



## Final Report of the Partnerships Committee

October 28, 2015

### Letter of transmittal

1. The final Terms of Reference asked that the Partnerships Committee:
  - i. Recommend a definition of what we mean by major partnerships for the Institute (what do they look like, etc.)
  - ii. Recommend *criteria* by which the Institute can evaluate potential partnerships and ensure that partnerships match our goals of academic excellence and impact
  - iii. Recommend a *process* through which the Institute can evaluate potential partnerships and ensure that partnerships match our goals of academic excellence and impact
  - iv. Summarize this advice in a Report to be presented to Faculty in the fall of 2015 (by December 2015)
2. The Committee has worked diligently to develop this Report. Inputs to committee deliberation have included (i) a review of the IHPME's collaborations and partnerships, as provided by the Director of IHPME, and from consideration of selected current IHPME Partnerships, (ii) a review of material gathered from consultation with experts, and (iii) a search for relevant definitions, criteria, and principles.
3. The *IHPME Partnership Policy* offers definitions, principles, criteria and processes to support the selection, evaluation and ongoing support of Partnerships at the Institute.
4. We recommend broad dissemination of the IHPME Policy on Partnership to facilitate awareness and use, including through publication on the IHPME website
5. We recommend this policy be reviewed and renewed in 3 years.
6. Partnerships Committee membership: Katie Dainty, Rob Fowler, Maritt Kirst, Audrey Laporte, Fiona Miller (chair).



# IHPME Partnership Policy

October 28, 2015

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## I. The value of partnerships

### 1. History of partnerships

**1.1.** The Institute has a long history of partnerships within and outside the university, both locally and globally. Partnerships have been and will continue to be critical to our success.

### 2. Current partnerships

**2.1.** Current partnerships at the Institute include, but are not limited to:

- Partnered faculty positions with Bridgepoint Health, Sick Kids Hospital Research Institute, Toronto Central Community Care Access Centre, and Cancer Care Ontario
- ICES at the University of Toronto
- Faculty of Information for the Master's Program in Health Informatics
- Centre for Quality Improvement and Patient Safety for the Master's Program in Quality Improvement and Patient Safety
- LEAD program with the University of Toronto Faculty of Medicine Undergraduate Medical Education
- Collaborative agreement with the Centre for Health Services Studies at the University of Kent, UK
- Collaborative agreement with the Institute of Work and Health

### 3. Reflecting on partnerships

**3.1.** As the Institute strengthens existing partnerships and builds new ones, it is important to reflect on the factors that underpin successful partnerships. Therefore, this report offers definitions, principles, criteria and processes to support the selection, assessment and ongoing support of Institute partnerships.

## II. Defining partnerships

### 4. Definition of partnership

**4.1.** A partnership constitutes a cooperative relationship, where responsibility is shared to jointly produce mutually desired goals. Individuals and organizations enter into partnerships because the desired goals cannot otherwise be effectively or efficiently achieved through either independent initiative or by contracting a third party. Partnerships offer rewards but necessarily also carry risks. They warrant nurture and oversight.

**4.2.** Institute faculty pursue many collaborative relationships, with diverse individuals and organizations. It is not always clear whether such individual

partnerships should be considered to be, or adjudicated as, *Institute* partnerships. However, where there is substantial engagement by multiple IHPME members (faculty, fellows, staff, students), where affiliation with the Institute is important to the collaborative arrangements, and/or where the Institute brand or reputation is at stake, collaborative relationships are likely to require consideration as *Institute* partnerships.

## 5. Types of partnership

**5.1.** Partnerships may be of many types, distinguished by purpose, duration, or depth and complexity.

- **Purpose:** A partnership may exist to advance one or more organizational goals. For example, the Institute may partner to achieve its educational objectives (e.g., IHPME’s partnership with the Faculty of Information for the MHI program) or for a mix of research, educational and knowledge transfer objectives (e.g., IHPME’s Partnered faculty positions, which extend IHPME’s teaching capacity and link research activities to research users within specific partner organizations).
- **Duration:** A partnership may be entered into in the expectation of a short-term or long-term relationship. For example, it is conceivable that a partnership with a specific focus and objective might last for a year. In contrast, the partnered educational initiatives (MHI, QIPS), and the partnered faculty positions, are expected to endure.
- **Depth & complexity:** A partnership may involve the commitment of a more or less expansive range and quantity of resources (e.g., money, personnel, data, physical infrastructure, etc.). For example, the Institute might enter into a “Collaborating Centre” partnership (e.g., with the WHO) involving substantial commitments of faculty and student time and attention, or a more limited agreement (e.g., with a centre at another University) to foster collaborative research programs and support student and faculty exchange.

