



FOR APPROVAL

PUBLIC

OPEN SESSION

TO: Governing Council

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DATE: October 19, 2017 for October 26, 2017

AGENDA ITEM: 6

ITEM IDENTIFICATION:

Renewal and proposed revisions of “Community Affiliated Hospital” template agreement.

JURISDICTIONAL INFORMATION:

Section 4.5.2 of the terms of reference for the Planning and Budget Committee stipulates that the Committee recommends to the Academic Board for consideration templates for agreements with external bodies.

Section 5.3.1 of term of reference for the Academic Board stipulate that the template agreements with external bodies require Governing Council approval.

GOVERNANCE PATH:

1. Planning and Budget Committee [for recommendation] (September 19, 2017)
2. Academic Board [for recommendation] (October 5, 2017)
3. Executive Committee [for endorsement and forwarding] (October 12, 2017)
4. **Governing Council [for approval] (October 26, 2017)**

PREVIOUS ACTION TAKEN:

The community hospital affiliation agreement was last approved by Governing Council on May 23, 2013. A previous version of the template was approved in 2007. The community hospitals are as follows:

- Humber River Hospital

- Lakeridge Health
- Markham-Stouffville Hospital
- Ontario Shores Centre for Mental Health Sciences
- Providence Healthcare site of Providence St. Joseph’s and St. Michael’s Healthcare¹
- Rouge Valley Health System
- Royal Victoria Regional Health Centre
- The Scarborough Hospital
- Southlake Regional Health Centre
- West Park Healthcare Centre
- Waypoint Centre for Mental Health Care
- William Osler Health System

HIGHLIGHTS:

Revisions to the community hospital affiliation agreement template draw on the extensive consultations completed for the revised template agreement for the full affiliated hospitals that was approved by the Governing Council on October 27th, 2016. From March 2015 to May 2016, the Office of the Vice-Provost, Relations with Health Care Institutions collected internal input on the 2011 full affiliated hospital template from a wide spectrum of academic and administrative divisions that included: Vice-Provost and Vice-President portfolios; the seven health sciences Faculties; leadership within the Faculty of Medicine; legal counsel from relevant shared service offices; the Office of Risk Management. Further internal consultation was then undertaken to determine which accepted revisions to the full affiliated hospital template were appropriate for the community affiliate hospital template, and to determine if any further revisions unique to the community affiliate hospital template were advisable.

Attached, committee members will find a copy of the 2013 approved community hospital affiliation agreement template, a copy of the revised agreement template, and a marked-up version of the agreement template that tracks the changes. The revisions to the template can be placed into three categories: (1) revisions to reflect changes in legislation, policy or procedure; (2) revisions that reflect the changing relationship with the community hospitals; and (3) revisions that provide clarity. An overview of the key changes is presented below (section numbers are cited as they appear in the new template):

(1) Revisions to reflect changes in legislation, policy or procedure:

¹ Providence Healthcare amalgamated with St. Joseph’s Health Centre and St. Michael’s Hospital on August 1, 2017 to form *Providence St. Joseph’s and St. Michael’s Healthcare*. Also effective August 1, 2017, the University of Toronto signed an agreement with the new entity, confirming that all Affiliation Agreements would continue on a site-specific basis, until otherwise notified. Accordingly, we expect that the Community Hospital Affiliation Agreement template will continue to cover the Providence Healthcare site of the newly formed Providence St. Joseph’s and St. Michael’s Healthcare.

