School of Medicine, Medical Sciences and Nutrition

School Plan, 2015-2020
School/Directorate overview

The creation of a new school with responsibility for its own budget gives us within one organisation and on one site a breadth of internationally recognised research, excellent teaching, high quality students and staff within a modern infrastructure. This represents a huge opportunity to reinvigorate our work in a clearer collaborative framework. This five year plan gives the chance to articulate some of the strands of work we will pursue to realise our wider ambitions. Part of this will be further development of the joint working on the Foresterhill site with NHS Grampian (NHSG) using joint ownership and shared principles of working.

A clearer management structure within four Institutes, each with a Director reporting to the Head of School, is being established. Two Institutes will remain as currently configured, the Institute of Applied Health Sciences and the Rowett Institute of Nutrition and Health. Two others will be created namely the Institute of Medical Sciences, which will consist of the former School of Medical Sciences and the former Division of Applied Medicine, and a new Institute of Education in Medical and Dental Sciences which will integrate expertise to provide a thriving centre for creativity in education and work closely with all research programmes to ensure that teaching is threaded alongside research activities. Our teaching and research are linked in many ways. The creation of an independent institute will help to promote these links. Revisions to research programmes will also be part of this reshaping.

The size of the School is determined by its staff and student numbers, its income from teaching, research and other sources and the space it occupies. The School has plans to grow its student numbers; detail will follow as the new planning templates become available. Currently the School is home to:

Staff by headcount:
- 310 academic
- 395 research
- 85 teaching
- 97 technicians
- 217 academic related (grade 5 and above in any support category)
- 91 support (grades 2-4)

Students by fte:
- 1711 UG
- 157 PGT
- 199 PGR

Overall income is £80.4M of which £22M comes from teaching, £47.3M from research and £11.1M from other external sources.

This is a research intensive School which represents exciting opportunities to grow but that must be tempered with realism about the limitations in the actual funding that comes from research given that overheads as a percentage of income is small. We also need to grow the number of PIs with sustained and high levels of funding. Whilst continuing to focus on this research strength and opportunities to grow, the main changes in income in the short term will have to come from teaching (UG and PGT international, part time and on-line PGT being the immediate focus for growth) and from other sources (NHS, service income, Development Trust donations). The focus on UG growth is in medical sciences and attracting international students for study abroad or full programmes badged under pre-med heading and MBChB through international partnerships such as Kuwait and IMU. For PGT we continue to work on extending our numbers on a small number of priority programmes in Clinical Pharmacology, Human Nutrition, Medical Physics and the upcoming Masters in Public Health. The Physician Associate course (charged at RUK rates) has scope to take more than the current 15+ students expanding more into international recruitment and this will be a high priority. A number of professional, part-time and on-line courses are under development to introduce at the start of 2016/17.

To underpin our ambitions and retain financial sustainability we must address immediate financial challenges. This will require that staff costs and the staffing profile are changed to match our income, priorities and activities entailing reductions in certain areas. With less savings than hoped for coming from the voluntary severance scheme, the only recourse is to take further measures to reduce core staffing expenditure and move to close/significantly reduce staffing in a number of specified areas in order to reduce the staffing complement to a level that will enable the School to become financially stable. It may, additionally, be necessary to reduce the staffing complement in a number of other areas. Support staff within the College fall within the scope of the ongoing Professional Services review, which is operating within a context of maximising efficiency and reducing costs. Details are in the Financial Strategy section.

Overview: key achievements in 2014/2015

- ORGANISATIONAL/FINANCE The relationship with NHS Grampian, with whom we jointly own the Foresterhill site and work in partnership, is recognised as being of key strategic importance for our own strategy and plans for the future. Therefore priority has been given to re-establishing strong relationships with the new senior management team in NHSG; joint strategy and operational groups are being set up and those already in place are working well. At different stages are discussions and projects covering infrastructure, joint delivery of education and training, fundraising and staffing. With regard to staffing, joint appointments in areas of both research and clinical priority are currently being planned and are at senior level. We are also
targeting academically gifted junior staff with a planned pipeline to feed into our strategy. This initiative is essential to securing the next generation of clinical academics but there are also important spin-off benefits such as understanding cultures, priorities and risks as well as ensuring regular and good communications with our site partners.

- We have continued to receive gifts through the Development Trust including two significant legacies and two contributions to equipment from local trusts.

