assistance).
- In substance, the creation of a new "faculty category" is the assignment of duties to a specific group of faculty. Definition of employee duties is the subject of the Board's sole jurisdiction.

9. What does this mean for the administration's commitment to collegial governance?

We share a commitment to Collegial Governance.

We remain deeply committed to the principles of collegial governance and value the Senate's role in shaping our shared academic mission. We understand the concerns raised and appreciate the opportunity to clarify our approach.

We strive to uphold process and transparency.

In this instance, we followed the processes outlined in the University Act and our internal policies, which we believe were applied appropriately and in good faith. Our intention has always been to act transparently and collaboratively, and we welcome continued dialogue to ensure mutual understanding and alignment moving forward.

We hope to strengthen our approach moving forward.

We look forward to working together to strengthen our governance practices and uphold the values that guide our institution.

10. Why is the university pushing to exclude these new faculty groups from SFUFA, and what are the implications for faculty representation and fairness?

The University engaged with SFUFA on proposed faculty categories in the School of Medicine on a without prejudice basis and could not come to an agreement.

To support faculty hiring required to meet accreditation requirements, the university informed SFUFA that it would proceed with faculty appointments made through policy and formally seek the approval of the Executive Committee of the Board.

The School of Medicine is a fundamentally different initiative that was not contemplated at the time of SFUFA's certification and is therefore not captured in their bargaining unit.

Engagement with SFUFA: SFU has engaged in good faith with SFUFA on faculty representation:

- April 2024: School of Medicine (SoM) and Faculty Relations meet with SFUFA to provide overview of the SoM faculty composition

- July 2024: Faculty Relations provides SFUFA with notice in writing of SFU's position that all SoM positions are out of the scope of the bargaining unit as the School was not contemplated at the time of certification. SFU offers to meet with SFUFA on without prejudice basis to discuss voluntary recognition of the SoM Medical Research Faculty in the bargaining unit.
- August – December 2024: Email correspondence and meetings between Faculty Relations and SFUFA. Parties disagree on whether the current SFUFA certification captures the SoM faculty, but both agree to without prejudice discussions. Faculty Relations clarifies that the scope of the discussions will be focused on Medical Research Faculty only, without prejudice to either party's position on other faculty categories. Bargaining dates are arranged for the Spring.
- February 2025: Parties meet at bargaining table on February 12 and 14. Ultimately, the positions are too far apart to come to an agreement.

Though no agreement has been reached with SFUFA, the university is open to further discussions about medical research faculty and to having further dialogue to better understand if the bargaining unit should represent other continuing School of Medicine faculty.

II: Program Design & Pedagogy, Evaluation, Instruction, Faculty Model & Complement

A. Program Design & Pedagogy

1. Describe the pedagogical approach for the medical program.

The SFU School of Medicine's pedagogical approach is designed to address BC's urgent need for community-ready primary care physicians. The program combines rigorous medical education with early, continuous clinical experience to ensure students can provide effective care from day one of practice.

- **COMPETENCY-BASED EDUCATION:** Students advance based on demonstrated skills and knowledge rather than time spent in class. The program utilizes clear learning milestones that students must meet at each stage, accompanied by individualized coaching and frequent feedback to support their progress toward becoming competent physicians. The curriculum aligns with national CanMEDS standards and is vetted to ensure consistency with the Indigenous Health Framework.
- **CURRICULUM DESIGN:** Core medical concepts are revisited multiple times with increasing complexity across three years. This reinforces learning and helps students integrate knowledge across different clinical settings and patient populations.

- **EXPERIENTIAL LEARNING:** Students learn by doing real medical work under supervision. Beginning in first year, they work with patients in family medicine clinics weekly, participate in hospital rotations, and engage directly with community health organizations throughout their three-year program.
- **LEARNING AND TEACHING METHODS:** The program uses active learning instead of traditional lectures. Students learn through real patient cases, small group problem-solving, hands-on laboratory work, clinical skills practice with simulated patients, and community-based projects. This approach ensures students can apply their knowledge in real-world medical situations.

2. What is included in the curriculum and how will it be delivered?

Curriculum: The MD program consists of three sequential year-long courses designed to build clinical competence progressively.

1. **MEDS 410 (Foundations of Medical Practice)** establishes conceptual and practical foundations including anatomy, biochemistry, clinical pharmacology, and medical ethics, with learning in classrooms, labs, and weekly continuity clinics.
2. **MEDS 420 (Extending Medical Practice)** applies foundational knowledge through clinical learning across hospital and rural settings, with continued classroom learning and elective opportunities.
3. **MEDS 430 (Consolidation of Medical Practice)** serves as the capstone year, focusing on complex patient care, systems-level challenges, and residency preparation through final consolidation learning and advanced electives.

Delivery: The curriculum is primarily authored and delivered by family physicians and generalists, ensuring direct relevance to primary care and community health practice.

- Supplementary instruction includes specialist physicians, other primary care providers, scientists, Indigenous Elders and Knowledge Keepers, and people with lived experience.
- This interdisciplinary and community-informed teaching model ensures students receive diverse perspectives and culturally grounded education that reflects the communities they will serve.

3. How will the curriculum be delivered for areas where there aren't professors currently at SFU (e.g., pharmacology)?

The curriculum integrates pharmacology instruction into case-based learning and clinical skills training rather than teaching it as a standalone subject.

- This is delivered through interdisciplinary teaching teams that include clinical faculty with relevant pharmacological knowledge, visiting faculty with specialist expertise, and simulation and virtual learning tools.
- Students engage with pharmacological content through flexible, self-directed learning with mastery knowledge assessments, ensuring they understand medication use in clinically relevant contexts. This integrated approach aligns with the program's generalist focus, teaching pharmacology within the broader context of clinical presentations as students would encounter in practice.
- This delivery method ensures comprehensive pharmacological education while maintaining the school's commitment to practical, community-based learning that prepares students for real-world medical practice.

4. How will faculty from other Faculties be engaged in the medical program? Will they be invited to teach in the medical program if their subject matter expertise is related to the medical undergraduate curriculum? Will there be opportunities for research?

The School of Medicine will actively collaborate with colleagues across SFU's schools and programs, leveraging the university's existing research expertise and interdisciplinary strengths.

Teaching Opportunities

- The School of Medicine is eager to engage faculty from across SFU's schools and programs whose subject matter expertise aligns with the medical undergraduate curriculum. We recognize the tremendous value that colleagues from disciplines such as biology, chemistry, psychology, public health, ethics, Indigenous studies, and other relevant fields can bring to medical education.
- We are actively working to determine the appropriate framework for cross-faculty teaching collaboration, including developing a Memorandum of Understanding with SFUFA to ensure proper recognition and compensation for faculty contributions to the medical program. This collaborative approach will:
 - Leverage SFU's existing academic expertise across disciplines
 - Provide interdisciplinary perspectives essential for comprehensive medical education
 - Create opportunities for faculty to contribute their specialized knowledge to health professional education
 - Strengthen connections between the School of Medicine and the broader university community

Research Collaboration

- The School of Medicine will actively collaborate with colleagues across SFU's schools and programs, leveraging the university's existing research expertise and interdisciplinary strengths.
- We're particularly excited about involvement with the new SFU-Fraser Health Research Institute, which will provide significant opportunities for collaborative research and innovation
- As our research program develops, we're committed to building partnerships across SFU that enhance both medical education and broader university research capacity
- Cross-faculty research collaborations will be especially valuable in areas such as health policy, population health, biomedical sciences, health technology, and social determinants of health
- The School has already collaborated on CIHR grant applications with other SFU researchers and anticipates many more such partnerships as the research program expands.

5. The business case approved by Senate had a four-year curriculum. How can you change to a three-year curriculum without approving this change through Senate?

The Senate approved the curriculum length change through proper governance processes.

- The original 2023 business case proposed a four-year curriculum; however, this underwent revisions during iterative discussions with the Province from Fall 2023 to Spring 2024.
- The Full Program Proposal approved by Senate in May 2024 was based on the three-year curriculum. When presented to Senate, the briefing note explicitly included a summary of changes made to the business case following provincial consultations, including the move from a four-year to a three-year curriculum.
- Subsequent revisions to the Full Program Proposal approved by SCUS in April 2025 were also based on the three-year curriculum structure. The 2023 business case was provided for information to Senate to support the motion to establish the School of Medicine and demonstrate sufficient financial resources, government support, and planning to ensure the school would not create financial burden for the university.
- Senate's approval in May 2024 was based on complete information about the three-year curriculum structure, ensuring proper governance oversight of this significant programmatic decision.