- a. Section I.5 – Applicability of University Policies to the Hospital and Amendment of University Policies – Schedules 21 and 32-37 have been added and names of policies have been updated.
- b. Section II.3.4 – Terms and Conditions of Appointments – Revisions reflect how these matters are now handled in practice (as per input from the Faculty of Medicine Vice-Dean Post-MD Education and CAO).
- c. Section II.3.5 – Clinical (MD) Faculty in the Faculty of Medicine – Revisions reflect the responsibilities of full-time Clinical faculty to participate in a conforming academic practice plan.
- d. Section III.4.6 – Specification of Responsibility for Safety Instruction, Treatment and Follow-Up in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard – Revisions reflect changes in the Occupational Health and Safety Act and provide clarity on protections for all Students (provisions related to WSIB are moved to Section XV.4).
- e. Section IV – Commitment to Human Rights and Safe Workplaces – Revisions reflect changes pursuant to the University’s updated policy on sexual violence and its intersection with other related policies.
- f. Section XV.4 – Student Workplace Insurance – Revisions reflect changes in the Ministry of Advanced Education and Skills Development related to WSIB.

(2) Revisions to reflect the changing relationship with the Community Hospitals:

- a. Section II.4- Appointment of Health Science Faculty to the University – Removal of reference to future policies and guidelines for Health Science faculty, as this has been achieved.
- b. Section III.2 – Hospital Student Placement Commitment – Revisions reflect how these matters are now handled in practice (as per input from the Faculty of Medicine Vice-Dean Post-MD Education and CAO).
- c. Section III.5.2 – Quality Assurance – Revision makes reference to the University of Toronto Quality Assurance Process.
- d. Section IX – Fundraising – Revisions reflect a collaborative approach to joint fundraising initiatives that extend beyond fundraising for Endowed Chairs and Professorships.

(3) Revisions that provide clarity:

- a. Section I.4.1 – Definitions – A number of definitions have been revised for clarity.
- b. Section III.4.2 – Visiting Elective Placements – This section is added to provide clarity regarding placements of undergraduate medical education students whose home institution is not the University of Toronto.
- c. Section III.4.3 – Transfer of Students – Revisions provide clarity on the hospital’s responsibility to ensure that students are supervised if placement activities are off-site.
- d. Appendix – Inventions and Intellectual Property – Revisions provide clarity on current administrative processes and the collaborative approach by the University and the community hospitals.

FINANCIAL IMPLICATIONS:

There are no financial implications for the University’s operating budget as a result of the proposed revisions and renewal of community hospital affiliation agreements with each of the community hospitals.

RECOMMENDATION:

Be it Resolved

- (a) THAT the revised template for community hospital affiliation agreements between the University of Toronto and the community hospitals be approved, effective immediately;
- (b) THAT the President, or designate, be authorized to sign such agreements on behalf of the Governing Council, provided that the agreements conform to the approved template; and
- (c) THAT the agreements signed under the provisions of this resolution be filed with the Secretary of Governing Council.

DOCUMENTATION PROVIDED:

- 2013 Template – Community Hospitals
- 2017 Template – Community Hospitals (with track changes)
- 2017 Template– Community Hospitals

THIS AGREEMENT made in duplicate
as of the 1st day of June, 2013

BETWEEN

THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO
("THE UNIVERSITY")
OF THE FIRST PART

AND

ANY COMMUNITY HOSPITAL
("THE HOSPITAL")
OF THE SECOND PART

CONTENTS	PAGE
PREAMBLE.....	2
I INTRODUCTION.....	3
I.1 OBJECTIVE OF THE UNIVERSITY.....	3
I.2 OBJECTIVES OF THE HOSPITAL.....	3
I.3 BASIS FOR AFFILIATION.....	3
I.4 DEFINITIONS AND INTERPRETATION.....	4
I.4.1 Definitions.....	4
I.4.2 Interpretation.....	5
I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICES.....	5
II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY.....	8
DEPARTMENT CHAIRS AND DEANS.....	8
II.1 INTRODUCTION.....	8
II.2 POLICIES GOVERNING APPOINTMENTS.....	8
II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF.....	9
II.3.1 Staff Complement.....	9
II.3.2 University Appointment and Promotions.....	9
II.3.3 Hospital Appointment.....	9
II.3.4 Terms and Conditions of Appointments.....	10
II.3.5 Clinical Faculty (Physicians) in the Faculty of Medicine.....	10
II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY.....	11
II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS.....	11
II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS.....	12
II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES.....	12
II.8 REVIEW OF ACADEMIC APPOINTEES.....	12
III TEACHING.....	12
III.1 INTRODUCTION.....	12
III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT.....	13
III.3 MEDICAL ACADEMIES.....	13
III.4 STUDENTS.....	14
III.4.1 Placement of Students.....	14
III.4.2 Transfer of Students.....	14
III.4.3 Termination of Student Placement for Unacceptable Behaviour.....	14
III.4.4 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour.....	15
III.4.5 Specification of the Responsibility for Treatment, Follow-Up, and Associated Financial Responsibility in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard.....	15
III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW.....	16
III.5.1 Program Planning.....	16

