



ACFP Change Request Form

Section 1: Medical Faculty Appointee (MFA) Information

MFA Name		Provincial Head Name	
Department	Choose an item.	Date Submitted	Click here to enter a date.
Division		Proposed Effective Date*	Click here to enter a date.

**Note: Retroactive changes will not be approved.*

Section 2: Type of Change Requested (choose one)

- A. Change to contracted FTE (NOTE: 1.0 FTE = 220 contracted days/yr. = 440 half-days) Permanent Temporary
 i. If temporary, start date: Click here to enter a date. and reversion date: Click here to enter a date.
- B. Change to allocation of Academic and/or Clinical deliverables (e.g. .80/.20 FTE mix) Permanent Temporary
 i. If temporary, start date: Click here to enter a date. and reversion date: Click here to enter a date.
- C. Absence: First date of absence: Click here to enter a date. Return date: Click here to enter a date.
 i. Complete Section 5 on page 2.
- D. Resignation – effective date* Click here to enter a date. Attach resignation letter to this form.

***Note: 90 day notice of resignation required unless mutually agreed with PH**

Section 3: Reason for Request

For all change requests, briefly explain the reason for, and any known/anticipated impact(s) of this request. For all absences, outline additional pertinent information from Section 2(C) above (i.e. front load/end load work) and ensure completion of Section 5.

Section 4: Contract Details

Provide details on FTE mix (below) and all deliverables (p.2):

	Current	Proposed	Difference (+/-)
Academic FTE			
Clinical FTE			
TOTAL FTE			

In the following section, provide details on the range of Academic and Clinical activities that the MFA will be involved in, including time spent (e.g. half-days or hours).

Schedule of clinical and academic deliverables – this schedule <u>must</u> be completed	
alternatively you may attach a mark-up of an existing ISA, indicating changes	
Clinical Service	Describe nature of service and # of half-days
- # Inpatient Ward and Consult Services:	
- # General Outpatient Clinics:	
- # Procedural Services:	
- # Other Services:	
Call Type and # of weeks on call per year:	
Leadership & Administration	Indicate title and # half-days or FTE allocation
- Clinical Leader Role:	
- Academic Leader Role:	
Teaching/Education	Indicate hours or half-days expected
1. UNDERGRADUATE (evaluated teaching)	
- Teaching Hours:	
- Preparation & Assessment (equates to half of teaching hours):	
2. POST-GRADUATE	
- Teaching Hours:	
- Preparation (equates to half of teaching hours):	
3. PHYSICIANS (e.g. CME provided, rounds, grand rounds)	
4. OTHER LEARNERS (e.g. teaching)	
Research	Indicate target quantity for each line item
1. PUBLICATIONS (e.g. peer-reviewed, invited reviews & commentaries, books/monographs/chapters)	
2. RESEARCH GRANTS (e.g. internal, external, provincial, tri-council)	
3. SUPERVISION (e.g. undergraduate, graduate, residents)	
4. OTHER (e.g. reviewer, editorial board position, awards/recognition, abstract/poster/oral presentation)	
TOTAL Research FTE or half-days:	

Section 5: Absence Requests

A locum will be sought for: clinical academic no locum unsure not applicable

If Yes to locum:

- i. Approximate FTE available for locum – Clinical Services: _____ Clinical Leadership: _____
- ii. Approximate FTE available for locum - Teaching: _____ Academic Leadership: _____ Research: _____

Section 6: Contractor/Department Signoff (required for submission)

MFA Signature: _____ Date: _____

Provincial Head Signature: _____ Date: _____

I acknowledge that the above Change Request has been mutually discussed and understood. Note that proposed changes are not automatically approved or guaranteed. **ISA must be updated and signed prior to implementing any operational changes.**

Provide a copy of the completed ACFP Change Request form to the MFA and send to the acfp.office@saskhealthauthority.ca. Attach supporting documents (as applicable).