## III. Principles governing Institute partnerships

### 6. Acceptable partnerships

**6.1.** A partnership is only acceptable, and therefore should only be entered into, when it is consistent with this Policy on Partnerships.

**6.2.** An acceptable partnership must promote the University’s mission and purpose, as laid out in the University’s “Statement of Purpose” (Governing Council, 1992).<sup>1</sup>

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<sup>1</sup><http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/mission.pdf>

**Mission:**

- The University of Toronto is dedicated to fostering an academic community in which the learning and scholarship of every member may flourish, with vigilant protection for individual human rights, and a resolute commitment to the principles of equal opportunity, equity and justice.

**Purpose of the University:**

- Within the unique university context, the most crucial of all human rights are the rights of freedom of speech, academic freedom, and freedom of research. And we affirm that these rights are meaningless unless they entail the right to raise deeply disturbing questions and provocative challenges to the cherished beliefs of society at large and of the university itself.
- It is this human right to radical, critical teaching and research with which the University has a duty above all to be concerned; for there is no one else, no other institution and no other office, in our modern liberal democracy, which is the custodian of this most precious and vulnerable right of the liberated human spirit.

**6.3.** The quality and nature of a partnership with a Partner must reflect the University's mission and purpose, accepting that Partners will have their own Mission statements. For example, while the Institute and a for-profit company might not have similar Mission statements, a specific partnership with specific goals must reflect the mission and purpose of the University.

**6.4.** The adoption of a Partner and the operation of a partnership arrangement must be consistent with the Institute and the University principles and procedures governing academic collaboration or partnerships (e.g., University of Toronto International Cooperation Policy).

## **7. Rationale for partnerships**

**7.1.** A partnership must achieve an end that the Institute would not be able to effectively or efficiently achieve acting alone. That is, the partnership must be necessary to achieving the Institute's objectives. Thus, in addition to promoting the University's mission and purpose, a partnership will be expected to promote one or more of the following aspects of the Institute's objectives:

- Contribute to research excellence;
- Contribute to excellence in academic or professional education or training;
- Contribute to impact in health policy or practice;
- Support capacity to conduct excellent research, provide excellent education and training, or generate impact in health policy and practice.

## 8. Ensuring sound partnerships

**8.1.** The Institute must assess the risks and rewards to the IHPME of entering into and maintaining a partnership, prior to entering into the partnership and on a regular basis thereafter (see Section V on Processes, below).

**8.2.** Partnerships warrant nurture and oversight to ensure mutual benefit. The Institute bears collective responsibility for achieving mutual benefit through careful consideration of prospective partnerships at initiation and through regular review thereafter (see Section V on Processes, below). As well, partnership participants bear responsibility for ensuring that the partnerships they pursue and engage achieve mutual benefit. Many “partnership assessment tools” and “partnership toolkits” exist to help participants select and sustain successful partnerships (see Appendix).

**8.3.** Partnerships should be publicly identified as such (see Section V on Processes, below).

## IV. Criteria for initiating and overseeing Institute partnerships

### 9. Assess potential risks and rewards

**9.1.** The risks and rewards of potential or extant Institute partnerships should be assessed, taking the following into account:

- **Perspective:** The perspective to be taken is that of “the IHPME.” However, recognizing that the Institute is made up of individuals who work there, the risks and rewards facing these individuals are relevant in considering risks and rewards for the Institute. As well, it is important to consider the benefits that will accrue to the Partner organization, especially where a significant power imbalance favours IHPME relative to the Partner organization.<sup>2</sup>
- **Balancing Risks & Rewards:** The Institute should ensure that risks to the IHPME are commensurate with rewards (See Risk-Reward matrix below). Risks will always exist and must be identified. Further, risks must be taken if any rewards are to be achieved. However, higher risks are only warranted in pursuing higher rewards and will not be warranted where rewards are of moderate or low degree. The intensity of initial review and ongoing oversight required of partnerships should depend on the balance of risk and reward.

