UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

Procedures Manual for Medical Faculty

January 2023 (revised)

Please note: These procedures apply to all medical faculty, regardless of external clinical income source. They do not apply to faculty members in scope of the University of Saskatchewan Faculty Association (USFA)

BE WHAT THE WORLD NEEDS

Table of Contents

1. Introduction

1.1 Rationale for the Policy for Medical Faculty:

The *Policy* is a university policy, administered by the College of Medicine. Its purpose is to formalize the academic status and recognition of medical faculty by the University of Saskatchewan (U of S), outline a framework for the governance of medical faculty relations with the university, authorize a process for addressing academic complaints from, or about individual medical faculty regarding university matters, and to confirm the protection of academic freedom for medical faculty regarding their academic work in clinical/academic settings.

Unlike most university faculty, medical faculty have significant responsibilities in two overlapping professional domains: health care and academia. Each of these autonomous domains has its own set of values, priorities, rules, and procedures. For instance, academically engaged physicians have at least two professional appointments: a health authority appointment in their primary clinical department and an academic appointment in their primary university/CoM department.

Both professional domains have their own standards of the profession: at times, these standards can generate competing priorities. Medical faculty have become adept at juggling these priorities and arriving at compromise solutions that protect and serve their patients, their learners, and their personal academic and medical professional rights.

Adding to the complexity, medical faculty receive professional income from a multitude of sources. For the large majority, most of this income is received through professional self-employment or by way of contract with one or several clinical payers (e.g., health ministry's Medical Services Branch (MSB), provincial health authority, hospitals, Workers' Compensation Board (WCB), private clinics, etc.). Academic services form an additional income component for some medical faculty appointees, ie Academic Clinical Funding Plans (ACFPs) and formal academic service agreements.

Clearly, over-attention to remuneration heterogeneity and the complexities of coexisting governance models cannot be allowed to undermine a fundamental understanding: while medical faculty are not employees of the U of S and differ significantly from their faculty member colleagues, they remain essential to the university's academic mission. In Canada, medical degrees must be conferred only by accredited university programs and post-graduate medical residency training programs must also be university-based.

Public funding of both education and health care imposes a social contract on medical practitioners and their governing institutions. While there is significant professional autonomy with respect to choice and location of clinical practice and mode of reimbursement, there is a coexisting public expectation that the CoM will produce highly competent and caring medical practitioners dedicated to serving the health care needs of the province. These are lofty but attainable goals; however, they can only be realized through explicit, well-defined avenues of cooperation and bi-directional support between the university and provincial or local health care institutions or administrative bodies.

While some of these avenues are best represented in theaffiliation agreementbetween the CoM and the provincial health authority, the need for an academic governance model specifically designed for medical practitioners is evident. The *Policy for Medical Faculty* and its *Procedures Manual* aim is to formalize, support and enhance the relationship between medical faculty and the university, while recognizing and respecting the complexities of providing quality medical education in clinical settings.

1.2 Purpose and content of the Procedures Manual:

This procedures manual describes rules, guidelines and procedures for medical faculty appointments, rank, credentials, appointment review, termination of appointments, and complaint resolution. It explicitly excludes matters of established clinical governance and matters of payment for clinical and academic services. It is intended to augment but not replace existing university policies governing all faculty and existing standards of the profession such as codes of ethics, or existing professional guidelines, bylaws and regulations governing medical faculty activities.

Part 2 provides key definitions, abbreviations, and acronyms. Part 3 draws attention to the appropriate use of social media and online networking forums, while Part 4 outlines the college's expectations regarding professionalism. Part 5 outlines the role of the Academic Clinical Relations Committee. Part 6 describes medical faculty appointment structures and processes, Part 7comments briefly on Promotion, Part 8 deals with maintenance of quality control, including procedures to address unsatisfactory academic performance. Part 9 deals with termination of faculty appointments.

1.3 University context:

Under the University of Saskatchewan Act, 1995, authority is granted to the university's board of governors, senate, and council to determine the manner in which the university fulfills its primary role. The board has responsibility for the appointments in academic units including the College of Medicine and its departments. The *Policy for Medical Faculty* was approved by the board June 19, 2017, granting authorities described in these procedures to the Dean of the College of Medicine.

Medical faculty appointed to the College of Medicine are subject to the rules and procedures described in this manual but are also subject to established university and college policies, where applicable. The university provides Medical Faculty with the same supports and insurance coverage for educational activities on behalf of the College of Medicine as other faculty members employed by the University. Given the unique characteristics of this university faculty cohort, the Academic-Clinical Relations Committee (ACRC) has an ongoing responsibility to receive and carry forward concerns from medical faculty regarding the applicability and interpretation of existing university policies, with a focus on suggesting revisions that promote inclusiveness across multiple modes of clinical/academic engagement.
Medical faculty appointments are made by the Vice-Provost, Faculty Relations, upon the recommendation of the Dean of Medicine. University rules, procedures and agreements will

continue to govern the appointment of college senior administrators as applicable: University of Saskatchewan Policy (usask.ca)

1.4 Research and graduate student supervision:

A medical faculty appointment with the university, College of Medicine, confers eligibility to conduct independent research for the CoM, with funding eligibility subject to the requirements of various funding agencies. These requirements vary from agency to agency: the office of the Vice Dean Research, CoM, will work with medical faculty to maximize funding eligibility. Graduate student teaching and supervision are subject to rules and procedures set by the College of Graduate and Postdoctoral Studies (CGPS): medical faculty are subject to those requirements, including approval for membership in that college, as described in section 7 of this manual.

2. Key definitions, abbreviations, and acronyms

Academic activities are activities that involve teaching (including provision of clinical care that may involve supervision of students, postgraduate MD or other clinical trainees), medical education administration or other college-sanctioned administrative work directly related to the academic mission, and any college-related research activities.
Academic administrators are individuals appointed by the university as administrative leaders in the College of Medicine.
Academic appointments are appointments to university faculty.
Academic freedom is the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the university and society at large. Academic freedom does not require neutrality on the part of the individual but makes commitment possible. Academic freedom carries with it the duty to use that freedom in a manner consistent with the scholarly obligation to base teaching and research on an honest search for knowledge. Without limiting the above definition, academic freedom allows medical faculty appointees to:

- have university protection of this freedom in carrying out their academic activities
- have university protection of this freedom in pursuing research and scholarship
- have university protection of this freedom in publishing or making public the results of research or scholarly work
- have freedom from institutional censorship

Affiliated site is a clinical/academic setting (e.g. health authority, hospital, clinic) that has entered into an affiliation agreement with the University of Saskatchewan.
Board refers to the University of Saskatchewan Board of Governors.
Clinical/academic setting is a clinical setting or academic setting or combined clinical-academic setting in which academic work is undertaken by medical faculty.
Medical faculty, or medical faculty appointees, are licensed Saskatchewan physicians (MD or equivalent) or Clinical PhDs, holding clinical appointments within the Saskatchewan Health Authority (SHA) as well

as academic appointments in departments or divisions within the College of Medicine, University of Saskatchewan.[1]

College refers to the College of Medicine, a departmentalized college of the U of S, unless otherwise specified in the text of the document.

Complaint involves an allegation of a breach of policy or procedure made against an official of the university or College of Medicine, by a faculty appointee, when that official or administrator was acting in his or her official university or college capacity. *Complain*t might also refer to a complaint concerning a medical faculty member with respect to the performance of his/her academic activities.

Dean refers to the Dean of the College of Medicine.

Department refers to an academic department of the College of Medicine.

Department Head means Provincial Heads and/or academic Department Heads in departments having at least one medical faculty appointee.

Immediate Faculty Supervisor, also known as the Most Responsible Planner, is the College of Medicine faculty with the most direct responsibility for a specific set of academic activities performed by a particular medical faculty appointee at a specific academic or academic/clinical site or group of sites.

One Faculty refers to the inclusive cohort of all CoM faculty, including biomedical and population health sciences faculty, School of Rehabilitation Sciences faculty, medical faculty, and other faculty.

Ongoing appointment refers to the duration of most medical faculty appointments and means that the appointment will continue for as long as the appointee is actively engaged with the College of Medicine, subject to the terms of the appointment and satisfactory periodic review.

Policy refers to the University of Saskatchewan Board of Governors' *Policy for Medical Faculty*, administered by the College of Medicine.

