



FOR RECOMMENDATION

PUBLIC

OPEN SESSION

TO: Planning and Budget Committee

SPONSOR: Sally Garner, Executive Director, Planning & Budget
CONTACT INFO: 416-978-2819, sally.garner@utoronto.ca

PRESENTER: As above
CONTACT INFO:

DATE: October 7, 2014 for October 29, 2014

AGENDA ITEM: 3

ITEM IDENTIFICATION:

Faculty of Medicine: Proposal to Establish the Graduate Department of Rehabilitation Sciences renamed the Rehabilitation Sciences Institute as an Extra-Departmental Unit B (EDU: B)

JURISDICTIONAL INFORMATION:

The Planning and Budget Committee is responsible for making recommendations to the Academic Board on plans and proposals to establish, disestablish, or significantly restructure academic units, here defined as "faculties, schools, colleges, departments, centres and institutes with teaching, or teaching and research functions, undergraduate degree programs, and graduate degree programs," regardless of the source of funds. (*P&B Terms of Reference, Section 4.4.1*)

GOVERNANCE PATH:

- 1. Planning and Budget Committee [for recommendation] (October 29, 2014)**
2. Academic Board [for recommendation] (November 13, 2014)
3. Executive Committee [for endorsement and forwarding] (December 1, 2014)
4. Governing Council [for approval] (December 11, 2014)

PREVIOUS ACTION TAKEN:

The proposal to establish Graduate Department of Rehabilitation Science as an EDU:B and to rename it to the Rehabilitation Sciences Institute was approved by the Faculty of Medicine Council on September 29, 2014.

HIGHLIGHTS:

The Graduate Department of Rehabilitation Sciences [GDRS] is a graduate unit established 1995 in the Faculty of Medicine which offers the MSc and PhD degree programs in Rehabilitation Science. The Chair of the Department of Physical Therapy [PT] and the Department of Occupational Science and Occupational Therapy [OS&OT] have alternated as Graduate Chair.

This is a proposal to formally establish GDRS as an Extra-Departmental Unit B [EDU:B] within the Faculty of Medicine with a revised name. Effective January 1, 2015 the proposed Rehabilitation Sciences Institute [RSI] would be an EDU:B with a Director appointed under the Policy on Academic Administrative Appointments. The Faculty of Medicine is clearly identified as the lead Faculty. The unit currently offers the Doctor of Philosophy in Rehabilitation Science and Master of Science in Rehabilitation Science and participates in a number of Collaborative Degree Programs.

As outlined in the proposal, the field of rehabilitation is highly interdisciplinary and the proposed status of an EDU:B is consequently seen as an ideal fit. This change is being undertaken to provide the RSI with the scope and appropriate leadership, structure, and visibility to meet its goals of increasing the breadth and capacity of rehabilitation science training and research to address such mounting societal needs as an aging population and a population living with chronic conditions.

The 2008 OCGS appraisal report noted that GDRS had the potential to make significant contributions in Canada and internationally as a world class program, and recommended aligning the administrative structure and resources to ensure that the research, scientific, and funding potential is maximized.

The proposal has been subject to extended consultation within the Faculty of Medicine.

FINANCIAL IMPLICATIONS:

As a graduate unit, the GDRS does not currently hold any budgetary appointments or cross-appointments. Faculty teaching in the existing programs hold graduate appointments in the unit and their teaching workload is approved by the Chairs of their primary departments in compliance with relevant workload policies. It is not anticipated that this will change.

RECOMMENDATION:

Be It Recommended to the Academic Board:

THAT the proposal to Establish the Graduate Department of Rehabilitation Science renamed the Rehabilitation Sciences Institute as an Extra-Departmental Unit B be approved effective January 1, 2015.