6. Since the new instructional plan departs from the Senate-approved version and undermines academic quality, will the Executive revert to the original plan and ensure courses:

- emphasize theoretical content,
- integrate knowledge across courses and the program, and
- center lectures and classroom teaching?

The instructional model has not departed from what was presented in the Full Program Proposal to Senate or the final course submissions to SCUS.

- The MD program was always designed to emphasize active learning modalities over traditional lectures, consistent with contemporary medical education standards and the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation requirements.
- The term "lecture" was intentionally avoided in the Full Program Proposal to reflect modern pedagogical approaches, not a removal of theoretical instruction.
- The program includes substantial classroom-based learning through seminars, tutorials, and case-based discussions designed to deliver and integrate theoretical content. Year 1 particularly emphasizes foundational biomedical and social science content through small-group seminars and tutorials explicitly described in approved course outlines.
- No contact time for traditional lectures was indicated in the MEDS 410/420/430 course proposals approved by Senate in May 2024 or in updated proposals approved by SCUS in April 2025. However, significant contact hours for seminars, tutorials, and labs are included in each year-long course, comprising 36-58 units per course.
- The curriculum strictly adheres to CACMS accreditation requirements, with over 3,000 pages of materials submitted for review. CACMS determines whether the curriculum meets national academic standards for MD programs.
- This comprehensive accreditation process validates that the instructional approach maintains academic rigour while employing evidence-based teaching methods.

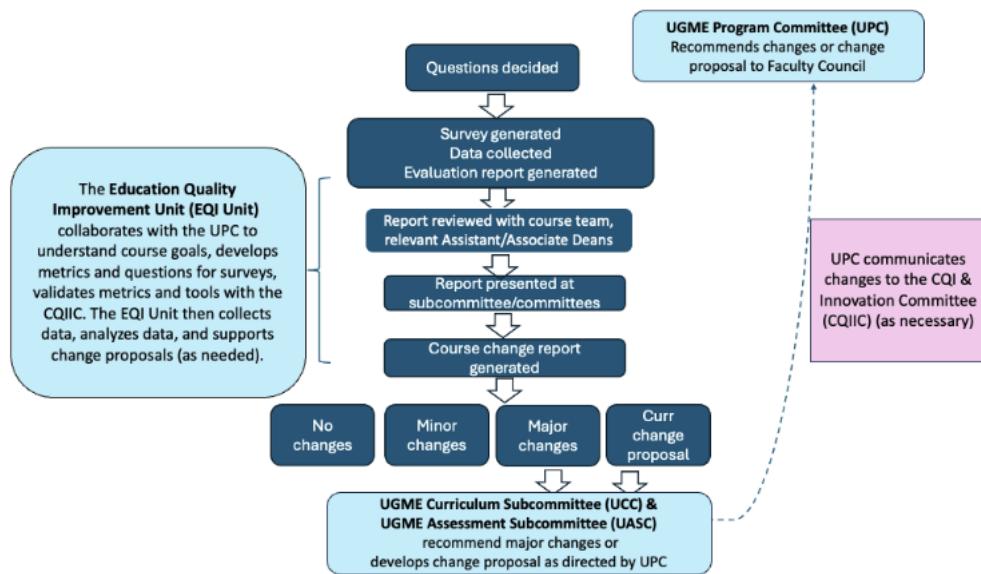
B. Evaluation

1. How is the program evaluated?

Program evaluation oversight operates through a comprehensive governance structure with both external and internal oversight mechanisms:

- **External Oversight:** The program is accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), which establishes and enforces national standards for medical education in Canada. This accreditation process includes extensive evaluation of curriculum, faculty qualifications, institutional resources, and educational outcomes. CACMS accreditation ensures the program meets rigorous educational and institutional requirements equivalent to all other Canadian medical schools. This includes ongoing monitoring and periodic comprehensive reviews to maintain accreditation status.
- **Internal Oversight Structure:** Medical schools are required by accreditation standards to conduct ongoing internal program evaluation to support continuous quality improvement. These internal processes include ongoing curriculum monitoring, student performance assessment, and program effectiveness review. The evaluation system is designed to ensure the program remains responsive to student learning needs, community and public health requirements, and institutional goals.
- **Internal Committees:** Several interconnected bodies manage internal MDUP program evaluation and improvement:
 - **The UGME Program Committee (UPC)**, chaired by the Associate Dean UGME, serves as the primary oversight body responsible for curriculum content and sequencing, ongoing content review and updates, evaluation of learning experiences, and teacher quality assessment, as required by accreditation standard 8.3-2.
 - **The Curriculum Subcommittee (UCSC) and Assessment Subcommittee (UASC)** act under UPC direction to implement specific improvements based on identified areas for enhancement.
 - **The Continuous Quality Improvement and Innovation Committee (CQIIC)** ensures that evaluation efforts and programmatic changes align with accreditation standards and institutional requirements.
 - **The Educational Quality Improvement (EQI) Unit** supports these committees by providing comprehensive program evaluation support, utilizing data and feedback from multiple sources including students, faculty, and staff, as well as performance metrics such as graduation rates, licensing examination results, and residency match outcomes.
- **Curriculum Evaluation Framework:** The robust framework includes multiple review cycles: annual reviews for ongoing monitoring, cyclical reviews of specific courses or modules for targeted improvements, and comprehensive curriculum reviews conducted every few years for major assessments.
 - The EQI Unit utilizes feedback from various stakeholders, including student evaluations of learning experiences, instructor assessments of curriculum implementation, curriculum delivery metrics, and learning outcome measurements. This multi-source data collection provides a comprehensive view of how effectively the curriculum is being delivered across different learning environments.

- These systematic reviews ensure the curriculum remains relevant, current, and aligned with the program's competencies, educational goals and accreditation compliance.
- This integrated evaluation and oversight framework provides both external validation through national accreditation standards and internal mechanisms for continuous program enhancement, ensuring the program remains rigorous, responsive to partner needs, and aligned with institutional goals while ensuring graduates meet the same standards as other Canadian medical schools and address BC's specific health workforce needs.



C. Instruction

1. What types of faculty will teach the medical students and how will this teaching be delivered? Will the faculty be fully qualified to teach the material they are responsible for teaching?

Medical students will be taught by a combination of Medical Research Faculty (MRF), Clinical Faculty (CF), and other qualified instructors in both classroom and clinical settings. The previously planned Medical Education Faculty category is paused.

- Teaching delivery occurs across multiple settings including traditional classrooms, laboratory environments, simulation facilities, clinical sites, and community-based locations. This multi-modal approach ensures comprehensive medical education that combines theoretical knowledge with practical application.
- The school maintains rigorous standards for faculty qualifications, with appointments based on expertise, credentials, and alignment with educational objectives. This ensures students receive

high-quality instruction from appropriately qualified professionals across all aspects of the medical curriculum.

- The school appoints highly qualified educators. For example, the current complement of SoM faculty include individuals who held appointments as full professor at other universities, many with tenure, as well as faculty with masters of education. Clinical Faculty are accredited practicing physicians (clinicians) who provide current, practical medical experience from active practice.

2. Provide an overview of the faculty appointment categories, and how they will work.

The School of Medicine currently operates with two approved faculty appointment categories.

Faculty Type	Description
Medical Research Faculty (MRF)	<p>Full-time employee positions focused on research, scholarship, education and mentoring related to primary care systems and outcomes.</p> <p>Core research focus is understanding, influencing and improving structures, systems, and outcomes in primary care. This will be unique and is an opportunity for national and international leadership.</p> <p>These are tenure-track appointments (Assistant, Associate, Professor levels) typically requiring PhD or equivalent research doctorate credentials.</p> <p>Medical Research Faculty are required to teach and will contribute to scholarship, education, mentoring and service while also bringing cutting-edge research knowledge focusing on primary care systems and outcomes directly into the curriculum.</p> <p>Instruction to focus on relevant module and thematic components of Y1, Y2, Y3. Embedding research and evidence throughout the learning process, training the next generation of primary care physicians to create, engage with and use research in their practice.</p>
Clinical Faculty (CF)	Contractor positions providing episodic clinical instruction and supervision. These are primarily practicing physicians (medical

	<p>doctors) who provide clinical instruction and supervision in clinic settings.</p> <p>These are typically three-year renewable term appointments for practicing medical doctors with MD credentials (or equivalent health professional degrees), compensated through provincially negotiated stipends with no guaranteed hours.</p>
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3. How are MRF different from Research Faculty at SFU?

