ACADEMIC ROLE CATEGORIES

A personnel model for Clinical Departments of the Schulich School of Medicine and Dentistry.

Nigel Paterson
Associate Dean, Academic Affairs
September 29, 2009

Updated October 12, 2011

TABLE OF CONTENTS

1. **BACKGROUND**:

The Conditions of Appointment for clinical appointees to the Schulich School of Medicine & Dentistry (SSMD) specify two categories of appointment: Clinical Academic and Adjunct. The distinction between the two categories is based on the intensity and continuity of the academic commitment. The usual initial appointment as a Clinical Academic is either at the rank of Lecturer or Assistant Professor; in either case, promotion to the rank of Associate Professor is a requirement. Within this category, two streams are offered: the Senate stream and the Provost stream.

The selection of stream is based on the intended academic role of the appointee, and results in different promotion criteria and processes. In the Senate stream, performance is expected in both "teaching and associated activities" and "research and scholarly activities" and is thus analogous to the promotion requirements for non-clinical ("UWOFA") SSMD faculty (and appointees to other UWO Faculties). In the Provost stream, there is an expectation of performance in either teaching or research, plus in one or more "non-traditional" academic roles: health care leadership, role model and "general contributions" (UWO Conditions of Appointment, 1999, pages 6-9, Appendix 1).

Since the changed Conditions were introduced in 1999, the Clinical Departments have adopted variable strategies in their use of these categories and streams, and in the performance expectations applied to each category. For example, there have been variations both in the definition of a core (base) academic role and in the categorization, expectations, resource support and academic recognition (including promotion) of expanded academic roles. While some diversity is an accepted consequence of academic, professional and cultural differences between Departments, the variation has led to uncertainties for individuals and Departments around standards and expectations. As a result, there has been support in principle for the development of an overarching clinical academic personnel model in which various broad academic role categories are enunciated, each with clear expectations for training, academic commitment, performance and rewards; applicable both within and between Departments. Role category personnel models with broad similarities have been deployed in several other Canadian medical schools and have been examined in the development of a proposed personnel model for Clinical Departments at SSMD.

Note that the model will operate within the framework of the current Conditions of Appointment. Thus no change to the Conditions is required, and elements of the current appointments and promotion process remain applicable.

This document will:

(1) Outline the conceptual framework, values and principles on which the proposed model is based
(2) Provide a taxonomy for differentiation of Clinical Academic appointments into role categories according to the major academic role(s) of the appointee
(3) For each category, set out general guidelines for training requirements, role commitments, and performance expectations to be applied within and between Departments
(4) Outline process changes envisaged if the model is adopted
(5) Discuss expectations and incentives for performance within role category
(6) Describe potential advantages offered by this model, versus the status quo

2. CONCEPTUAL FRAMEWORK:

2.1. A broader definition of scholarship: integrating commitments to the research and teaching components of the SSMD mission.

The overarching framework is that the central role of an academic is the pursuit of scholarly activities. The definition of scholarship is based on the framework enumerated by Boyer (1990). Scholarship differs from "work" by being public, available for peer review / critiques, and thereby of potential utility to others.

There are four components to scholarship:

1. Discovery and advancement of knowledge
2. Integration of knowledge
3. Application of knowledge
4. Transformation and transmission of knowledge

Crucial to the framework is the equivalent accommodation of the traditional academic domains of "teaching" and "research". Both may involve (to a greater or lesser degree) all four domains of scholarship and components of each may be recognized in the other, e.g. the critical enquiry and knowledge creation by the educator, and the teaching role of the researcher. Contributions to the components / domains of scholarship may be asymmetrical / focused. For example, an educator may be involved in a broad spectrum of scholarship including the integration, application, transformation and transmission of knowledge, and yet not be engaged in traditional "research", i.e. the discovery and advancement of knowledge. Similarly a researcher may be predominantly focused on the integration of knowledge (e.g. systematic reviews), the application of knowledge (e.g. new care delivery models) or the transmission of knowledge (e.g. application of care guidelines across a health care system), although each of these scholarly activities may also contain an element of knowledge creation.

2.2. "Non-traditional academic roles": the recognition of creative professional (clinical) activities

An academic role in creative professional activity is particularly relevant to clinical faculties as they strive to recruit and reward faculty members with strengths and expertise in clinical practice. Creative professional activity is seen as a parallel, alternative, and equally relevant criterion to that of traditional academic scholarship in research and/or teaching. At SSMD, these activities have been aggregated into three domains: role model, health care leadership and general (see Appendix 1).

3. ASSUMED VALUES:

Three values underpin the proposed framework and are thus assumed to be espoused by every SSMD Clinical Academic appointee:

- **Commitment to the Academic mission**:
  - Each Clinical Academic commits and contributes to the achievement of the School's academic mission.

- **Commitment to the Clinical mission**:
  - Each Clinical Academic commits and contributes to the achievement of the Clinical Departments' clinical mission.