DOCUMENTATION PROVIDED:

Cover memo

Proposal to establish the Graduate Department of Rehabilitation Sciences as an EDU:B, named the Rehabilitation Sciences Institute

August 28, 2014

**Proposal To Establish the Graduate
Department of Rehabilitation Science as an
EDU:B:
The Rehabilitation Sciences Institute**

Table of Contents

1 Statement of Purpose	3
2 Academic Rationale	3
3 Consultation	5
4 Faculty Participation.....	6
5 Role of External Institutions / Bodies.....	6
6 Administration / Governance Structure.....	7
7 Budget	8
8 Research Funds.....	8
9 Review	8

1 Statement of Purpose

This proposal is to establish the Graduate Department of Rehabilitation Science (GDRS), currently budgeted and administered in the Faculty of Medicine as a graduate unit, to an Extra Departmental Unit: B (EDU:B) with the new name of the Rehabilitation Sciences Institute (RSI). The lead Faculty will be the Faculty of Medicine and the new EDU:B will continue to deliver the MSc and PhD degree programs in the Rehabilitation Sciences at the University of Toronto. As the lead Faculty, the Faculty of Medicine will continue to assume active administrative and budgetary responsibility for the RSI. The effective date proposed is January 1, 2015.

The GDRS has been an extremely successful entity, enjoying tremendous growth and repeated excellent external reviews. Indeed, in the last external review, it was noted that while many units claim to be multidisciplinary, GDRS truly is. The unit is now ready to extend the scope of its multidisciplinary nature. Being an EDU:B will afford it that opportunity by ensuring it has the scope and appropriate leadership, structure, and visibility to meet its goals of increasing the breadth and capacity of rehabilitation science training and research to address such mounting societal needs as an aging population and a population living with chronic conditions. The multidisciplinary nature of rehabilitation science permits development of multi-faceted approaches to studying and improving body function and structure, activity engagement and full participation in society.

2 Academic Rationale

Historical Focus

The scope of activity of GDRS has always focused on promoting high quality research and education within the rehabilitation sciences through its doctoral stream graduate programs. It will continue to do so as an EDU:B.

GDRS was established in 1995 to house the doctoral stream programs for the Faculty of Medicine's Department of Physical Therapy (PT) and the then called Department of Occupational Therapy (now the Department of Occupational Science and Occupational Therapy (OS&OT)). The establishment of the GDRS was a joint proposal of these two founding Departments. The MSc in Rehabilitation Science commenced in 1995 and the PhD in Rehabilitation Science commenced in 2004.

Evolving Multidisciplinary Scope of GDRS

Since their establishment, the graduate programs in rehabilitation science have become increasingly interdisciplinary in terms of graduate student background, curriculum and faculty complement. In 1995, the academic backgrounds of MSc applicants were fairly homogenous. They tended to have undergraduate training in physical therapy or occupational therapy and enrolled in graduate school to earn research credentials that would allow for higher level of work in the clinical sphere. Since that time, applicants' backgrounds and academic goals have become increasingly interdisciplinary. In 2013-14, 36% of MSc students had PT or OT backgrounds while

64% came from different academic backgrounds with BA, BSc, MSc, MEd, and MD degrees from such diverse departments as Biology, Biomedical Engineering, Epidemiology Health Studies, Human Kinetics, Kinesiology, Neuroscience, Public Health and Rehabilitation Science. Of the PhD students in that year, 57% had academic backgrounds in either PT or OT, while 43% came from academic backgrounds in the areas listed above.

When GDRS was founded, students received training to conduct research in two fields of study, physical rehabilitation and psychosocial rehabilitation. In 2006, to accommodate the widening breadth of the rehabilitation sciences, faculty expertise, and student interests, new fields of study were created in the MSc and PhD programs. These were Movement Science, Occupational Science, Rehabilitation Health Services Studies, Rehabilitation Technology Sciences, and Social and Cognitive Rehabilitation Sciences. An additional field, Practice Science, was added to both degree levels in 2008. GDRS has provided further interdisciplinary opportunities for its students through the following graduate collaborative programs: Aging, Palliative and Supportive Care Across the Life Course; Bioethics; Biomedical Engineering; Cardiovascular Sciences; Global Health; Healthcare, Technology and Place; Health Services & Policy Research; Musculoskeletal Sciences; Neuroscience; Resuscitation Sciences; and Women's Health.

Vision and Mission

Vision: International leadership in the rehabilitation sciences

Mission: Prepare doctoral stream students to be leaders in the rehabilitation sciences by developing excellence in research innovation, knowledge translation and practice.

