

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 _____

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*