- **TEACHING** We received our most positive report to date from the General Dental Council, with real evidence of excellent practice, and have therefore moved closer to awarding the BDS in our own right. Many of the improvements staff and students have worked hard to achieve have been recognised. We have appointed a new Director of the Dental School who has a nationally recognised track record for leadership in education at the highest level through roles in other Dental Schools in the UK and the Royal College of Surgeons. This appointment has freed up the senior medical education staff who were spread across medical and dental activities. It will facilitate the development of a Dental Institute active across a number of domains, teaching at undergraduate and postgraduate level and engaged in research with the other Institutes in the School.

- Sustained BSc numbers in medical sciences programmes and continued efforts are paying off in retention and student satisfaction ratings. Progressively increasing demand for BSc places has resulted in increased academic quality of students entering programmes with corresponding improvements in student outcomes (ie more awards of 1st/2i).

- Developed one of the two institutional MOOCs which within 3 months has attracted more than 20,000 subscribers and which underpins an area of strategic importance (Nutrition).

- **RESEARCH** Prepared and submitted the RESAS grant for funding from April 2016 which will provide support to the RINH for the next 5 years through a carefully planned programme of work (approx £7 million annually).

- In a highly competitive REF, income for UoA5 Biological Sciences increased by 1%. Almost all former SMS staff submitted were included in UoA5 (~80% submission). Aberdeen was ranked one place below Manchester and above several other Russell Group universities.

- We have won several notable grants including from the Wellcome Trust (two senior investigator awards, programme grants, our first Institutional Strategic Support Fund (ISSF) grant, an equipment grant) and continue to receive significant NIHR funding for clinical trials. We have received awards from research councils for equipment (BBSRC), a programme grant and a support fund for translational activity (MRC Confidence in Concept). We won second phase BBSRC EastBio2 PGR studentship funding.

- In terms of Knowledge Transfer and commercialisation, we have supported the creation of 1 new spin out, with a further 3 projects working towards new company development. We have created “Innovation Space” for company support within the Liberty and Polwarth Buildings and support existing clients within Life science Innovation.

### School short-term objectives

- **ORGANISATIONAL/FINANCE** Complete initial restructuring of new School into its four constituent institutes and start process of embedding new structures, committees, systems and process changes and continue our excellent working relationships and collaborations with our colleagues in the Schools of Biological Sciences and Psychology.

- Make appointments to two new senior positions, to lead the two new Institutes.

- Appoint to the newly created line manager roles within each institute in line with new University policy, roll-out training and provide ongoing support for these new roles. Establish common practices across the line managers for annual review, use of FAE, setting of objectives, support and measurement of performance.

- In parallel consult with staff to ensure opportunity to provide views on new structure and take feedback into account.

- To address short-term financial sustainability, work on the areas identified for investment and disinvestment.

- Complete the move to the new Rowett building and welcome, induct and integrate staff who have relocated. Teaching and research will be integrated (see plan for research).

- Support the Director of the Rowett in negotiating the new RESAS grant as well as the subsequent delivery of the RESAS programme.

- With NHSG, formulate joint HR strategy with emphasis on senior clinical academic recruitment to strengthen areas prioritised for investment. This could include Cancer, Cardiac, Diabetes, Medical Microbiology, Infectious Disease (provisional areas).

- The school will work to meet PGR targets for home and international students. Whilst we wait to input to an institutional PGR strategy, we have drafted an early version to guide direct direction of travel.

- Emphasise the health and safety and wellbeing culture within the School and proactively improve this by working closely with the new Director of Health, Safety and Wellbeing (Mr Naveed Qamar). His involvement with the Institute of Medical Sciences has already commenced.

- Develop a new Communications strategy to ensure that there is regular communication to ensure that everyone in the School is made aware of new developments, achievements, targets and progress and also where the challenges lie and how we are addressing them.
• Work with the Alumni Unit to pilot early ideas for closer engagement with alumni. Covers a lot of aims and we have a lot of ideas. More detail to follow in annual plan.
• Continue to be active partners in the new capital build projects at Foresterhill, the Baird Family Hospital and the Anchor Centre which have teaching and research spaces. In addition, we are likely to be joint partners in the new Cardiac Centre developments and this is at an initial stage of discussion with NHSG.
• Take part in the Professional Services Review and review of Graduate School structure.
• Work has already commenced with the newly appointed Postgraduate Dean to develop further and increase the number of Clinical Academic trainees through the SCREDS scheme and the local ACAT (Aberdeen Clinical Academic Training) programme. We will also ensure that we are fully represented and engaged with other national initiatives such as START.