- **Integration of the Academic and Clinical missions**:
  - It is both necessary and desirable that these commitments and contributions are integrated within the role descriptions of individual Clinical Academics

3. PRINCIPLES OF DEVELOPMENT OF CLINICAL ACADEMIC ROLE CATEGORIES:

- The commitment of all clinical academics to scholarship is reflected in each of the potential academic categories.

- There is no rank order / hierarchy of categories: it follows each category offers an equivalent opportunity for career progression.

- The choice of category is based on mutual agreement of "best fit" by the individual (based on career aspirations) and the Clinical Department (based on advancement of its tripartite mission)

- There are clear mutual expectations (institutional resource commitments, appointee performance) for each category

- There is flexibility for change of category by mutual agreement since career aspirations, opportunities and competencies can change over time

5. ACADEMIC ROLE CATEGORIES:

Preamble:

This section provides a taxonomy for five different academic role categories: clinician teacher, clinician researcher, clinician educator, clinician scientist and clinical administrator. It is recognized that the categories and their definitions / criteria are arbitrary, that there is a range of job descriptions within each category, and that overlap may exist between categories. Furthermore, the existence of a wide variety of academic expectations and aspirations must be reflected in each individual's specific job description. This necessity is reflected in the range of activities envisaged within each category. Given the flexibility within categories, it is assumed that a "home" (role category) can be found for every academic job description.

In order to provide a clear picture of proportional commitment to the role components envisioned within each category, a range of time allocations for each component has been provided, and is expressed as a percentage of a standard work week. This in turn entails a definition of a "**standard work week**". Precedents include the standard "civil service" work week (37.5 hours) often used for salaried positions, the work week (45 hours) adopted by the Ontario AFP Task Force, and the work week (60 hours) used by Valberg and Gonyea in their analysis of a prototype medical school staffing. To these precedents can be added discipline-specific and to a certain extent discretionary commitment to clinical activities, perhaps adding 30 hours weekly to the standard week. Finally, the actual weekly time commitment is further blurred by the variable after hours commitment to both academic activities (e.g. lecture preparation, manuscript preparation, etc.) and clinical responsibilities (e.g. night and weekend call).

In the previous examination of core teaching responsibilities ("Teaching Profiles for Clinical Academic Appointments", Task Force Report, 2006: Appendix 2) this issue was discussed and a rationale for choosing **45 hours** as the **standard work week** and for the choice of numerator (i.e. the hours of academic commitment) was provided (Appendix 2). The percentages cited in this section are based on the same "standard work week" as a denominator with the same caveat that the actual work week may vary widely, based on additional commitments to clinical activities. Thus, for example, if an individual commits two working days a week to research this would constitute a 40% commitment (based on a 9 hour work day) even if the actual "denominator" for that individual is a 60 hour work week, because of concomitant clinical responsibilities. As a corollary, the sum of the role components' percentages should not exceed 100% in an individual's job description.

5.1 CLINICIAN TEACHER

5.1.1. **DEFINITION**:
A clinical academic whose primary role is in clinical service, and whose major academic contributions are in teaching and in creative clinical activities.

5.1.2. **ROLE COMPONENTS** (illustrative percentage time commitments, the cumulative denominator – 100% - being a standard work week):

Clinical Service (50-70%): Clinical service constitutes the major career role; often this involves substantial overlap with academic roles (e.g. clinical teaching, role model, health care leadership). In recognition of this overlap, up to 20% of any clinical activity involving trainees is assigned to teaching.

Teaching (15-40%): Teaching may include any combination of undergraduate and postgraduate teaching, usually, but not necessarily exclusively, in the clinical arena. May also contribute to graduate and continuing education. Supports and if required contributes to the undergraduate curriculum. Contributes to trainee mentorship and evaluation. Scholarship in education is encouraged. Generally, a 30% time commitment (including clinical teaching) is required for promotion if teaching is the predominant component of the academic role description in this category.

Research (0-20%): Research is not a required role component. However, support of research activities of others (for example, by supporting recruitment of patients to clinical trials) is expected, and participation in research is encouraged.

Administration (5-30%): An administrative contribution to the academic and/or clinical organization is normally expected.

Health Care Leadership / Role Model / General Contributions (5-30%): Contributions to the advancement of health care delivery (role model and/or health care leadership and/or general) are expected.

5.1.3. **TRAINING**:

- May be hired directly following RCPSC / CFPC (or equivalent) certification.
- During the first 3 years of appointment professional development in education, health care delivery or research is expected.

5.1.4. **SAMPLE EXPECTATIONS**:

- See Appendix 2

5.1.5. **SAMPLE PERFORMANCE INDICATORS**:

Teaching:

- Quantity and quality of contact teaching
- Contributes to formal clinical rounds, half-day sessions, etc.
- Recognition/awards
- Teaching scholarship:
    - scholarship includes integration, application, transformation and transmission of knowledge (per Section 2.1)
        - Preparation and dissemination of teaching materials
        - Evaluation of teaching methods, arranges and conducts workshops
        - Innovation and research in education
        - Curriculum development
- Teaching administration (e.g. course chair)

Health care leadership (see also Appendix 1):

- Introduction and evaluation of new modalities of care
- Clinical program implementation and evaluation
- Guideline development and implementation
- Contributions to health care organization/system

Role model (see also Appendix 1):

- Professional exemplar
- Evaluates and modifies personal clinical practice (participates in quality improvement, risk management, utilization management, care pathway development, etc.)
- Creative / innovative clinical practice (e.g. new multi-disciplinary clinic)

5.2. CLINICIAN RESEARCHER

5.2.1. **DEFINITION**:
A clinical academic with major roles in both research and clinical service. An additional substantial teaching role is possible.