While both groups are eligible for tenure and promotion and are expected to contribute to research, teaching, and service, MRF appointments are governed by a dedicated policy (A10.08) tailored to the medical education context.

Key differences include:

- **Primary Focus:** MRF are research-intensive positions, with scholarly activity—particularly in primary care pedagogy, practices, and policy—being the central criterion for appointment, tenure, and promotion.
- **Teaching Model:** MRF may engage in specialized instruction of medical learners, but this teaching differs significantly from the pedagogical models used in other SFU faculties. The medical school will not operate on the trimester system, and workload will not follow the standard TTR (Teaching–Teaching–Research) rotation.
- **Professional Background:** Given the School’s primary care focus, many MRF are expected to hold both MD and PhD qualifications. While external clinical practice and licensure with the CPSBC are not required, it is anticipated that many MRF will maintain both and that this will play a factor in assignment of workload, FTE, and salary.
- **SFUFA Collective Agreement:** MRF are not covered by the SFUFA Collective Agreement. However, the University has expressed openness—on a without prejudice basis—to negotiating terms and conditions of employment for MRF within the SFUFA bargaining unit, an addendum that would define the terms and conditions of employment for MRF within the SFUFA bargaining unit, recognizing their distinct role and structure.

4. Is there an opportunity to pause implementation of the medical education faculty policy?

The university has paused implementation of the Medical Education Faculty policy, with President Johnson communicating this decision to the Board of Governors. The school can only use appointment frameworks that are approved by the Executive Committee of the Board of Governors.

- Based on work completed to date, the school does not believe that medical education faculty fit appropriately into existing university frameworks such as instructors or regular faculty positions. Additionally, using the Clinical Faculty classification to cover both employee and contractor relationships may prove challenging.
- The school will explore alternative options to adequately address the unique requirements of physician-educators while maintaining compliance with university governance and employment frameworks.
- This approach ensures the school can deliver comprehensive medical education while respecting existing faculty structures and relationships. The pause allows time for development of appropriate solutions that meet both educational delivery needs and university policy requirements.
- This decision reflects the university's commitment to proper governance processes and finding sustainable solutions for medical education faculty needs while maintaining positive faculty relations.

D. Faculty Model & Complement

1. Explain the evolution of how the faculty model has changed from the original business case.

The faculty model has not changed from the original business case.

The business case provided background information to Senate and the Board, estimating an instructional load requiring approximately 40 FTE faculty positions by 2039-40. This estimate was developed to give the ministries a rough projection of workforce budget requirements for the School of Medicine.

What has evolved through anticipated university processes is the development of specific categories of faculty appointment policy subject to Executive Committee and Board of Governors approval. This represents the normal progression from initial planning estimates to operational implementation through established university governance frameworks. Going forward, all Faculty Renewal Plans are submitted to the Board of Governors on an annual basis, consistent with standard SFU practice for all faculties.

Key Points

- The business case workforce estimates focused on the number of full-time equivalent positions needed to support academic and operational goals but did not specify detailed faculty appointment categories beyond general designations of "faculty," "clinical stipendiary faculty," and "clinical site leadership" - all typical categories in medical schools.
- Since the business case was developed, the university has established specific faculty appointment policies that require approval from the Executive Committee of the Board of Governors. The Board has approved two faculty categories: Medical Research Faculty (MRF) for tenure-track academic positions focused on research and education, and Clinical Faculty (CF) for contract-based clinical instruction positions.
- This evolution from general workforce estimates to specific appointment categories reflects the typical progression from initial planning to operational implementation, ensuring faculty structures align with university governance requirements and the school's educational mission.
- All faculty hiring plans continue to be approved on an annual basis by the Board of Governors.

2. What is the faculty complement scale-up plan?

Faculty hiring plans for the School of Medicine require approval from both the ministries and the Provost's Office. The school has presented a faculty complement plan pending approval through FY29. All faculty hiring follows standard SFU governance through annual Faculty Renewal Plans submitted to the Board of Governors, ensuring proper oversight and resource allocation.

Role	Planning Estimates	Notes
Medical Research Faculty (MRF)	Current planning estimates scaling from 2.0 FTE currently to 6.0 FTE in FY26, with plans to grow to 8.0 total FTE by FY29.	Note: category placement depends on both qualifications and role requirements. For example, the Associate Dean Equity and Social Accountability appointment may result in placement in the MRF category, which would be reflected in these numbers.
Clinical Faculty	Currently includes 491 appointments with uncertain but necessary growth projected.	Medical schools typically require thousands of these appointments to support clinical instruction. UBC has approximately 10,000 clinical faculty. This scale is essential for

		adequate instruction across clinical settings.
Academic administrative and leadership roles	These positions were budgeted separately, with appointment to appropriate categories determined when policies are finalized.	
Medical Education Faculty (Paused)	This category is paused, but originally projected 13.5 FTE for FY26, increasing to approximately 25 FTE by FY29.	With this category on-hold, alternative solutions must be developed to meet these instructional needs.

3. Since the current hiring plan for the School of Medicine differs from the Senate-approved version, will the Executive revert to the original plan and ensure the 35–40 professors are:

- subject-matter experts in biomedical and clinical fields,
- directly involved in teaching, and
- responsible for curriculum oversight?

The current hiring plan aligns with original projections and does not represent a departure from Senate-approved frameworks.

- Senate did not approve a specific hiring plan but rather the establishment of the School of Medicine and its academic program.
- The 2023 Business Case, which provided background information to Senate and the Board, was not a formal hiring plan but rather an estimation of workforce needs. It projected that approximately half of the total FTE by academic year 2039-40 would be "faculty" positions, with half would be designated as "leadership" roles (academic administrative appointments such as Associate Deans). This projection remains feasible within the 15-year timeframe.
- This implementation represents development within the framework established by the Executive Committee of the Board of Governors, which holds delegated authority over employment categories and appointment policies.
- Faculty Council is responsible for curriculum oversight, following the same governance structure as all other SFU faculties.

- All faculty, whether MRF or Clinical Faculty, are subject-matter experts qualified to teach their assigned material and contribute to curriculum development within their areas of expertise.

III: Admissions

Please Note:

Distribution Restriction: This admissions information is subject to embargo until joint government announcement scheduled for the second week of October 2025.

The Committee on Accreditation of Canadian Medical Schools (CACMS) requires that detailed program information, including admissions processes and requirements, not be publicly released until formal accreditation is achieved. SFU is coordinating with provincial and federal Ministries on a joint public announcement following accreditation approval.

Internal Use Only: These key messages are prepared for internal stakeholder briefings and government relations purposes. Content should not be shared publicly or with media until the coordinated announcement is released.

Contact for Release Authorization: All requests for public use of this material should be directed to SFU Central Communications and Government Relations for coordination with the joint announcement timeline.