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<sup>2</sup> Where the prospective Partner is in the global south or functions within contexts of resource scarcity, particular ethical issues and challenges apply and should be considered. See: Canadian Coalition for Global Health Research, “Partnership Assessment Toolkit,” December 2009; <http://www.ccghr.ca/resources/partnerships-and-networking/partnership-assessment-tool/>, accessed October 2, 2015



- **Partnership Portfolio:** It is important to consider new partnerships relative to the total sum of existing Institute partnerships, recognizing limits to the organization's capacity to monitor and maintain same. This is especially so for prospective partnerships that are more complex or risky. In sum, risk-reward assessments must ensure that the total sum of partnerships does not exceed the organization's capacity to oversee and sustain all Institute partnerships.

## 10. Types of risks or rewards

**10.1.** Partnerships create risks and rewards of several types, all of which should be considered in assessing potential or extant partnerships:

Types of risks or rewards:

- **Reputation:** Potential for the enhancement of, or damage to, the Institute's reputation
- **Resources:** Potential for gain in, or waste of, the Institute's resources
  - Direct financial investment; indirect financial investment
  - Human resources
  - Infrastructure
- **Processes & outcomes:** Potential for partnership success or failure
  - Partnership goals - Success or failure to achieve partnership goals
  - Partnership function – Success or failure in operation of the partnership (e.g., fulsome engagement, avoiding early or unhappy termination)

## 11. Factors expected to affect opportunity for reward

**11.1.** The following are relevant in assessing the prospective benefits of a potential or extant partnership:

- **Centrality:** Degree to which partnership objectives are central to the mission and strategic objectives of the Institute. Those of more central purpose offer higher reward
- **Sustainability:** As a general rule, partnerships that are sustainable and offer the prospect of a long-term relationship are to be preferred, though it is recognized that short-term strategic partnerships do have value and may also be entertained. Sustainability of a partnership should be assessed in light of risks of partnership failure. If a partnership is expected to be short term, the rationale for this, as well as plans for termination (and risks arising) should be assessed. The anticipated duration of a partnership (even if it is by nature open-ended) should be explicit and there should be attention to what will be required to wind-down the partnership.
- **Novelty:** Recognizing the need to sustain sufficient strength and depth in existing capacity, novelty identifies the degree to which the partnership offers new and important opportunities that align with the Institute's strategic objectives. Assessments of novelty should consider what is novel relative to the Institute



and to comparable organizations. All things considered in relation to sustaining core business and existing capacity, partnerships that offer the opportunity to attain novel goals that are relevant to strategic objectives, and not unnecessarily duplicative of capacity at cognate organizations, offer higher reward.

## 12. Factors expected to aggravate or mitigate risk

12.1. The following are relevant in assessing the prospective risks of a potential or extant partnership:

- **Congruence** of governance between the Institute and the Partner organization. This bears particularly on reputational risk and risk of failure.
  - Where an existing regulatory framework of rules and regulations governs the partnership, risks are reduced.
  - Where the culture and values governing the Partner organization are consonant with the University's culture and values, risks are reduced
- **Extent** of the Institute's resource investment or exposure. This bears particularly on resource risk and risk of failure.
  - Where exposure exceeds the minimal, partnerships create a higher than minimal risk.
- **Strength** of connection between the Institute and the Partner organization. This bears particularly on risk of failure. Consider:
  - Depth of ties – Where connections between individuals within the Institute and individuals within the Partner organization are few and superficial, or more deep, plural or multifaceted.
  - Duration of partnership – Where relationships between individuals within the Institute and individuals within the Partner organization are of longer or more sustained duration.
  - Location of Partner – Where partnerships provide opportunity for frequent interaction, often but not necessarily due to geographic proximity.

