



ACFP - Individual Service Agreement (ISA) Review Summary Form

Section 1: Medical Faculty Appointee (MFA) Information

MFA Name: Provincial Head Name:

Department: Date Submitted:

ACFP Term: Start to End
(mm/dd/yyyy) (mm/dd/yyyy)

Contract Year: Year 1 Year 2 Year 3
 Check One:

Section 2: ACFP Individual Service Agreement (ISA) Review Summary

Service Area	Planned Services	Completed Services	Percent Complete	Additional Detail**
Clinical Services:				<i>Identify time spent on Direct Patient Care, and provide additional descriptive details as required.</i>
Total Half-Days, Direct Patient Care			No Data	
Total Half-Days, Indirect Patient Care	11		No Data	Note: this is capped at 11 Half-Days for all 1.0 FTE ACFPs and prorated accordingly for ACFPs less than 1.0 FTE.
Billed Clinical Services (MSB)				Refer to MSB Billing Analysis for contract year.
Clinical Leadership:				<i>Refer to section B.3 of your ISA. Identify details of leadership/administration completed.</i>
Half-Days*			No Data	
Academic Teaching:				<i>Identify details such as: course title/description, date(s), and time spent.</i>
Total Half-Days, Academic Teaching	0	0	Autosum	
UGME Half-Days*			No Data	
PGME Half-Days*			No Data	
Other Teaching, Half-Days*			No Data	
Academic Leadership:				<i>Identify details of leadership/administration completed.</i>
Half-Days*			No Data	
Academic Research:				<i>Identify relevant details such as category/name, target audience, etc.</i>
Total Academic Research, Half-Days*			No Data	
Presentations, number of			No Data	
Grants, number of			No Data	
Supervision, number of learners			No Data	
Publications, number of			No Data	



By my signature below, I certify that the information I have provided is true, accurate and complete, and that I have not submitted for the same time in more than one category.

Medical Faculty Appointee's Signature

Date



Section 3: Additional Comments

In the past year, has anything impeded or expedited your progress toward your identified deliverables? (e.g., an approved leave from the contract)

In the past year, have you spent the expected percentage of your clinical time with learners?

In the past year, have you fully participated in the clinical on-call services?

Are there any other issues or items you would like to discuss regarding this past year?

Medical Faculty Appointee's Signature

Date