# Future of IT in the FoM: Recommendations FAQs

**1.   What changes are being proposed for the way IT is provided in the FoM?**

The recommendations propose establishing a "federated" structure for IT that balances central and distributed autonomous decision making. The federated structure would have a centralized advisory body that makes recommendations to the Dean about IT initiatives and services that are widely used across the FoM. The centralized body would also be responsible for ensuring that the overall direction for IT remains aligned with the FoM's mission. This body would rely on the participation of representatives from across the FoM, and would need to actively seek input from groups and individuals.

At the same time, FoM units (departments, schools, centres, institutes, programs, and administrative groups) and individuals would continue to make decisions about what IT services they use and would be responsible for providing services that are only used by their unit. Education, research, and health care innovation leadership would also play a critical role in identifying services or initiatives needed by their area.

Another key change is the establishment of client service manager roles for the FoM. The client service managers will work directly with units to ensure that MedIT, UBC IT, and IT governance groups understand and can respond to units' IT requirements, that units have awareness of and access to existing IT services.

**2.   What are examples of decisions that would be made by a unit?**

Units would decide whether or not to use a particular service provided by one of the central IT service providers. For example, units may choose to take advantage of web conferencing services provided by MedIT.

Units would have full autonomy over "boutique" IT services that are used only by some groups in the FoM, such as genomic sequencing systems. Units would identify the need and funding for the service, source a provider, and would be responsible for support.

**3.   What are examples of decisions that would be made by the centralized governance body?**

The centralized governance body would be focused on setting the overall direction of IT in the FoM, including prioritizing IT needs identified by units and groups such as research and education. It would oversee the delivery of core and specialized services, which are services that are used by all or many people in the FoM. For example, the centralized body would be responsible for ensuring that networking and videoconferencing meet the needs of users at the FoM. They would also help to identify new initiatives to address emerging IT requirements.

**4.   Who would provide IT services to my unit in the new, federated model?**

IT service providers would not change. All current providers – including UBC IT, MedIT, unit and research group IT staff, and Health Authorities – would continue providing services. However, there will be increased clarity about the scope of responsibility for each provider and the services they offer.

**5.   Would there be changes to the way IT services are funded?**

Changes to the way IT services are funded may occur with time. However, immediate steps for IT finances would focus on developing standard tracking for IT expenditures and standard costs for services. At the moment, it is

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difficult to get a clear picture of costs for IT services at the FoM. Both units and the centralized governance body require improved information about IT costs in order to make informed decisions.

**6. How would the federated structure lead to improved IT services for my unit?**

There are a number of ways the federated structure should lead to improved IT services for units and individuals:

- **Capacity building**: The federated structure would help clarify the mandate of the various IT service providers at the FoM. In particular, it places responsibility for core services, such as email, with MedIT and UBC IT. With this mandate, MedIT and UBC IT can focus on improving core services for FoM units. Over time, this will allow units to free up their resources that support core services and allow them to focus on their units' specific requirements.
- **Economies of scale**: The structure will help enable economies of scale and efficiencies for those IT needs that are shared across the FoM, thereby allowing for more investment in other services or initiatives.
- **Responsive decision-making**: The centralized IT governance body would include representatives from different areas of the FoM including education, research, and health care innovation. Units would also have access to governance, both directly by way of participation on topical advisory committees and through client service managers, and will provide input and feedback on decision-making. As a result, IT decisions should be more reflective of the needs of units and the FoM as a whole.

**7. What do "improved" IT services look like in practice? What are we aiming for?**

Some of the IT service improvements we are working towards include:

- All FoM units have core IT services (e.g. networking, device support)
- Groups and individuals are consulted regularly regarding current and future needs
- Service costs and funding sources are clear
- Services adjust based on feedback and changing needs
- Information about what IT services are available and to whom is easy to access
- Onboarding and training is available
- Users know who to contact for IT requests or support
- Groups and individuals are consulted before and during major IT initiatives
- IT decision-makers (governance bodies) are accessible, responsive, and decisions are transparent

**8. What will these changes mean for IT staff in units?**

In the short-term, changes for IT staff will be minimal. Over time, we hope that unit IT staff are less focused on addressing gaps in core IT services and more able to focus on providing unit-specific support. We will also be looking for opportunities to increase the collaboration of IT staff across the FoM, in order to share expertise and increase awareness of the IT resources available to them.

**9. These recommendations will take time to implement. What about my unit's immediate IT needs?**

It is clear that are a number of core services that need to be improved immediately. One example of this is device support for hospital-based units.  MedIT and UBC IT are proceeding with improvements that are currently within their mandate.