

Business Planning for University Health Science Programs: A Case Study

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A b s t r a c t

Many publicly funded education programs and organizations have developed business plans to enhance accountability. In the case of the Department of Dentistry at the University of Alberta, the main impetus for business planning was a persistent deficit in the annual operating fund since a merger of a stand-alone dental faculty with the Faculty of Medicine.

The main challenges were to balance revenues with expenditures, to reduce expenditures without compromising quality of teaching, service delivery and research, to maintain adequate funding to ensure future competitiveness, and to repay the accumulated debt owed to the university. The business plan comprises key strategies in the areas of education, clinical practice and service, and research. One of the strategies for education was to start a BSc program in dental hygiene, which was accomplished in September 2000. In clinical practice, a key strategy was implementation of a clinic operations fee, which also occurred in September 2000. This student fee helps to offset the cost of clinical practice. In research, a key strategy has been to strengthen our emphasis on prevention technologies.

In completing the business plan, we learned the importance of identifying clear goals and ensuring that the goals are reasonable and achievable; gaining access to high-quality data to support planning; and nurturing existing positive relationships with external stakeholders such as the provincial government and professional associations.

MeSH Key Words: education, dental/trends; schools, dental/organization & administration

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Most public sector organizations in Canada have developed, or will be expected to produce, business plans.^a University faculties and departments are no exception to this general rule. Having a business plan, which can be revised periodically as situations change, has become part of the accountability process for any public sector organization.

Dentistry faculties and departments across Canada are under scrutiny. They must prove that the funding they receive is well spent and that “outputs,” such as dental practitioners, meet a high standard of quality and are valued by the public. Inability to demonstrate these basic outcomes may lead, in the longer term, to program shrinkage or closure.

The University of Alberta Faculty of Dentistry faced a crisis of confidence on the part of the university, which led to a proposal in 1993–94 to close the faculty. Negotiations led to

amalgamation with the Faculty of Medicine, whereby the faculty was retooled as a department, and an awareness of the need for increased accountability and financial vigilance. A business plan was developed to aid in reaching these goals.

The University of Alberta Department of Dentistry business plan addresses several key goals: pay off the accumulated debt, which, at the end of fiscal year 1999–2000, was about \$3 million; enhance revenues and decrease expenditures over the long term to make the operational viability of the program a certainty; and make advances in teaching, research and practice (service to the community). Ultimately, the department must be able to fund initiatives that will enhance the competitiveness of this program over the long term.

Background

In 1917, the Faculty of Dentistry was established at the University of Alberta. For nearly 80 years thereafter, the

faculty functioned as a distinct unit on campus. In 1961, a dental hygiene program was established within the Faculty of Dentistry.

In the early 1990s, decreases in provincial funding put the University of Alberta under great pressure. There was a move across campus to decrease the budgets of faculties and departments. As a result of funding constraints, in February 1994, the Faculty of Dentistry faced potential closure. However, in January 1995, after nearly a year of negotiation, the university's Board of Governors directed that a proposal be completed to continue dental education by merging the Faculty of Dentistry within a restructured Faculty of Medicine. In April 1996, the new Faculty of Medicine and Oral Health Sciences came into being. In 1999, the name was changed to the Faculty of Medicine and Dentistry, with Dentistry constituting a department within the faculty.

The merger resulted in changes in basic areas such as curricula, staffing, budgets and administration. Since 1993, a great deal of effort has been devoted to controlling or decreasing expenditures. In the period 1993 to 1999, for example, overall salary expenditures were reduced by about 20%. However, during the same period, supply and equipment expenditures increased by about 40%. Because many of our essential supplies are purchased from the United States, we know that a significant portion of the increase was related to changes in currency exchange rates.

According to an agreement reached at the time of amalgamation, dentistry budgets and expenditures will be kept separate from the those of the rest of the merged faculty until the accumulated debt is eliminated. The university expects the Department of Dentistry to earn about \$2.8 million per year in external revenue to offset some of its expenditures. Clinic earnings remained remarkably constant (at about \$1.2 million per year) between 1993 and 1999, even though the numbers of students practising in the clinics decreased. However, the university's share of funding to the department, through a base budget, has decreased significantly over the years.

Selective Review of Business Planning Literature

This selective review of the business planning literature focuses on the purposes of a business plan and the steps involved in preparing, implementing and monitoring a business plan.

