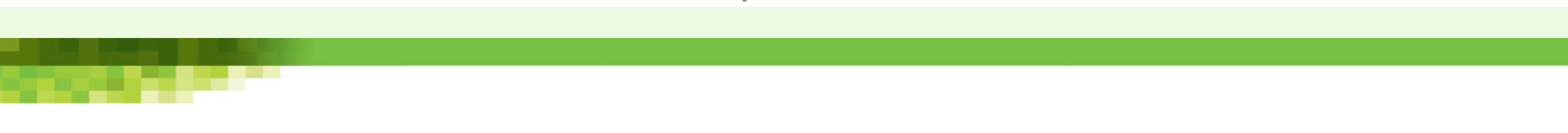




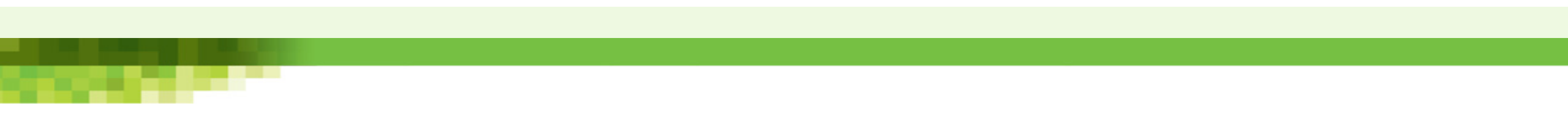
Renewing Structure and Governance

Policy and Procedures for Medical Faculty in the College of Medicine

Structural change has been underway for more than four years, but why was change necessary in the first place?

- Accreditation woes
 - National exam performance
 - Research productivity
 - Academic/clinical misalignment of resources
 - Clinical service was gradually prioritized within academic departments
 - Clinical practice plans and business mode introduction reduced College ability to direct funding to teaching and research
 - Hiring practices gradually changed departmental emphasis and priorities from academic to service delivery
- 

continued . . . why was change necessary?

- Academic accountability problems worsened
 - DME adopted as necessary and beneficial change, but more faculty, at more educational sites needed: ensuring comparability of educational experience across sites drove need for structural change
 - Increasing UG class sizes (100 students per year by 2012) and increasing PG residency numbers (437 in 2013, 440 in 2016-17) led to increasing faculty needs and increasing number of teaching sites
 - The need for better alignment of resources with type of work performed required key changes to fundamental aspects of faculty, research and governance
- 

Timeline summary:

April 2012 – initial Concept Paper addressing the need for structural change was developed and taken to University Council for consideration

May 2012 – the plan received conceptual approval by UC

June-August 2012 – considerable College and UC concern surfaced regarding both the plan itself and the process used for its development

September 2012 – a GAA majority requested that UC withdraw its approval; U of S president withdrew support in exchange for a College promise to develop a better-validated implementation plan

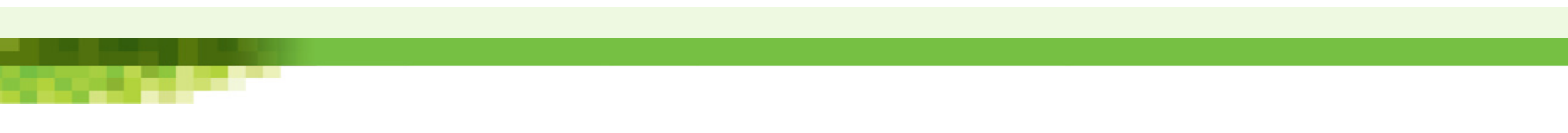
August 2012 – establishment of the Dean's Advisory Committee and working groups; combined efforts to develop a new restructuring framework

Timeline summary:

December 2012 – Faculty Council supports in principle a new concept paper:
A New Vision for the College of Medicine

“Structure is more than an organizational chart or a governance model. While those things are fundamentally important, when engaged in a reconceptualization of an institution, structure relates to much more. **This expanded definition of structure includes all norms, policies, processes and relationships.**”

January-October 2013 – DAC’s working groups continue to meet, discussing issues that would necessarily inform the implementation plan. The 2+2 curriculum approved by University Council, prompting new capacity concerns.