III.5.2	Quality Control.....	17
III.5.3	Responsibility to Inform of Circumstances Affecting Teaching Programs	17
III.5.4	Availability of Patients for Teaching	17
III.5.5	Facilities	18
III.5.6	Continuing Education and Professional Development.....	18
IV	NON-DISCRIMINATION AND HUMAN RIGHTS	18
V	WORKPLACE VIOLENCE.....	19
VI	RESEARCH.....	19
VI.1	INTRODUCTION	19
VI.2	CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS	19
VI.3	RESEARCH CHAIRS AND PROFESSORSHIPS.....	19
VI.4	INVENTIONS AND INTELLECTUAL PROPERTY.....	20
VI.5	THE CONDUCT OF RESEARCH	20
VI.5.1	Ethical Conduct	20
VI.5.2	Human Subjects Research	20
VI.5.3	Conflict of Interest	21
VII	HEALTHCARE DELIVERY.....	21
VIII	LIBRARY AND INFORMATION SERVICES	21
IX	FUNDRAISING FOR ENDOWED CHAIRS AND PROFESSORSHIPS	21
X	USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION	22
XI	NOTIFICATION AND CONSULTATION	22
XII	COORDINATION AND LIAISON.....	23
XII.1	UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES.....	23
XII.2	LIAISON.....	23
XII.2.1	Hospital	23
XII.2.2	University.....	23
XIII	CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS	23
XIV	MAINTENANCE OF AFFILIATION	23
XV	LIABILITY, INDEMNIFICATION AND INSURANCE	24
XV.1	LIABILITY	24
XV.2	INDEMNIFICATION.....	24
XV.3	INSURANCE.....	25
XV.4	STUDENT WORKPLACE INSURANCE	25
XVI	TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT	25
XVII	GENERAL TERMS.....	26
XVII.1	ASSIGNMENT AND ENUREMENT	26
XVII.2	INDEPENDENT CONTRACTORS.....	26
XVII.3	GOVERNING LAW	26
XVII.4	FORCE MAJEURE.....	26
XVII.5	ENTIRE AGREEMENT.....	27
XVII.6	COUNTERPARTS.....	27
APPENDIX	29

PREAMBLE

The Hospital and the University share a joint mission of health and biomedical-related education and research for the purpose of improving health. This Agreement provides a framework for that, and the parties agree to work cooperatively to respond to their evolving relationship. This relationship between the Hospital and University includes a willingness to identify their integrated joint academic missions and initiatives through mutual acknowledgments that recognize each other's contributions. An important role of the University is to facilitate networking among its many affiliates for mutual benefit and strategic advantage in promoting academic achievement and international reputation.

I INTRODUCTION

I.1 OBJECTIVE OF THE UNIVERSITY

The objective of the University is to enhance its teaching and research. In all its teaching and research programs the University is committed to collaborating with hospitals, community teaching sites and other public sector institutions, where appropriate, to achieving the highest academic standards; to providing the best possible facilities and libraries; and to recognizing excellence and innovation in teaching.

In seeking to achieve the above objective, the University is committed to four principles:

- i) respect for intellectual integrity, freedom of inquiry and rational discussion;
- ii) the fair and equitable treatment of all who work and study in the University, including clinical teachers at hospitals and other community sites;
- iii) a collegial form of governance; and
- iv) fiscal responsibility and accountability.