TEACHING
Further activities aimed at impacting on income generation in the short term include increasing PGT numbers in the priority programmes, developing on-line modules and expansion of international UG numbers especially via study abroad routes including pre-med.
• Define the ambition and role of the new education institute and the staff within it paying attention to the integration of clinical (MBChB, BDS and PA), BSc and PGT teaching. PG teaching could include teaching delivered to PGR as part of training programmes as well as PGT teaching.
• Work to extend the high levels of MBChB student satisfaction across the school’s programmes.
• Work with NHSG and other health partners to tailor courses to their CPD, professional development needs, are a largely untapped market for us. Continue the work on attraction and conversion to the priority PGT programmes with emphasis on international now moving into year 2 of a three year plan. These are Clinical Pharmacology; Human Nutrition; Medical Physics/Medical Imaging. Launch of new MPH for 2016 start.
• Utilise the recently published NSS to assess where action requires to be taken to enhance the student experience, eg feedback, and define a clear strategy to enhance our processes, sharing effective practice across the school and with the wider university community. The national evaluation (RAG) on MBChB programmes is also relevant.
• Use the CPD Framework for Teaching and Learning to support the educational development of staff involved in teaching and to set expectations.

RESEARCH
Redefine our research programmes by incorporating the research programmes of the Institute of Medical Sciences and the Rowett which do align together into 6 clearly defined areas. This will increase the power of our portfolio, which has already and will continue to make substantial gains from the position that existed for REF 2014. The Institute of Applied Health Sciences has completed its programme review and has now 3 clearly defined programmes of work. These are: - Understanding common health conditions, Evaluation of health care treatments, the implementation of health care systems (Delivered through the HERU and HSRU Units and Epidemiology). Review of the remaining programmes in the School and finalisation of their structures will be completed by January 2016. The current main IMS research programmes are Cardiovascular Medicine, Cell, Developmental and Cancer Biology, Immunology, Infection and Inflammation, Microbiology, Musculoskeletal Research and Translational Neuroscience.
• Begin immediately preparations for REF 2020 including the appointment of unit of assessment of leads (which will start based in the meantime on the assumption of similar units to REF 2014), review of current profile of outputs (internal refereeing committees are being reconstituted using previous expertise and this profile will be updated at 6 monthly intervals), maintain the current register of impact case studies and identify the lead to begin work on these, and begin the “environment” template data, ensuring PURE is kept updated.
• Prioritise the development of pedagogic research through our endowed Chair in Medical Education to build capacity with internal and external partners and to share and build on the good practice amongst science colleagues.

School barriers to achievement of short-term objectives
• Financial challenges and restoring budget balance in a reasonable time.
• Maintaining stability and staff morale whilst implementing organisational changes, absorbing additional workload, training new line managers and retaining staff.
• Having capacity to fund some developments in priority areas during a time of financial constraints especially to support priority groups with eg partnership funding on grants.
• Time it takes to see difference in the income generation from teaching developments.
• Flexibility of some staff to adapt to changing expectations of what they should and can contribute and the timescale for doing this.
• Promoting interdisciplinary work between schools will need nurturing. Shared facilities represent low-hanging fruit for sharing and enriching the output if we can overcome short term operational barriers including some financial.
• Shortage of research skilled staff in key areas and difficulties in recruiting to Aberdeen where skills not already available.
• Having sufficient support staff in key areas that are strategically important currently and to develop critical mass and future-proof areas we have identified for growth (immunity, inflammation and infection, obesity and metabolic health, regenerative medicine in musculoskeletal disease, health informatics and clinical trials).
• Adjusting the workload in areas where there are most staff departures and utilising strengths of staff in appropriate areas.
• Challenges to clinical and non-clinical recruitment and retention. Specific challenges in the clinical areas include pension changes, the loss of clinical excellence awards in Scotland and lack of flexibility to match what other countries can offer in salary packages. Certain areas continue to be challenging in recruitment including public health, health economics, health psychology, many clinical specialties at junior and senior levels.
• Maintaining teaching spaces on the Foresterhill site that meet student expectations. The Suttie Centre is at bursting point and whilst teaching space and capacity through increased space norms in clinical areas will be achieved when the two new builds are open in 2020, there will still be a shortfall in simulated patient facilities. Work with NHSG to redress this has started.

