

June 19, 2015

Jim Cheesman  
University of Saskatchewan Faculty Association  
Room 20 Education Building  
Saskatoon SK S7N 0X1

Dear Jim:

**Subject: Assignment of Duties and Accountability: A New Approach Relating to Existing MD Clinical Faculty**

In response to your request for clarification regarding the assignment of duties and accountabilities for clinical faculty in the College of Medicine, I provide the following:

The catalyst for beginning the reform of the College of Medicine was a finding by accreditors relating to the perceived lack of accountability of university-based full time faculty (Standard IS-9) with regards to their teaching responsibilities. While it has become apparent that other significant structural problems affected the College and hampered its ability to fulfil its academic mission, the issues raised by Standard IS-9 remain relatively unaddressed. The reform process in the College has sought to address this accountability deficit by providing alternative contractual and compensation mechanisms that more accurately reflect the clinical demands placed on practicing physicians and that significantly enhance accountability with regards to the performance of such academic work they agree to perform. However, it is acknowledged that these alternative arrangements may not suit all current MD clinical faculty and all clinical specialties. Given that the *status quo* with regards to the accountability of full-time faculty for their teaching is unacceptable to accreditors, a new model must be adopted for those MD clinical Faculty who choose to remain in-scope of USFA within the College. It should also be acknowledged that, historically, the process for assigning duties has not worked well and has often not followed procedures established within the Collective Agreement (CBA). Strict adherence to the processes outlined in the CBA will not solve the accountability deficit, rather, an enhanced and more rigorous approach to the allocation of, and accountability for, teaching responsibilities within the College will improve this situation and ensure that the College of Medicine is deploying its full-time teachers more effectively and efficiently.

Ultimately, full-time MD clinical Faculty must be assigned *more* teaching and be held truly accountable for that work. Reaching such an endpoint will involve a significant change in both culture and process. At the heart of this process lie the Unified Heads and their departments. A key reason for moving the Unified Heads out of scope of the CBA was to enable them to address accountability issues more effectively. They will be key figures in this new process and key drivers of the changes that are required.

The elements of this new process are outlined below:

1. Each department will adopt new workload guidelines that clearly define
  - a. The relative value of the various forms of academic work required by the Department
  - b. General expectations on Faculty workload
2. As a benchmark, each Faculty member will be expected to devote, as a minimum, the equivalent of two (2) full days per week to academic work as defined. Additional clinical work will not be allowed to infringe on that academic commitment. The allocation of these two days of time shall be a priority of any full-time Faculty Member and should be allocated at the same time that clinical schedules are developed.
3. The allocation of individual teaching responsibilities will follow the terms of Article 11 of the CBA, including an annual meeting of the Department in committee.
4. The Dean will be required to sign off on all these assignments.
5. Enhanced approaches to performance management will ensure that Faculty are held accountable. Failure to perform assigned duties will result in corrective and, where necessary, disciplinary action. The annual review process will pay particular attention to the completion of assigned duties.

Communication, transparency and a rigorous adherence to process will be required if this new approach is to be successful. However, two pre-requisites are also essential:

1. The College must adopt a clear and uniform definition of "Academic Service." While departmental workload guidelines may provide a more nuanced definition of "Academic Service" in the context of an individual department, there MUST be a college-wide understanding of the fundamental tasks that constitute "Academic Service."

**Academic Service\* includes:- Teaching concurrent to clinical service and outside the patient care setting (classroom, lectures...), curriculum development/evaluation, educational committee work, etc...- Research that covers the breadth of health research, knowledge creation and innovation, including basic, clinical, translational, and applied research.- Administration, committee work and leadership when provided in the context of academic service – clinical/ beside teaching in Postgraduate Medical Education (PGME) is excluded.**


2. **Unified Heads must receive direction from the Vice-Dean (Education) and the Associate Deans of UGME and PGME as to the teaching and academic responsibilities of the Department as a whole in a timely and transparent fashion. The process outlined above will not function in the absence of such direction.**

**The process outlined above, and the assumptions and pre-requisites that underlie it, marks a fundamental departure from past practice within the College of Medicine. Full-time MD clinical faculty will be expected to devote a significant portion of their professional time to "Academic Service." In return for such a commitment they should expect a clear, transparent and orderly process for the assignment of duties. For its part, the College of Medicine must ensure that expectations are clearly articulated and uniformly applied.**

**While this is the university's initial view of required changes to be implemented, the process will continue to be readjusted to address needs at the College of Medicine in consultation with college leadership and faculty.**

**Please address any questions to Cheryl Carver or Martin Phillipson.**

**Regards,**

  
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**Preston Smith, MD, Med, CCFP, FCFP**  
**Dean, College of Medicine**

**cc: Cheryl Carver, Acting Associate Vice-President, Human Resources**  
**Martin Phillipson, Vice-Provost, College of Medicine**