5.2.2. **ROLE COMPONENTS** (illustrative time commitments):

Clinical Service (30-60%): substantial role, reflected in remuneration

Teaching (10-40%): A contribution to teaching is expected. Teaching roles include those of a Clinical Teacher.

> Teaching may include any combination of undergraduate and postgraduate teaching, usually, but not necessarily exclusively, in the clinical arena. May also contribute to graduate and continuing education. Supports and if required contributes to the undergraduate curriculum. Contributes to trainee mentorship and evaluation. Scholarship in education is encouraged. Generally, a 30% time commitment (including clinical teaching) is required for promotion if teaching is the predominant component of the academic role description in this category.

In addition, there will normally be a contribution to teaching via mentoring, supervision and evaluation of research trainees.

Research (30-60%): A substantial research role is expected. The research is focused into a recognizable theme (or themes) and entails a lead role in one or more projects at any given time. Supervision / mentorship of research trainees is usual. May lead a research team. A minimum time commitment of 30% is normally required for maintenance of research competence and productivity.
Administration (0-10%): optional

Health Care Leadership / Role Model / General Contributions (5-30%): Contributions to the advancement of health care delivery (role model and/or health care leadership and/or general contributions) are expected.

5.2.3. **TRAINING**:
A clinician hired in this category will normally have received the following relevant training and appointment arrangements:

- Relevant additional research training after completing clinical training (normally 2 years or more)
- Appropriate research training performance and research career plans

- Recruitment supported by an existing (SSMD) research group
- Cross appointed to a research institute and usually to a basic science department

5.2.4 **SAMPLE EXPECTATIONS**

See Appendix 2

5.2.5 **SAMPLE PERFORMANCE INDICATORS**

Research:

- PI or Co-PI on at least 1 external peer-reviewed grant
- 2+ peer-reviewed publications of appropriate impact per annum
- Presentations at scientific meetings

Teaching:

- Professional trainees: see Clinician Teacher (Section 5.1.)
    - May include any combination of undergraduate and postgraduate teaching, usually, but not necessarily exclusively, in the clinical arena.
    - May also contribute to graduate and continuing education
    - Supports and if required contributes to the undergraduate curriculum.
    - Contributes to trainee mentorship and evaluation.
- Research trainees: see Clinician Scientist (Section 5.4.)
    - Teaching related to research expertise, including supervision / monitoring of research trainees (in which case may overlap with research time commitments).

5.3. CLINICIAN EDUCATOR

5.3.1. **DEFINITION**:

A clinical academic whose primary role is in education. Clinical service is usually restricted to permit this academic role. Educational research is strongly encouraged. Additional research activities are optional. Performance as a clinical role model is expected.

5.3.2. **ROLE COMPONENTS** (illustrative time commitments):

Clinical service (15-50%): smaller role component than for a Clinician Teacher (Section 5.1.), may be limited to maintenance of competence (see Clinician Scientist, Section 5.4.).

Teaching (50-75%): the teaching role will include both contact teaching and education scholarship. Note that scholarship includes integration, application, transformation and transmission of knowledge (per Section 2.1.):

- Preparation and dissemination of teaching materials
- Evaluation of teaching methods, arranges and conducts workshops
- Innovation and research in education
- Curriculum development

A substantial role in mentorship of education trainees may be included.

Research (0-30%): educational research (i.e. the discovery and advancement of educational knowledge) is strongly encouraged; additional research is optional

Administration (0-30%): may undertake a leadership role in education

Health Care Leadership / Role model / General Contributions (5-30%): Contributions to the advancement of health care delivery (role model and/or health care leadership and/or general contributions) are expected.

5.3.3. **TRAINING**:

- Additional post-certification training (Masters or equivalent) in education is expected.
- An advanced degree in education is desirable

5.3.4. **SAMPLE EXPECTATIONS**

- See Appendix 2

5.3.5. SAMPLE PERFORMANCE INDICATORS

Teaching:

- Exceeds faculty average in teaching assignments
- Personal teaching at a high performance level, as indicated by evaluations (trainee and peer) and awards
- Develops and leads courses
- Engages in educational scholarship such as:
    - Preparation and dissemination of teaching materials
    - Evaluation of teaching methods, arranges and conducts workshops
    - Innovation and research in education
    - Curriculum development
- External (national +/- international) recognition of education role
- Peer-reviewed publications of innovations in education

Health Care Leadership:

- Introduction and evaluation of new modalities of care
- Clinical program implementation and evaluation
- Guideline development and implementation
- Contributions to health care organization/system

Role Model:

- Professional exemplar
- Evaluates and modifies personal clinical practice (participates in quality improvement, risk management, utilization management, care pathway development, etc.)
- Creative / innovative clinical practice (e.g. new multi-disciplinary clinic)
- Exemplary teacher: philosophy, commitment and quality

5.4. CLINICIAN SCIENTIST

5.4.1. **DEFINITION**:
A clinical academic whose primary role is in research, with clinical service restricted to maintenance of competence, and with linkage to research theme.