Purposes of a Business Plan

Fallek² proposed a number of purposes for a business plan:

1. Assist in financing.
2. Show how much money is needed, when it will be available and how to go about obtaining it.
3. Provide a road map for running the business that allows the business operator to make detours, change directions or the pace that was set in starting the business.

4. Help the operator to clearly think through what type of business is being started and to consider every aspect of that business.
5. Raise questions that must be answered in order to succeed.
6. Establish a system of checks and balances so that mistakes can be avoided.
7. Set up benchmarks to keep the business under control.
8. Aid in developing the competitive spirit that promotes preparedness and the confidence to succeed.
9. Guide the operator through the entire business process so that the business is not opened "blindly" through failure to consider vital information.
10. Force the operator to analyze the competition.
11. Give a "go" or "no go" answer concerning major questions facing the business.

Preparing To Do a Business Plan

Betkoski and Ometer³ emphasized the importance of preplanning in developing a business plan. The preplanning cycle involves organizing the process, for example, deciding who will be on the planning team; analyzing internal strengths, weaknesses, opportunities and threats; and setting goals and then preparing operational and financial plans based on those goals.

King⁴ also stressed the importance of preparation. His multistep program begins with a brainstorming session for the people who will be involved in developing and implementing the plan. The purpose of this session is to establish a clear concept of the business, assign responsibilities in the plan and determine areas where specialized help might be needed. King then recommends conducting research on the industry to discern relevant trends in technology, government regulations and competition. Research on the market, including key geographic regions and population profiles, is also required. King's fourth step is to determine competitors' strengths and weaknesses. He then suggests a post-research meeting during which the team reviews research results and, if necessary, modifies the initial plan. The sixth step is to define the service or product and identify new offerings required to meet market needs. The next step is to develop strategies for marketing, sales and distribution. After this, an operation plan should be developed, identifying new human resources needs and capital requirements. Then, financial strategies should be developed. This step includes outlining financial goals, how these goals will be achieved and the assumptions underlying strategies and projections. The final step is to hold a strategy review meeting with the business planning team. In King's view, only after all these steps are complete will the team be ready to write the plan.

Elements of a Business Plan

The literature records a fair amount of consensus about the essential elements of a business plan. Garrett⁵ states that a business plan should include an overview, a description of products or services, a market description (sales, marketing, distribution and competition), how products and services will be produced, financial projections, how the business will be owned and financed, and management details.

The authors of an article in *Medical Economics*⁶ concurred with many of the elements identified by Garrett. However, this article placed additional importance on including the organization's vision statement in the business plan. It also stressed the need to develop a core business strategy and identify the business's strengths and weaknesses. The resulting business plan would identify target customers and include a timeline for operations.

Meloy⁷ organized key business plan elements in a slightly different way. First, the current situation is defined. Included here are a description of the business, its mission or vision, critical functions and cost structure, unique capabilities, market position and competitive situation, customer needs, accountabilities and important environmental factors (e.g., government regulations). Meloy's second step is to analyze the facts identified in the first step. The analysis leads to the development of action alternatives. The third step is to judge the resulting alternatives. Here, each alternative is considered on its merits, a process that includes a review of underlying assumptions. Next, specific objectives should be selected for the business. The criteria used to choose these objectives include feasibility, measurability, flexibility and whether staff are committed to achieving the objectives. Specific strategies (including financial strategies) and action plans are then developed on the basis of the objectives. Finally, Meloy stated that performance measures must be selected and then monitored when the plan becomes operational. These measures (e.g., unit sales and staff training hours), will be specific to each of the key functions of the business.

Betkoski and Ometer³ stated that a business plan should have key strategies. Of particular importance to these authors are strategies for the market; production, research and development; organization and management; and financial aspects.

Follow-up to Business Plan Implementation

The business planning literature is unanimous in recommending that once a plan has been implemented, variances from the plan must be reported, the effects of the variances assessed and revisions proposed. This type of regular follow-up makes the plan "a living document."⁷

Betkoski and Ometer³ suggested that the "owners" of the plan must be willing to use it to manage operations. They state that "the plan is also a dynamic document that must be

revised to reflect new realities such as heightened competition, the emergence of new technologies, changes in government regulations or budget cutbacks".

Other Uses for the Business Plan

The most obvious use for a business plan is to provide overall focus for the organization over a period of several years. However, other uses exist. A business plan can be an effective education and communication tool, both within the organization and externally.³ The plan can help to improve business performance by highlighting internal strengths and weaknesses, thereby serving as an impetus for day-to-day improvement. The plan also provides a structure on which to base management decisions and a foundation from which to measure the performance of business units. The process of developing a business plan can educate and motivate staff. For example, in the course of participating in business planning, staff learn more about overall operations.