**School longer-term objectives**

• The creation of the new school will be the foundation of all ongoing work and will bring excellent opportunities for integration, sharing of best practice, strategic groupings of staff and developing teaching programmes within a coherent overall plan and a shared line management style and culture. Through recruitment, build up strengths in strategically important areas aligned with stated priorities. In the Rowett, for example, there will have to be investment in nutrition posts if it is to be a priority area. Funding decreases by Scottish Government as well as staff departures will have to be addressed. A share of the assets realised from the land sales might be directed towards supporting this.
• Establish the viability of a small number of international partnerships in key areas. Use the in-depth experience of working on the Sri Lanka project to identify and realise future medical education opportunities.
• To take an active and some lead roles in realising the opportunities offered by the institutional digitalisation strategy.
• As a result of REF 2020 preparations key areas of concern will be identified and through the new system of line management targeted actions will be carried out.
• Establish a strategy of building on existing strengths, integrating teaching and research and ensuring the future of our academics, especially the clinical academics and through the ACAT programme.
• By having a joined up plan with a clear vision about creating opportunities for retaining the best academic trainees aligned to areas of strength we will grow clinical academics from our current low base, in partnership with NHSG and help attract the best to the area. Our joint recruitment strategy with NHSG starts in October 2015, led by the Head of School.
• With colleagues in NHS Education Scotland (NES), make clinical academic development an integral part of the clinical specialty training (ST) system, having a strong academic presence at foundation training level (FY) and ST induction and negotiating with individual training programme directors to create “academic space” within different clinical areas. Examples exist in certain specialties and may be rolled out across different training programmes. None of this is new but will be given increased attention. We can help by including clinical academic leads and training programme directors in the recruitment process for the ACAT programme to ensure that expectations and aspirations of the trainees and ACAT programme are deliverable within the individual training schemes and the academic area being asked to support them.
• Seek to sustain and cultivate our long standing partnership with NHS Highland (Inverness and hospitals and general practices) executive and clinical colleagues to remain amongst the leaders in remote and rural medicine. The research arm of this will be sustained with a smaller team focussed on higher research potential. This will need an energetic and visible high level commitment to ensure that we value our partners and that the precious clinical placements are not reallocated to competitor institutions. Sustaining general practice placements across Highland will also take effort and commitment but is critical to fulfil curriculum needs.
• PGR strategy – develop a school/college/university strategy to increase studentships, student numbers and student experience. This will include securing high quality international PhDs through partnerships with strong overseas Universities, preparing targeted high-quality applications for DTPs, providing an excellent student experience through the best facilities, student experience and bespoke training from stats to bioinformatics.
• Develop plan to grow our own research staff in hard-to-recruit or other specialist areas. In some instances from masters/PhD level.
• Devise a recruitment strategy in part on the basis of grant funding track record. For example, new appointments with an MRC track record could help address an area we need to grow. Important for REF 2020 as well as improving grant success and expanding the number of competitive PIs.
• Formalise our approach to knowledge exchange/public engagement in partnership with PERU and R&I (bearing in mind KE is an explicit part of the RESAS grant and will have to have its own separate delivery mechanism). This is already an obligatory part of most grant applications in terms of project development, delivery, dissemination and opportunities for translation. For efficiency and prompted by partnership requirements on Wellcome grants in particular (and pending MRC centre) we have already committed and recruited to posts in public engagement and digital comms/website development. These can be used efficiently across programmes. A proposal to seek funding for an exhibit, likely in genomics is in draft led by
Professors Salt and Gow and can be developed for specific funding calls. It will need a physical space to be identified.

- Working with our local stakeholders in economic development (Councils, Scottish Enterprise, NHGS, RGU), assist with the development of the industry sector for life sciences and food and health.
- Cross school/college partnership – A new Aquaculture Centre led by Professor Pieter Van West, will be developed by the College and supported by the School, which will be a virtual centre to showcase our internationally recognised expertise and present an integrated front in grant bids and for industry collaboration. The Centre will include joint working with SBS with input from Chemistry. The Centre for Medical Education includes colleagues from Education. The interface with biology and chemistry represent good opportunities eg in Marine Biodiscovery. Within the successor themes to the institutional themes, EFS and Pathways, there will be interdisciplinary projects, for example food security initiatives pulling in Rowett and SBS. Using common facilities cross college collaboration can represent some of the most exciting opportunities. These are already happening at Oceanlab and within the Centre for Genome-Enabled Biology and Medicine and shared microscopy facilities are at an early stage of discussion. These and other facilities are extensively shared with SBS and COPS.
- Health Informatics as a potential integrated research and postgraduate education centre with academics, support staff and data management is worthy of consideration.
- An outline strategy for fundraising, provisionally entitled “Research at Foresterhill” has been discussed with the Principal. This needs work to articulate the projects, a campaign devised and a Development Officer appointed as a starter. It can incorporate in later stages a nutrition campaign when the Rowett new build is open and, working jointly with NHSG, a draft project to raise the capital for a proposed additional development, which is the Cardiac Centre with a clinical research facility for clinical trials across all clinical specialty areas. The Baird Family Hospital/ Maternity Databank/ Assisted Reproduction offer clear opportunities as does the ANCHOR Centre and cancer studies.
- Consider establishing a Scottish Centre for Physician Associate Studies to cement Aberdeen’s lead in setting up this programme, working closely with the NHS, and still being the only Scottish University offering it.
- Help to sustain engagement with a percentage of the 20,000 people signed up for the nutrition MOOC.