Procedures Manual refers to the *Procedures Manual for Medical Faculty*

Qualified means that a prospective medical faculty appointee is qualified for university appointment based on satisfaction of credential requirements as set out in section 7.2 of these *Procedures*.

Senate means the University of Saskatchewan Senate.

University means University of Saskatchewan unless otherwise specified.

ACFP – Academic Clinical Funding Plan
ACRC – Academic Clinical Relations Committee
AFP – Alternate Funding Plan
CFPC – College of Family Physicians of Canada
CCFP – Certificant of the College of Family Physicians
CGPS – College of Graduate and Postdoctoral Studies (renamed Jan. 1/17; previously known as CGSR)
CMQ – Collège des Médecins du Québec
CoM – College of Medicine
CRC – College Review Committee
DH – Department Head (see definition above)
DME – Distributed Medical Education
FD – faculty development

[1] A few medical faculty appointees might have purely administrative clinical/organizational responsibilities without being personally responsible for the care or shared care of an identifiable patient. See explanations under sections 5.1 and 7.5.1 for other minor exceptions to this definition.

FFS – fee for service
MD – medical doctor
PGME – postgraduate medical education
RCPSC – Royal College of Physicians and Surgeons of Canada
SHA – Saskatchewan Health Authority
SMA – Saskatchewan Medical Association
U of S – University of Saskatchewan
UGME – undergraduate medical education
URC – University Review Committee
USFA – University of Saskatchewan Faculty Association
VP – U of S Vice-Provost, Faculty Relations.

3. Appropriate use of social media and online networking forums

The College of Medicine's Postgraduate Medical Education office has created a policy called *Appropriate Use of Social Media and Online Networking Forums.* While this policy is primarily directed at resident trainees, the CoM believes all medical faculty appointees have a collective professional duty to model appropriate behaviour and to assure their students behave appropriately, particularly in matters of privacy and confidentiality. If medical faculty appointees witness inappropriate or unprofessional behaviour involving the use of social media or online forums, it is their responsibility to take immediate measures to address or prevent any further possible breaches of privacy or confidentiality. Depending upon the nature of the case, this might involve reporting the breach to the resident's Program Director, training site coordinator, UG or PG Medical Education Dean, or the College of Physicians and Surgeons of Saskatchewan. Medical faculty are encouraged to review the contents of this policy and the university's Social Media guidelines.

Further information: the Saskatchewan Information and Privacy Commissioner's Guide to HIPA (the Health Information Privacy Act): https://oipc.sk.ca/legislation-main/hipa/

4. Professionalism

Medical faculty in the College of Medicine, along with learners and educational support personnel, are held to the highest standards of professionalism. The College's policy *Ethics and Professionalism* applies in all relevant aspects to medical faculty as well as to learners:

> *"We, as teachers, learners and educational support personnel of the College of Medicine, University of Saskatchewan have a responsibility to ourselves as individuals, to each other, and to patients and society as a whole, to understand and exhibit the highest standards of personal, interpersonal, and public professionalism."*

Medical faculty receive a brief information package along with their medical faculty appointment letters. Acceptance of a medical faculty appointment indicates that this information has been read and understood:

> *". . . there is an expectation that all medical faculty appointees adhere to the accepted standards of the profession, including but not limited to those involving medical competence, academic integrity and professional behavior."*

The CoM takes this obligation very seriously and encourages all medical faculty to carefully review the policy *Ethics and Professionalism*.

All learners in the CoM, including resident trainees, are expected to understand and abide by accepted principles of professional behaviour. It is the college's expectation that medical faculty be aware of the procedures to be followed when concerns arise regarding medical student professionalism. Part 4 of the procedures begins as follows:

> *In the teaching and learning of Medicine, professionalism is a core academic competency and is continuously being assessed throughout the undergraduate medical education program. Clinical courses include professionalism as a component to be taught and assessed. These procedures are not intended to override course-related assessment processes or documentation. The primary intention of these procedures is to provide an effective mechanism for the early identification of students who need assistance with their professional development so that appropriate remediation can be implemented in support of their successful completion of the program. They should be considered when unprofessional conduct is identified that is outside the developmental norms for a student's cohort. The secondary intention of these procedures is to assist with crucial academic decisions when remediation is unsuccessful or inappropriate.*

The *Procedures for Concerns with Medical Student Professional Behavior* can be reviewed in detail.

Finally, all MD faculty are required to abide by the standards, policies, bylaws, regulations and codes of the College of Physicians and Surgeons of Saskatchewan as well as any applicable provincial legislation:

5.1 Self-reporting:

Medical faculty are obliged to report to their Department Head in a timely manner any information that might be relevant to their ongoing faculty appointment, including but not limited to: conviction of a criminal offence, having been found guilty of academic misconduct, incompetence, negligence or any form of professional misconduct by a court or by the College of Physicians and Surgeons of Saskatchewan or any of its committees. With respect to investigations underway by discipline committees or competence committees or their equivalents in any jurisdiction, medical faculty are expected to conform to self-reporting requirements as set out in applicable policies and procedures.

Some medical faculty are retired or, for other reasons, no longer have direct or indirect patient contact. These individuals still might contribute significantly to the teaching mission through participation in activities such as small-group leadership, clinical skills teaching using standardized patients, lectures, or seminars. Normal provincial licensure or health authority requirements for self-

reporting might not apply to these medical faculty. At their discretion, the UG and PG medical education offices may require medical faculty to complete self-disclosure forms on a periodic basis.

5. Academic Clinical Relations Committee

6.1 Introduction:

The ACRC is a university-approved and CoM-administered committee established to provide administrative oversight for the *Policy for Medical Faculty* and its associated procedures. As such, it has no application or relevance for faculty members in scope of the University of Saskatchewan Faculty Association.

This committee is advisory to the College of Medicine and the University. Advice, recommendations, and information it provides to the College or University will assist in operationalizing the *Policy*, managing and administering the *Procedures Manual* and optimizing the relationship medical faculty have with the University and with health system administrators and managers. These functions are critical for the full integration of clinical and academic work environments and will facilitate achievement of excellence in both.

Because medical faculty perform their duties in a large variety of academic/clinical settings province-wide, committee membership is also broad: there will be representation from the university, the CoM, the provincial health authority, medical organizations, and the medical faculty community. This broad membership is intended to provide accountability and transparency for academic relations amongst the university, clinical leaders, and medical faculty appointees.

The Terms of Reference for this committee are subject to periodic review and revision. Current TOR are attached to this *Procedures Manual* as Appendix 1. The committee's purposes and responsibilities are outlined below:

6.2 Purposes and responsibilities:

Primary:

- To act as a liaison between the Saskatchewan medical faculty community and the University/CoM;
- To build integrated and effective relationships between academic and clinical organizations;
- To serve as a forum for discussing concerns that might arise in the clinical/academic setting as a result of organizational or procedural changes;
- To relay and discuss information that could affect partner programs and planning

Secondary:

- To periodically review and suggest revisions, as necessary, to the Procedures Manual for Medical Faculty (the *Procedures Manual*) and/or the Policy for Medical Faculty (the *Policy*) and to facilitate interpretation of these documents to faculty and organizations;

- To provide, through its subcommittee(s), a forum for hearing and considering complaints and appeals involving medical faculty, including concerns involving academic freedom, that remain unresolved with the use of standard University/CoM procedures, and to provide recommendations to the CoM and the University accordingly;
- To establish other subcommittees, as necessary, in support of the committee's primary and secondary purposes;
- To review the interpretation, application, or alleged violation of any part of the *Policy* or *Procedures Manual* and to make recommendations, as applicable, to the University/CoM

6.3 Conflict of interest:

ACRC members may occasionally find themselves in positions of conflict of interest. At such times, they will state their position to the Chair and offer to remove themselves from committee deliberations. A conflict of interest exists for a member of ACRC when, with respect to a matter being considered by ACRC or one of its subcommittees:

(a) the decision being made is such that the member could not reasonably be expected to exercise independent judgment because of the effect the decision would or would be likely to have on the member or a person or organization closely related to or closely associated with the member; or

(b) as a result of occupying a position or holding an office in an organization, the person would be legally obligated to subordinate the interests of the university to the interests of the organization when dealing with the matter.