Business Plan Pitfalls

Various authors^{4,5} have identified the potential pitfalls of business plans or the process of developing them:

- assumptions that are unclear or unrealistic,
- projections that are unrealistic,
- data that are irrelevant,
- excessive length or complexity of the plan,
- too much jargon in the plan,
- over-optimism, and
- having outside experts write the plan (when the owner or operator actually writes the business plan, he or she gains a better understanding of the business and is better able to answer questions about the plan).

Application of the Literature

The business planning literature pointed out key elements in the business planning process, implementation and follow up. We began our business plan by looking at the current function and structure of the Department of Dentistry.

Mission of the Department of Dentistry, University of Alberta

The mission statement of the Department of Dentistry reads as follows: The University of Alberta Department of Dentistry is dedicated to lifelong education of its students so that they may excel as dental professionals and ensure the highest quality of dental care to Albertans and beyond. This is achieved by our commitment to internationally recognized standards of excellence in teaching, patient services and research.

Education

There are 32 students in each of the 4 years of the Doctor of Dental Surgery (DDS) program. There are 40 students in each of the 2 years of the dental hygiene diploma program and 3 graduate students in orthodontics each year. We also have a postgraduate program in temporomandibular joint disorders. Through our continuing dental education facilities, we provide sessions to a yearly total of 1,600 practitioners from throughout Alberta.

Student Practice and Community Service

The department operates, and partially funds, a full-scale dental hospital (the location from which we provide patient services and where students obtain their clinical practice education) that offers to students a diverse clinical experience. Current law mandates that practical experience be gained in this way. Indeed, the public expects graduates to be demonstrably competent and, therefore, licensable upon graduation.

Our students provide dental services to residents of Edmonton and surrounding communities. About 60% of our patients do not have dental insurance and would not otherwise receive dental services. We charge about 50% of the average procedural fees charged for dental services elsewhere in the province. Through an outreach program funded by Alberta Health and Wellness, students rotate through several northern communities in the province, providing dental services to residents. In fiscal year 1998–99, the department as a whole performed about 25,000 procedures in the course of approximately 35,000 patient visits.

Research — Some Current Activities

Department members have undertaken several interesting research activities, including the following:

- a multidisciplinary temporomandibular joint disorders residency program, which, given our business plan, will evolve into a postgraduate program in oral medicine and pathology;
- the Craniofacial Osseointegration and Maxillofacial Prosthetic Rehabilitation Unit (COMPRU), located at a hospital in Edmonton, which is 1 of 4 centres worldwide for craniofacial implants; and
- a multidisciplinary animal embryo bank, one of several centres worldwide that supplies researchers with fixed and frozen tissues for studies of gene and protein expression patterns.

Main Challenges in the Business Plan

Our first challenge was to have a plan in which funding and expenditures were balanced. To meet this challenge, our plan included a schedule for paying off the accumulated debt (about \$3 million at the end of fiscal year 1999–2000). A second and related challenge was to maintain sufficient

funding to keep the department operating and to allow us to put into effect strategic initiatives to ensure our competitiveness for the next several years. On the expenditure side, the challenge was to monitor and, wherever appropriate, reduce costs, without reducing the quality of education and the service provided to communities (both local and out-reach).

One of our assumptions was that if we are going to continue teaching the same number of students as in the past, conduct research of high quality and continue our service to the community, we must find new ways to increase revenues and decrease costs. We also assumed that the university, the provincial government and professional associations would not provide additional funding. Finally, we assumed that the clinical operation (in which most of our expenditures are generated) had to remain efficient and cost-effective.

Getting Started with the Business Plan

The vice-president (academic) and the dean of medicine and dentistry discussed the need for the Department of Dentistry to have a business plan. In the view of the university's senior administration, the department's focus should be on eliminating the existing debt and then balancing the budget in the future. After some debate, it was agreed to proceed with the business plan, a major component of which was to be devoted to financial sustainability.

Once the department received approval to continue with the plan, administrators consulted with the university-appointed facilitator to the business planning process. It was agreed to set up a Business Plan Steering Committee, with the following membership:

- associate dean and chair of dentistry (sponsor of the plan),
- associate chair of dentistry,
- executive operations officer — dentistry,
- executive officer — faculty of medicine and dentistry (representing the dean),
- representative of the Alberta Dental Association,
- representative of the Alberta Dental Hygienists' Association,
- executive director — health sciences (representing the vice-president [academic]),
- director — improvement programs (the business planning facilitator from the university administration), and
- an external consultant.

