NORTHERN ONTARIO SCHOOL OF MEDICINE

Information Briefing Template

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| To: | Academic Council | Date of Meeting: Click here to enter text. |
| Submitted By: | Click here to enter text. |
| Responsible Portfolio: | Click here to enter text. |
| Subject: | Agendas will be adjusted to reflect the wording used here if required.  |

**Please select the appropriate box**ONLY COMPLETE THOSE SECTIONS THAT APPLY TO YOUR ITEM. REMOVE TITLES THAT DON’T APPLY. PROPONENT(S), REQUESTED ACTION, KEY CONSIDERATIONS/POINTS AND NEXT STEPS ARE ALWAYS REQUIRED.**MOTION:**

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**PROPONENT(S)****Please add the name(s) and title(s) of the person(s) or the committee/body bringing this item.****PURPOSE****Why are you bringing this item to this body at this time?**E.g. To inform the committee of new policy X that has been approved by X and replaces existing policy Y that required updating due to the passage of time and changes in the accreditation requirements or other circumstances.**OVERVIEW****Please include a brief description of the matter or a summary of the material terms or content of the document, plan, strategy, etc., as applicable.****KEY POINTS****Please add the key points that you want to emphasize about the information being conveyed.** E.g. Purpose, rationale or context, risks, resources, communications, strategic tie-in or implications, or consequences.**BACKGROUND****Please describe the current status and provide a brief background of this item.****DISCUSSIONS**Please include, at a minimum:* **a brief description of the issue, opportunity or proposal, or a summary of the material terms or contents of the document, plan, strategy, etc.**
* **purpose - why is this an issue or opportunity or why is this item being proposed at this time**
* **how will the proposal address the issue or take advantage of the opportunity or meet the need**

**RISKS****Please discuss any material risks associated with doing the action and any material risks associated with not doing the action and how you will mitigate the risks associated with doing the action****RESOURCE REQUIREMENTS****Please discuss, at a minimum:*** **Type: human, financial, physical, equipment, etc.**
* **Does this require a reallocation and/or new resources**
* **How will the necessary resources be attained and what steps will be taken (or what will be the result) if the resources cannot be attained as contemplated**

**BACKGROUND** **Please describe the current status and provide a brief background of this item.****ROUTING AND PERSONS CONSULTED****Please complete the table below for the groups consulted**

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| --- | --- | --- | --- | --- |
| Progress | Body | Date | Approval | Recommendation/Information |
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**NEXT STEPS****Please add this information.**Such as: Implementation process and or date; next steps in routing; government approval (i.e. for programs); communication plans etc. **SUPPORTING MATERIALS****Please list all additional materials being provided to the body here.** \*\* Track change versions are required for any revised document |