5.4.2. **ROLE COMPONENTS** (illustrative time commitments):

Clinical service (5-25%): restricted to maintenance of competence and usually linked to research theme. In some clinical disciplines maintenance of competence requires a greater minimum time commitment (e.g. up to 50%), but this needs to be reconciled with the research performance expectations (i.e. Clinician Researcher may be a more appropriate role category).

Teaching (5-25%): variable role, at a minimum requires teaching related to research expertise, including supervision / monitoring of research trainees (in which case would overlap with research time commitments).

Research (70-80%): Will conduct a program of research that may be basic, clinical or translational with a key linkage role bridging traditional research sectors. Expected to supervise research trainees, and will normally be cross-appointed to a basic science department.

Administration (0-10%): limited to areas related to research program; may assume leadership role in a research group.

Health Care Leadership / Role Model / General Contributions (5-30%): Contributions to the advancement of health care delivery (role model and/or health care leadership and/or general contributions) are expected.

5.4.3. **TRAINING**:

Typical entry level training and support for an individual in this category includes:

- Research training sufficient for an independent research career (normally 3 years or more post-M.D.)
- Formal cross appointment to basic science department, concurrent with joining the clinical department
- An advanced degree e.g. M.Sc., Ph.D. in an area related to research field is desirable

5.4.4. **SAMPLE EXPECTATIONS**

- See Appendix 1

5.4.5. **SAMPLE PERFORMANCE INDICATORS**

Research:

- External salary award
- PI on 2 or more peer-reviewed and/or multi-institutional grants
- Heads local and/or national research group
- Reputation as national / international leader in field: awards, organizes major meetings, role in national research organizations, etc.
- Demonstrates appropriate current productivity, e.g. at least 3-4 high impact peer-reviewed publications per annum

Teaching:

- Supervises and provides mentorship to research trainees
- Appropriate quantitative (time) and qualitative (evaluations) contribution to teaching in cross appointed Basic Science Departments.

5.5. CLINICIAN ADMINISTRATOR

5.5.1. **DEFINITION**:
Clinical academic whose major role is in administration. The administrative role(s) may be academic and/or clinical, and often include a medical leadership role(s). Maintenance of competence in another (previous) role category (e.g. Clinician researcher) may be incorporated into role description.

5.5.2. **Role Components** (illustrative time commitments):

Clinical Service (15-40%): normally reduced because of administrative role(s); may be restricted to maintenance of competence.

Teaching (10-30%): reduced teaching load may be needed.

Research (0-30%): research encouraged but not required.

Administration (40% - 75%): major role, may include academic, clinical or integrated leadership activities

Health Care Leadership / Role Model / General Contributions (5-30%): Contributions to the advancement of health care delivery (role model and/or health care leadership and/or general contributions) are expected.

5.5.3. **Training**:

- Training in health care administration and/or leadership is expected, before or concomitant with undertaking the administrative role

5.5.4. **SAMPLE EXPECTATIONS**

- See Appendix 1

5.5.5. **SAMPLE PERFORMANCE INDICATORS**:

Health Care Leadership:

- Demonstrates leadership, process enhancement and innovation related to administrative role(s)
- Effective leadership based on evaluations and/or awards

6. CORE ACADEMIC ROLE

Each Clinical Academic is expected to undertake a minimum ("core") academic commitment to at least two roles: one of education and/or research and one of the "non-traditional" roles: "health care leadership" and/or "role model" and/or "general contributions". Normally an appointee with no additional academic commitment will be categorized as a "Clinician Teacher"; details of this category are provided above (Section 5.1.). Since the major determinant for promotion within that category is most often teaching performance, an additional guideline for teaching commitment typically required for promotion has previously been produced and disseminated (Appendix 2).

Since each Clinical Department / Practice plan is expected to honour a negotiated set of academic and clinical deliverables, the Department / Practice plan may opt to distribute the responsibility for those deliverables equitably, by establishing a Department-specific ("core") academic commitment for each individual. Depending on the Department/Practice Plan, this may include specified minimum contributions to both undergraduate and postgraduate teaching, academic and clinical administration, etc.

Regarding research, the minimum ("core") expectation is that each appointee will be supportive of research (e.g. by making available patients in his/her clinical population for enrolment in clinical trials) and may often engage in substantial collaborative research. A minimum contribution to the research mission may form a part of the agreed upon Department/Practice Plan core job description.

In exchange for this core academic role, each appointee will receive a minimum (base) academic remuneration.