The committee's initial meetings were spent clarifying the committee's terms of reference, its role and the main focus of the plan.

The Business Plan Steering Committee was responsible for guiding all aspects of the planning process. One of the

committee's first tasks, for example, was to review the university's planning template¹ to determine its applicability to dentistry. The committee decided to use the template as a rough guide in drafting the business plan.

In order to provide information to staff and to solicit their views, the committee organized a half-day planning retreat. The result was a productive exchange of ideas between members of the steering committee and department staff. Another of the committee's activities was to gather comparative data from other dental programs across Canada. The committee then identified strategies in the areas of teaching, practice and research, discussed the advantages and disadvantages of each strategy (including the financial implications) and chose preferred actions to be highlighted in the plan. Finally, the committee agreed on steps needed to gain official approval of the plan by the university's senior administration and, ultimately, the Board of Governors.

Problems Arising during the Planning Process

The Business Plan Steering Committee experienced a number of problems in preparing the business plan. First, there was confusion about the sponsor of the plan. A considerable amount of time was spent debating this matter, an important activity, in that it identified the immediate "customer" of the entire process. Some members thought that the vice-president (academic) was the sponsor, whereas others thought that it was the dean of the faculty. The committee finally agreed that the chair is directly responsible for all aspects of the department and, therefore, was the best choice as sponsor of the plan.

Another challenge was for committee members to become accustomed to each other's style. Progress on the plan was slow at first, as members had to become comfortable interacting within the group.

The steering committee's terms of reference seemed to place overriding emphasis on debt elimination and a balanced budget. The committee agreed that these were necessary, but not sufficient, components of the plan, since it would be difficult for department staff to be inspired by the plan if its sole focus was budgetary. Emphasis on strategies to ensure the department's ongoing competitiveness in attracting students, teachers and researchers was also viewed as essential.

As planning progressed, there were problems in obtaining some key data. For example, at the time of planning, the university was converting to a new financial information system. The result was difficulty in obtaining timely and accurate time-series data about department revenues and expenditures. During planning, it was sometimes necessary to analyze the dentistry component of the department independently from dental hygiene. Because the department receives a yearly lump-sum budget from the university, separating revenues and expenditures for these

departmental sections became a matter of estimation. Finally, it proved problematic to obtain comparative financial data from other dental programs in Canada. Some programs were unable to provide data. Some of the data that we did receive were not comparable to our numbers, because of differences in measurement or reporting methods. Indeed, there seems to be considerable variation in the ways in which institutions report revenue, expenditures and activity.

The literature states that it is important to determine the weaknesses of the current business or operation.³ However, the departmental representatives on the committee had some difficulty acknowledging existing weaknesses. For example, it was clear from the outset that the accumulated debt, if left unchecked, could lead to closure of the program. This possibility was very disconcerting to the departmental representatives. It was also hard for us to admit that although we have several interesting research projects, our overall profile in this area does not yet meet faculty standards. However, the business plan afforded us the opportunity to clarify the steps needed to make improvements.

We found that more progress could be made on the plan when we had a great deal of information about our operations, including performance data and assessments of program strengths and weaknesses.

Key Questions Arising during the Planning Process

The committee raised basic questions during the planning process. There are no definitive, one-time answers to these questions; rather the questions can help us judge, on an ongoing basis, the quality of our programs.

- Should the department close?
- Is it feasible to have the clinical practice portion of the educational experience provided in the community, by private practitioners?
- Can we demonstrate that the program is, and has been, efficient and cost-effective?
- Are our funding and expenses comparable to those of other programs in Canada, given the outputs?
- How much can funding and expenses be decreased without any adverse effect on the quality of DDS and dental hygiene educations?
- Do the university, the provincial government and the public value the DDS and dental hygiene programs? Do these groups value the services provided by the department?
- How should our debt be eliminated? Who should pay and in what share?
- Are our fees comparable to those of other programs in Canada? What are the trends in dental program fees?

- Should increasing fees and minimizing expenses be the main actions taken to pay off our debt, continue operations and finance initiatives to enhance competitiveness? If not, what are the roles of the university and provincial government?

Results of Planning — Key Strategies

The planning process resulted in key strategies in the areas of education, practice and service, and research. We summarize these strategies here.