## 13. Risk-Reward Matrix

13.1. Risks should be balanced relative to rewards.

- Risks and rewards range from low to high.
- To achieve rewards that are expected to be limited or low, the Institute should only accept limited or low risks.
- Some risks are unacceptable and unwarranted, irrespective of potential or actual reward.

13.2. Risks and rewards may need to be revisited

- At the initiation of a partnership, risks and rewards are anticipated and estimated. Such estimates may prove erroneous and may need to be revised.

- Risks and rewards may grow or diminish as partnerships evolve. Hence, oversight expectations may need to evolve.

**13.3.** The intensity of review and oversight should vary depending on the extent and balance of risk and reward. That is, the due diligence required should correspond to the nature, extent and balance of risks and rewards. (see Section V. Processes, below)

- *Expedited approval & oversight* – Expected to raise few complex or challenging issues, and allow for relatively easy and straightforward initial decision and review processes
- *Full approval & oversight* – Expected to raise more complex and challenging issues, and require more sustained discussion during initial decision and review processes.

	Reward		
Risk	Low	Medium	High
Low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medium	-----	<input type="checkbox"/>	<input type="checkbox"/>
High	-----	-----	<input type="checkbox"/>
Unacceptable	-----	-----	-----

Legend:

- Expedited approval & oversight
- Full approval & oversight
- Does not warrant consideration for approval; if extant, should be terminated.

## V. Processes for initiating and overseeing Institute partnerships

### 14. General approach

**14.1.** We identify a general approach to initiating and overseeing partnerships at the Institute. The intent is to facilitate transparency, engagement and sound decision-making within the Institute rather than being overly prescriptive. Formal processes may also be required by the University, such as legal advice on contracts, or involvement of the Provost (e.g., for international partnerships); these are not detailed here.

**14.2.** Role of the IHPME Director and Director (or equivalent) of the Partner organization

- The IHPME Director must approve of and oversee all Institute partnerships. The Director may delegate authority for overseeing Partnerships to specific Institute faculty members but retains ultimate responsibility for them. The Director will approve the Partnership Agreement and sign the memorandum of agreement,



contract or other form of agreement at initiation, and review regular Status Updates.

- The Director (or equivalent) of the Partner organization should play a parallel role within the Partner organization – to approve the Partnership Agreement and sign the memorandum of agreement, contract or other form of agreement at initiation, and review regular Status Updates.

#### **14.3. Role of the IHPME Faculty Lead and Partner Lead**

- The Director, or a delegated faculty member at the Institute, will be identified as the Faculty Lead for each partnership. This person will play a key role in partnership initiation, oversight and – as appropriate – wind down, and will be the primary link whereby the Institute as a whole retains awareness, oversight and engagement with the Partner.
- At least one individual must be identified within the Partner organization as the Partner Lead, with a parallel role to the Faculty Lead.

### **15. Initiating a Partnership**

**15.1.** Those proposing a new partnership should prepare a Partnership Proposal for review by relevant parties and approval by the Director. If approved, the terms laid out in the Proposal will inform the terms of the memorandum of agreement, contract or other form of agreement.

The Partnership Proposal should address the minimum set of issues required of all such agreements (see below). As well, the Proposal should address the actual and potential risks and rewards arising from a partnership, identify the Faculty Lead and Partner Lead, and suggest an appropriate approach to initial approval and oversight (expedited or full).

**15.2.** In consultation with the Director, the proponents should identify the IHPME committees that Efforts should be made to ensure that Institute Faculty are consulted about any new partnership. In addition to discussion at IHPME Faculty meetings (one or several, depending on the gravity of the issues under discussion), it is also appropriate to send notifications to faculty by email. As well, the IHPME Senior Administrative Committee must be informed of all new partnerships, and should be consulted for feedback and input about their advisability.

**15.3.** In consultation with the Director, the proponents should identify additional IHPME committees that should be engaged in reviewing the Partnership Proposal. Relevant committees include but are not limited to:

- IHPME Budget Committee – Where partnerships have more than minimal financial implications, the IHPME Budget Committee should be consulted for feedback and input about their advisability.
- IHPME Educational Committees (MHSc, MHI, MSc-PhD, Curriculum Committee, PAS-leads, etc.) and Students/ Trainee and Alumni – Where partnerships have



educational implications, the relevant IHPME educational committee(s) should be consulted for feedback and input about its advisability. Depending on the nature of the Partnership, it may also be necessary to consult with student groups (e.g., IHPME GSU) or alumni (IHPME SOG).

