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:

1. *be offered at least once every three years, and preferably annually for medical faculty during their first six years as medical faculty appointees.*
2. *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 ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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)
Date: __________________

Review performed by (if delegated): ____________________________ (print name)
____________________________________ (signature)
Date: __________________

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