

June 16, 2017

Chair Lee Ahenakew and Members of the Board of Governors  
University of Saskatchewan

Dear Chair Ahenakew and Members of the Board:

**Re: Medical Faculty Policy Proposal**

We have received your letter dated June 5, 2017 declining our request to make representations to the Board in person. In accordance with your invitation on behalf of the Board for further written representations from USFA about our issues of concern, we have prepared this submission.

At the outset, we do not raise these concerns to block or interfere with a policy that is necessary to authorize the College of Medicine to contract with non-employees of the University to assist with delivery of academic programming to enable and facilitate the full accreditation of the College of Medicine. The College of Medicine has had a long history of contracting with community physicians to assist in the education of medical students at the University and the USFA does not dispute the importance of continuing the engagement of private physicians in the education of medical students at the University. The USFA does not dispute that individuals to whom this policy would apply provide, through individual and various contractual arrangements, valuable and important academic and clinical services to the University of Saskatchewan, individual Health Regions and the residents of the province. However the policy as drafted does signal a major shift in direction with serious implications.

Possibly 86% (1,520 individual MD's) of the total of these 1,760 proposed "medical faculty" would be covered by this new proposed policy and the accompanying procedures document. The rest of the COM faculty (or just 14% of the medical faculty) are the non-clinical MD basic scientists in the non-clinical departments of the COM and approximately 32 clinical MD faculty in clinical departments who opted not to take the "voluntary severance package" offered to MD tenured clinical faculty. These faculty members, (who would then comprise a small minority of faculty members in the College of Medicine) remain as tenured, continuing status or probationary faculty employed by the University. These faculty members are full-time employees of the University and are members of the Faculty Association.

The 1,520 individual MD's are not employed by the College of Medicine as "employees." Some of these "medical faculty", (possibly up to 150 MD's) very likely include former tenured or continuing status employee faculty members who are now considered by the Employer to be "independent" contractors employed on rolling three year term contracts called ACFP's. Our understanding is that these MD faculty are not in the "private practice" of medicine i.e. they do not have an office outside of the hospital or college and do not privately bill the government for

individual services. They are critical to the health regions and the University and as MD faculty they are under contract to provide the medical services offered to patients in the hospitals and academic service to the University. Our understanding is the vast majority of these 1,520 individual MD's (i.e. 1370 or so) have individual contracts with the COM to do some resident or other teaching for the COM. In all likelihood the vast majority of their work time is spent in the "private practice of medicine" and their livelihood depends on seeing patients in their own private offices and billing the government for services and not what they receive from the COM by way of payment for services.

The purpose of the proposed Medical Faculty Policy is "to provide institutional recognition and formally define the academic relationship medical faculty have with the university and establish a framework for the governance of medical faculty relations with the university." This Policy, if approved as drafted, would dictate to the University that contracted medical faculty be treated "the same" as academic faculty. This policy initiative signals a major shift in direction by the Board of Governors and could potentially prevent the collegium from considering whether or not there are legitimate differences between full-time teacher-scholar faculty, who are employees of the University and contracted private practice medical faculty who are not full time employees of the COM.

Faculty who are your academic employees are required to carry out the academic mission of this university and participate fully in the academic affairs of their colleges on a full time basis. Promotion for these employees through the academic ranks to the rank of full Professor is governed by rigorous academic standards approved by the collegium. These standards reflect their commitment and that of the University, to the teacher-scholar model of academic endeavour and are premised on full-time commitment. Contracted medical faculty are those whose participation in the academic mission of the university is incremental and participation in the academic work of their college or the university much less due to the demands of their clinical practices. This difference alone may be a reasonable and rational basis to treat medical faculty differently including separate and distinct standards and titles associated with the rank. In fact, the current collective agreement between the University and the USFA acknowledges this difference and requires that faculty who do not work full time for the College of Medicine (formerly described as 'Community Faculty' be designated by the title "Clinical" to recognize the difference. Approval of this proposed policy at this time has the real potential to thwart and undermine existing language in the Collective Agreement and signals to full time academic employees that their full time engagement with the teacher –scholar mission of the University is no longer viewed as more significant and deserving of recognition.

Of particular concern to USFA members are the implications of not only this policy as drafted, but of the accompanying procedures document and the proposed standards for promotion of medical faculty which would permit medical faculty to promote to the highest academic rank of full professor on promotion standards much less rigorous than those applied to academic faculty. A differential designation in title and rank for medical faculty must be permitted and implemented because there is an important difference between contracted medical faculty and full-time academic faculty members employed by the University. Further consideration by the appropriate collegial committees may in fact conclude that it is entirely appropriate to have "separate" and distinct titles, rank and standards for medical faculty. This proposed policy

should not permit the College of Medicine to unilaterally declare that such considerations are not legitimate and to preclude collegial consideration of these issues in collegial committees or through collective bargaining.

It was at the initiative of the College of Medicine that the USFA agreed to permit a voluntary severance package to be offered to our members who were primarily engaged in the provision of clinical services (including resident teaching) as part of a wider effort to permit the College of Medicine to position itself to advance research intensiveness and meet accreditation concerns. We do not agree to these proposed changes in policy that ignore current collective agreement provisions and which could potentially force collegial committees to agree to promotion standards which drastically depart from the teacher –scholar model of academic engagement which should be of paramount and primary concern to the Board of Governors.

Sincerely,

A handwritten signature in cursive script that reads "L. M. Findlay".

Len Findlay  
Chair, University of Saskatchewan Faculty Association

cc. Beth Bilson, University Secretary