



University of Toronto

OFFICE OF THE VICE-PRESIDENT AND PROVOST

TO: Academic Board

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AGENDA ITEM: 4

ITEM IDENTIFICATION:

Policy for Clinical Faculty

JURISDICTIONAL INFORMATION:

The Academic Board has responsibility for policies related to the appointment, promotion, tenure, suspension and removal of teaching staff.

PREVIOUS ACTION TAKEN:

The Academic Board recommended approval of this policy in principle on June 4, 2004. Subsequently, a detailed procedural manual has been developed in consultation with clinical faculty.

The *Policy and Procedures for Academic Appointments* [PPAA] governs the appointment of tenure-stream and teaching stream faculty at the University of Toronto. The PPAA references a motion approved by the Academic Affairs Committee of the University's Governing Council on May 1, 1975: "That, pending the receipt of further advice from the Faculty of Medicine, the implementation of the academic appointments policy be delayed for clinical staff." The motion goes on to exempt clinical faculty (active staff in an affiliated hospital) in clinical departments in the Faculty of Medicine. There is currently no University policy that clearly governs clinical faculty or defines their rights and responsibilities.

HIGHLIGHTS:

Detailed background previously provided to the Board is available at <http://www.utoronto.ca/govcncl/bac/details/ab/2003-04/aba20040603-04.pdf>

The Task Force on Clinical Faculty has developed recommendations for policies to govern the appointment of clinical faculty at the University of Toronto. These policies define clinical faculty, provide mechanisms for their appointment, dispute resolution and protection of academic freedom in the hospital setting, and protect their academic

appointments from being terminated except for cause. They have been approved by the elected Medical Staff Associations, Chief Executive Officers and Chairs of Medical Advisory Committees for all nine teaching fully affiliated teaching hospitals and the clinical leadership of the Faculty of Medicine. They also received overwhelming majority support in a direct survey of clinical faculty.

The proposed policies have benefited from ongoing discussion with the University of Toronto Faculty Association. Many of the issues raised by the Faculty Association have been addressed. A key item of concern has been representation for clinical faculty, particularly as a potential complainant proceeds through the dispute resolution process. The procedures now provide for a clinical faculty advocate, who will be a senior colleague, independent of the administration of the hospitals or University, who reports directly to the Medical Staff Associations. The advocate will be available to provide support to clinical faculty in matters covered by this policy.

The policy and procedures greatly strengthen the role of the University in disputes involving academic freedom arising in clinical settings. Rather than the current ambiguity, the procedures provide for a clear process by which findings can be made by an independent tribunal as to whether there has been a breach of academic freedom. The findings will be binding upon the practice plans and hospitals and cannot be disputed. The procedures provide clear guidelines for the role of University officers in addressing issues of academic freedom arising in clinical settings.

An outstanding item of disagreement with the faculty association is their position that a University Tribunal should have the authority to impose a remedy on a hospital or a practice plan when there is a finding of a breach of academic freedom. The hospitals and clinical leaders have made it clear that they are not willing to accept this viewpoint given the independent governance and finances of their institutions and practice plans. Nonetheless, they have accepted the key provision that the findings are binding in their internal dispute resolution mechanisms, along with other safeguards and sanctions inherent in the Manual.

There is ambiguity as to whether the Memorandum of Agreement covers clinical faculty. Clinical faculty do not have their terms and conditions of employment negotiated through the processes outlined in the Memorandum and indeed, they are usually not employees of the University. In specific situations in the past, some clinical faculty have been provided with access to the dispute resolution mechanisms of the Memorandum, when the circumstances did not provide for an appropriate forum for their grievance to be heard. However, the University has never agreed that the Memorandum applies in full to all clinical faculty.

At the time the Memorandum was first negotiated and the Policy and Procedures on Academic Appointments was created, a placeholder paragraph in regards to clinical faculty was written, as described above. It is clear that the intention of that paragraph

was to recognize the need for the Faculty of Medicine to provide further advice on this complex issue.

The Faculty Association has to date not agreed to amend the PPAA as regards clinical faculty, which would involve deletion of that placeholder paragraph. The Administration is of the opinion that a new policy could be implemented even in the absence of such an amendment. Clinical faculty have endorsed the new policies and view them as superior to the current arrangements. Thus these policies are brought forward to the Academic Board as separate policies for clinical faculty outside the PPAA.

The proposed policies are presented in two parts. The Policy on Clinical Faculty to be approved by the Academic Board contains provisions for defining clinical faculty, academic freedom in the clinical setting, protects against termination of academic appointment except for cause, and delineates the University and its Officers' role in disputes involving academic freedom in the clinical setting. As per the recommendation of the Task Force, a detailed manual of procedures has been developed through extensive consultation with the clinical leadership. Several drafts have been circulated and revised based on the feedback of clinical faculty. A draft of the initial procedure manual is provided for information as appendix 2. At a meeting of the membership of the proposed clinical relations committee held on October 26th, 2004 the proposed Policy on Clinical Faculty was approved unanimously and the draft Procedure Manual was approved in principle, again unanimously. There was excellent attendance by representatives of all four clinical estates (Medical Staff Associations, Medical Advisory Committees, Chief Executives of teaching hospitals, and clinical academic Department Chairs), and written proxies were received from non-attendees.

FINANCIAL AND/OR PLANNING IMPLICATIONS:

The implementation of the policies will help to improve the relationships between the University and the clinical faculty and the affiliated teaching hospitals where they primarily work. The Task Force recommendations do call for some recognition of the work that clinical faculty do in delivering the academic programs of the University. We will bring forward recommendations for the implementation of this recognition through the Planning and Budget Committee at a later date.

RECOMMENDATION:

It is recommended that the Academic Board recommend for approval by Governing Council:

THAT the Policy on Clinical Faculty dated October 28, 2004, hereto attached as Appendix 1, be approved effective July 1, 2005.