7. IMPLEMENTATION OF ROLE CATEGORIES INTO ACADEMIC JOB DESCRIPTIONS FOR INDIVIDUALS

For individual appointees, a choice of role category and the subsequent preparation of a specific academic job description will be interpolated into the current process for appointment of Clinical Academics. Six steps are required:

1. Description and approval by the Joint Professional Staff Human Resources Committee (JPSHRC) of a position within the Department personnel plan that specifies the envisaged role category and outlines the broad role commitments

2. Identification of the preferred candidate for the position and negotiation of specific expectations and resource commitments within the role category (rarely the best way to accommodate Department needs and individual aspirations is to change the role category for the position; this would entail JPSHRC approval of the change)

3. Submission of a Candidate Impact Confirmation form to Medical Affairs for academic (SSMD) and clinical (hospital) impact analysis, followed by candidate-specific approval

4. Preparation, and approval by Medical Affairs and the Dean's office, of a draft letter of offer, outlining the expectations and resource commitments

5. Once the offer is accepted, approval of the candidate's clinical and academic credentials, the latter by the Department Appointments and Promotion Committee, and the Dean

6. Preparation and dissemination (to the candidate, the relevant leader(s) and the Dean) of a detailed academic job description stating the academic role category and percentage time allocation to various role components.

8. PERFORMANCE EXPECTATIONS AND INCENTIVES WITHIN ROLE CATEGORY

In Section 5, sample performance indicators were provided for each category, in order to illustrate the overall performance expectation for each category. Within each category, however, there will be a spectrum of performances and the model should provide incentives /rewards for superior performance, and disincentives/consequences for unsatisfactory performance. Incentives include, but are not limited to, recognition (e.g. awards, promotion), resource allocation (time protection, space, infrastructure support) and remuneration (e.g. points-based incentive systems, inclusion of rank in base support formula).

Any performance framework should define the characteristics of differing levels of performance, e.g. "superior", "expected", "acceptable", "unsatisfactory". There are two broad approaches (not mutually exclusive). The first is to set a minimum **standard** (to be met by all), with gradations of performance above that standard. The second is to describe a **guideline** for expected (average/satisfactory) performance, with gradations both above and below the expected performance. The use of a minimum standard requires the development of explicit criteria to define minimum performance, whereas a guideline for satisfactory ("**expected**") performance can include "softer" indicators of expected performance. Either approach can be supported by performance "rules" (e.g. number of papers, teaching ratings), "goals" (e.g. innovative accomplishments, intellectual leadership) or a combination thereof.

With either approach there needs to be a definition of unsatisfactory, satisfactory and superior performance together with the consequences of each level of performance. For example, continued unsatisfactory performance ("**below expectations**") would necessitate a change of role category and possibly denial of promotion (i.e. termination). Satisfactory ("**meets expectations**") performance might lead to promotion at the expected time, and result in incremental (beyond floor for category) performance-based remuneration within the range for the role category. Superior ("**exceeds expectations**") performance might lead to awards, early and/or additional promotion, and additional performance-based remuneration. Remuneration incentives for performance might also include recognition of cumulative performance (e.g. additional remuneration for higher ranks).

These considerations have led to the following recommendations:

1. Each role category carries an expectation for academic performance specific to that category. Performance is assessed using the indicators outlined in Section 5. These will be used to prepare a guideline for average performance ("meets expectations") that is consistent within and between departments.

2. Departments are strongly encouraged to include remuneration and other incentives for higher performance levels, i.e. greater academic productivity, within each category.

3. When viewed in aggregate, annual performance appraisals should be highly predictive of promotion outcome. Thus if performance consistently meets expectations (within the guidelines for the role category) promotion should be expected, whereas if performance consistently fails to meet expectations (within a category), promotion will likely be denied, and if performance consistently exceeds expectation, accelerated promotion should be considered.

9. CHANGE IN ROLE CATEGORY

Preamble:

Since individual's academic aspirations, opportunities and competencies may change over time, an ability to accommodate a change in role category is crucial, both to the individual and to the system. On the other hand, a change in role category involves a substantial change in job description and performance expectations, and will often necessitate a similar change in resource commitments. Thus a category change must be negotiated between the individual and the relevant academic and clinical leader(s) and triggers an external reporting requirement (see below).

(a) Integration into regular performance review:

At Assistant Professor rank, performance review and development is undertaken at least annually, using the Career Development and Planning (CDP) tool, with somewhat reduced frequency thereafter (once every 2 or 3 years depending on length of appointment). Discussion of the role category should be incorporated into this process. A formal review of the academic role category should be undertaken by the Division/Department Chairs at least once every 3 years, and more frequently if necessary. Discussion of a change in role may be initiated at any time by either the faculty member or the leader. The change must be mutually agreed upon. In Departments with Divisions, agreement at the Divisional level must in turn be approved by the Department leader. In Departments with separation of Chair and Chief roles, both leaders must support the change.

(b) Reporting and approval of role change:

Once agreed upon at the Departmental / Practice Plan level, the proposed role change must be reported to both Medical Affairs and the Dean. Approval is subject to accommodation of the resource implications of the change.