Teaching, Learning and the Student Experience

- Regarding teaching in the longer term, we need to review what we teach now and identify want we to be teaching in 5 years’ time. We need to identify where the opportunities are for growth in topics we don’t teach and/or methods of delivery that will have a significant new audience. In terms of finances, this needs to concentrate on international, part time, and/or PGT students.
- At an early stage, but within the new education institute, we will create one overarching strategy for student support and for staff development to facilitate this.
- Review and enhance the student experience for science, medical, dental, PA, PGR and Masters students so as to ensure that we give an excellent experience across all the programmes that will come under the new school.
- In particular, feedback strategies will be evaluated and constantly strengthened.
- Now that the BDS programme is more established (as recognised by the GDC report and being 4th in the UK in this year’s 2015 League Table of Dentistry rankings as published in the Guardian University Guide) that dental staffing is more complete and with the arrival of a new high quality Director, start to develop PG programmes in Dentistry starting with restorative dentistry, the highest priority in developing dental staff for the region.
- Woking in partnership with our NHS medical workforce planners, establish new ways to develop advanced practitioners, eg paramedic and advanced nursing training and masters programmes. After being invited by the Ambulance Service to register our interest to provide a Masters in Paramedic Practice we are now preparing a bid. The already established PA curriculum will serve as the basis for these opportunities.
- Increase the numbers of Physician Associate students – from 2015 NHS Tayside is offering bursaries and clinical placements with a commitment to employment on graduation. NHSG also offering bursaries and the numbers this year have shown a 50% increase. We can exploit our position as being one of the earliest providers of this training.
- On-line development to be considered as a default position for all new courses with a market for on-line delivery is being proposed at school level. The School subscribes to this and has identified 2-3 courses with potential to be taken as stand-alone or as part of a programme. These will be available in on-line formats (subject to getting approval for the staff member to replace our current on-line learning post) and include Pharmacokinetics (from January 2016) and Health Informatics (from September 2016) that will be an integral part of the new Masters in Public Health. This builds on the Research Methods in Health 60-credit certificate running for the first time this year.
- Build on our acknowledged strength in mobile technology in the delivery and management of admissions, assessment and innovative teaching and learning across medicine, dentistry and medical sciences. The School has been invited to apply for Apple Distinguished Education Recognition status (the first medical school in the UK). We will continue to work with the Acting Director of ITS to secure this reputation-enhancing accolade and the global knowledge networks this programme provides.
Research

There are several main pillars of the research plan for the new School which are all intertwined with the ambition to progress to greater levels of national and international excellence:

- Improved REF 2020 results compared with REF 2014, resulting in increased REG income to the Institution and higher league table position for Units of Assessment 1, 2 and 5.
- Improve League table position by at least 10 places in Unit of Assessment 1 and by at least 5 places in Units of Assessment 2 and 5.
- We will aim to increase the level of research grant income, in particular from RCUK as well as increase the level of income which attracts overheads. We are aware that such forecasts have to take account of the impact on RCUK funding of cuts to BIS and mindful that we will need to increase awards aimed at academic/business collaboration offered through RCUK and Innovate UK. We will need further new staff to make the likelihood of increasing our funding success a reality.
- Critical to this strategy is the need to broaden the current spread of successful lead researchers in each of the three main research institutes in the School and this is linked to the redefining of the research programmes and their development and strategic investment.
- Build on and enhance strategically important collaborations both internally and externally. The new School structure is intended to encourage and facilitate the forging of new internal collaborations (within and outwith the School) particularly recognising the opportunities that will arise with the relocation of RINH staff to the Foresterhill campus.
- As described in the shorter term ambitions that are underway, to the current refreshing and reinvigoration of our strategy for forging closer collaborative links with the NHS on the Foresterhill site and to fully exploit the potential of location on one of the largest medical campuses in the UK and Europe will be seen to yield an increased number of clinical academics in focused areas and these areas will continue to be developed.
- Take active steps to encourage NHS clinicians and clinical trainees to engage more with areas of methodological strength within the Institutes.
- Replicate in other groups the success of the Aberdeen Fungal Group which is an exemplar of how a small group of individually excellent researchers have coalesced and developed to produce internationally recognised excellent research. The new programmes in Obesity and Metabolic Health (including diabetes) and Regenerative Medicine in Musculoskeletal Disease have been identified as capable of growing to similar levels.
- Identify new research programmes and indicate where smaller but still strong groups will be aligned with these such as neuroendocrinology and obesity and metabolic health.
- As a result of the strategic involvement of the NHS as described earlier, pursue the establishment of a portfolio of volunteer studies and clinical trials, linked to our research areas. This will also require the development of a new clinical trials research facility and working with NHS Grampian it is possible that this will be located in association with a clinical cardiac centre, but this requires further discussion.
- The clear overarching areas are nutrition and obesity which are emerging as areas of interest in the trials group in HSRU and are integral to Public Health Nutrition.
- To ensure continued CSO funding and the next reviews, we will need to focus on our successes and co-funding of these areas to ensure a positive outcome.
- Further develop Aberdeen as a UK centre of excellence in medical education research.
- To continue detailed planning of the Core Facilities Centre and the CGEBM to ensure that the infrastructural requirements for these activities are provided.