ACRC members are required, when applicable, to adhere to the university's Conflict of Interest Policy.[2]

6.4 Complaints and Appeals Subcommittee:

The ACRC will establish a Complaints and Appeals Subcommittee from within its own membership and from the broader medical faculty community, each of these two groups supplying one-half of the subcommittee's total membership. The subcommittee will include at least four members. None of these members will be college Deans, Vice Deans, Associate Deans, or the DH of the department in which the complaint originates. The subcommittee's primary role is to hear and consider medical faculty complaints and appeals that remain unresolved through the use of standard CoM or university processes. The ACRC's role and the subcommittee's role in resolving complaints is described in detail in section 9.2.2, below.

[2] http://policies.usask.ca/policies/operations-and-general-administration/conflict-of-interest.php

6.5 Protection of academic freedom:

The University of Saskatchewan Act, 1995, provides that the university's academic role must be carried out having regard to the principles of academic freedom.[3] Academic freedom is defined on page 3 of these procedures. The university, and where applicable its institutional or health authority affiliate(s) confirm that medical faculty have academic freedom with respect to all academic activities and scholarly pursuits, while remaining subject to applicable ethical and clinical standards, guidelines, laws, regulations, rules and procedures governing the practice of medicine, whether site-specific, institutional, local, regional, provincial, or national.

The university's fundamental role and the ACRC's responsibility in protecting the academic freedom of medical faculty appointees include:

a) Department Heads acting as advocates on behalf of the academic freedom of medical faculty when issues of academic freedom arise in the clinical setting
b) Providing medical faculty with a complaints and appeal process to adjudicate disputes involving possible breaches of academic freedom in the clinical setting (see section 9.2.4)
c) Public release by the ACRC of the Complaints and Appeals Subcommittee's findings, with the complainant's consent, if, in the opinion of the ACRC, there has been a breach of academic freedom that remains unresolved or inadequately addressed by the relevant academic/clinical entities and/or their administrative structures
d) Escalation of the complaint by the ACRC to the office of the university President if the complaint remains unresolved or does not lead to any remedial action by the affiliated institution or health authority or relevant academic/clinical site

Medical faculty must remain aware that, like all university faculty, they have reciprocal obligations and responsibilities relating to academic freedom: they are responsible for maintaining appropriate relationships with other faculty and with students, and for complying with all applicable university policies, rules and procedures.

6. Medical faculty appointments and review

7.1 General principles:

Medical faculty are required to comply with applicable departmental, college, or university policies as amended from time to time. There is an additional expectation for reasonable participation in the collegial affairs of the department and the college when requested, whether such participation is contractually reimbursed or not.

[3] Section 4(2)(b)

The processes, criteria, and conditions of medical faculty appointments in the CoM relate only to the university authorizing an appointee to perform an academic role. They bear no relation to payment source, mode of payment, physician financial status (i.e. corporate or private individual), or other matters involving contractual deliverables. A medical faculty appointment does not create an employment or other legal relationship with the college or the university. Payment for any educational, research, or other services medical faculty appointees provide to the college is solely governed by the service agreement(s) they may enter into with the college and/or health authority. This procedures manual does not override the contractual provisions in the service agreements that medical faculty may enter into with the university.

Medical faculty appointments are granted on the basis of a mutual understanding between the university and the appointee. It is understood that the appointee wishes to engage in the academic mission of the CoM and wishes to receive the university's support and authorization to do so. Similarly, it is understood that the university desires this engagement and is willing to offer its authorization and support, subject to the terms and conditions of appointment. Medical faculty appointments are based on the promise of academic engagement rather than any guaranteed minimum level of contribution, with the provision that the appointee's contributions remain desired by the CoM and are consistently provided in a satisfactory manner. Diminished, absent or unsatisfactory commitment to teaching, research or administrative activities may result in termination of the medical faculty appointment, subject to ACRC recommendation and university authorization (see section 10).

In the course of contributing to academic programming, medical faculty appointees will encounter many opportunities for scholarly development. Participation in scholarly activities such as medical knowledge translation and clinical research are strongly encouraged by the CoM. Satisfactory scholarly advancement and professional career development are recognized by the university with promotion in rank: all medical faculty are entitled and encouraged to seek promotion during the course of their academic careers, subject to the requirements laid out in applicable standards for promotion in the CoM.

It is recognized that medical faculty appointees accept the university's role in academic governance and protection of academic freedom in clinical/academic settings. It is acknowledged that medical faculty appointees in good standing have a right to academic freedom and that the university has well defined obligations with respect to protecting that freedom.

7.2 Appointment duration:

All medical faculty appointments are either ***temporary*** or ***ongoing***. The vast majority of medical faculty appointments in the CoM are *ongoing appointments* in a primary academic unit (see section 7.3, below) in the College of Medicine. The designation ***ongoing*** means that the appointment will continue for as long as the appointee is actively engaged with the College of Medicine, subject to the terms of the appointment and satisfactory periodic review.

The designation ***temporary*** refers simply to the appointment having a defined term (see section 7.4, below). There are occasions when a primary appointment is of limited term (up to 3 years) ie locums or fellowships. Apart from visiting professor appointments (section 7.4.4), temporary appointments are usually renewable. If one of the purposes of such appointments is the instruction or supervision of graduate students, or if that role is desired at any point during the course of an ongoing appointment, the primary unit must nominate such individuals for temporary (renewable) appointment by the College of Graduate and Postdoctoral Studies (CGPS), as members in that college. This requirement does not apply to adjunct professors as these individuals are appointed by the CGPS and automatically gain membership in that college at the time of appointment.

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7.3 Appointment type:

There are two types of appointment: ***primary*** and ***secondary***. All ongoing medical faculty have primary appointments in a college department or division known as their *primary unit*. For most ongoing appointees this will be their initial and only appointment.

In certain instances, ongoing medical faculty may also be granted temporary appointments in another college, department, or division (known as their *secondary unit*). Secondary appointments, either *associate membership* or *joint membership*, are appropriate for those medical faculty who make significant academic contributions to the academic work of both their primary unit and another college, department, or division.

7.4 Temporary Appointment categories:

Temporary appointments are categorized as ***limited term***, ***associate membership, joint membership, adjunct,*** or ***visiting professor***. Determining whether to recommend associate or joint membership appointments and choosing the appropriate category for these secondary appointments is a responsibility that rests with the respective DHs and in the case of joint appointments, is made in conjunction with the secondary unit's Department Head or Dean.

7.4.1 Secondary associate membership appointments:

Generally speaking, ***secondary associate membership appointments*** are appropriate for medical faculty who make the majority of their academic contributions in their primary units, but also provide certain academic services to another college, department or division on a consistent basis. Associate memberships in secondary units are temporary insofar as they are typically three to five year appointments, subject to renewal.

Although medical faculty with associate memberships in another department, college or division generally report to their primary unit DH with respect to academic matters, it is understood that their academic roles will be determined in consultation and discussion with the secondary unit Department Head or Dean.

Examples of secondary unit services include graduate student supervision, undergraduate or postgraduate course delivery, clinical activities involving teaching secondary unit students, research activities, or other academic services deemed advantageous by the respective DHs. In the case of graduate student teaching and supervision, the associate member must also be nominated by the primary unit for membership in the CGPS, subject to that college's appointment criteria and approval processes.

7.4.2 Secondary joint appointments:

Secondary joint membership appointments are appropriate for medical faculty who contribute in equal or nearly equal parts to the academic work of both primary and secondary units. Joint memberships are temporary, insofar as they are typically three to five year appointments, subject to renewal.

Academic contributions made by joint members are usually continuous, extensive, and integral to fulfilling the academic responsibilities of both academic units. They are determined in joint consultation with both DHs. In the case of graduate student teaching and supervision, the joint member must also be nominated by the primary unit for membership in the CGPS, subject to their appointment criteria and approval processes.

The main characteristic differentiating joint members from associate members is the degree of involvement in the secondary unit. Joint members tend to have greater responsibilities in the secondary unit and as such, their respective DHs and/or Deans have greater involvement in determining their academic roles and responsibilities, along with their reporting and review structures.