Timeline summary:

November 2013 – Acting Dean C. Smith takes office. Searches for 3 Vice-Deans begin, with prioritization to be decided by the College's executive

December 2013 – new processes put in place for UDH searches and appointment; recruitment underway

January 2014 – accreditation Action Plan delivered to accreditation bodies, approved

March 2014 – decision: no new tenure-track hiring (i.e. employment) will occur for clinicians – Faculty Council advised and decision discussed

June 2014 – Dean P. Smith takes office. Recruitment to leadership positions continues, including UDHs, and assistant, associate, vice-deans

Timeline summary:

January 2015 – plan to introduce ACFPs discussed in detail at Faculty Council. Restructuring of biomedical sciences division underway.

May 2015 – negotiations continue with USFA and university regarding clinical faculty appointments and payment. Voluntary severance packages will be offered to U of S employed clinicians; ACFP contracts will be offered to those wishing to re-engage academically

January 2016 – Dean's report to FC: decision: one set of promotion standards in the future; good interest in ACFPs; all academic appointments for clinicians to be made by Provost

January 2016-present – planning documents for restructuring governance for medical faculty broadly circulated and discussed; many revisions

We are here to discuss 2 draft documents:

1. Policy for Medical Faculty
2. Procedures Manual for the Policy for Medical Faculty

Application:

The Policy and Procedures will apply only to medical faculty, and only to those medical faculty who are not U of S in-scope employees.

The Policy and Procedures will not apply to:

- a) any of our in-scope faculty
- b) most faculty in our biomedical science departments
- c) a few faculty in some of our clinical departments
- d) some faculty in CH&E
- e) SPT faculty
- f) all of our 'other' faculty

“Medical Faculty” definition:

Licensed Saskatchewan physicians (MD or equivalent), or Clinical PhDs, holding clinical appointments in their respective health regions and academic appointments within the College of Medicine, U of S.*

*By definition, the large group formerly known as ‘community faculty’ will be included in the new governance model. That group has expanded considerably in number with the addition of many new physician contractors, including those who have recently transitioned to ACFP contracts. Prior to that transition, there were already a significant number of physicians holding contracts with the CoM/University for varying amounts of academic work.

* Definition will be amended over time, as provincial health system restructuring takes place.

Current CoM 'one faculty' numbers (January 11, 2016):

MD faculty: (in-scope = 38, out-of-scope = 1512)

Clinical PhD faculty: (in-scope = 3, out-of-scope = 7)

SPT faculty: (in-scope = 9, out-of-scope = 32)

Biomedical science faculty: (in-scope = 74)

CH&E faculty not included above: (in-scope = 11, out-of-scope = 6)

Other CoM faculty: (in-scope = 9, out-of-scope = 58)

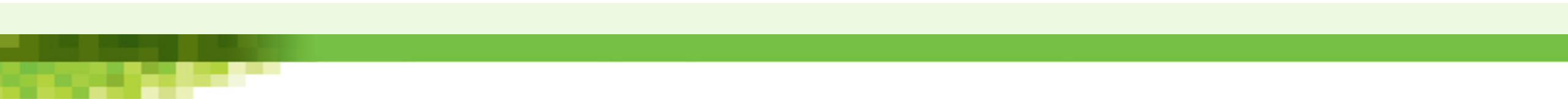
Total CoM faculty: 1759

CoM faculty governed under draft procedures: 1519 Proportion: 86%

What is the Policy meant to do?