10. **ADVANTAGES OF THE MODEL**

For the faculty appointee:

- Establishes a career path that is both institutionally valued and consistent with the appointee's career aspirations
- Clearly sets out resource commitments (particularly time/income protection) and resultant performance expectations
- Lays out potential career trajectories, including promotion requirements specific to the individual
- Retains career flexibility if aspirations, opportunities or competencies change
- Promotes respect for and recognition of the diversity of career paths that support the institutional missions

For the Clinical Department and the School:

- Is consistent with both the academic mission of the School and the integrated academic and clinical missions of the Clinical Departments
- Allows planning and monitoring of the overall HR establishment, so that the personnel plans remain congruent with the Department and School strategic plans
- Provides an explicit framework for individual resource allocation (time, space, money, etc.).
- Establishes both minimal ("core") and expanded academic performance standards within and between Departments
- Consistent with similar systems used at several other academic health science centres
- Consistent with AFP framework

For the Affiliated London Hospitals:

- Provides clarity of roles of the Medical Staff appointed to the hospital(s)
- Supports Medical Human Resource Planning to accomplish the clinical and academic deliverable consistent with the missions of the hospitals
- Supports the integrated model within London between LHSC, St. Joseph's and SSMD

11. ADDITIONAL CONSIDERATIONS REGARDING THE CLINICAL ACADEMIC MODEL

11.1. Should promotion to Associate Professor remain a requirement for Clinical Academics?

Pro (no change):

- Supports the School value / expectation that all clinical academics commit to, and perform well in a substantial academic role (with or without non-traditional components)

- Consistent with academic expectations for previous (pre-1999) full-time (GFT) academic appointees

- Consistent with a "QI" ("raise the bar") versus "QA" ("bad apple") personnel philosophy

- Promotes integration of the academic and clinical missions versus risk of renewed to "town-gown" fragmentation if revert to previous (full-time/part-time) system

- Since system has been in place for over a decade, any change would need to accommodate the precedent established for a large cohort

- Change to "Conditions of Appointment" is a substantial political and administrative undertaking

- Consistent with and thus equitable with (current) promotion requirement for IMGs appointed under a restricted CPSO academic license

- The Adjunct category is available to clinical appointees with a lesser / intermittent academic role

- Reversion to the previous system risks devaluation of non-traditional academic roles (with or without perceived devaluation by title, e.g. "Clinical Assistant Professor")

Con (revert to Assistant Professor as career rank):

- The "currency" of a research-intensive academic role has been "devalued", without the trade-off benefit of "revaluation" of educational and non-traditional roles

- Promotion (to Associate Professor) is now a required academic credential, versus recognition of excellent academic performance, and its removal as an obligatory requirement would re-establish the previous utility of promotion (to Associate Professor) as one form of academic recognition

- The promotion requirement leads to artificiality in the role description and performance evaluation of appointees whose main role is clinical, and may create conflict with role commitment to clinical care (e.g. on-call schedule, wait lists, etc.)

- Implicitly devalues the contributions of those who simply want to perform well as a core clinical academic, but not lead change/innovation, etc.

- Not (commonly?) used by other AHSCs and therefore often misunderstood externally (for example by external referees); removal would eliminate this confusion

- The promotion requirements may be an impediment to recruitment to some clinically intensive positions

- The requirement is difficult to apply to regional appointees, whose commitment may be greater than is usually the case for Adjuncts, and yet not sufficient that promotion can be anticipated.

11.2. **Should the Senate and Provost streams be combined into a single Stream?**

Pro:

- The Senate stream has been linked de facto to research-intensive roles, thereby implying less academic value for educational and non-traditional academic roles

- The requirement for external review at the time of promotion for various role categories and/or promotion levels does not have to entail separate streams

- The default UWOFA-equivalent requirement for balanced performance in both teaching and research in the Senate stream implies that more heavily stratified role descriptions (Clinician Scientist, Clinician Educator) are exceptions, rather than desirable examples of the spectrum of scholarship among Clinical Academics.

- Conversion to the Provost stream has been used by Clinical Departments (sometimes retrospectively!) to deal with individuals whose academic performance has not fulfilled original expectations (most often in research), thereby reinforcing the "demotion"/"two-tier" perception

Con:

- Since Department and Faculty P&T committees have now become familiar with the current system, change for its own sake may be more disruptive than constructive

- The Senate stream has acquired a reputation (albeit variably between Departments/Divisions and not evidence-based) as the stream for those who want to be "real" academics

- Removal of the "Senate stream" would devalue the accomplishment of those who previously achieved promotion in this stream or in the predecessor GFT system

4 PROMOTION OR GRANTING OF A CONTINUING APPOINTMENT

4.1 CRITERIA FOR FACULTY MEMBERS IN THE SENATE STREAM:

4.1.1 Each candidate for promotion and/or the granting of a Continuing Appointment is expected to establish a record of performance in teaching, in research and in general contributions.

4.1.2 The record of performance in both teaching and research must be sufficiently strong to warrant promotion and/or the granting of a Continuing Appointment by the University.

4.1.3 The performance shall be considered with reference to the national and international standards within the candidate's discipline.