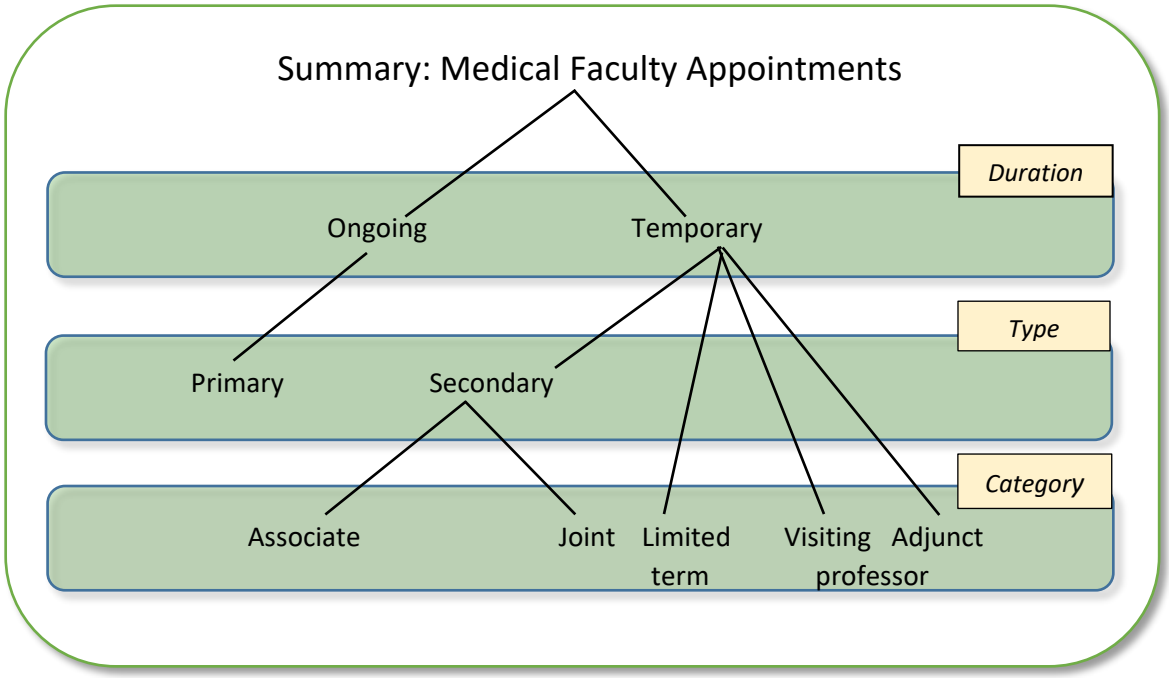
7.4.3 Adjunct appointments:

Primary units in the CoM may occasionally nominate individuals for ***adjunct appointments*** in the College of Graduate and Postdoctoral Studies, allowing them to participate in CoM graduate student instruction and supervision.[4] Qualifications, experience and credentials for adjunct appointments are determined by the CGPS. Such appointments are temporary, usually for a five year term, but are renewable subject to policy as specified by the CGPS.

7.4.4 Visiting professor appointments:

Occasionally, a need will arise for the temporary appointment of a visiting clinical professor holding an academic appointment in another university. Such appointments will have a defined term based on DH recommendations, usually no more than one year, and are designated as ***visiting professor*** appointments.

[4] prospective adjunct appointees do not hold academic appointments at the U of S, but have knowledge, expertise and skills that will contribute to an academic unit's research, supervision, or teaching functions with respect to CoM graduate students. Typically, although not necessarily, such individuals are members or appointees of external organizations, but they may also be independent medical scholars. Adjunct professors are not permitted to receive remuneration from the university.



7.5 Appointment credentials:

Note: *At the DH's request, whether prior to appointment or at any time following appointment, a Certificate of Professional Conduct, issued by the CPSS must be supplied by any MD medical faculty appointee, regardless of appointment duration, type, or category. Alternatively, the UG or PG offices may request on a periodic basis, completion of a standardized self-declaration form relating to professionalism.*

7.5.1 Appointment credentials for ongoing appointees:

If their academic services are to be provided in conjunction with patient care, it is generally desirable for ongoing MD medical faculty appointees to hold Regular or enduring Licensure with the College of Physicians and Surgeons of Saskatchewan. Where applicable, health authority appointment requirements must also be met.

In a narrowly defined set of circumstances, medical faculty appointees may be unlicensed *and* without health authority clinical appointments, provided the following circumstances pertain:

- academic (UG or PG) services are provided in non-clinical settings, with no patient contact or involvement
- academic services are provided under supervision of a course, module or event-based medical faculty director or supervisor (see definition for 'immediate faculty supervisor' in Section 2)

7.5.2 Appointment credentials for temporary appointees:

In a very small number of cases, as described in section 7.4.4 above, the college may recommend a temporary medical faculty appointment for a visiting (i.e. out-of-province) MD

holding a current faculty appointment at another Canadian university. Temporary appointees of less than 30 days duration must meet CPSS requirements for licensure *exemption* as they apply to 'Visiting Medical Instructors' or other applicable CPSS licensure requirements in place at the time of appointment. Temporary appointees of 30 days duration or more, will be required to obtain Regular Licensure prior to appointment if their academic contributions involve any clinical work or patient care, whether direct or indirect, in addition to satisfying any applicable health authority requirements for such participation.

7.5.3 Remarks on certification:

From the standpoint of providing credible medical education, particularly at the postgraduate level, the CoM recommends that all MD medical faculty obtain certification with either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. In some cases specialty certification from foreign jurisdictions will similarly satisfy this recommendation. The college's rationale is that Canadian residency programs are designed, in part, to allow residents to qualify for certification examinations as residency-eligible candidates. It logically follows that residency training should be primarily provided by individuals who are themselves certified.

7.6 Appointment rank:

New medical faculty appointees will normally be appointed at the Assistant Professor rank; however, some flexibility in initial appointment rank may be exercised by the Dean in exceptional circumstances. Unlike previous "community faculty" appointments, the new appointment rank assigned will not be preceded by the word "Clinical."

Former "community faculty" appointment ranks "Clinical Instructor", "Clinical Lecturer" and "Preceptor" have been discontinued for all new medical faculty appointments. Former medical faculty appointees holding these ranks are to be offered new ongoing appointments at the Assistant Professor rank, provided they are still actively engaged with academic work. Similarly, former Clinical Assistant Professors are to be offered new ongoing appointments at the Assistant Professor rank (i.e. effectively re-appointed at the same rank but without the word "Clinical" in their rank titles).

Previous "community faculty" appointees were appointed on a defined 5-year term basis, with renewal appointments offered at the end of each term, provided they remained actively engaged with the College of Medicine. While their rank titles will remain the same for Clinical Associate Professors and Clinical Professors, the duration of their appointments will be converted from 5-year terms to ongoing status at the time of their next scheduled appointment renewal. New Assistant Professor appointees will be offered ongoing appointments only.

7.7 Appointments committees:

Each clinical department in the CoM will establish a standing appointments committee to oversee and approve appointment recommendations going forward to the DH. Appointments committee recommendations will be advisory to the DH, whose recommendation will in turn be advisory to the Dean. Historically, the work of a departmental appointments committee involved the simultaneous recommendation of a candidate for both a faculty appointment and a job as a university employee in the CoM. In these *Procedures*, the committee's role is confined to recommending an academic appointment only. As such, the committee must be familiar with the department's academic needs and its recommendations must be consistent with the CoM's academic needs and overall mission.

The composition of appointments committees will be decided by the department as a whole following open discussion at a meeting of the department. This decision should be documented in departmental meeting minutes and made available to the CoM on request. Committee composition and procedures will vary from department to department, but consistency with the principles of inclusiveness, transparency and democracy must be achieved. In widely-distributed departments, consideration should be given to establishing rural or area-based appointment committees authorized to make appointment recommendations to the DH.

7.7.1 Appointments committee composition and process guidelines:

a) No geographic site, academic unit, specialty, or sub-specialty should be over-represented or under-represented.
b) Urban and rural representation should be balanced to reflect the department's current or anticipated faculty complement distribution.
c) Mode of payment for academic services should not be considered a relevant factor in determining committee composition.
d) Committee discussion may be conducted electronically rather than in-person, to achieve broad-based representation and timely appointment recommendations.
e) Decisions regarding recommendation for appointment should be made by consensus whenever possible, but failing consensus, by majority vote.
f) Committee members are responsible for providing an opinion about the advisability of any prospective appointment, based upon a review of the candidate's CV, qualifications, credentials, interest level, expected academic contributions, and any other relevant information specific to the suggested appointment.
g) The content of the committee's deliberations should be held confidential but made available to the DH and to the CoM on request.
h) If a decision is made to recommend against appointment, the applicant should be provided, by the DH, with an accurate summary of the committee's discussion.