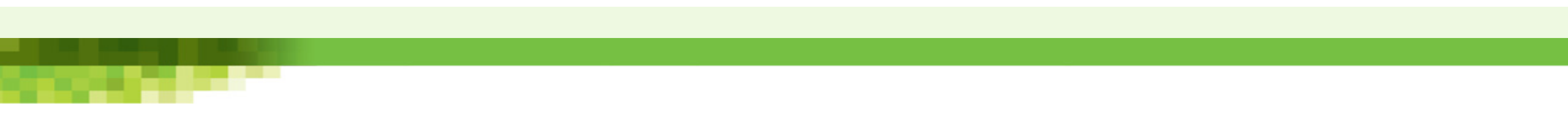
“The purpose of this policy is to formally define the academic relationship medical faculty have with the university and establish a framework for the governance of medical faculty relations with the university.”

“This policy confirms that medical faculty are legitimate university faculty appointees with academic rights, freedoms and responsibilities similar to those held by all university faculty.”

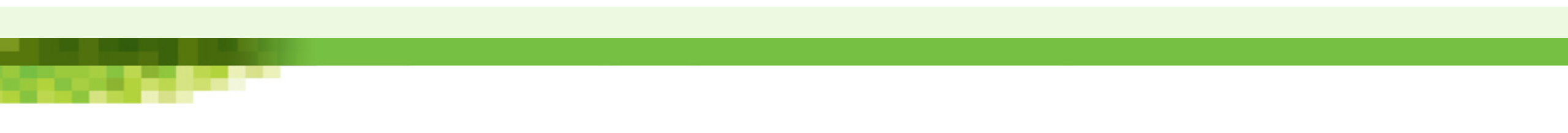


What are the Procedures meant to do?

The Procedures Manual describes rules, guidelines and procedures for medical faculty appointments, rank, credentials, appointment review, termination of appointments, and quality complaint resolution. It explicitly excludes matters of established clinical governance and matters of payment for clinical and academic services. It is intended to augment but not replace existing university policies governing all faculty and existing standards of the profession such as codes of ethics, or existing professional guidelines, bylaws and regulations governing the practice of medicine more generally.

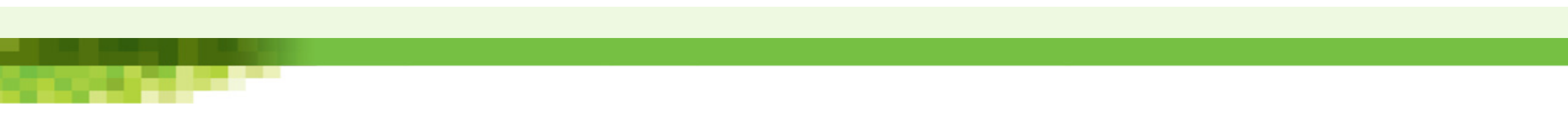


What are the Policy and Procedures not meant to do?

- 1) Not intended to deal with contractual matters or payment for services, whether clinical or academic
 - 2) Not intended to deal with matters of clinical governance unrelated to the academic mission
 - 3) Not intended to replace existing College undergraduate or post-graduate rules, policies and procedures that apply to medical faculty
 - 4) Not intended to replace existing University rules, policies and procedures that apply to all University faculty
 - 5) Not intended to address promotion standards for medical faculty
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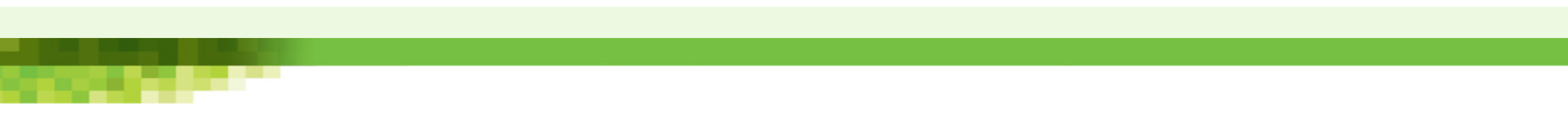
What is the Academic-Clinical Relations Committee?