Careful strategic planning, therefore, is essential and we will ensure the development of a series of underpinning elements, to include the following:

(i) Reorganise the IMS programme structure to sharpen research focus in order to enhance current areas of strength, facilitate the development of emerging areas of strength, create synergistic collaborations with RINH and be of direct relevance to health priorities providing a platform for further research integration with the NHS. This will be a natural progression from recent changes to the IMS research programme structure, which has occurred following a period of detailed analysis, reflecting current research competitive strengths and dovetailing with anticipated reorganisation of research structures within RINH to respond to the requirements of the new RESAS funding round. [IAHS has already undergone a reorganisation of its research programmes to form three main groupings post the REF results];

(ii) Introduce measures to prepare for REF 2020 – (a), at the individual level based primarily on the development of quality outputs (b) and impact case study portfolios, and (c) development of the environment template reflecting the increasing number of changes which are occurring and which will be of relevance to all units. These will start on 1st October 2015;

(iii) Increased emphasis on the range of robust management processes to assist with individual research performance – such as individual target-setting, peer review (for papers and grants), managed intention to submit processes, mentorship and continuation of the CLSM fellowship management scheme;

(iv) A focussed and coordinated approach to the development of research excellence through encouraging strategic collaborative research partnerships and networking and highly selective appointment of new
positions, as the possibility occurs, to the School’s priority areas. One of our successes has been to recruit a senior clinical academic in infectious diseases aligned with the work of the Fungal Group and attracted to Aberdeen to work with these colleagues and provide translational opportunities. Future opportunities to recruit clinical academics can be achieved using the research strengths and profile of HSRU.

(v) Judicious use and future proofing of the core facilities and equipment which are so essential for conducting competitive medical and biomedical research and so are a necessary investment.

People

- Set up succession planning for all key posts, academic and support. This will include investment in leadership and development training.
- A proportion of new posts will be needed to expand our areas of opportunity for growth and development.
- Enable the development of a technician team that can be used flexibly whilst paying attention to individual development needs and career development.
- Consider ways to support research sabbaticals more than in the past to enable our staff to retool their skill sets to evolve towards areas of high strategic priority.
- Seek to transition Rowett staff into teaching opportunities throughout the School – involves a mechanism of matching staff to opportunities, and appropriate staff training and work on this has begun.
- Establish a transparent strategy for research growth through independent fellowships, targeted to certain areas, given goals at outset and only the best kept on. We will specify areas and use our traffic light scheme to ensure those backed are most likely to succeed. New ones already committed to include clinical PhD fellowship in diabetes (from a legacy so ready to recruit) and neurobiology of appetite (from BBSRC) and medical mycology (MRC) and microbiology (ERC), last three grant results awaited.
- Using a legacy, to develop clinical academics, we will consider a competitive internal clinical PhD fellowship scheme to allow good PhDs to develop external post doc fellowship applications and to align these clinical academics with current research strength or to areas that have the potential to be developed.
- Athena Swan plans taking account of new school structure. Taking account of feedback on the bronze application for CLSM that it was too big as a planning unit, we are likely to submit for bronze for 1 or 2 institutes in November 2015 followed by the other 2-3 in a planned fashion at six monthly intervals. The first institutes(s) with bronze accreditation will work on its plan for silver to be submitted 12-18 months later on the basis it will be able to demonstrate progress in the intervening period. The Athena Swan principles will be a consideration as we move to appointment of new academic line managers.