Rehabilitation is by its very nature a multidisciplinary enterprise, comprised of not only the traditional fields of occupational therapy, physical therapy and speech language pathology¹ but many others. Since the inception of the GDRS, the University of Toronto has enjoyed tremendous expansion in the rehabilitation sciences as evidenced by the breadth and scope of the work being conducted by its faculty and students and the large number of collaborative programs with which the GDRS partners. To capture the full emerging breadth and scope of the field, GDRS has arrived at a new conceptualization of the field that draws on the language of the International Classification of Functioning, Disability and Health (World Health Organization, 2001)², and identifies it as an integrated science. The GDRS defines *Rehabilitation Science as an integrated science dedicated to the study of human function and participation and their relationship to health and well-being*. This definition highlights the imperative that rehabilitation science must not only draw on but integrate the knowledge and methods from multiple disciplines to fully understand human function and participation. This definition, created by the students and endorsed by the governance committees of GDRS, serves to encompass the full breadth of the research conducted by our faculty and students and to unify the focus of the scholarship. This integrated approach to

¹ A parallel process is underway to transfer the doctoral stream program in Speech-Language Pathology (SLP) from the Faculty of Medicine's Department of Speech-Language Pathology to the new RSI. This move will make the new RSI the home of all doctoral stream rehabilitation sciences programs within the Faculty of Medicine.

the field creates a unique platform for the delivery of excellent rehabilitation graduate training at the University of Toronto.

The mission, to prepare doctoral stream students to be leaders by developing their excellence in research innovation, knowledge translation and practice, is met by offering a core curriculum complimented by courses that facilitate in-depth study in areas of specific student interest, delivered by faculty that are recognized experts in their field. Over the course of its development GDRS has continuously increased its faculty complement both in terms of expertise and number. Since its inception, GDRS has grown tremendously. It now has over 100 graduate faculty members (See Appendix A) distributed throughout the University of Toronto, including teaching hospitals and research institutes, and at other universities, reflecting the inherent interdisciplinary nature of the field of rehabilitation. In addition to occupational therapy and physical therapy, faculty are engaged with rehabilitation science research involving engineering, biomaterials, medical biophysics, computer science, kinesiology, psychology, health policy, surgery, history, nursing and occupational science. The breadth of GDRS faculty assists with accommodating the interests of the growing student body and the expanding field both in terms of course work and thesis foci. This serves to provide a strong foundation for the students' growth and development as leaders in rehabilitation science.

In the fall of 2013, at the strategic planning event, *Rehab 2020: Reconsidering our Graduates' Future*, GDRS faculty and students jointly undertook to envision the leadership paths future doctoral stream graduates may take and to identify the educational mandates to prepare them for the diversity of careers that will be available to them as they enter the job market. Strategic actions were identified to enable GDRS to take full advantage of the educational opportunities afforded by the University, strength of GDRS's faculty, and partnerships in collaborative programs. Establishing the GRDS as an EDU:B will serve to facilitate achieving those strategic directions. The new RSI will be uniquely positioned to market different streams in rehabilitation science and will thereby attract top students and faculty, as well as provide a unified voice regarding doctoral stream research and education in the rehabilitation sciences at the University of Toronto.

RSI's strategic goal is to be the research and education hub for doctoral stream graduate programs in the rehabilitation sciences at the University of Toronto. The dynamic, nimble and transparent structure of the EDU:B will allow the new RSI to consolidate activities and provide a platform for the unit's academic aspirations.

3 Consultation

Consultation has taken place within the units responsible for delivering rehabilitation graduate programs in the Faculty of Medicine including the Departments of Occupational Science and Occupational Therapy, Physical Therapy, Rehabilitation Science, Speech-Language Pathology.

² International Classification of Functioning Disability and Health: ICF. Geneva: World Health Organization, 2001.

Faculty members and graduate students were consulted. Faculty participated in a GDRS strategic planning event, *Rehab 2020: Reconsidering Our Graduates' Future* held on October 21, 2013. The future of GDRS has been discussed at the last two Faculty Retreats as well as at the Strategic Planning Meeting.

There has been extensive consultation with the Dean of Medicine, Vice Dean Graduate and Life Sciences Education Office, Dean of the School of Graduate Studies, and the Vice Provost, Academic Programs.