The ACRC is a CoM administrative committee providing oversight for the Policy and Procedures. Amongst other duties, it is responsible for **1)** the periodic review of these documents, **2)** clarification, explanation and revision of terms, definitions and procedures found in the Procedures Manual, **3)** creation and management of a Complaints and Appeals Subcommittee, and **4)** timely communication of new academic or clinical developments affecting medical faculty working in either environment. The ACRC is designed to elicit broad clinically-based input that will inform faculty governance decision-making and help improve the alignment of clinical and academic missions and priorities.




What is the Complaints and Appeals Subcommittee?

Most quality control problems can be adequately addressed by processes currently in place for faculty. The subcommittee's primary role will be to hear and consider appeals of College decisions and medical faculty complaints that remain unresolved through the use of standard CoM or university processes. Such issues might involve complaints either *from* or *about* faculty. Depending on the nature of the concern, the procedures outline a number of ways the subcommittee can provide review, advice and input in managing the complaint. The subcommittee's role is advisory to the ACRC which in turn informs and influences College or University decision-making by incorporating the clinical context.

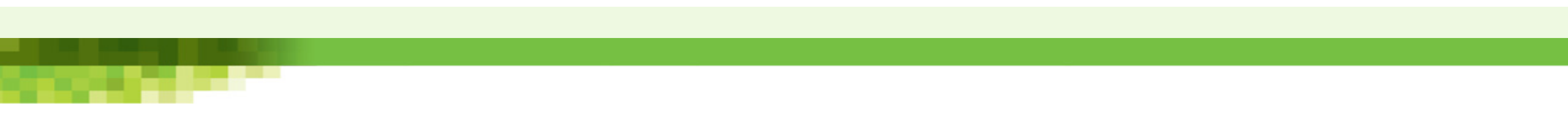


A word on the need for new promotion standards:

The CoM is currently using promotion standards approved by the university in 2012. There have been significant changes in College structures since then.

- New promotion standards need to be more user-friendly and easier to interpret, with improved clarity and measurable, observable expectations
 - New standards need to remove language and terminologies in the previous ones that excluded their applicability to non-university-employed medical faculty
 - New standards need to recognize the realities of academic clinical life and acknowledge/reward the scholarly work that informs clinical work for academic clinicians, while maintaining academic rigor and comparability with other institutions
 - New standards must continue to meet the requirements of U of S standards
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The new 'one faculty' structure will be characterized by:

- One, province-wide CoM faculty
 - Transparent and accessible processes, decision-making, and negotiation of academic duties
 - Increased academic participation through increased recruitment to all specialities, at all provincial sites
 - Clearly stated academic deliverables, with standardized academic review processes
 - Improved payment for academic educational and administrative services provided by physician faculty, under contract
 - Availability of all-in-one alternate payment strategies aimed at improving accountability and recruitment
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The new future for the CoM

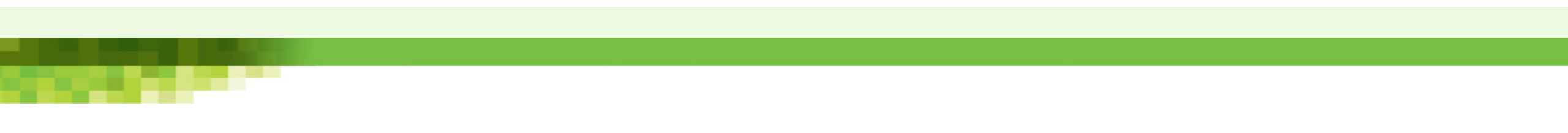
- A unified, collegial faculty
 - A respected, recognized and rewarded faculty
 - A responsible, accountable and committed faculty
 - A faculty with shared vision, mission, values, and goals
 - A participatory, invested and fully involved faculty
 - A faculty that is proud of its College of Medicine
 - A faculty that has fun performing its academic role
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