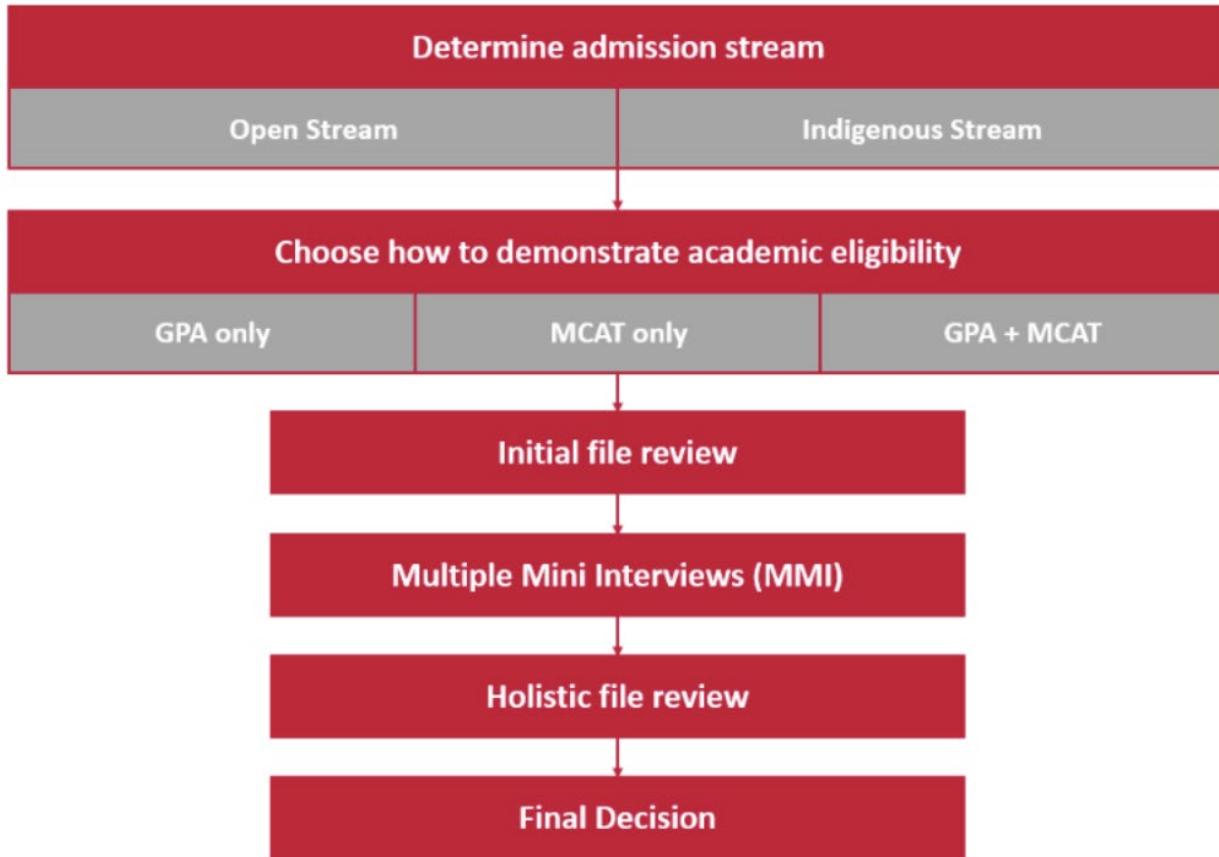
1. Please describe the admissions process and how it will work.

We have a rigorous admissions process.

The admissions process follows a systematic six-stage evaluation designed to identify candidates who demonstrate both academic excellence and strong alignment with the school's primary care mission:

1. **Stream Selection:** Applicants choose Open Stream (BC/territorial residents) or Indigenous Stream (Canada-wide for First Nations, Inuit, Métis applicants)
2. **Academic Eligibility:** Candidates select one of three options to demonstrate academic readiness: GPA option (3.83 minimum), MCAT option (510 minimum), or combined GPA & MCAT option (3.67 GPA + 505 MCAT)
3. **Initial File Review:** Holistic assessment of alignment with school mission, social accountability mandate, and desired applicant attributes
4. **Multiple Mini-Interviews (MMI):** Structured interview process evaluating non-academic competencies essential for medical practice
5. **Holistic File Review:** Comprehensive evaluation including references, non-academic characteristics, and interview performance

6. **Final Decision:** Admissions offers based on the complete candidate profile



Our process is built upon merit-based selection principles.

- **Academic Standards:** All applicants must meet identical academic eligibility thresholds within their chosen pathway. Academic requirements vary by eligibility option (GPA/MCAT/combined) but not by admission stream. The threshold approach means exceeding minimum requirements provides no additional advantage—focus shifts to holistic evaluation once academic eligibility is confirmed.
- **Mission Alignment:** Beyond academic achievement, candidates are evaluated on demonstrated commitment to:
 - Community-based primary care delivery
 - Service to underserved populations
 - Social accountability and equity principles
 - Indigenous Health
 - Attributes including interconnectedness, ethical decision-making, and commitment to greater good

The process includes equal standards across streams.

- **Process Consistency:** The Indigenous Stream includes additional culturally safe elements (SFU Welcoming Procedure, Indigenous Admissions Sub-Group review, community gathering) but maintains identical standards for eligibility, academic preparedness and mission-alignment. All applicants undergo the same core evaluation criteria and progression requirements.
- **No Quotas or Set-Asides:** The process uses no seat quotas or reserved positions. Selection is based solely on academic qualification and mission alignment, ensuring the most qualified and committed candidates advance regardless of stream.

Recruitment

Student recruitment efforts include information sessions, school visits, targeted outreach programs, and distribution of recruitment materials. These recruitment activities are open to all interested applicants and designed to attract diverse candidates passionate about primary care and community health.

2. Indigenous Admissions Stream Overview

The School of Medicine's Indigenous admissions stream is designed in direct alignment with SFU's existing Undergraduate Admissions Policy for Indigenous students (UAPI).

This policy framework has been successfully implemented across all standard undergraduate programs at SFU, providing a proven foundation for Indigenous student recruitment, support, and success.

Consistent Approach: Rather than developing an isolated admissions process, the School of Medicine has intentionally aligned its Indigenous stream with the spirit, process, and intent of the established UAPI framework. This ensures:

- Consistency with university-wide Indigenous education commitments
- Integration with existing Indigenous student support systems
- Alignment with SFU's strategic mission and reconciliation efforts
- Leveraging of proven practices and institutional expertise

University-Wide Impact: The Indigenous admissions stream represents an extension of SFU's institutional commitment to Indigenous education into the professional health education sphere. By adopting the UAPI framework principles, the School of Medicine:

- Strengthens SFU's overall Indigenous education portfolio
- Contributes to university-wide reconciliation and equity goals
- Builds on established relationships with Indigenous communities
- Supports SFU's reputation as a leader in Indigenous education

Institutional Learning: The School of Medicine benefits from SFU's extensive experience with Indigenous student recruitment and support, while contributing to the university's evolving understanding of professional program admissions for Indigenous students.

SFU Welcoming Procedure: The Indigenous stream incorporates SFU's established Welcoming Procedure, which includes:

- Indigenous self-identification protocols developed by and for Indigenous Peoples
- Community confirmation processes that respect Indigenous governance
- Culturally safe documentation requirements
- Support systems that acknowledge Indigenous ways of knowing

Systemic Support: Integration with existing SFU infrastructure ensures Indigenous medical students have access to:

- SFU Surrey Indigenous Student Centre
- Established Indigenous student support networks
- University-wide Indigenous education resources
- Coordinated approach to Indigenous student success

Proven Framework: The UAPI has demonstrated success in supporting Indigenous student access and achievement across SFU's undergraduate programs. Extending this framework to medical education represents a natural evolution of the university's Indigenous education commitment rather than an experimental approach.

Governance Consistency: This alignment ensures the School of Medicine's Indigenous admissions practices are consistent with SFU's broader governance frameworks, Senate-approved policies, and institutional accountability measures for Indigenous education.

3. Will pre-screening through the different pathways affect interview chances?

Both streams use a comprehensive assessment, including:

- Academic achievement (threshold-based, not competitive)
- Mission alignment and social accountability commitment
- Demonstrated experience with or commitment to serving priority populations
- Personal attributes aligned with primary care practice
- Community engagement and service orientation

Quality Assurance: The parallel evaluation processes ensure consistent application of institutional priorities while respecting the cultural safety requirements of Indigenous applicants and the comprehensive evaluation needs of all candidates.

Initial File Review Stage: Applications meeting academic eligibility undergo assessment for alignment with the school's mission, social accountability mandate, and desired applicant attributes through a comprehensive review of all non-academic application components.

Interview Selection Process

- **No Automatic Progression:** There is no automatic advancement of Indigenous stream applicants to the Multiple Mini-Interview (MMI) stage. All qualified applicants, regardless of stream, must

demonstrate high alignment with the institutional mission and social accountability mandate to receive interview invitations.

- **Approximately 200 Interview Invitations:** MMI invitations extended to applicants demonstrating the strongest mission alignment. If necessary, an equal probability selection process is used among aligned candidates to determine the final interview pool.