Honorary staff

- An area that will be actively developed is the involvement of honorary staff within the NHS by incentivising NHS colleagues to deliver teaching and research in conjunction with strong methodological/lab groups in IAHS and IMS. NHSG is supportive of the flexible application of the Scottish National Standard of 9+1 clinical contracts.
- Identify areas where there are clinical academics or capacity for NHS Research Scotland Fellowships helping to start generating clinical interest building on areas where some success is already in place. This will create new nuclei of excellent activity where there is the potential for critical mass to develop.
- Establish a plan to recognise their achievements in teaching and learning and research with advancement to levels of appropriate status which reflect and celebrate these achievements and contributions to the Schools plans. This is of particular strategic importance for valuing NHS staff, who in total deliver in excess of 80% of the curriculum in the senior years and are collectively largely responsible for the excellent NSS results.
- Ensure that all staff (not just local alumni) receives School e-zines which will now celebrate successes and we will instigate a system of awards which will include basic things such as the best teaching team, the best teacher, etc.
- Give clear guidance on what clinical specialty leads role entails. Consider a rolling programme of visits to departmental consultant meetings and meetings through NES and the Postgraduate Dean working with clinical training programme directors to embed a culture of research into clinical trainees. Also provide easily accessible and visible information on University and NHS web pages.
- Embed closer working relationships with our multiple NHS teaching board partners (including particularly NHS Grampian and NHS Highland) to develop educational programmes to support and develop the current
workforce and attract future employees (this has already commenced with both organisations and a schedule of involvement of head of School underway).

- Facilitate PgCert Medical Education sessions in Inverness this year rather than having all in Aberdeen which is difficult for those involved. Actively explore distance learning possibilities of course delivery.
- Reinroduce the title of Dean for the most senior medical and dental leadership roles, to improve external understanding of our structures.

**Internationalisation**

- For international partnerships, we are focussing efforts on a small number with a higher probability of success. These include (i) Curtin (Perth, Western Australia) with a focus on Nutrition, Remote and Rural Medicine, Public Health and Health Economics, (ii) Xanshi, China with a focus on nutrition and masters in clinical pharmacology and human nutrition and (iii) Zhejiang (China) for doctoral studies in medical sciences. We recognise that partnerships so far have been opportunistic.
- Develop a plan and implement to ensure the potential for building on existing international research collaborations using exchange visits etc is realised. Using digitalisation for greater visibility, sustaining partnerships via on-line learning and other strands of relationship building.
- Propose to establish a single point of contact for the School in terms of submitting and receiving proposals for potential collaboration/MOUs and a mechanism to review these and grade them in terms of net gain for the Institution vs the investment required. Consider a School forum /point of contact for bringing ideas about developing further some of the many existing contacts and keeping a database of current activities.
- Grow the international students in the priority PGT programmes, with a three year plan, using partnerships as part of the strategy and with selected on-line elements to reach certain markets. We are targeting clinical pharmacology, human nutrition and medical physics and, for new programmes, masters programmes in public health and clinical medicine (in collaboration with NHS).
- We will seek to develop the reach of premier research groups with international reputation by supporting in-country activities. This will start with the Fungal Group and its plan, supported by a philanthropic bequest, to recruit a senior lecturer (clinical or non-clinical) to work in a partner organisation in South Africa using the existing partnerships. There is scope to link to this group Aberdeen-based clinical NHS or University PIs with an interest in fungal/infectious disease or immunohematology.
- Exploit our excellence in BSc programmes to increase study abroad students from North America and other countries seeking a year of international experience on a similar course to their home institution. In addition to students being attracted to existing programmes, we have developed a Pre-Med offering aimed at North American students intending to apply to medicine in their home countries. Ranked 8th in UK for Physiology/Anatomy in 2015 Complete University Guide.
- Cultivate and strengthen our existing relationships with sources of international medical students (eg International Medical University (Malaysia) and Universiti Brunei Darussalam (Brunei)). Other Universities are competing for these students and there are risks of losing ground.

**School barriers to achievement of longer-term objectives**

- Maintaining stability and morale whilst implementing organisational changes, absorbing additional workload, training new line managers and retaining staff.
- Having capacity to fund some developments in priority areas during a time of financial constraints especially to support priority groups. This can range from small amounts for pump priming projects to transformational funds supporting a chair or research group. Such sums are invaluable in advancing the income generating activities of the school.
- The provision of a clinical research facility at Foresterhill within NHSG space to expand clinical trials. This could be achieved through the creation of a cardiac centre.
- Growing the numbers of PIs needed to win competitive grants and remain sustainable.