Strategy 1: Start a Bachelor of Science (BSc) program in dental hygiene

In 1998, a survey of dental hygiene students showed great interest in a proposed BSc stream. The survey's response rate was 85%, and more than 90% of the respondents indicated that they would select a baccalaureate stream if such were available.

For dental hygiene students, the BSc degree presents additional opportunities. For example, this stream would broaden career choices in several types of organizations, including education, research and health services. The baccalaureate is also a springboard to graduate studies.

In our business plan, the BSc stream is designed to recover costs. This assumes that the clinic operations fee, described below, would be implemented for dental hygiene students.

Strategy 2: Assign additional spaces in the DDS program to graduates of programs outside of North America

At present, the DDS program does not accept students who have graduated from dental schools outside of North America and who are upgrading their education to meet Canadian standards. Under our proposal, qualifying students would enrol in a 2-year program (years 3 and 4 of the DDS stream).

Six to 8 spaces would be available to these students in each of the 2 years. Students in the 2-year program would each pay a yearly clinic operations fee of \$28,000, in addition to all other fees paid.

Strategy 3: Implement a postgraduate program in oral medicine and pathology

This initiative would build on our existing temporomandibular joint disorder and orofacial pain services. This new program will prepare graduates to achieve fellowship status in oral medicine and pathology, a newly integrated specialty formalized by the Canadian Dental Association and the Royal College of Dentists of Canada.

Strategy 4: Increase use of modern technologies in teaching, patient care and communications

This strategy includes more effective use of our existing telehealth distance capability. We also want to develop a simulation laboratory, where students would use mannequins and computers during their preclinical experience. The students would then communicate their diagnoses and treatment plans to faculty and receive immediate feedback on their work. Finally, for continuing dental education, we wish to use online methods to enhance our course offerings and provide greater access to the expertise of our faculty.

Strategy 5: Continuously improve the quality of teaching

We will continue to provide our students the best education we can. The teaching competence of academic staff is already evaluated regularly. With this strategy, we propose to systematically reward teaching excellence, for example, by prorating salary increments and promotion in rank.

Practice and Service

We know that we must continue to reduce expenditures wherever possible, while maintaining our existing educational programs. Also, to maintain the program over the long term and to have any hope of improving our competitiveness, we must increase revenues.

Strategy 1: Increase revenues earned in the dental hospital

In the business plan, we proposed 4 main actions to boost clinic revenues.

- Improve the utilization of dental chairs by increasing chair occupancy to an average of 85% and ensuring that students are busier when they are assigned to clinic.
- Ensure that all fees are listed completely and billed appropriately (e.g., minimize fee write-downs), an activity to be undertaken by academic staff on the clinic floor.
- For every procedure, including those done in the laboratory, increase fees by 2% per year.
- Improve patient retention, for example, by performing yearly recall when appropriate.

Strategy 2: Start a practice plan for department faculty

According to this strategy, the department would provide facilities and support to faculty who wish to provide dental services to their private patients on site. In the first year of operation, the practice plan is projected to yield about \$94,000 in net revenue to the department. For each year thereafter, the net revenue would be \$125,000.

Strategy 3: Apply a clinic operations fee

This strategy, involving payment by students of a yearly fee to cover the costs of their clinical practice, is the most contentious one in the entire business plan. It will force debate about who should pay the fee, which would be assessed yearly. This fee would be in addition to existing fees for tuition and dental instruments.

Our proposal was that beginning in 2000–01, first-year DDS students would be assessed a clinic operations fee of \$7,000, and they would pay this amount in each year of the 4-year program. (In 2001–02, first- and second-year DDS students paid the \$7,000 fee.) Foreign students, and students who are upgrading their education to meet Canadian standards, would pay a clinic operations fee of \$28,000 per year of their program. Dental hygiene students would pay a fee of \$1,050 per year.

In addition, we approached the provincial government for funding assistance for clinic operations and received financing for 3 years.

Research

Strategy 1: Strengthen emphasis on prevention technologies and increase emphasis on the Dental Public Health Centre

As public awareness of the link between oral health and general health grows, there will be greater demand for preventive diagnosis and procedures, materials and other technologies to promote oral health. Our Dental Public Health Centre is a crucial part of our response to the increasing demand for preventive technologies. To put this strategy into effect, the centre will maintain or augment its activities, including the following:

- research into oral health needs, service delivery, disease patterns and prevention, and program evaluation;
- provision of dental public health expertise to health regions, governments, dental care providers, other health professionals and the general public; and
- prevention programs for First Nations people in northern Alberta.