Evaluation Framework:

- **Indigenous Stream:** Qualified applicants are evaluated by the Indigenous Admissions Sub-Group using mission alignment criteria
- **Open Stream:** Qualified applicants undergo parallel evaluation by Open Selection Sub-Group for institutional alignment
- **Common Standard:** Both processes assess alignment with school's primary care mission and commitment to serving diverse BC communities

Mission Alignment Assessment

- **Priority Population Focus:** Indigenous Peoples of BC represent a priority population for SFU, as documented in the School of Medicine's accreditation materials. This priority recognition influences evaluation criteria for both streams:
- **Indigenous Stream Applicants:** Many Indigenous applicants may demonstrate particular suitability for serving Indigenous populations through lived experience, cultural knowledge, and community connections. However, mission alignment evaluation extends beyond community connection to include commitment to primary care, social accountability, and institutional values.
- **Open Stream Applicants:** Open stream candidates are similarly evaluated for their demonstrated commitment to serving Indigenous Peoples of BC alongside other priority populations. Cultural competency, community engagement, and commitment to primary care are assessed across all applicants.

Mission Alignment Framework

The mission alignment framework has been developed in partnership with Fraser Health Authority, the Divisions of Family Practice, and the First Nations Health Authority to ensure that selection criteria reflect actual community needs and service requirements.

Seven Core Attributes Assessment: Mission alignment is determined through evaluation of specific attributes outlined in the approved admissions materials:

1. **Interconnectedness:** Embracing interconnected ways of being, acknowledging relationships and responsibilities within systems, commitment to collective flourishing
2. **Comfortable with Uncertainty:** Comfort with complexity, courage to act through uncertainty
3. **Committed to Greater Good:** Acting to help others, contributing to harmonious society
4. **Analytical Decision Maker:** Skilled analysis, synthesizing varied information for evidence-informed decisions
5. **Ethical Decision Maker:** Critical consciousness of social/political influences, sound moral reasoning for system transformation
6. **Responding to Challenges:** Productive perseverance through adversity, self-reflection for growth
7. **Accountable to Impact:** Recognizing and taking responsibility for impact on others

8. Open Heart, Open Mind: Challenging one's own perspectives, embracing learning opportunities

Evidence-Based Evaluation

Assessment Components: Mission alignment is demonstrated through multiple application elements:

- **Personal Statement and Vision:** Two short statements, 1) outlining professional goals and aspirations for a medical career, 2) addressing understanding and commitment to primary care and community service.
- **Community Involvement:** Up to three communities where applicants belong or actively contribute, with verification from community leaders. Recognizes broad definition including geography, culture, identity, shared interests, causes, or long-term commitments.
- **Employment History:** Up to five paid roles demonstrating breadth of experience, service orientation, and perspective development relevant to healthcare delivery.
- **Character References:** Five references from educational, professional, or extracurricular settings who can comment on character, values, and readiness for a medical career.

Social Accountability Mandate

- **Primary Care Focus:** Alignment assessment specifically evaluates commitment to "becoming physicians offering equitable, community-based primary health care to all, including underserved populations."
- **Community-Centred Approach:** Evaluation prioritizes candidates who demonstrate:
 - Experience working in or with communities facing barriers to care
 - Shared vision of stronger, more integrated primary care system
 - Commitment to culturally safe care for all patients
 - Understanding of social determinants of health
- **Equity and Justice Commitment:** Assessment includes demonstrated commitment to:
 - Addressing health inequities
 - Serving diverse populations respectfully
 - Understanding systemic barriers to healthcare access
 - Collaborative, team-based care approaches

Accreditation Compliance: The priority population designation and evaluation criteria are formally documented in accreditation materials, ensuring transparent, defensible selection processes that meet both institutional mission requirements and national medical education standards.

4. In what ways does the Indigenous Stream benefit Indigenous students?

- **Equal Evaluation Standards:** All applicants, regardless of stream, must demonstrate academic qualification and strong alignment with institutional mission to progress through each stage.
- **Merit-Based Progression:** Interview invitations are extended only to applicants who demonstrate the strongest alignment with the school's social accountability mandate: addressing primary care access in underserved populations and improving the health of Indigenous people of Canada.

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- This standard applies uniformly across both admission streams.

National Context and Accountability

- **Documented Disparities:** The Indigenous stream addresses well-documented barriers including:
 - Systemic discrimination in healthcare and education systems
 - Cultural safety concerns in traditional admissions processes
 - Limited Indigenous representation in medical education
 - Geographic and economic barriers to medical school access
- **Proven Practices:** The framework builds on successful Indigenous education models at SFU and across Canadian medical schools, incorporating evidence-based practices for supporting Indigenous student success while maintaining academic rigour.
- **Universal Medical Education Practice:** Indigenous-specific admissions processes are standard across all Canadian medical schools, implemented through either dedicated streams or reserved seats. These mechanisms address documented chronic underrepresentation of Indigenous physicians in Canada, where Indigenous peoples represent nearly 5% of the population but less than 1% of practicing physicians.
- **Accreditation Requirements:** Indigenous admissions processes fulfill social accountability mandates required by the Committee on Accreditation of Canadian Medical Schools (CACMS). These requirements reflect national recognition that health equity cannot be achieved without addressing systemic barriers to Indigenous participation in medicine.
- **Health Equity Imperative:** The Indigenous stream directly addresses documented health disparities between Indigenous and non-Indigenous populations in Canada and British Columbia, supporting long-term system change through increased representation of Indigenous physicians.

Three-Purpose Framework

- **Purpose 1: Strategic Alignment** The Indigenous stream helps identify applicants who align with SFU's strategic priorities and accreditation social accountability mandates. This alignment recognizes that Indigenous applicants may bring unique perspectives, experiences, and commitments that directly support the school's mission of serving diverse BC communities.
- **Purpose 2: Culturally Safe Evaluation** The stream provides opportunity for Indigenous applicants to have their applications evaluated in culturally sensitive ways, with relationally and culturally appropriate support throughout the admissions process. This includes:
 - Indigenous Admissions Sub-Group review by Indigenous faculty and staff
 - Elder and Knowledge Keeper accessible to all applicants on MMI day.
 - Cultural safety protocols for handling Indigenous identity documentation
 - Community gathering opportunities for relationship building
- **Purpose 3: Institutional Integration** The stream aligns with SFU's central Welcoming Procedure, confirming community connection of Indigenous applicants through established university protocols. This ensures consistency with SFU's broader Indigenous education framework and leverages proven institutional practices.

Standards Consistency

- **Academic Requirements:** Every applicant, regardless of stream, must meet identical academic eligibility thresholds within their chosen pathway (GPA/MCAT/combined). The Indigenous stream applies no different or lower academic standards.

- **Mission Alignment Assessment:** All applications undergo evaluation for alignment with institutional priorities. Indigenous stream applicants are assessed by the Indigenous Admissions Sub-Group using the same mission alignment criteria applied across all streams.
- **Rigorous Selection Process:** All candidates progress through the same six-stage evaluation: academic eligibility, initial file review, verification, MMI, holistic file review, and final decision. No shortcuts or automatic progressions exist for any applicant.

Evidence-Based Framework

This framework reflects national best practices in medical education and aligns with Truth and Reconciliation Commission Calls to Action 23 and 24, demonstrating institutional commitment to meaningful reconciliation through systemic change in medical education while maintaining the highest academic standards.

5. Under what conditions might Indigenous Stream applicants who pass pre-screening still be rejected at the MMI stage, and how does this compare with the General Stream?

Pre-MMI Selection Criteria

- **Mission Alignment Requirement:** Not all Indigenous stream applicants who meet academic eligibility will receive MMI invitations. Like Open stream applicants, Indigenous candidates must demonstrate strong alignment with institutional priorities through their application materials to advance to the interview stage.
- **Equal Selection Standards:** Both streams use identical criteria for determining interview invitations:
 - Academic eligibility confirmation
 - Mission alignment assessment
 - Social accountability commitment demonstration
 - Alignment with primary care focus and community service values

MMI Stage Rejection Conditions

- **Performance-Based Evaluation:** Indigenous stream applicants invited to MMI interviews may be rejected based on poor interview performance, using the same evaluation standards applied to Open stream candidates. MMI assessment focuses on:
 - Communication skills and interpersonal competencies
 - Ethical decision-making capabilities
 - Critical thinking and problem-solving abilities
 - Alignment with medical professionalism standards
 - Demonstration of attributes essential for medical practice
- **All applicants interview together:** Interview performance standards remain consistent across both admission streams; all applicants participate in the same MMI day, answer the same questions, and are assessed by the same group of assessors. Cultural safety measures (Elder/Knowledge Keeper presence, community gathering opportunities) provide support but do not alter evaluation criteria or performance expectations.