4 Faculty Participation

Currently GDRS has no primary academic appointments and no budgetary cross-appointments. GDRS grants graduate appointments to faculty with a primary appointment in another department wishing to work with doctoral stream students in the field of rehabilitation science. When seeking a graduate appointment in GDRS, applicants provide a clear description of what they bring to the department and a letter from the Chair of the department where they hold their primary appointment indicating support for, and agreement with, the appointment.

GDRS graduate faculty teach and supervise in either or both the MSc and PhD programs. Their teaching workload is approved by the Chairs of their primary departments in compliance with relevant workload policies. This has proved a very successful process and the attainment of EDU:B status is not expected to change this in anyway. Appointment to GDRS is highly desirable as the large number of GDRS faculty attests (Appendix A provides a list of all current graduate faculty appointed to GDRS, their primary appointment, rank and SGS appointment status.)

5 Role of External Institutions / Bodies

GDRS has no formal relationship with external institutions / bodies related to control and oversight of GDRS activity. The RSI will continue with this approach ensuring that control and oversight of program activity and operations will be maintained within the Faculty of Medicine and conducted in accordance with University of Toronto policy.

All current graduate appointments to GDRS have primary academic appointments within academic units in the University of Toronto. GDRS graduate faculty have scientist appointments in several hospitals which provide students with opportunities to conduct their research. Faculty are employed either by the University of Toronto or at any of the many research institutes associated with the University including Toronto Rehabilitation Institute-UHN, West Park, the University Health Network, Holland Bloorview, SickKids, Baycrest, and the Centre for Addiction and Mental Health. GDRS students have also benefited from funding provided by hospital foundations, such as those at Holland Bloorview and the Toronto Rehabilitation Institute-UHN.

6 Administration / Governance Structure

The governance and administrative structures of the RSI will be based on the current GDRS, altered to align with the policies governing the EDU:B, and, importantly, to provide the unit with dedicated leadership; a major driver for its establishment as an EDU:B. To date, the Chair of GDRS has been an added responsibility of either the Chair of OS&OT or PT, on a 2 year rotational basis; the intention being that the Chairs confer on all major decisions regarding the GDRS reporting to the Dean of Medicine. [Presently, the rotating Chair of GDRS is held by Professor Katherine Berg.] This leadership arrangement was most likely a result of the administrative options available at the University of Toronto in the mid-1990s and worked well for several years. However as GDRS grew, the practice of having its leadership be assumed as an additional responsibility of either the Chair of OS&OT or PT, on a rotational basis, became increasingly onerous. In 2012, an Associate Chair position, reporting to the GDRS Chair, was created to provide an expedient short term solution to meet the increasing demands for dedicated leadership created by the tremendous growth of the programs. The first associate chair, Dr. H.J. Polatajko, assumed the three year position in January 2013. While this is a tenable interim solution, establishing the GDRS as an EDU:B would provide continuity in leadership allowing for the dedication needed to build programs, strengthen partnerships, and support the recruitment and retention of top students and faculty. It would also provide direction and strategic planning for the entire sector as the primary doctoral department.

Going forward, a Director for the new EDU:B will be appointed by the Dean of the Faculty of Medicine in line with the [Policy on Appointment of Academic Administrators](#). The Director will report to the Dean. The governance and administrative structure of the RSI (Appendix B), and the roles and responsibilities of the Director, will comply with that policy and the University's EDU Guidelines.

The general committee structure and terms of reference introduced in GDRS in the spring of 2013 will be adopted by the RSI. The Director of RSI will be responsible for all facets of the proposed EDU:B including policies, budget, and administrative operations and will report directly to the Dean of Medicine. The Director of RSI will also have a seat at all relevant tables to provide a voice for the research and educational mandates of RSI on all appropriate committees both internal and external to the Faculty of Medicine.

