



July 8, 2015

Larry Stewart  
Chair, University of Saskatchewan Faculty Association  
Room 20 Education Building  
Saskatoon, SK S7N 0X1

Dear Professor Stewart:

**Subject: Clarification in Support of College of Medicine Negotiations**

The following information is provided to the Association in an effort to clarify go-forward changes in support of the transformation of the College of Medicine.

The parties have negotiated a voluntary severance package and will be made available to all MD Clinical Faculty with academic (probationary, tenured, continuing status and without term) and clinical service appointments in the College of Medicine. Affected employees may elect to resign their in-scope faculty appointments with the University of Saskatchewan and accept this voluntary severance package.

Employees who elect the voluntary severance package and resign their academic appointment will have the ability to transition to:

**A. Community-Based Physicians**

Under this option, physicians will have the ability to enter into contract arrangements with the university for the purpose of delivering academic service. The terms of the contract will be negotiated directly between the physician and the College of Medicine.

Inquiries related to Community-Based Physician contracts should be directed to Steven Harrison, College of Medicine.

**B. Academic Clinical Funding Plan (ACFP)**

Under this option, physicians will have the ability to pursue an ACFP under contract arrangements with the Government, Health Region, and the College of Medicine. The terms of the ACFP will be outlined by an Individual Service Agreement to be negotiated directly between the physician, the Government, the specific Health Region, and the College of Medicine.

Inquiries related to ACFP's should be directed to Tammy Goebel, Saskatoon Health Region.

### C. No further academic relationship with the College of Medicine

Physicians will have the ability to choose to have no on-going academic relationship with the College of Medicine. Under this option, physicians may continue to have an individual or corporate professional relationship with the province.

Inquiries related to this option should be directed to the Ministry of Health or the specific Health Region.

### Clerical Support

The College of Medicine is committed to ensure there is sufficient support available for academic service delivered by physicians and that any clerical support provided is closely aligned with the level of academic engagement sought by each individual physician. The following is intended to describe a preliminary outline of the end-state structures for clerical support:

#### Support available to Community-Based Physicians

Clerical Support	Pooled clerical support will be provided through the College of Medicine for academic service.
Office Space	Physicians will have the ability to maintain office space through personal negotiations with the applicable Regional Health Authority.
Research Staff	Research endeavors are expected to be minimal and therefore the College of Medicine will provide support as necessary.
Research Lab Space	Research space will be provided on an exception basis.

#### Support available to Physicians under an ACFP

Clerical Support	Maintain clerical support until such time a new model for employment of clinical clerical staff is developed in collaboration with the College of Medicine, inclusive of the clinical departments, Ministry and the Regional Health Authority.
Office Space	Physicians will have the ability to maintain office space as a component of the overhead included in the ACFP office space costs.
Research Staff	Research staff hired through research grants and dependent upon the academic deliverables negotiated in the ACFP. Existing research staff will remain with the Principal Investigator.
Research Lab Space	Research space will be negotiated through the ACFP depending on the percentage of academic deliverables.

Employees are under no obligation to accept the voluntary severance package, and those who do not elect the severance package will continue their current academic appointments with the University of Saskatchewan under the terms and conditions of the USFA Collective Agreement.

In addition to the options available to current MD clinical faculty outlined by this letter, the university notifies the Association of the following changes in practice that will be implemented to support the transformation of the College of Medicine:

**1. Amendments to Clinical Practice Plans**

In order to address the financial situation in current Clinical Practice Plans the university is proceeding with a review of the plans and the amendment of the method by which clinical funds are being distributed amongst the members of the plans. Members will be given notification of our intent to change past practice, followed by a consultation process. Ultimately individual negotiations will take place with the affected physicians where they will be transitioned to the new model the College is implementing to distribute clinical funds. This process is expected to begin in the months of July-August 2015.

**2. Continuing Status Positions in the College of Medicine**

Changes to the clinical practice plans may affect the funding for physicians who hold continuing status positions in the College of Medicine whose academic component of salary is funded from sources other than the university's operating budget (approximately 40 positions). Physicians in continuing status positions affected by the discontinuation of the funds may be subject to layoff due to a partial redundancy. Any required layoffs will follow the process outlined by article 34.10 of the Collective Agreement.

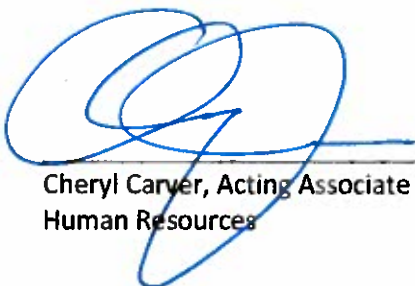
**3. Assignment of Duties and Accountability process**

Implementation of a re-assignment of duties process intended to reflect the academic service requirements of the College of Medicine. This process will include an annual review of performance intended to hold individuals accountable for the satisfactory fulfillment of the assigned academic duties. Non-compliance with the required assignment of duties will be addressed through the procedures outlined in the collective agreement.

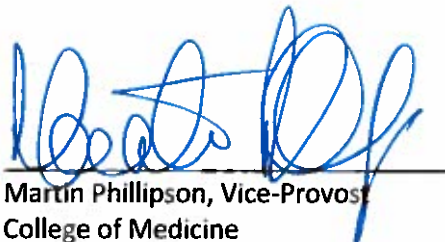
See attached letter from Dean Preston Smith outlining the new approach with respect to assignment of duties and accountabilities for existing MD Clinical Faculty in the College of Medicine.

We trust the information contained in this letter provides the required clarification of the options available to current MD Clinical Faculty as well as the changes the university will be implementing in support of the transformation of the College of Medicine.

Regards,



Cheryl Carver, Acting Associate Vice-President  
Human Resources



Martin Phillipson, Vice-Provost  
College of Medicine

cc: Preston Smith, Dean, College of Medicine

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