4.1.4 Normally, the significance accorded to the first two criteria, teaching and research, is approximately equal and individually each must be accorded greater significance than the third criterion, general contributions.

4.1.5 While a candidate must have achieved a satisfactory record of performance in general contributions, meritorious performance in this area shall not compensate for an insufficiently strong record of performance in both teaching and research. However, an unsatisfactory record of performance in general contributions may be an important factor in the delaying or denial of promotion and/or the denial of a Continuing Appointment.

4.1.6 The Faculty Committee may accord substantially greater significance or weight either to teaching or to research in its recommendation. If the Faculty Committee accords substantially greater significance to either teaching or research, the candidate will be expected to have achieved an outstanding record of performance in that area. A candidate who has achieved an outstanding record of performance in either teaching or research must also establish a reasonable record of performance in the other area. If substantially greater significance is accorded to either teaching or research, the significance accorded to the other area still must be greater than that accorded to the area of general contributions. If the Faculty Committee has accorded substantially greater significance to either teaching or research, it must include with its recommendation its reasons for concluding that the candidate has established an outstanding record of performance in one area and a reasonable record of performance in the other area.

4.1.7 The rank of Associate Professor shall be a career rank.

4.1.8 The rank of Professor is the highest rank that the University can bestow, and its conferral shall be in recognition of high achievement in teaching and research. A candidate for appointment or promotion to the rank of Professor is expected to have established a record of performance in teaching and in research that is substantially greater than the record of performance expected of an Associate Professor. Although high achievement over a sustained period shall normally be expected of a successful candidate for the rank of Professor, length of service alone shall not be a criterion for promotion. While the recommendation for appointment or promotion to the rank of Professor shall be based primarily on the record of performance in teaching and in research, a candidate must also have established a significant record of general contributions.

4.1.9 At the time of the consideration of a candidate, evidence shall be provided to the appropriate committees that the candidate has established a record of performance consistent with the requirements above and in accordance with the following criteria:

4.1.9.1 Performance in Teaching and Associated Activities

This includes teaching and evaluating undergraduate students, graduate students, postgraduate students, and practicing health care professionals.

Performance in teaching and associated activities may also include but is not limited to:

(i) Initiatives in course design and curriculum development;
(ii) Initiatives designed to improve clinical teaching;
(iii) Development of effective and innovative teaching resources, including computer courseware, and keeping up with technological developments where relevant;
(iv) Administration in relation to effective educational planning and policy making; and
(v) Instructional development -- activities intended to assist the faculty members to improve their teaching.

4.1.9.2 Performance in Research and Scholarly Activities

Performance in this category includes the following:

(i) Publication of the results of original research and clinical investigations;
(ii) Contribution to the advancement of knowledge through publication of new concepts or techniques, invention of medical apparatus, description of illnesses or critical review of published work; (iii) Presentations at professional and scientific meetings;
(iv) Visiting professorships to other universities;

NOTE: Publications and presentations related to research and scholarly activities in teaching and education may also be included.

In evaluating this performance, the written opinion of at least three independent experts in the candidate's area of specialization who are not members of this University shall be sought.

In evaluating research, creativity and quality shall be assessed as well as industry.

4.1.9.3 General Contributions in Service or Leadership Within the University, Profession, and/or the Community Which Contribute to the Teaching and Research Missions of the University:

Performance in this category may include but is not limited to the following:

(i) Major administrative responsibilities;
(ii) Editorial duties;
(iii) Memberships on boards;
(iv) Leadership roles in professional organizations; and
(v) Leadership and participation in University committees.

4.2 CRITERIA FOR FACULTY MEMBERS IN THE PROVOST STREAM:

4.2.1 Each candidate for promotion and/or the granting of a Continuing Appointment is expected to establish a record of performance demonstrating that the candidate is creating and disseminating knowledge and providing leadership. The candidate is expected to establish a record of performance in at least one of teaching or research and at least one of role model, health care leadership or general contributions.

4.2.2 The record of performance must be sufficiently strong to warrant promotion and/or the granting of a Continuing Appointment by the University.

4.2.3 The performance shall be considered with reference to the national and international standards within the candidate's discipline.

4.2.4 The rank of Associate Professor shall be a career rank.

4.2.5 The rank of Professor is the highest rank that the University can bestow, and its conferral shall be in recognition of high achievement. A candidate for appointment or promotion to the rank of Professor is expected to have established a record of performance that is substantially greater than the record of performance expected of an Associate Professor. Although high achievement over a sustained period shall normally be expected of a successful candidate for the rank of Professor, length of service alone shall not be a criterion for promotion.

4.2.6 At the time of the consideration of a candidate, evidence shall be provided to the appropriate committees and to the Provost that the candidate has established a record of performance consistent with the requirements above and in accordance with the following criteria:

4.2.6.1 Performance in Teaching and Associated Activities:

This includes teaching and evaluating undergraduate students, graduate students, postgraduate students, and practising health care professionals.