## 16. Oversight of Partnerships

**16.1.** Annually, the Faculty Lead should prepare a Status Update on the partnership, to report on activities and compare achievements against expectations. The Annual Review is an appropriate time to identify the need for dissolution (see item 16.3 below) or any issues that may alter the balance of risk and reward and warrant re-review of the partnership, or revision in the intensity of required oversight. The Faculty Lead is responsible to initiate an off cycle review process if issues that warrant timely Institute attention arise.

**16.2.** The Faculty Lead should, in consultation with the Director, identify a process of re-assessment, engaging relevant IHPME committees, as appropriate. As at initiation, Institute Faculty and IHPME's Senior Administrative Committee should always be consulted. Other committees may also be consulted, as required (see list of relevant committees in item 15.2).

**16.3.** Partnerships may be dissolved where they have completed a defined goal and are no longer needed, where the Institute judges that there is inadequate activity, engagement or progress, or where one partner seeks dissolution for another reason. The Faculty Lead should, in consultation with the Director, identify a process for dissolution, engaging the relevant parties and ensuring that relevant parties, including faculty, are informed.

## 17. Agreement

**17.1.** As a general rule, partnerships should be formed intentionally, accompanied by a clear Partnership Proposal and with a formal memorandum of agreement, contract or similar agreement once a proposal is approved. It is understood that partnerships may emerge organically, though it is important to formalize them as they achieve maturity and are recognized as Institute partnerships.

**17.2.** At a minimum, each partnership memorandum of agreement, contract or similar agreement should specify:

- Purpose of partnership:
  - Statement of the purpose and goals of the partnership
  - Statement regarding the need for a partnership to achieve these goals
  - Expected outcomes and indicators of success (including a timeline, as appropriate)
  - Statement that the partnership is consistent with the IHPME Policy on Partnerships.



- Contributions of each partner, including types and quantity of resources (e.g., money, personnel, data, physical infrastructure, etc.) provided by each partner, and contingency plans, as appropriate.
- Plan for dissolution of Partnership
- Statement indicating that Partners have reviewed and agreed to the IHPME Policy on Partnerships

## **18. Publication and transparency**

**18.1.** We recommend that the Institute make all reasonable efforts to facilitate broad awareness of its partnerships, and that the Institute acknowledge its relationship with specific Partner organizations in communications relevant to that specific partnership. Efforts to publicize partnerships may include: dedicated space on the Institute website where partnerships can be listed and explained; overviews of partnerships in Annual Reports; and regular updates on selected partnerships in newsletters.

**18.2.** Partner organizations are expected to acknowledge their partnership with the Institute in relevant communications.

**18.3.** The IHPME Partnership Policy should be publicly available. Partner organizations should be given a copy of this Policy on Partnerships.



## Appendix

Partnership tools (NB, inclusion here does not constitute endorsement)

CDC, “Engaging, Building, Expanding: An NBCCEDP Partnership Development Toolkit,” March 2011;

[http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/nbccedp\\_toolkit.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/nbccedp_toolkit.pdf),  
accessed October 2, 2015

National Business Coalition on Health and the Community Coalitions Health Institute, “Community Health Partnerships: Tools and Information for Development and Support,” n.d.;

[http://www.nbch.org/nbch/files/cclibraryfiles/filename/000000000353/community\\_health\\_partnerships\\_tools.pdf](http://www.nbch.org/nbch/files/cclibraryfiles/filename/000000000353/community_health_partnerships_tools.pdf), accessed October 2, 2015

Canadian Coalition for Global Health Research, “Partnership Assessment Toolkit,” December 2009; <http://www.ccghr.ca/resources/partnerships-and-networking/partnership-assessment-tool/>, accessed October 2, 2015

CDC, “Prevention Research Centers Partnership Trust Tool,” n.d.;

<http://www.cdc.gov/prc/program-material/partnership-trust-tools.htm>,  
accessed October 2, 2015