Medical Faculty Periodic Appointment Review

This standardized faculty review form should be used by department heads or their delegates to conduct periodic appointment (academic) reviews. Its purpose is twofold: quality maintenance and career advancement. A more complete explanation of the purpose, along with an overview of the process and content for appointment reviews, can be found in Section 7.9 or the Procedures Manual for Medical Faculty. As per 7.9.2, reviews should:

a) be offered at least once every three years, and preferably annually for medical faculty during their first six years as medical faculty appointees.

b) occur at least once every five years beginning after year six for experienced medical faculty appointees, with opportunity provided for more frequent review, as necessary.

Date of review _____________________ Date of previous review _____________________ N/A ______

Name ____________________________________ Department _________________________________

Rank/title _________________________________ Date of appointment _________________________

Concerns identified in previous review:
Have been resolved ________ Remain unresolved ________ N/A ________

Actions taken (or planned) to resolve concerns, if applicable:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

a) RCPSC or CFPC certification:
Maintained, verifiable ____________ Lapsed __________________________________ (supply reason)
Not certified __________ Certification planned? __________

b) Maintenance of licensure and clinical appointment/privileges:
Medical license # ___________ N/A __________________________________________ (supply reason)
Self-reporting requirement discussed (see Section 5.1 of Procedures Manual): Yes _______ No _______
Health authority credentialing/privileges:  Active _______
Revoked/canceled_________________________________________________________ (supply reason)
N/A ____________________________________________________________________ (supply reason)

c) Participation in faculty development activities since last review:
Yes _______ Describe FD activities________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

No _____________________________________________________________________ (supply reason)

d) Participation in administrative work for department/college/university since last review:
Yes _______ Describe administrative activities ______________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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July 26, 2017
No _______ (supply reason): have not been asked _______ no interest/time _______ interested, but had scheduling conflict __________________________ (describe request)

e) Teaching evaluations reviewed:
Yes _______ No __________________________ (explain)
Evaluations satisfactory _______ Concerns identified _______ If concerns identified, plan discussed to address deficiencies __________________________ (outline plan)

Faculty reminded that an ongoing series of teaching evaluations is necessary if application for promotion is being considered. Yes _______ No _______

f) Academic career development discussed:
Progress towards promotion: Yes _______ No __________________________ (explain)
Current promotion standards referenced _______
Participation in academic clinical practice and associated scholarly work _______
Participation in research _______
Participation in administrative activities required for promotion, if applicable _______
Participation in leadership training, if applicable _______
Participation in public service or contributions to academic or professional bodies, if applicable _______

g) Contractual academic deliverables discussed, if applicable:
Yes _______ No __________________________ (explain)
Changes to deliverables requested: Yes _______ No _______
If changes will impact department-wide deliverables, please describe: __________________________ __________________________ __________________________

h) Other issues discussed at this review; DH recommendations (attached additional pages as necessary):

Review performed and/or approved by DH: __________________________ (print name)
______________________________ (signature)

Review performed by (if delegated): __________________________ (print name)
______________________________ (signature)

Faculty confirmation that review occurred, and that the contents of the review are as described above: *
______________________________ (signature)

(* confirmation does not necessarily imply agreement with DH/delegate recommendations/opinions or the opinions expressed by peers and/or students in teaching evaluations)

Please send copy of signed and dated periodic appointment review to the office of
Vice-Dean Faculty Engagement, CoM