**Professional Services support**

- The School needs dedicated and defined support within the Directorates which is allocated and responsible to help deliver its income generation plans. Presence at Foresterhill visibly embedded in the School organisation is essential on a full time basis for HR, Finance, R&I and ideally on a part time basis for others. Additional capacity may be required as clinical trial activity increases for governance and contractual management (R&I).
- To realise ambitions and the potential of fundraising, we need additional capacity in DT especially on the giving side.
- We welcome the allocation of a member of the Alumni Team dedicated to the School given the emerging plans to help deliver an institutional alumni relations plan.
The College has its own Digital Comms Officer and Trainee and a College Marketing Officer. They work closely with central teams in Student Recruitment, ITS, AV, External Relations to ensure good information about College activities, priorities and developments are available and to add value to institutional projects. Their allocation of sufficient time and resource to this School is essential.

To support on-line learning plans, we will need at least a replacement for the College funded e-learning officer who was located in CAD which will allow the development of the School plans. This would be in addition to any other support within the CAD. Additional capacity from within CAD at a senior level is also required to help academic staff with the creative oversight and planning needed to realise the potential of online learning is also needed.

AV support will be needed to develop the video content to the level of our competitors in on-line courses.

Research Computing capacity to be developed with ITS including Data Management.

Medi-CAL provide crucial support for the School’s teaching and learning activities, and (uniquely in Scotland) have delivered cutting edge technology to fulfill the learning and assessment requirements and also contribute to academic modules and provide leadership at a national level in this area. Allocation of sufficient resource for these and other activities are vital.

Maintaining sufficient support staff related to teaching at time of increasing QA work being required by the regulator, need to inform and support all NHS staff involved in education of our students and need for increased opportunities for self-directed clinical skills learning in the healthcare programmes.

Financial Strategy

In parallel with the work to establish a new integrated School structure, a detailed plan to address budgetary challenges is being developed. For the current year the School is forecasting a deficit position of £2.1m with increases in future years. To address this will need cost cutting in the shorter term as well as income generation over a longer sustained period. The short term measures will include adjusting the core staff expenditure, currently high in comparison with sector average at over 60% of income. To do this, we hope to optimise the opportunities of the voluntary severance scheme but it is becoming clearer through current levels of interest that this will not allow us to make sufficient inroads to achieve the 2015/16 savings target. Therefore the only recourse is to take further measures to reduce core staffing expenditure and move to close/significantly reduce staffing in a number of specified areas in order to reduce the staffing complement of the College to a level that will enable the College to become financially stable. It may, additionally, be necessary to reduce the staffing complement in a number of other areas.

Following intensive review and consideration by College management of the future strategic direction, the following have been designated areas that will subject to investment and disinvestment going forward:

**Designated Areas of Investment**

**IMS/RINH:**
- Elements of immunity and inflammation
- Elements of medical bacteriology and microbiological sciences
- Medical mycology and fungal immunology
- Sustainable health (including Gut Immunology and Healthy Ageing)
- Metabolic health with emphasis on cardiovascular disease and diabetes mellitus
- Molecular basis of obesity and identification of interventions
- Regenerative medicine in biomedical areas of proven strength

**IAHS:**
- Determining effective management strategies
- Researching the delivery of care
- Understanding common health conditions
Designated Areas of Disinvestment

IMS/IAHS:
- Elements of cell development and cancer biology
- Elements of chronic disease
- Elements of preclinical imaging
- Elements of primary care
- Elements of rural health
- Elements of cardio-vascular
- Elements of translational neuroscience
- Elements of Immunology research
- Elements of Musculoskeletal research
- Global maternal mortality

Other aspirations

We are mindful this is a very large school with diverse though integrated expertise, a multitude of activities and pressure points and a wealth of opportunities. We will be careful to focus efforts on a fixed number of priorities for development. With a backdrop of continuing all essential work and the effort needed to achieve the day-to-day objectives with reduced staffing, we will focus on getting the MRC Centre status, starting REF 2020 planning with all requisite actions (including building the Impact Case Study portfolio), building a portfolio of 4-5 programme grants and equivalent (LOLAs, leads in Horizon 2020 etc) and clinical trials, academic recruitment to areas of investment, international student recruitment, rebuilding clinical academic areas.