The Academic Affairs Committee (AAC) is the senior body in the RSI with responsibility to establish and monitor policies and procedures to realize the vision and mission of the RSI. The AAC will receive recommendations from four sub-committees advisory to the ACC (see Appendix B for detailed Terms of Reference) focused on areas of particular importance for the RSI. The Student Affairs Committee (SAC) will address issues related to students including admissions and awards. The Programs and Curricula Committee (PCC) will work to continually develop and refine program curricula, comprehensive exams, and defenses. Supporting relationships with both internal and external stakeholders, the Communications and Community Relations Committee (CCRC) will focus on strategic communications and events as they relate to the broad rehabilitation science community, most specifically the clinical community, donors and alumni. The Faculty and Staff Development Committee (FSDC) will support and monitor faculty development. Its focus will range

from creating educational and mentorship opportunities to recognizing success of faculty, staff and students to planning the annual departmental assembly. The Institute Assembly will focus its activities on creating opportunities for policy input, networking, and faculty development. The Community Expert Advisory Committee (CEAC) will provide input based on its assessment of the rehabilitation environment and contribute advice on future directions.

7 Budget

The budget of GDRS is already in place and is sufficient to deliver the doctoral stream graduate program in the new RSI, EDU:B. The Dean of Medicine will work with the new Director to finalize a revenue/expense budget for this academic unit in keeping with the financial management guidelines and procedures in the Faculty of Medicine. The Director will report to the Dean of Medicine about all financial matters.

8 Research Funds

Research funds will be administered in accordance with University of Toronto Policy, in the most appropriate manner. Currently, GDRS does not hold grant-in-aid funds for research.

9 Review

The existing Rehabilitation Science degree programs have always been subject to quality assurance reviews. In 2008, both the MSc and PhD programs underwent an OCGS periodic appraisal. At that time the external reviewers praised GDRS for its establishment of the doctoral program in 2004 as representing a major accomplishment in the evolution of rehabilitation science. Interdisciplinary research, collaborative opportunities, and leadership were also cited as GDRS strengths. Noting that GDRS had the potential to make significant contributions in Canada and internationally as a world class program, the report recommended aligning the administrative structure and resources to ensure that the research, scientific, and funding potential is maximized: that recommendation is being implemented through this proposal.

As an EDU:B, the RSI will be subject to the [Policy for Approval and Review of Academic Programs and Units](#), and review of its academic programs will be conducted under the University of Toronto Quality Assurance Process (UTQAP). The Dean of Medicine will commission a review of the RSI and its programs. The MSc and PhD in Rehabilitation Science are scheduled to be reviewed in 2015-16.

APPENDIX A

GDRS Faculty List, as of July 2014

Name	Primary University Appointment	Rank/SGS Appointment
1. Anne Agur, Ph.D.	Division of Anatomy	Professor/Full
2. Elizabeth Badley, Ph.D.	Dalla Lana School of Public Health	Professor/Full
3. Ana M.F. Barela, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
4. Dorcas Beaton, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
5. Boaz Ben-David, Ph.D.	Dept. of Speech-Language Pathology	Assistant Prof./Associate
6. Katherine Berg, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
7. Elaine Biddiss, Ph.D.	Institute of Biomat. & Biomedical Engineering	Assistant Prof./Associate
8. Sandra Black, MD	Department of Medicine	Professor/Full
9. Tim Bressmann, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
10. Dina Brooks, Ph.D.	Dept. of Physical Therapy	Professor/Full
11. Debra Mosnyk (Cameron), Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Full
12. Jill Cameron, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
13. Paolo Campisi, MD	Dept. of Otolaryngology	Associate Prof./Associate
14. Heather Carnahan, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor /Full
15. Tom Chau, Ph.D.	Institute of Biomat. & Biomedical Engineering	Professor/Full
16. Joyce Chen, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
17. Lynn Cockburn, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
18. Angela Colantonio, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full