7.8 Appointment procedures:

7.8.1 Overview:

Normally, either the DH or a current medical faculty appointee in his/her clinical department will become aware of an interested candidate, whose name will then be forwarded to the

departmental appointments committee for consideration. Frequently, such candidates express personal interest to other medical faculty working in their clinical departments or at their clinical sites. Less commonly, the CoM will receive an expression of interest, or will become aware of an evolving academic need at a particular site, in which case communication will occur with the appropriate DH who should then, in turn, advise the departmental appointments committee.

The CoM will not unilaterally recommend medical faculty appointments to the university without first receiving a department's consent or recommendation. At times, the DH might disagree with the CoM with respect to the appropriateness of a suggested appointment. Timely communication, negotiation and cooperation is expected in such instances. The DH is encouraged to recognize and support larger CoM goals with respect to faculty complement and urgent academic need fulfillment. Normally, the Dean will concur with a department's recommendation for appointment but reserves the right to make a final decision in that regard.

7.8.2 Process:

a) By a variety of ways (see preceding paragraphs), an interested candidate's name is provided to the department's appointments committee for consideration.
b) The appointments committee reviews the candidate's CV[5], credentials, qualifications (see 7.5) and appropriateness for appointment in light of the department's/CoM's academic needs.
c) The DH may request to speak in support of the candidate's recommendation.
d) The appointments committee makes a recommendation to the DH.
e) The DH decides upon the appointment's duration, type, category and rank (see 7.2, 7.3, 7.4, 7.6) and carries the recommendation forward to the Dean, or in the case of certain temporary appointments to the CGPS, after advising the candidate of the decision.
f) The Dean either rejects the recommendation, providing the DH with his/her rationale, or approves it and carries it forward to the Vice-Provost Faculty Relations, or in the case of some temporary appointments, to the CGPS.
g) The Vice-Provost either rejects the recommendation, providing the Dean with his/her rationale, or approves it and advises the CoM of his/her decision.
h) If a medical faculty appointment has been approved by the Vice-Provost, the CoM sends out the VP's appointment letter, the Dean's letter of confirmation, a new appointee information package and an appointment acceptance form.
i) The candidate reviews the offer of appointment and the attached information, and if in agreement, signs the acceptance form and returns it to the CoM.
j) The CoM advises university and CoM administrators of the new medical faculty appointee's name and department, thereby enabling access to university IT and library systems, and enabling development of a contract or agreement for academic services, as applicable.
k) The DH or his/her delegate contacts the new appointee to welcome him/her to the department, and in consultation with the CoM academic, financial, or other general administrators, discusses expected academic contributions and FD participation. The DH

[5] CVs are to be provided in a format acceptable to the CoM;

also uses this opportunity to enlist participation in departmental affairs, and to discuss ongoing academic review processes.

7.9 Medical faculty periodic appointment review:

7.9.1 Overview:

The CoM is committed to the effective monitoring and quality control of academic service provision. Together with the DH, it is the CoM's responsibility to ensure that each medical faculty appointee continues to meet appointment criteria during the course of their academic career and contributes academically in a manner that is consistent with departmental expectations, CoM needs, and the standards of the profession. To monitor these contributions and to assist medical faculty in achieving academic career progression, each department must ensure that there are reliable processes in place for periodic performance review.

7.9.2 Review process guidelines:

It is recognized that to some extent, review processes will be department-specific and will vary according to each department's administrative structure, geographic distribution, and overall scope of academic contributions. It is also recognized that there are policies and procedures already in place with respect to periodic review of contractual arrangements between academic physicians and representatives of their respective funding agencies (typically undertaken by DHs, UG/PG Deans, or designated CoM administrators). Such contractual arrangements include but are not limited to AFPs, ACFPs, and group or individual contracts with the CoM. Established review processes will necessarily include both academic and clinical review when contract funding covers both types of deliverables, as is the case with ACFPs.

The process and content guidelines discussed in these *Procedures* are not intended to supplant or supersede other established review processes. However, they may be used to enhance existing protocols, or guide the process where established protocols do not exist. Such is the case for the majority of medical faculty whose *clinical* income is not contractually negotiated (i.e. fee-for-service physicians). At a minimum, the academic review process should:

a) be consistently administered with respect to content and documentation.
b) be conducted by the DH (or delegate, or departmental academic review committee, where appropriate, such as might be the case in a broadly distributed department).[6]
c) be offered at least once every three years, and preferably annually for medical faculty during their first six years as medical faculty appointees.
d) 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.

[6] In some departments, particularly those with large numbers of faculty, it might be preferable to establish departmental academic review committees that report to the DH. Existing policies for annual review of medical faculty who have negotiated ACFPs or similar contracts will generally require the DH to perform the annual reviews, precluding the use of departmental academic review committees. There would be little point in duplicating existing processes for academic review, providing such processes are sufficiently rigorous with respect to evaluating academic performance.

e) be used by DHs as an opportunity to discuss, balance and adjust individual academic contributions in light of evolving departmental obligations and in consultation with departmental and CoM programming administrators.
f) be used by DHs to identify exemplary and exceptional academic performance, and to gather information relevant to academic award consideration.
g) be used by DHs for purposes of academic mentoring and career planning.
h) be used by DHs to discuss support for academic promotion as applicable.
i) include, following the review, provision of a brief summary to the medical faculty being reviewed.

7.9.3 Review content guidelines:

Depending upon the number of medical faculty involved and the frequency with which reviews are conducted, the review process has the potential of becoming onerous for DHs. In the interests of efficiency and consistency, development of a department-specific standardized review content form is encouraged. Review discussion content will minimally include:

a) Maintenance of certification where applicable
b) Maintenance of licensure and health authority privileges where applicable
c) Maintenance of CME credits and participation in continuing professional development
d) Participation in FD activities; personal FD needs review
e) Participation in the administrative affairs of the department/college
f) Student and peer teaching evaluations[7]
g) Academic career development and progress towards promotion, if desired
h) Participation in research activities, if desired
i) Academic deliverables, with attention to any desired changes
j) Contractual matters, as specified in contracts or other agreements

8. Promotion of academic rank

These *Procedures* do not attempt to set out the applicable standards medical faculty appointees must meet to achieve promotion in academic rank. Promotion standards are determined independently by the academic departments, the CoM, and the U of S. However, there is need for a recognized application and review process for medical faculty seeking promotion. While it is acknowledged that the process and the promotions committee composition might vary from department to department, the aim should be to achieve consistency with the following guidelines.

8.1 Promotion application guidelines:

[7] Existing CoM UGME policy governing the evaluation of instructors might preclude automatic DH access to teaching evaluations performed by students. Such policies are subject to ongoing revision. In such instances, medical faculty appointees are strongly encouraged to voluntarily provide their DHs/delegates with relevant student feedback on teaching prior to each review.

Medical faculty appointees may apply for promotion at any time and should express their interests in this regard to their respective Department Heads. DHs are responsible for establishing and maintaining clear departmental processes to receive and evaluate applicant case files. These processes should be communicated clearly to all medical faculty within the department. Applicants are responsible for assembling their promotion case files for consideration by the department's promotions committee. Assistance should be provided to applicants by departmental administrators and the DH, as necessary, including advice on the appropriate content and format for case files.

The university has requirements regarding how and when case files are assembled and presented for consideration at the University Review Committee level, although only some of these requirements might be applicable to medical faculty.[8] At the CoM level, the College Review Committee has responsibility for making a college recommendation regarding requests for promotion. The format and content of their recommendation is usually expected to conform to URC requirements. Similarly, the CoM will establish the format and content requirements for case files submitted to the CRC by departmental promotions committees.