Strategy 2: Become a member of one of the newly formed Canadian Institutes for Health Research (CIHR) groups

As a result of major restructuring of health science research in Canada, the CIHR will take responsibility for most major research funding. We pursued membership in the CIHR Institute for Musculoskeletal Health and Arthritis and sought funding from the Alberta Heritage Foundation for Medical Research.

Strategy 3: Recruit faculty with strong research profiles

Our future competitiveness among dental schools depends on successful recruitment. In turn, our ability to recruit is linked to our revenue-generation strategies. In the next 4 years, it is essential that we recruit accomplished researchers in the areas of dental public health, orofacial pain, orthodontics, prosthetic dentistry, dental biomaterials and oral surgery.

What We Learned in the Business Planning Process

We learned a number of useful lessons.

1. Identify clearly the main goals and major obstacles in achieving the goals.

We found, as stated in the literature,³ that having clear goals reduces confusion about what is expected during the planning process, the desired results and some of the challenges that may arise. Being clear about goals and constraints saves time and reduces frustration.

2. Identify the sponsor, or main customer, of the plan.

Initially, the Business Plan Steering Committee was confused about the identity of the main customer of the plan: was it the vice-president (academic), the dean of the faculty or the chair of the department? The committee finally decided that because the department chair is directly responsible for dentistry, this person should be the sponsor. This issue is important because the main customer has principal input into the main goals and other key aspects of the plan.

3. Acknowledge the department's strengths and shortcomings.

If there is no frank recognition of strengths and weaknesses, as recommended in the literature,^{4,6} no progress is made in planning, the department foregoes the opportunity to make necessary changes, and the current situation persists. Eventually, change may be imposed, and the department will have little or no input. If current strengths are maintained and problems identified and understood, the team can move quickly to include solutions to those problems in the business plan.

4. Ensure access to high-quality data.

Planning requires valid and reliable data on the department's finances and activity. For example, it is particularly important to have a solid time series of financial data for the department (i.e., at least 3 complete years of revenues and expenditures, by month). For purposes of benchmarking, accurate and comparable (in terms of counting and reporting) data from other dental programs in Canada are required.^b

It is vital that the business planning team, and those who review the plan later, have confidence in the data and

understand what the data show. Therefore, complex data should be presented in a straightforward manner.

We were fortunate to have had ready access (mainly through our departmental chair) to key contacts in other dental programs. Without these contacts, it is unlikely that we would have obtained any comparable data from other sources. If people are to share potentially sensitive data about their department or program, it helps if they know and trust the person making the request.

5. Be careful in choosing the people who will support the planning process.

It is appropriate that the team members most closely associated with the program be responsible for writing the business plan, a conclusion supported by the business planning literature.^{4,5} We believe that the following advice is worth considering:

- Do not hire an external consultant unless, or until, you have to.
 - If you need to hire a consultant, do so for specific tasks and only if you are certain that the consultant's work will add value to the final plan.
 - The process facilitator must be accomplished at keeping groups focused and productive. The person must also be experienced in all aspects of business planning and must follow the plan through to completion.
 - Do not feel obliged to use someone's business planning template verbatim or uncritically. Understand that such templates exist to provide a guide to the process.
6. Recognize that the plan has a number of purposes.

For example, once the plan is complete, and if it has been prepared well, it serves not only as a guide to the future, but also as a promotional document for the organization. As indicated in the literature,^{3,7} the plan is also a source of operations information that can be used to educate staff. The plan is evidence that the organization has examined the facts, has considered trends and other environmental factors and, on the basis of this information, has decided on its "destination" 3 to 4 years hence. In short, the plan demonstrates that the organization is responsible for, and in charge of, all aspects of its mandate: past, present and future. ➔

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Notes

^aThe Ernst & Young *Business Plan Model for the University of Alberta*^a defines a business plan as follows:

A business plan is a valuable management tool that can be utilized in a wide variety of situations. Typically, business plans are used at a minimum to:

- Set the goals and objectives for the venture's performance.
- Provide a basis for evaluating and directing the venture's future performance.
- Communicate a venture's message to other members of the organization, outside stakeholders and potential investors (p. 3).

Comparable data (both valid and reliable) for the financial status of Canadian dental programs are not available. As a result, the Canadian Institute for Health Information was contacted to determine if there was any interest in establishing a repository of national data on dental health and programs.