Post-MMI Holistic Review

- **Mission Misalignment Detection:** Following MMI completion, Indigenous stream applicants may be rejected if any element of their application file indicates misalignment with School of Medicine mission or priorities. This holistic review process applies identically to Open stream applicants.
- **Red Flag Assessment:** Comprehensive file review examines all application components for concerning indicators, including:
 - Professional conduct issues or integrity concerns
 - Misrepresentation of experiences or qualifications
 - Evidence of views inconsistent with medical professionalism
 - Lack of genuine commitment to primary care or community service
 - Patterns suggesting unsuitability for medical practice

Evaluation Consistency Framework

- **Identical Assessment Processes:** Both admission streams undergo identical evaluation stages with consistent rejection criteria:
- **Stage 3 - Verification:** Applications with unverifiable or inaccurate information are removed from consideration regardless of stream
- **Stage 4 - MMI:** Interview performance below established thresholds results in rejection for all candidates
- **Stage 5 - Holistic Review:** Comprehensive assessment may identify disqualifying factors in any applicant's complete file
- **Stage 6 - Final Decision:** A singular admissions committee makes all decisions based on merit, performance, and mission alignment without stream-based considerations

Quality Assurance Measures

- **Standardized Evaluation:** MMI stations, scoring rubrics, and holistic review criteria are identical across streams, ensuring fair and consistent assessment of all candidates. Open and Indigenous stream applicants will attend the same MMI circuits on the same days; assessors will not know which stream an applicant has applied to.
- **Multiple Reviewer Process:** Indigenous Admissions Sub-Group evaluation provides culturally informed assessment while maintaining the same standards and rejection criteria applied university-wide.
- **Appeal and Oversight:** Rejection decisions are subject to the same appeal processes and oversight mechanisms regardless of admission stream, ensuring accountability and procedural fairness.

Professional Standards Maintenance

- **Medical Education Requirements:** All rejection criteria align with national medical education standards and professional competency requirements, ensuring graduates meet consistent quality standards regardless of their admission pathway.
- **Accreditation Compliance:** Evaluation processes and rejection criteria satisfy CACMS requirements for fair, transparent, and academically rigorous admissions practices across all applicant populations.
- **Aligned with established best practices:** This framework ensures the Indigenous stream provides culturally safe evaluation processes while maintaining the academic rigour and professional

standards required for medical education, consistent with national best practices and accreditation requirements.

6. Why are Indigenous applicants from outside BC given priority? Would you consider redefining the “priority region” as “BC and/or overlapping traditional territories”?

There is no priority by location. Indigenous applicants from outside BC are not given priority.

- The Indigenous admissions stream is open to Indigenous applicants across Canada, but geographic location does not confer priority status. All Indigenous stream applicants are evaluated using identical academic and mission alignment criteria regardless of their province or territory of residence.
- Indigenous applicants from BC, other provinces, and territories undergo the same assessment process through the Indigenous Admissions Sub-Group. Selection is based on academic qualification, mission alignment, and demonstrated commitment to primary care service, not geographic preference.

Indigenous Territory Context

- **Traditional Territory Boundaries:** Provincial boundaries do not reflect the traditional territories or community boundaries of Indigenous groups. Many Indigenous nations have traditional territories that span multiple provinces or extend across current provincial borders, including lands within what is now British Columbia.
- **Historical Displacement:** Canada's history includes forced displacement of Indigenous groups from their traditional territories. Indigenous peoples who traditionally held lands overlapping with BC or the territories may have been displaced to other provinces through colonial policies, residential school systems, and other government actions.
- **Community Connection Recognition:** The SFU Welcoming Procedure recognizes community connection and Indigenous identity validation through Indigenous governance structures, which may span provincial boundaries and reflect traditional rather than colonial territorial definitions.

Territorial Resident Precedent

- **Current Open Stream Scope:** The Open stream currently welcomes applicants who are residents of BC, Nunavut, NWT, and Yukon. Territorial residents are considered "in-province" applicants because these territories have no local medical education options.
- **National Practice:** This approach follows the practice of many Canadian medical schools that accept territorial residents as equivalent to provincial residents, recognizing the limited educational infrastructure in northern territories.
- **Application Volume Context:** Based on Association of Faculties of Medicine of Canada (AFMC) annual statistics, fewer than 40 applicants apply to medical school from all three territories combined each year, representing minimal impact on overall application volumes.

Future Expansion Planning

- **Planned Open Stream Expansion:** Future plans include opening opportunities for out-of-province applicants in the Open stream for a small number of positions. This expansion is anticipated to generate over 2,000 additional applications.

- **Implementation Strategy:** The Indigenous stream's Canada-wide scope provides valuable experience processing out-of-province transcripts and applications, building institutional capacity for managing the significant increase in applications expected when Open stream out-of-province seats become available.
- **Operational Readiness:** Year 1 focused on BC and territorial residents in the Open stream due to the complexity of processing transcripts and documentation from across Canada. Experience with Indigenous stream out-of-province applicants will prepare the admissions office for the substantial volume of out-of-province applications anticipated in future cycles.

Social Accountability Framework

- **National Indigenous Health Needs:** Indigenous health disparities exist across Canada, not only in BC. Training Indigenous physicians who may serve Indigenous communities nationwide supports broader reconciliation goals and addresses systemic healthcare gaps affecting Indigenous peoples across the country.
- **BC Service Commitment:** While the Indigenous stream is Canada-wide, the school's mission focuses on strengthening primary care in BC. All graduates, regardless of admission stream or origin, are trained specifically to address BC's healthcare needs and community priorities.

Accreditation and Policy Alignment

- **CACMS Requirements:** The Canada-wide Indigenous stream aligns with the Committee on Accreditation of Canadian Medical Schools (CACMS) requirement for socially accountable admissions processes and supports national goals for increasing Indigenous physician representation.
- **TRC Alignment:** This approach supports Truth and Reconciliation Commission Calls to Action 23 and 24, which call for increased Indigenous representation in healthcare professions nationally, not only within specific provinces.

7. Will you make differences between streams explicit and provide rationale for group priorities?

Our website and admissions materials explicitly state that both streams use identical academic eligibility criteria and selection processes. No group receives priority treatment in evaluation or selection.

- Current documentation provides comprehensive explanation of stream differences, rationale, and processes.
- The framework reflects extensive consultation with Indigenous communities, university governance, and national medical education standards to ensure transparency and accountability.

Two Specific Documented Stream Differences

1. Residency Requirements:

- **Open Stream:** BC, Nunavut, NWT, and Yukon residents

- **Indigenous Stream:** All Canadian residents who self-identify as First Nations, Inuit, or Métis

2. SFU Welcoming Procedure: Indigenous stream applicants complete additional community connection confirmation through SFU's established Welcoming Procedure, which includes:

- Indigenous identity documentation
- Community confirmation processes
- One-page personal narrative of Indigenous lived experience
- Optional sharing circle participation

Determine admission stream	
Open Stream	Indigenous Stream
<ul style="list-style-type: none"> • Open to residents of BC, NT, YK, NV. • Qualified applicants aligned with SFU Medicine's mission and vision. • Meet the general requirements. • Meet the academic eligibility requirements. 	<ul style="list-style-type: none"> • Open to First Nations, Inuit, or Métis across Canada. • Qualified applicants aligned with SFU Medicine's mission and vision. • Meet the general requirements. • Meet the academic eligibility requirements.

Institutional Alignment

- **Proven Framework:** The Welcoming Procedure builds on SFU's successful Undergraduate Admissions Policy for Indigenous students (UAPI), extending established practices into medical education rather than creating separate processes.