19. Paul Comper, Ph.D.	Psychology	Assistant Prof./ Associate
20. Cheryl Cott, Ph.D.	Dept. of Physical Therapy	Professor/Full
21. Nora Cullen, MD	Department of Medicine	Associate Prof./Associate
22. Aileen Mary Davis, Ph.D.	Dept. of Physical Therapy	Professor./Full
23. Deirdre Dawson, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
24. Luc De Nil, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
25. Alice Ann Eriks-Brophy, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
26. Catherine Evans, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
27. Darcy Fehlings, MD	Dept. of Pediatrics	Associate Prof./Associate
28. Geoff Fernie, Ph.D.	Dept. of Surgery	Professor/Full
29. Judith Friedland, Ph.D.	Research Services Office	Professor Emeritus
30. Barbara Gibson, Ph.D.	Dept. of Physical Therapy	Associate Prof./ Full
31. Luigi Girolametto, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
32. Roger S. Goldstein, M.B., Ch.B.	Dept. of Medicine	Associate Prof./Associate
33. Manuel Gomez, M.D.	Dept. of Surgery	Associate Prof./Associate
34. Sherry Grace, Ph.D.	Dept. of Psychiatry	Assistant Prof./Associate
35. Robin Green, Ph.D.	Dept. of Psychiatry	Associate Prof./Full
36. Luc Hebert, PhD	Dept. of Physical Therapy	Assistant Prof./Associate
37. John Hirdes, Ph.D.	Dept. of Physical Therapy	Prof./Associate
38. Judith Hunter, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
39. Michael Iwama, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
40. Susan Jaglal, Ph.D.	Dept. of Physical Therapy	Professor/Full
41. Tania Janaudis-Ferreira, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate

42. Michelle Keightley, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
43. Gillian King, Ph.D	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
44. Bonnie Kirsh, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
45. Paulo Koeberle, Ph.D.	Division of Anatomy	Associate Prof./Full
46. Pia Kontos, Ph.D.	Dalla Lana School of Public Health	Associate Prof./Associate
47. Michel Landry, PhD	Dept. of Physical Therapy	Associate Prof./Associate
48. Sally Lindsay, PhD	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
49. Colin MacArthur, Ph.D.	Dept. of Paediatrics	Professor/Full
50. Ellen MacEachen, Ph.D	NCIC Epidemiology Unit	Associate Prof./Associate
51. Bradford J McFadyen, Ph.D	Dept. of Physical Therapy	Professor/Associate
52. Amy McPherson, Ph.D.	Dalla Lana School of Public Health	Assistant Prof./Associate
53. Elina Mainela-Arnold, Ph.D.	Dept. of Speech-Language Pathology	Assistant Prof./Full
54. Avril Mansfield, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
55. Rosemary Martino Fernie, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
56. Sunita Mathur, Ph.D	Dept. of Physical Therapy	Assistant Prof./Full
57. Sara McEwen, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
58. Katherine McGilton, Ph.D	Dept. of Nursing Science	Associate Prof./Full
59. William E. McIlroy, Ph.D.	Dept. of Physical Therapy	Professor/Full
60. Alex Mihailidis, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
61. George Mochizuki, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Full
62. Cindi Morshead, Ph.D.	Division of Anatomy	Professor/Full

63. Cameron Mustard, ScD	Dept. of Public Health Science	Professor/Full
64. Stella Ng, PhD	Dept. of Speech-Language Pathology	Assistant Prof./Associate
65. Stephanie Nixon, Ph.D	Dept. of Physical Therapy	Associate Prof./Associate
66. Christine Novak, Ph.D	Dept. of Surgery	Associate Prof./Associate
67. Ethne Nussbaum, Ph.D.	Dept. of Physical Therapy	Associate Prof./Associate
68. Kelly O'Brien, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
69. Janet Parsons, Ph. D	Dept. of Physical Therapy	Assistant Prof./Associate
70. Kara Patterson, PhD	Dept. of Physical Therapy	Assistant Prof./Associate
71. Stephen Perry, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
72. Chetan Phadke, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
73. Helene Polatajko, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
74. Milos Popovic, Ph.D.	Institute of Biomat. & Biomedical Engineering	Professor/Full
75. Susan G. Rappolt, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
76. Nicholas Reed, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
77. Denise Reid, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
78. Rebecca Renwick, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
79. Patricia Rigby, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
80. Elizabeth Rochon, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
81. Eric A. Roy, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
82. Frank Rudzicz, Ph.D.	Dept. of Computer Science	Assistant Prof./Associate
83. Stephen Ryan, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate

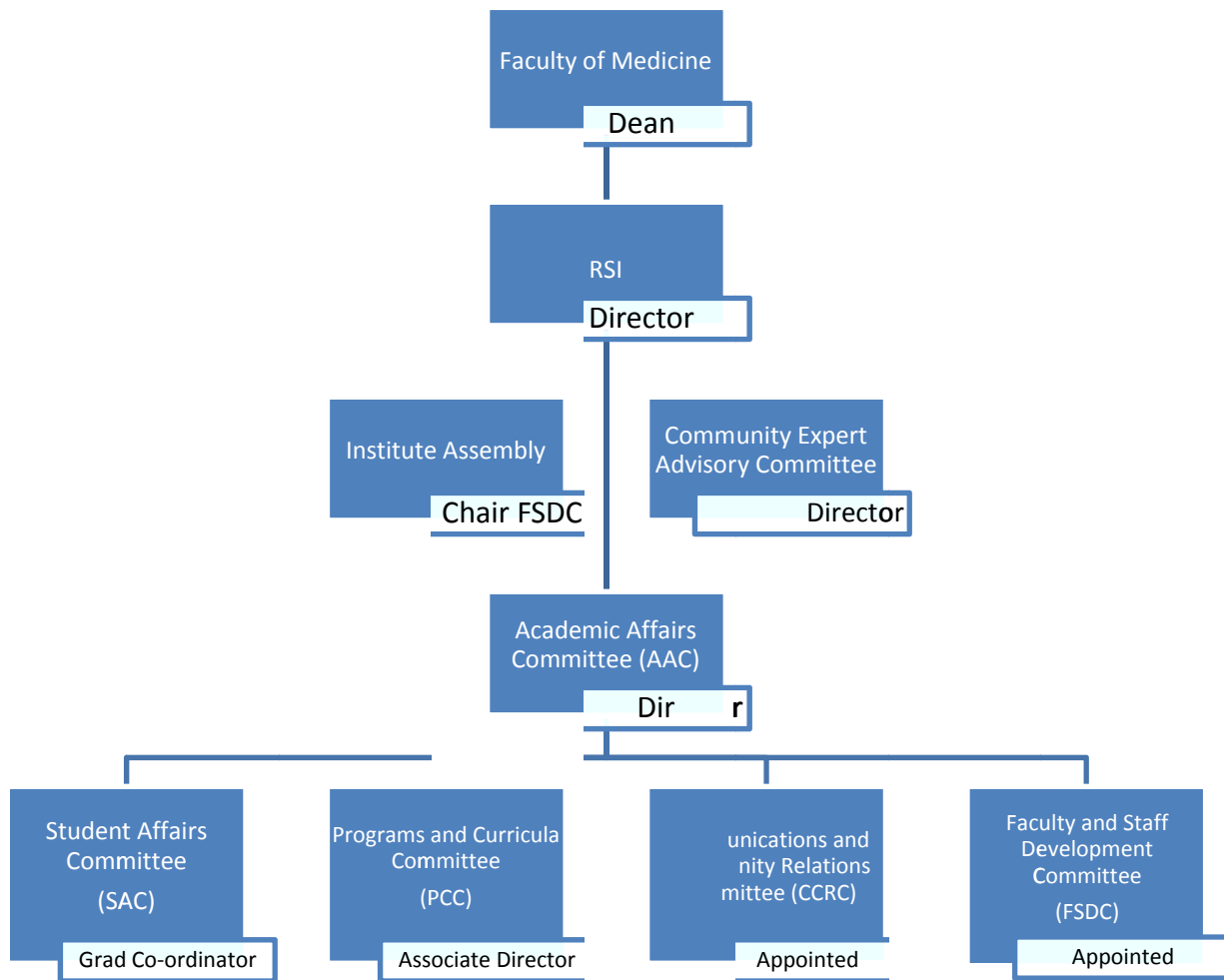
84. Nancy Salbach, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
85. Barbara Secker, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
86. Fraser Shein, Ph.D.	Dept. of Computer Science	Assistant Prof./Associate
87. Catriona Steele, PhD	Dept. of Speech-Language Pathology	Professor/Associate
88. Mary Stergiou-Kita, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
89. David Streiner, Ph.D.	Dept. of Psychiatry	Professor/Full
90. Donald T. Stuss, Ph.D.	Dept. of Psychology	Professor/Full
91. Sharon Switzer-McIntyre, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
92. Scott G. Thomas, Ph.D.	Faculty of Kinesiology & Physical Education	Professor/Full
93. Jane Topolovec-Vranic, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
94. Barry Trentham, Ph.D	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
95. Pascal van Lieshout, Ph.D	Dept. of Speech-Language Pathology	Professor/Full
96. Molly C. Verrier, M.H.Sc.	Dept. of Physical Therapy	Associate Professor Emeritus
97. Nicole Woods, Ph.D	Dept. of Surgery	Assistant Prof./Associate
98. Virginia Wright, Ph.D	Dept. of Physical Therapy	Associate Prof./Associate
99. Karen K. Yoshida, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
100. Nancy L. Young, Ph.D.	Dept. of Paediatrics	Professor/Full
101. Yana Yunusova, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Associate
102. Karl Zabjek, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Full