8.2 Promotions committee guidelines:

The role of a departmental promotions committee is to evaluate a colleague's readiness to be granted a promotion in academic rank. As such, committee members must be familiar with the departmental/college promotion standards and must have attained an academic rank above that of the applicant seeking promotion.[9] In addition to determining whether candidates meet the requirements and perform the expected roles for medical faculty seeking promotion, the departmental promotions committees should:

a) be chaired by the DH, irrespective of the DH's academic rank
b) have at least five members in addition to the chair
c) be composed of members holding rank as described in footnote 10
d) not include the DH if it is the DH seeking promotion, in which case the committee should be chaired by a committee member elected by his/her peers
e) not include the Dean of Medicine, the VP Academic, the Provost, the President, or any person currently serving as a member of the CRC or the URC
f) make their recommendations according to majority view
g) document the rationale for both majority and minority views[10]

[8] University-required or college-required processes, forms and timelines are subject to periodic revision

[9] Apart from the chair, the committee assessing an Assistant Professor's readiness for promotion should be made up of Associate Professors and Professors only. The committee assessing an Associate Professor's or Professor's readiness for promotion should be made up of Professors only. When there are fewer than five members of the department with ranks suitable for committee participation, the DH must request assistance from other academic departments for service on the departmental promotions committee.

[10] Readiness for promotion is determined by comparing the applicant's academic productivity, service and accomplishments to those required by current and approved departmental standards for promotion (where applicable) or current CoM standards for promotion. College standards must receive approval from the URC and must be consistent with the intent and framework of the university standards. The university acknowledges that given the broad array of colleges and disciplines represented, there will be considerable differences from department to department and from college to college with respect to specific standards. For that reason, department promotions committees have been historically permitted to compose their own departmental standards for submission to their respective CRC's for approval. More common, however, are college-wide standards that

h) provide the rationale for their decision to the applicant, via the committee chair
i) advise the applicant of their right to appeal to the CRC if the department's recommendation is to deny the application for promotion
j) structure and submit their recommendation to the CRC in a manner expediting CRC review, as may be required and revised by the CRC from time to time

8.3 College review committee role:

The CRC will receive, review and affirm recommendations made by departmental promotions committees unless those recommendations depart significantly from the CRC's usual interpretation of the promotion standards. CRC recommendations are forwarded to the URC for review by that committee. The CRC is also responsible for:

a) receiving and reviewing departmental criteria and standards for promotion
b) approving such standards if they are not inconsistent with the criteria and standards of the college and the university
c) formulating college-wide standards in the absence of department-based standards
d) submitting college standards to the URC for approval
e) hearing and considering written appeals from medical faculty applicants when the departmental recommendation is against promotion

9. Complaint resolution for medical faculty

9.1 Overview and general principles:

As indicated earlier, the CoM is obliged to provide high quality academic services, contributing to the well-being of learners, faculty and Saskatchewan citizens. One of the major purposes of the periodic medical faculty review process described in section 7.9 is maintenance of quality control. Infrequently, academic services provided by some medical faculty may not meet expectations. In such circumstances, the CoM must have a variety of means to address deficits, provide remediation, and prevent similar problems in the future. The medical faculty who enter into service agreements with the university are expected to carry out the specific academic services set out in the service agreements. The following is not intended to override any such contractual commitments, but to provide a procedural framework to help address situations where the academic services are not meeting expectations.

In more serious clinical/academic circumstances such as those involving possible breaches of professionalism, potential patient safety issues, or learner safety while being supervised by medical faculty, there is a clear recognition that the CoM must act swiftly to prevent further harm. Such actions could include the immediate suspension of academic responsibilities while investigation

attempt to accommodate discipline-specific differences while maintaining academic rigour and consistency with university standards.

occurs and could also include health authority administrator or regulatory agency notification when patient safety issues are evident.

Relevant principles that must guide all complaint interactions with medical faculty and the employment of existing policies or any of the procedures noted below include:

a) fairness
b) clarity regarding process
c) timeliness
d) confidentiality[11]
e) transparent discussion regarding the circumstances of the complaint
f) protection of learner or patient safety
g) prevention of possible future harm
h) maintenance of high quality educational experience
i) right to appeal any decisions made regarding complaints

Generally, complaints involving the provision of academic services by medical faculty can be categorized as one of three types: [12]

1) Single-issue or single-report complaints with no obvious evidence or suggestion of problematic behaviour patterns or chronic teaching deficits
2) Repetitive complaints received in summary form or over a period of time, describing problematic behaviour patterns or chronic teaching deficits
3) Complaints involving harassment, intimidation, discrimination, patient safety in the academic context, or any other apparent breach of professionalism

9.2 Complaint resolution guidelines:

9.2.1 Complaints regarding academic performance:

None of the procedures described here are intended to supplant or supersede applicable university or CoM policies and frameworks for dealing with complaints about medical faculty.

9.2.2 ACRC role in complaints and appeals process:

Normally, complaints *about* medical faculty providing academic services will be addressed by CoM administrators as part of their usual administrative functions. The ACRC and its subcommittees will not interfere with such established functions and will redirect complaints, as appropriate, to relevant CoM administrators. Similarly, complaints *from* medical faculty regarding perceived misapplications or misinterpretations of the *Policy* and/or *Procedures* can usually be resolved at the CoM administrative level, preferably following initial discussion with the Vice Dean Faculty Engagement.

[11] In discussing the complaint with the medical faculty, investigating the complaint further when necessary, and resolving the complaint in accordance with existing policy, CoM administrators will attempt to respect medical faculty privacy as much as possible. However, the extent to which confidentiality can be maintained will depend upon the nature of the complaint and the possible duty to report safety issues to other applicable authorities. Additionally, existing policy may preclude identification of students making the complaints, as some faculty evaluations are provided by students with the promise of anonymity.
[12] Occasionally, complaints may involve a combination of types 2) and 3).

Complaints regarding the interpretation, application, or alleged violation of any part of the *Policy* or this *Procedures Manual* can be received by the Vice Dean Faculty Engagement or the Complaints and Appeals Subcommittee for consideration and recommendation. If the complaint involves interpretation or application, any recommendations the Vice Dean or the subcommittee make will have general applicability to all medical faculty and may result in a recommendation being submitted to the ACRC for review or revision of the *Procedures Manual*. In matters involving alleged violation of the policy or procedures, the subcommittee will forward its deliberations to the ACRC for further consideration. If policy matters are involved, the ACRC will forward any recommendations for revision to the appropriate university administrators.

The Complaints and Appeals Subcommittee may, on occasion, receive information associated with complaints about medical faculty that has not been made available to the CoM or clinical administrators normally tasked with addressing such complaints. Depending upon the nature of the information, the subcommittee must advise its provider that the particulars will be turned over to the appropriate administrators, whether academic or clinical or both.

In rare circumstances, the subcommittee may receive information that leads to a conclusion that certain complaints have not been, or cannot be, dealt with adequately through usual college processes. This conclusion will have been reached through discussion with the involved individual, or as a result of a request for an opinion regarding the complaint, brought by CoM administrators.

The subcommittee may review such complaints and after due consideration, submit its recommendation regarding resolution to the ACRC, which will in turn inform the CoM and the individual involved. College administrators will accept this recommendation as information and use it in making their final decisions. Any decision recommending termination of academic appointment must be submitted to the university for final decision.

Any medical faculty appointee is entitled to appeal to the subcommittee for review of a CoM decision regarding temporary suspension or termination of academic privileges. In the event of subcommittee *agreement* with a CoM decision to suspend or terminate academic privileges, medical faculty may appeal the subcommittee's decisions directly to the ACRC. The ACRC, by way of majority vote, may affirm or overturn the subcommittee's recommendation. In either case, the ACRC's opinion in this regard will be provided to CoM administrators as information. Temporary suspensions remain in effect during the appeal process.

In the event of subcommittee *disagreement* with CoM administrative decisions regarding suspension or termination of academic privileges, the subcommittee's opinion will be provided to the ACRC for further discussion and a recommendation will be provided, as information, to the applicable CoM administrators.