Documentation

- **Indigenous Stream Purpose:** Website and recruitment materials clearly articulate the Indigenous stream's three purposes:
 - Identifying applicants aligned with strategic priorities and social accountability mandates
 - Providing culturally safe evaluation and support processes
 - Confirming community connection through established SFU protocols
- **Policy Foundation:** Documentation explicitly references the stream's development as a direct response to:
 - Truth and Reconciliation Commission Calls to Action 23 and 24
 - In Plain Sight Report Recommendation 18
 - CACMS social accountability requirements
 - National goals for increasing Indigenous physician representation

Process Transparency

- **Evaluation Framework:** Materials clearly explain that Indigenous stream applicants:

- Meet identical academic thresholds
- Undergo mission alignment assessment by Indigenous Admissions Sub-Group
- Participate in the same MMI process with cultural safety supports
- Are subject to identical rejection criteria and appeal processes
- **Support Differences:** Documentation describes culturally safe elements that provide support without altering standards:
 - Elder and Knowledge Keeper presence during MMI
 - Indigenous faculty involvement in evaluation
 - Community gathering opportunities
 - Culturally informed application review

Continuous Improvement

- **Feedback Integration:** The school maintains commitment to clear communication and will continue refining documentation based on stakeholder feedback while preserving accuracy and transparency about stream purposes and processes.
- **Engagement:** Ongoing dialogue with university governance, Indigenous communities, and applicant populations ensures documentation remains clear, accurate, and responsive to legitimate information needs.

8. What measures will ensure pre-screening and MMI are rigorous, objective, and equitable across streams (e.g., standardized questions, bias-reduction practices)?

Our Admissions process includes a standardized MMI framework.

- **Uniform Interview Process:** All applicants, regardless of admission stream, participate in identical MMI stations using the same questions, scenarios, and evaluation criteria. No separate or modified interview process exists for Indigenous stream applicants.
- **Integrated Assessment Circuits:** MMI groups include applicants from both admission streams within the same circuits. Stream segregation does not occur during the interview process, ensuring all candidates experience identical assessment conditions.

Assessor Blind Evaluation

- **Stream-Blind Assessment:** MMI assessors are not informed of applicants' admission stream designation during the interview process. Assessors evaluate all candidates using identical criteria without knowledge of whether candidates applied through Open or Indigenous streams.
- **Voluntary Disclosure:** The only circumstance under which assessors would learn of an applicant's stream is if the candidate voluntarily chooses to disclose this information during their interview responses.

Quality Assurance Measures

- **Anti-Bias Training Requirement:** All MMI assessors must complete comprehensive anti-bias training before participating in the interview process. This training ensures consistent, fair evaluation practices across all assessor interactions with candidates.

- **Standardized Evaluation:** The combination of identical MMI stations, stream-blind assessment, and mandatory anti-bias training creates a robust framework for objective, equitable evaluation of all applicants regardless of their admission pathway.

Cultural Safety Integration

- **Support Without Differential Assessment:** While Indigenous stream applicants have access to cultural supports (Elder and Knowledge Keeper presence), the actual MMI assessment process remains identical for all candidates, maintaining evaluation consistency while providing culturally appropriate support.
- This streamlined approach ensures maximum objectivity and consistency in the interview process while maintaining cultural safety supports that do not influence assessment outcomes or evaluation criteria.

9. Will you do annual reporting on acceptance rates for both streams to monitor biases in admissions outcomes?

No, acceptance rates don't measure bias when selection is designed to fulfill stated institutional goals.

- Increasing Indigenous healthcare providers and serving Indigenous peoples of BC are stated institutional goals established through CACMS accreditation requirements. These goals mandate the identification of specific populations that the School of Medicine will serve.
- Selecting applicants prepared to fulfill these accredited goals does not reflect bias, equivalent to selecting candidates with BC community connections or demonstrated primary care interest.
- These decisions correspond directly with stated institutional priorities rather than discriminatory practices.
- Our admissions process intentionally selects candidates committed to serving Indigenous peoples and BC communities, reflecting our accredited mission priorities.

We support transparency and accountability.

- **Full Disclosure of Priorities:** The school has been completely transparent about institutional priorities, which align with:
 - SFU's Indigenous Strategic Plan
 - What's Next: The SFU Strategy
 - In Plain Sight report recommendations
 - Truth and Reconciliation Commission Calls to Action
- **Accreditation Compliance:** These priorities are formally documented in accreditation materials and subject to CACMS oversight, ensuring accountability through established medical education governance frameworks.

We support Indigenous Data Sovereignty.

- **OCAP® Principles:** Respectful engagement with Indigenous communities requires adherence to data sovereignty principles including Ownership, Control, Access, and Possession of data pertaining to Indigenous communities and individuals.

- **Community Decision-Making:** Decisions about sharing information regarding Indigenous applicants rest with the Indigenous Admissions Sub-Group and Indigenous communities, not external reporting requirements. This approach reflects standard practice across Canadian medical schools.
- **Self-Determination Respect:** Data sovereignty principles recognize Indigenous peoples' right to control information about their communities, including educational participation data, as part of broader self-determination and governance rights.

We ensure our processes follow requirements for privacy and legal compliance.

- **FIPPA Requirements:** The Freedom of Information and Protection of Privacy Act (FIPPA) governs collection and disclosure of personal data. Requests for specific applicant pool information must comply with privacy protection requirements.
- **Confidentiality Protection:** When applicant pools are small enough that individuals may be identifiable, privacy and confidentiality protections prevent detailed demographic reporting that could compromise candidate anonymity.
- **Legal Framework Adherence:** All data handling and reporting practices must balance transparency interests with legal requirements for personal information protection and Indigenous data sovereignty rights.

We are committed to appropriate accountability measures.

- **Outcome Monitoring:** The school monitors Indigenous student recruitment, retention, and graduation success through internal quality assurance processes that respect data sovereignty while ensuring program effectiveness.
- **Community Accountability:** Accountability to Indigenous communities occurs through direct relationship-building, community engagement, and Indigenous-led evaluation of program success rather than external reporting mandates.

10. What mechanisms will you use to prevent bias, given that a separate Indigenous Stream does not address possible discrimination in the General Stream?

SFU does not operate a single centralized admissions process. Each academic program establishes Senate-approved admissions requirements that align with their educational objectives and professional standards.

- SFU's Undergraduate Admissions Policy for Indigenous students (UAPI) provides an established university-wide framework for Indigenous student recruitment and support, demonstrating institutional commitment to Indigenous education across all programs.
- The presence of admission streams does not imply bias in other pathways. Streams recognize that different applicant groups may require distinct evaluation approaches while maintaining identical academic and professional standards.
- Educational programs have the responsibility to design admissions processes that align with their accredited values and goals. The School of Medicine's selection criteria reflect priorities established through:
 - Senate approval processes

- CACMS accreditation requirements
- Provincial healthcare workforce needs
- Social accountability mandates

Our process includes a rigorous selection criteria framework.

- **Institutional Priority Alignment:** Admissions criteria reflect legitimate institutional priorities rather than discriminatory bias. The process appropriately selects candidates based on:
 - Academic qualification thresholds
 - Commitment to primary care practice
 - Alignment with community service mission
 - Professional suitability for medical practice
- **Comparable Selection Standards:** Similar to selecting academically qualified candidates or those committed to primary care, choosing applicants prepared to serve BC's diverse communities, including Indigenous populations, reflects stated institutional goals rather than bias.

Our processes incorporate evidence-based Bias Prevention strategies.

- **Systematic Process Design:** Admissions processes employ evidence-based methods that reduce individual assessor influence through:
 - Standardized evaluation criteria and rubrics
 - Multiple independent assessors for each component
 - Structured decision-making protocols
 - Documented rationale requirements for all decisions
- **Anti-Bias Training Requirements:** All individuals involved in applicant assessment complete mandatory anti-bias training before participating in evaluation processes, ensuring consistent application of fair assessment practices.

We have implemented an evidence-based validity and reliability framework aligned with established best practices.

- **Research-Based Methods:** Admissions tools and processes are grounded in validated research on medical education selection, incorporating:
 - Proven predictors of success in medical training
 - Established frameworks for professional competency assessment
 - Evidence-based interview and evaluation methodologies
 - National best practices in medical school admissions
- **Professional Standards Alignment:** Selection processes accord with national position statements from the Association of Faculties of Medicine of Canada and align with Committee on Accreditation of Canadian Medical Schools requirements for fair, transparent admissions practices.