Source: GDRS Administrative Office

APPENDIX B

RSI Governance and Administrative Structure

A. Organizational Structure



B. RSI Committees: Terms of Reference

Academic Affairs Committee (AAC):

CHAIR:	Director
Members:	Associate Director/Chair PCC Grad Coordinator/Chair SAC Chairs of all (other) RSI Committees Chair of member department (OS&OT and PT) Rehab Sciences Sector (RSS) Advancement Officer OSCER Representative Faculty of Medicine 2 members at large 2 student reps (Possibly 1 PhD, 1 who transitioned)
Mission:	Set, plan for, and monitor realization of Vision and Mission; Set policies and procedures and monitor implementation
Meeting schedule:	10 times a year (~monthly)
Secretarial support:	TBA

Student Affairs Committee (SAC):

CHAIR:	Grad Coordinator
Members:	3 -5 faculty, PhD student, MSc student
Mission:	Deal with all aspects of student affairs, especially Admission, and Awards; develop policies and procedures for consideration by AAC
Meeting schedule:	TBA
Secretarial support:	TBA

Programs and Curricula Committee (PCC):

CHAIR:	Associate Director
Members:	3 faculty representing: OS&OT, PT, Cross professional, tenure/tenure stream, status,

2 PhD students, 1 MSc student: 1 of the 3 must represent practice science program

Mission: Propose, develop, monitor and evaluate programs; propose, develop, monitor and evaluate curricula; propose, develop, monitor and evaluate program components, e.g., transfers, comprehensives, oral defenses; develop policies and procedures for consideration by AAC

Meeting schedule: 6 times a year (~bimonthly), with additional meetings at the call of the chair

Secretarial support: TBA

Communications and Community Relations Committee (CCR):

CHAIR: Appointed

Members: 7 – 8 members
3-5 Faculty representing OS&OT, PT, cross professional, Tenure/Tenure-Stream, Status-only;
2 students (PhD, MSc);
Rehabilitation Sciences Sector Advancement Officer,
OSCER Representative, Faculty of Medicine

Mission: Propose, develop, and monitor vehicles for communication with all RSI stakeholders including: students (prospective and actual), faculty, alumni; propose, develop, implement and monitor activities to support relations with external stakeholders; support advancement activities; develop policies and procedures for consideration by AAC

Meeting schedule: 8-10 times a year (~monthly)

Secretarial support: TBA

Faculty and Staff Development Committee (FSDC):

CHAIR: Appointed

Members: 3 faculty
1 staff
PhD student, MSc student

Mission: Support and monitor faculty development, including education, mentoring and awards; plan annual departmental assembly; develop policies and procedures for consideration by AAC

Meeting schedule: 10 times a year (~monthly)

Secretarial support: TBA

Institute Assembly (IA):

CHAIR: Chair of FSDC

Members: All RSI Faculty

All RSI staff

Mission: Provide opportunities for: policy input, networking, and faculty development

Meeting schedule: Annually

Secretarial support: TBA

Community Expert Advisory Committee (CEAC):

CHAIR: Director, RSI

Members: 8 experts in relevant jurisdictions

Mission: Provide environmental read, advice on strategic future directions

Meeting schedule: Bi-annually

Secretarial support: TBA