Performance in teaching and associated activities may also include but is not limited to:

(i) Initiatives in course design and curriculum development;
(ii) Initiatives designed to improve clinical teaching;
(iii) Development of effective and innovative teaching resources, including computer courseware, and keeping up with technological developments where relevant;
(iv) Administration in relation to effective educational planning and policy making; and
(v) Instructional development -- activities intended to assist the faculty members to improve their teaching.

4.2.6.2 Performance in Research and Scholarly Activities:

Performance in this category includes the following:

(i) Publication of the results of original research and/or clinical investigations;
(ii) Contribution to the advancement of knowledge through publication of new concepts or techniques, invention of medical apparatus, description of illnesses or critical review of published work;
(iii) Presentations at professional and scientific meetings;
(iv) Visiting professorships to other universities;

NOTE: Publications and presentations related to research and scholarly activities in teaching and education may also be included.

In evaluating this performance, the written opinion of at least three independent experts in the candidate's area of specialization who are not members of this University shall be sought. In evaluating research, creativity and quality shall be assessed as well as industry.

4.2.6.3 Role Model:

Clinical or laboratory practice which contributes to the academic missions of the University. Performance in this category may include but is not limited to the following:
(i) Expert/excellent clinical or laboratory practitioner dedicated to provision of quality patient care;
(ii) Development of innovative techniques;
(iii) Introduction of new techniques to the University medical community;
(iv) Improvements in clinical or laboratory practice; and

(v) Recognized regular contributor of patients and data to clinical trials.

4.2.6.4 Health Care Leadership:

Performance in this category may include but is not limited to the following:

(i) Health care administration which involves policy development and implementation of change;
(ii) Participation in programs, projects, committees, or consulting roles which have an impact on health care; and
(iii) Health care communication/education of patients and the community.

4.2.6.5 General Contributions in Service or Leadership Within the University, Profession, and/or the Community Which Contribute to the Teaching and Research Missions of the University:

Performance in this category may include but is not limited to the following:

(i) Major administrative responsibilities;
(ii) Editorial duties;
(iii) Memberships on boards;
(iv) Leadership roles in professional organizations; and
(v) Leadership and participation in University committees.

Sample expectations

APPENDIX 2

Clinical Service

Member of the _____ Division at _____ Hospital

- Ambulatory:
- Attending in-patients, consulting:
- May have a defined area of subspecialty expertise
- It is understood that the majority of clinical service will be carried in the presence of UGE & PGE students, and will involve clinical teaching and evaluation

Specific Clinical Service Responsibilities:

- Inpatients: ____ weeks
- OPD: _____ half-days/week
- Consults: _____ weeks/year

Specialty Areas – Clinical Service Responsibilities (eg.: etc.)

- Coverage: _____ weeks/year

Teaching

- Responsibility for education of undergraduate medical students, postgraduate trainees, and CME participants
- Informal and formal education in the clinical setting and at rounds
- Teaches at least _____ months on a CTU or equivalent ambulatory setting**
- Encouraged to contribute to a major course or as a SDG leader

Specific Teaching and Associated Responsibilities:

- PGE Teaching:
- UGE Teaching:

Other Teaching and Associated Responsibilities:

- Teaching in Clinical Methods _____ weeks/year
- Teaching in Patient Centered Learning _____ weeks/year
- Subject Development Lectures _____ hours
- Seminars _____ hours
- Other lectures _____ hours (optional)
- Teaching of clinical clerks and residents in the clinical setting at _____ hospital as assigned by the Division Chair/Chief and the Department Chair

Research

- Active participant/collaborator in clinical research or other scholarly activity

OR

- Usually a Principal Investigator in research and holds at least one (1) peer-reviewed or major industry operating grant in which he/she is the lead investigator or the head of the coordinating centre for a multi-centre grant
- Usually publishes a minimum of one (1) peer-reviewed article every year as first or senior author
- Encouraged to pursue an appointment in a research institute
- Encouraged to pursue an appointment in a basic science department and the School of Graduate and Postdoctoral Studies

Administrative

- Member of 1 or 2 departmental/hospital committees.
- Attendance at Division and Department meetings is required except under unusual circumstances when specific notification should be made.
- Hospital Committee Memberships as assigned by Medical Advisory Committee and approved by the Department Chair/Chief
- Department Committee Memberships as assigned by the Department Chair/Chief

Healthcare leadership/Role Model/General Contributions

- Contributions to the advancement of health care delivery are expected

Role Components

APPENDIX 3

Category	Clinical Service*	Teaching	Research	Admin	HCL / Role Model / General Contributions
Clinician Teacher	50-70%	15-40%	0-20%	5-30%	5-30%
Clinician Researcher	30-60%	10-40%	30-60%	0-10%	5-30%
Clinician Educator	15-50%	50-75%	0-30%	0-30%	5-30%
Clinician Scientist	5-25%	5-25%	70-80%	0-10%	5-30%
Clinician Administrator	15-40%	10-30%	0-30%	40-75%	5-30%
	* Up to 20% of any clinical activity involving trainees may be assigned to clinical service teaching.				

Clinical Service Teaching and the role component Teaching should be a minimum of 30% if promotion will be on the basis of strength in teaching in the Provost Stream.

With thanks to Dr. Bertha Garcia.