Quality Assurance Measures

- **Systematic Oversight:** The admissions process includes multiple quality control mechanisms:
 - Regular assessment of selection tool effectiveness
 - Inter-rater reliability monitoring for evaluators
 - Continuous improvement based on outcome data

- Appeals processes for admissions decisions
- **Accountability Framework:** All admissions practices are subject to university governance oversight, Senate review, and national accreditation standards, ensuring ongoing accountability for fair and effective selection processes.

Professional Education Context

- **Workforce Preparation:** The admissions process is designed to select candidates who will effectively serve BC's healthcare needs, including documented priority populations identified through provincial health planning and social accountability requirements.
- **Educational Mission Fulfillment:** Selection criteria ensure graduates can fulfill the school's accredited mission to strengthen primary care and serve diverse BC communities, reflecting responsible stewardship of public medical education resources.

11. What is your response to plans for a Black admissions stream?

There are no plans for a Black admissions stream or any other ethnicity-based admissions streams beyond the existing Open and Indigenous streams.

- The current two-stream framework has received full Senate approval and aligns with SFU's established Indigenous education policies and strategic priorities.
- The admissions structure fulfills CACMS requirements for identifying and serving priority populations while maintaining academic rigour and professional standards.

V: Additional Questions

1. Is SFU subsidizing the medical school?

No. The School of Medicine receives dedicated funding directly from the Ministry of Post-Secondary Education and Future Skills, separate from SFU's operating grant.

Ministry funding covers all School of Medicine expenses, including direct program costs and central university support services. The school has not contributed to any university deficits.

Financial Track Record

- **Current Expenditure Status:** Through March 31, 2025, SFU has incurred \$15.8 million in School of Medicine-related expenses, including:
 - Direct costs within the School itself
 - Costs incurred by central university units supporting the medical program
 - All expenses have been fully funded by dedicated Ministry allocations
- **Future Funding Commitment:** The Ministry has committed \$30.96 million annually for fiscal years 2025/26 and 2026/27, providing financial certainty for program operations and expansion.

Financial Management Framework

- **Regular Ministry Communication:** SFU provides periodic (typically quarterly) updates to the Ministry regarding:
 - Current spending trends and patterns
 - Future cash flow requirements
 - Program development milestones
 - Financial projections and planning
- **Sustained Government Commitment:** The Ministry continues to honor associated funding commitments based on these regular communications and program progress reports.

University Financial Impact

- **No Deficit Contribution:** The School of Medicine has not contributed to any deficits incurred by the university. The dedicated funding model ensures:
 - Complete separation from general university finances
 - No impact on other SFU programs or operations
 - Financial sustainability independent of university budget pressures
- **Cost-Neutral Implementation:** The funding structure ensures medical education implementation proceeds without financial burden on existing SFU operations or student services.

Accountability and Transparency

- **Financial Oversight:** The funding arrangement includes:
 - Regular financial reporting to the Ministry
 - Transparent expenditure tracking and documentation
 - Compliance with government financial management requirements
 - Ongoing monitoring of program costs and efficiency
- **Stewardship Responsibility:** SFU maintains responsible stewardship of dedicated government funding while ensuring program quality and meeting accreditation standards.

2. Why doesn't it look like a traditional UBC, McGill medical school?

Primary Care Crisis Response is a system-wide challenge. Traditional medical education models, exemplified by established schools like UBC and McGill, have not adequately addressed Canada's primary care physician shortage. Despite decades of medical education delivery, family medicine remains undervalued and understaffed across the country.

We are part of a national trend toward innovation. Across Canada, there has been a deliberate emphasis on creating new medical education programs that center and value primary care in undergraduate medical education (UGME). SFU represents part of this national movement toward more responsive medical education models.

Intentional Design Differences

Community-Centered Education: Unlike traditional hospital-based medical education models, SFU's program emphasizes:

- Early and continuous community-based clinical learning
- Long-term patient relationships through Continuity Clinic experiences
- Integration with Fraser Health Authority and community health providers
- Place-based learning that reflects actual primary care practice settings

Curriculum Innovation: The three-year competency-based curriculum differs from traditional four-year models by:

- Concentrating on essential primary care competencies
- Eliminating traditional lecture-based delivery in favor of active learning
- Integrating Indigenous knowledge systems throughout the program
- Emphasizing team-based, collaborative care approaches

Our school is designed for Primary Care leadership.

SFU aims to establish itself as a leader in primary care-focused medical education, demonstrating that different approaches to medical training can better serve community health needs.

Evidence-Based Reform: The program design reflects growing evidence that community-based, primary care-focused medical education produces graduates more likely to:

- Choose family medicine as their specialty
- Practice in underserved communities
- Demonstrate stronger community engagement
- Provide culturally responsive care

Workforce Development Strategy

- **BC-Specific Solutions:** The innovative model directly addresses British Columbia's specific healthcare challenges:
 - Rural and remote community physician shortages
 - Indigenous health service gaps

- Primary care access barriers in growing urban centers
- Integration with provincial health planning priorities
- **System Transformation:** Rather than replicating existing models that have produced current healthcare shortages, the school's design anticipates and prepares for evolving healthcare delivery models emphasizing:
 - Team-based primary care
 - Community health integration
 - Technology-enhanced care delivery
 - Preventive and population health approaches

Accreditation and Quality Assurance

- **Standards Compliance:** While innovative in approach, the program meets all CACMS accreditation standards for medical education quality, ensuring graduates are fully prepared for residency training and medical practice.
- **Measured Innovation:** Program differences reflect evidence-based improvements to medical education rather than experimental approaches, building on proven practices in community-based medical education.

Appendix B - SFU School of Medicine Key Milestones

Governance & Establishment

- May 31, 2023 - SFU submits first Business Case to the Province to support ministerial funding for the School of Medicine.
- Fall 2023 – Spring 2024 - SFU engages in iterative discussions with the Province, resulting in updates to the business case. These updates include:
 - A shift from a four-year to a three-year curriculum.
 - Clarifications on financial sustainability and workforce planning.
- May 2024 - The updated Business Case is provided to Senate and the Board of Governors for information.
 - It supports the motion to establish the School of Medicine and approve the Full Program Proposal (FPP).
 - The briefing note includes a summary of changes made during provincial consultations.
- April–May 2024: SCUS and SCUP approved the Full Program Proposal and recommended the creation of the School.
- May 21, 2024 - Senate formally approves the establishment of the School of Medicine and the three-year MD curriculum as outlined in the FPP.

Curriculum Development & Approval

- April 2024: SCUS approved the Full Program Proposal, including a three-year curriculum.

- April 2025: SCUS approved new course proposals for MEDS 410, 420, and 430.
- May 2025: Senate received updated course proposals and curriculum structure for information.

Curriculum Oversight: Established the Undergraduate Program Committee (UPC) and supporting subcommittees to manage curriculum delivery and evaluation.

Faculty Rules & Guidelines

- March–April 2025: Senate approved faculty rules and guidelines, including admissions, programming, and curriculum governance.

Faculty Appointment Policies

- 2024–2025: Board of Governors Executive Committee approved two new faculty appointment categories:
 - A10.07 Clinical Faculty
 - A10.08 Medical Research Faculty

Medical Education Faculty (MEF) category was proposed but later paused pending further review.

Accreditation Progress

- Spring 2025: Submitted over 3,000 pages of documentation to the Committee on Accreditation of Canadian Medical Schools (CACMS).
- Fall 2025: Final accreditation achieved September 2025.

Admissions & Recruitment

- Admissions Process Finalized: Includes Open and Indigenous streams, with rigorous, mission-aligned selection criteria.
- Recruitment Strategy Developed: Outreach, info sessions, and materials prepared for launch post-accreditation.

Faculty Hiring Plan

- FY26–FY29 Plan Submitted:
 - MRF: Scaling from 2.0 to 8.0 FTE
 - CF: 491 appointments currently, expected to grow significantly

Funding & Financial Milestones

- Ministry Funding Secured: \$30.96M annually for FY25/26 and FY26/27.
- \$15.8M in expenses fully funded through March 2025.