The above objective and principles govern the University's relationship with institutions with which it affiliates.

I.2 OBJECTIVES OF THE HOSPITAL

The objectives of the Hospital include providing, promoting and advancing patient care in accordance with any and all legislative requirements by continuing to foster excellence in healthcare delivery, teaching and research. **[NTD: TO BE COMPLETED BY EACH HOSPITAL]**

I.3 BASIS FOR AFFILIATION

The University and the Hospital have a mutual interest in the enhancement of education of Students (as hereinafter defined), research and evidence-based practice.

In order for the University to offer programs of education and professional training in health and health-related fields, it must have access to the facilities of healthcare institutions and organizations, so that it may offer clinical and practical experience to Students.

Because of its mission and facilities, the Hospital has resources and services necessary for the support of teaching and research and is willing to make them available to the University for teaching and research purposes as appropriate.

Because of its mission and facilities, the University has resources and services necessary for the support of teaching and research and shares resources and services strategically with affiliates as appropriate.

Both the University and the Hospital recognize the role and the responsibility of the Hospital in the provision of health care.

Both the University and the Hospital recognize the importance of academic freedom and the need to safeguard the intellectual independence of all faculty members, including Hospital appointed or employed staff who have University appointments.

Notwithstanding the mutual respect of the University and the Hospital for academic freedom, All faculty (as hereinafter defined) remain subject to applicable ethical and clinical guidelines or standards, laws and regulations and to the Hospital's relevant policies or by-laws.

Therefore it is the purpose of this Agreement to provide a foundation upon which the University and the Hospital may collaborate and cooperate in their efforts to accomplish their objectives. Thus, the parties agree as follows:

I.4 DEFINITIONS AND INTERPRETATION

I.4.1 Definitions

In this Agreement,

- a. *Academy* means the collaborative organization through which the clinical curriculum of the Doctor of Medicine (MD) program is delivered. Normally this involves a combination of collaborations among the TAHSN full/associate member hospitals and the community affiliated hospitals and the University, led by an Academy Director.
- b. *Academy Director* means the individual who is responsible for all academic and administrative matters pertaining to the Academy and its educational programs. The Academy Director is appointed by the Faculty of Medicine and is also appointed to the staff of the Academy Hospital or where multiple hospitals form an Academy, at least one of the Academy's hospitals. The Academy Director reports to either the Vice President, Education of the Academy Hospital or such other person as is determined by the Academy Hospital for management of Hospital resources linked to the Academy and to the Dean for the educational program.
- c. *All faculty* means all Hospital staff members who have appointments in a Faculty or Department at the University, including faculty in the categories defined in d) and f) to h) below.
- d. *All Health Professional faculty* means all faculty who are engaged in health professional or clinical practice; that is, all faculty in the categories defined in f) to h) below.
- e. *Chief* means the Chief, Head, Director or other clinical leader of a Hospital Medical-Dental clinical Department or program.
- f. *Clinical faculty (physician)* means an individual or individuals licensed to practice medicine in Ontario, holding a Medical-Dental staff appointment at the Hospital and appointed in accordance with the University Policy for Clinical Faculty as *Clinical faculty* in a University Faculty of Medicine Clinical Department. Clinical faculty may be full-time, part-time or adjunct, and the criteria for each of these are set out in the Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2).
- g. *Dentistry faculty* means an individual or individuals licensed to practice dentistry in Ontario, holding a Medical-Dental staff appointment at the Hospital and who is appointed in the University of Toronto Faculty of Dentistry.
- h. *Health Science faculty* means an individual or individuals who are health professional staff or employees of the Hospital and appointed in a Faculty or Department at the University. Health Science faculty are not Clinical faculty (physician) or Dentistry faculty.
- i. *Joint Committee* means a Joint Committee as set out in section XII below.
- j. *Student* means a person formally registered in a Faculty or Department of the University in a course or program of study. A Student may be registered in a certificate, a diploma, an

undergraduate, a health professional graduate, a doctoral (MSc/PhD) graduate or a postgraduate medical education program. Persons present in the Hospital in training situations who are not registered as Students of the University are not Students within the meaning of this section.