9.2.3 CoM role in complaints process: (revise as per flow chart processes)

Complaints of type 1 or 2 (see section 9.1, above) can often be addressed and resolved through the use of existing university and CoM policies and frameworks, as applicable. These should be applied in accordance with the principles outlined in section 8.1. Generally, the CoM faculty administrator most immediately responsible for supervising the academic work of the medical faculty about whom complaints have been made will be the first person involved. This involvement can have several possible outcomes:

a) The immediate faculty supervisor determines the complaint is of a relatively minor nature and no significant changes to teaching practices are required:
    i. faculty is provided with the complaint information and a meeting is arranged
    ii. complaint is discussed
    iii. faculty is provided with constructive feedback and encouraged to stay aware of any related issues that might compromise teaching performance
    iv. faculty is encouraged to pursue FD opportunities as applicable
b) The complaint is determined to be representative of a pattern of behaviour or has been previously recognized or thought to have been addressed, or is thought to reflect medical inadequacies or issues involving knowledge of the discipline:
    i. immediate faculty supervisor informs the relevant Associate Dean (exact administrative role will depend upon factors such as location, course, and whether complaint relates to PG or UG education, etc.)
    ii. decision is made by Associate Dean(s) regarding who should be involved in the discussion (will vary with nature of complaint)
    iii. faculty is provided with complaint information and a meeting is arranged
    iv. complaint is discussed
    v. faculty acknowledges change in teaching practise is necessary
    vi. faculty is offered and consents to remediation, possibly being asked to refrain from learner contact until remediation process is completed
    vii. where faculty does not acknowledge that a change is necessary and does not consent to remediation, he or she may appeal the matter in accordance with the procedures set out in section 9.2.4 but shall cooperate with the remediation process pending the outcome of the appeal
    viii. immediate faculty supervisor, in consultation with Associate Dean and other CoM administrators as necessary, devises remediation plan
    ix. faculty's DH is notified of plan
    x. second meeting is held to review completed remediation and evaluate readiness to return to academic service provision
    xi. faculty is required to pursue annual FD opportunities
    xii. faculty is encouraged to discuss any future academic issues and challenges with DH as they arise

c) The complaint is determined to be one involving possible harassment[13], intimidation, discrimination, patient safety in the academic context[14], or any other serious breach of professionalism:
    i. immediate faculty supervisor, upon receiving complaint, brings it to the attention of the relevant Associate Dean(s) or delegate within 24 hours
    ii. if problem is observed, recorded by or otherwise brought to the attention of any other medical faculty, CoM administrator or health authority administrator, complaint should be immediately redirected to relevant Associate Dean(s)
    iii. Associate Dean determines whether complaint can be safely, swiftly and comprehensively managed using pre-existing university or CoM policies and frameworks
    iv. if not, Associate Dean contacts faculty to advise him/her that complaint has been received, that it is serious in nature, and that DH will be contacted
    v. Associate Dean contacts DH, discusses complaint, and requests assistance in meeting with faculty as soon as possible
    vi. DH decides whether, on the basis of preliminary information, faculty should immediately refrain from academic work or both academic and clinical work. In the latter case, DH contacts appropriate clinical health authority administrators as per applicable SHA regulations, protocols or bylaws
    vii. DH decides whether complaint warrants advising CPSS administrators
    viii. DH advises faculty of any decision made and arranges for meeting as soon as possible, with meeting to include Associate Dean and if applicable, health authority personnel, and if desired, any representative of the faculty's choosing
    ix. faculty is interviewed and a decision is made regarding what DH will recommend to CoM as appropriate next steps regarding academic matters, issuing such decision in writing to faculty within 24 hours following meeting. (Clinical recommendations are made independently of academic recommendation and in consultation with appropriate clinical health authority personnel)
    x. After all appropriate investigatory procedures are completed in accordance with any applicable policies, the Associate Dean advises Vice Dean Education and/or Vice Dean Faculty Engagement of the recommendation
    xi. Vice Dean makes recommendation to Dean regarding appointment termination or alternate next steps
    xii. Dean's decision is provided, in writing, to the individual involved and as advice or recommendation to the Vice-Provost Faculty Relations. The Dean will advise the individual of his/her rights of appeal under section 9.2.4.
    xiii. If individual is asked to refrain from academic or clinical work, either temporarily (such as when in-depth investigation needs to occur or when remediation along with no learner contact is thought to be necessary or when

[13] In the circumstances where the complaint relates to discrimination and/or harassment, these procedures will need to be applied in a manner that does not conflict with the investigative processes required by the university-level Discrimination and Harassment Prevention Policy.
[14] In some instances where a complaint overlaps in both the clinical and the academic realms, a joint investigation with the appropriate clinical jurisdiction or health authority will occur.

the faculty's license to practice medicine or health authority privileges have been temporarily suspended) or permanently (such as when there is a decision to permanently rescind medical faculty appointment, or when the faculty's license to practice medicine or health authority privileges have been permanently withdrawn), he/she is advised of the right to appeal.

d) On occasion, CoM administrators may request the opinion of the ACRC's Complaints and Appeals Subcommittee in managing certain complaints. Usually, these will be of the type that might benefit from broader input in their resolution. While the college is not bound by the subcommittee's recommendations, any advice provided should bear considerable weight in arriving at a final resolution.

Need a section on MF initated complaints

Medical Faculty Initiated Complaints (steps as per flow chart)

9.2.4 Appeals:

Medical faculty are entitled to appeal any CoM decisions regarding the temporary suspension of academic responsibilities, the need for academic remediation or faculty development interventions, or the recommended permanent termination of medical faculty appointments due to the circumstances set out in sections 9.1 and 10. They are also entitled to lodge a complaint regarding any alleged breach of academic freedom or any interpretation, application or alleged violation of any part of the *Policy for Medical Faculty* or these *Procedures*. The ACRC's role in considering these appeals and complaints is described in section 9.2.2.

Procedural guidelines for initiating appeals and complaints are as follows:

a) Medical faculty are expected to discuss their concerns initially with their DHs and/or applicable immediate faculty supervisors.
b) If their concerns relate specifically to their DH or immediate faculty supervisor, they are expected to discuss their concerns with the most appropriate decanal administrator in the CoM.
c) If they feel their concerns are not being adequately addressed, or are dissatisfied with the response received or any decisions made by the CoM, medical faculty are entitled to submit their concerns in writing to the ACRC's Complaints and Appeals Subcommittee.
d) Such concerns should be submitted no later than 3 months following the contentious decision/recommendation, alleged breach of academic freedom, or recorded difference in opinion regarding the interpretation, application or violation of any part of the *Policy* or *Procedures*.
e) Having submitted their concerns in writing, medical faculty are entitled to be offered an opportunity to present their concerns in person to the Complaints and Appeals Subcommittee and at that time, may be accompanied by another individual of their choosing. The Complaints and Appeals Subcommittee will develop rules for the hearing and determination of complaints and appeals.

10. Appointment terminations:

Following applicable procedures, whether investigative or remedial, and for reasons including but not limited to those described below and in sections 9.1 and 9.2.3(c), a recommendation for termination of faculty appointments ***can*** be made by the Dean to the Vice-Provost Faculty Relations. Affected appointees ***will be informed, in writing***, by the College of Medicine of the reasons for the recommendation and will be ***advised of their right to appeal*** as described in section 9.2.4. Faculty appointments may be terminated with or without cause. The list of possible causes appearing in section 10.2, below, is not exhaustive.

10.1 Without cause:

a) No longer have an active license with the CPSS or the CPSS has significantly restricted the physician's ability to practice by way of an undertaking or a CPSS decision
b) Appointment to SHA practitioner staff is terminated or is suspended for any reason (N/A for a small number of faculty, as described in section 7.5.1 and 7.5.2)
c) Practitioner staff appointment category is changed such that assigned academic activities can no longer be performed
d) Practitioner staff privileges are changed such that assigned academic activities can no longer be performed
e) Facilities/clinics/areas/institutions/programs in which faculty performs academic activities withdraw from or otherwise end their affiliation with the university and/or the CoM, or withdraw from their affiliation agreements

10.2 With cause:

Medical Faculty no longer meet the criteria for appointment (ie no longer meets the needs of the department, the needs of the College of Medicine or the standards of the profession)

Examples may include but are not limited to:

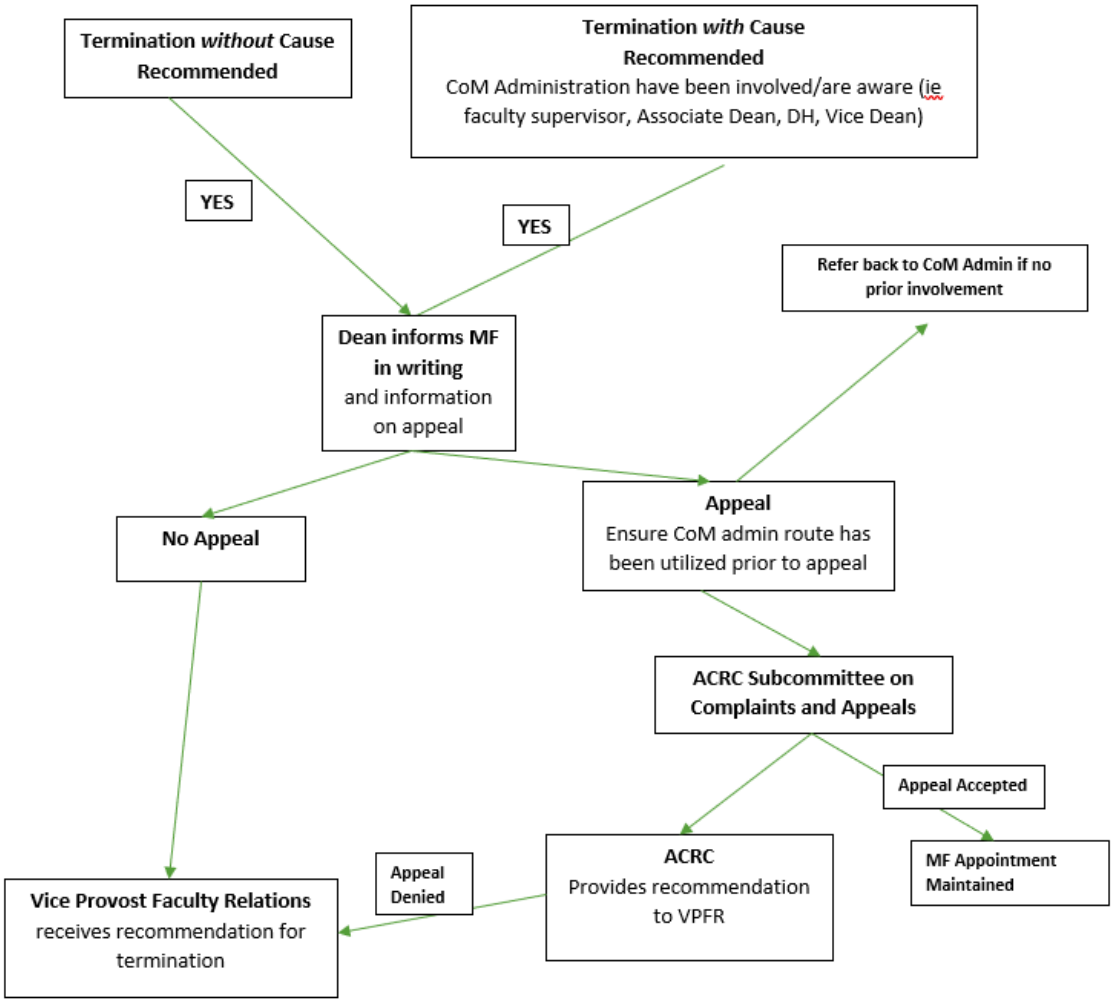
a) Following applicable procedures, a determination is made that the ***quality of academic*** contributions is unsatisfactory and unlikely to improve, even when there is a willingness to improve
b) Following applicable procedures, a determination is made that the ***quality of academic contributions*** is unsatisfactory and there has been a demonstrated unwillingness to improve
c) Current ***academic contributions are no longer required*** or desired by the department, college or university and there are no other available contribution options
d) ***Abandonment of assigned*** or agreed-upon academic contributions
e) ***Failure to communicate appropriately*** *(ie. content or timeliness)* with the department, college or university
f) ***Failure to provide information requested*** by the department, college or university in a timely manner
g) Proven ***research misconduct***
h) Proven ***violation of sexual harassment and non-discrimination*** policies
i) ***Criminal conviction*** that impairs an appointee's ability to fulfill an academic role

j) Proven ***failure to maintain reasonable competence*** in the clinical and/or academic discipline, including but not limited to teaching and research

k) ***Failure to self-disclose*** any of the following, as per section 5.1 of these procedures:
   i. a relevant criminal conviction
   ii. a finding of incompetence, negligence or professional misconduct
   iii. an inability to carry out expected academic duties

10.3 Terminations involving academic freedom:

If a medical faculty allege that their faculty appointment termination is based on a violation of their academic freedom they can appeal the decision to the ACRC.



11. Appendix 1: ACRC Terms of Reference:

Sponsors: Vice-Provost, Faculty Relations (Chair); Dean of Medicine (Deputy Chair)

Type: Standing committee of the College of Medicine (CoM)

Purpose:
Primary:

- To act as a liaison between the Saskatchewan medical faculty community and the University/CoM;
- To build integrated and effective relationships between academic and clinical organizations;
- To serve as a forum for discussing concerns that might arise in the clinical/academic setting as a result of organizational or procedural changes;
- To relay and discuss information that could affect partner programs and planning

Secondary:

- To periodically review and suggest revisions, as necessary, to the Procedures Manual for Medical Faculty (the *Procedures Manual*) and/or the Policy for Medical Faculty (the *Policy*) and to facilitate interpretation of these documents to faculty and organizations;
- To provide, through its subcommittee(s), a forum for hearing and considering complaints and appeals involving medical faculty, including concerns involving academic freedom, that remain unresolved with the use of standard University/CoM procedures, and to provide recommendations to the CoM and the University accordingly;
- To establish other subcommittees, as necessary, in support of the committee's primary and secondary purposes;
- To review the interpretation, application or alleged violation of any part of the *Policy* or *Procedures Manual* and to make recommendations, as applicable, to the University/CoM

Deliverables and reporting:
The committee's meeting minutes and those of its subcommittees will be made available, as applicable, to relevant College of Medicine, University and Saskatchewan Health Authority administrators and will be posted on the CoM website. Distribution or posting of confidential documentation will be restricted, at the discretion of the Chair. Any recommendations, advice, or relevant information generated from committee discussion will be transmitted by the Chair to the appropriate individuals or organizations, in accordance with the purposes of this committee as defined above.

Scope/Jurisdiction:
This committee is advisory to the College of Medicine and the University. Advice, recommendations, and information it provides to the College or University will assist in operationalizing the *Policy*, managing and administering the *Procedures Manual* and optimizing the relationship medical faculty have with the University and with health system administrators and managers. These functions are critical for the full integration of clinical and academic work environments and will facilitate achievement of excellence in both.

Membership and Terms:
The College of Medicine is widely distributed and committee membership should reflect this reality. In accordance with the purposes outlined above, there must be representation from the medical faculty,

University, College, Saskatchewan Health Authority, College of Physicians and Surgeons of Saskatchewan, and the Saskatchewan Medical Association.

1) The Vice-Provost, Faculty Relations, U of S (Chair) – permanent
2) The Dean, CoM (Deputy Chair) – permanent
3) The Vice Dean Medical Education, CoM – permanent
4) The Vice Dean Faculty Engagement, CoM – permanent
5) The Associate Deans for Regina, Rural, Indigenous Health – permanent
6) Three Provincial Heads – 2-year rotating basis, as appointed by the Dean
7) Three medical faculty members*
8) The CMO (or delegate), Saskatchewan Health Authority – permanent
9) The Chiefs of Staff from 3 Saskatchewan Health Authority Areas, as appointed by the CMO – permanent
10) The CEO (or delegate) of the Saskatchewan Medical Association – permanent
11) The Registrar (or delegate) of the College of Physicians and Surgeons of Saskatchewan – permanent

* Medical faculty members will be elected by their departments. At any given time, there must be a member from Regina, one from Saskatoon, and one from another area of the province. Membership will rotate through the provincial departments every 3 years.

Meetings:
Meetings will be held quarterly at the call of the Chair. An annual schedule of meetings will be sent to all medical faculty. Arrangements will be made for in-person or remotely connecting via video-conferencing,. Normally, meetings will be open to any interested member of the medical faculty. In the context of complaints review or discussion of appeals, meetings will be closed, at the discretion of the Chair.

Voting:
All members of the ACRC are eligible voting members, including the Chair. Any member of the medical faculty may participate in discussions, but only committee members are eligible to vote. Quorum is set at ten. Votes will be determined by a simple majority plus one except in the case of proposed revisions to the Procedures Manual, which require a minimum two-thirds majority before being carried forward to the university for approval.

Subcommittees: As determined by the committee, subject to any applicable provisions in the *Procedures Manual*.

Support: Administrative and organizational support will be provided by the CoM and the Vice Dean Faculty Engagement office.

Review: TOR will be reviewed annually, or as determined by the Chair.