- k. *Teaching Programs* means programs within various University Faculties or Departments (including, but not limited to: Medicine, Dentistry, the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, the Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education, Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering) that place Students in the Hospital and, if applicable, its research institute.

I.4.2 Interpretation

- a. Subject to the terms of this Agreement, the University and the Hospital have the right and the authority to make decisions and to exercise their discretionary authority regarding their respective resource allocations, programmatic changes and/or use of or access to their respective premises or facilities.
- b. No person who is not a party to this Agreement has any right to enforce any term of this Agreement.
- c. Except as may be provided herein, this Agreement shall not be interpreted or applied so as to fetter the respective authority, duties or responsibilities of the University or the Hospital under their respective constituting statutes, letters patent, governing legislation, by-laws or policies.
- d. Nothing in this Agreement shall be interpreted or applied so as to interfere with statutory obligations.
- e. Nothing in this Agreement creates an employment relationship between any Student and either the Hospital or the University.
- f. Where any person or position is referred to in this Agreement, except where the Agreement specifies that the responsibility may be delegated, such person may delegate his/her responsibilities only if such delegation has been approved by the Hospital and the University.
- g. References to specific legislation in this Agreement include any amendments made from time to time to such legislation and include any regulations, as amended from time to time, made under such specific legislation.
- h. In the event a provision of any Schedule to this Agreement is inconsistent or conflicts with a provision of the Agreement, the terms of this Agreement shall take precedence and govern to the extent of any such inconsistency or conflict.

I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICIES

- i) The Hospital agrees that it is bound by the following University policies, procedures, guidelines and protocols (as amended by agreement of the Hospital and the University from

time to time) attached as Schedules to this Agreement, to the extent that such policies, procedures, guidelines and protocols bind or create obligations for the Hospital:

- Policy for Clinical Faculty (attached as Schedule 1)
- Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2)
- Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3)
- Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4),
- Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5)
- Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) (attached as Schedule 6)

Any proposed changes to the University's Policy for Clinical Faculty (attached as Schedule 1) or its Procedures Manual (attached as Schedule 2) will be referred to the Clinical Relations Committee.

With respect to any proposed changes to the other policies listed above in this subsection, the University's Vice-Provost, Relations with Health Care Institutions will advise the Hospital of the proposed change, and work collaboratively with the Hospital with the goal of obtaining the Hospital's agreement to be bound by the proposed changes. If agreement cannot be reached in that process, the matter will be referred to an ad hoc Joint Committee.

Any amendment to any of the policies listed above in this subsection will not bind the Hospital unless the Hospital agrees to the amendment.

ii) The Harmonization of Research Policies (attached as Schedule 7) provides that the University and the Hospital will work together to ensure the highest standards of ethical conduct in research, and to ensure the greatest possible degree of compatibility of their research policies and procedures. Both parties will work together and synergistically to update and harmonize their research environments in the areas addressed in Schedule 7. The University research policies listed below in this subsection are binding on Students and faculty but are otherwise not binding on the Hospital, and the University and the Hospital will work towards harmonizing and/or introducing them.

- Harmonization of Research Policies (attached as Schedule 7)
- Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8)
- Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9)
- Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10)
- Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11)
- Framework to Address Allegations of Research Misconduct (attached as Schedule 12)
- Research Misconduct Framework Addendum (attached as Schedule 13)

With respect to any proposed changes to the Harmonization of Research Policies (attached as Schedule 7), revisions will be made by mutual agreement of the parties and will be effective upon the written confirmation of the Hospital President and Chief Executive Officer and the President of the University or the Vice-Provost, Relations with Health Care Institutions.

With respect to any proposed changes to the other policies listed above in this subsection, the matter will be referred to the Research Committee of the Toronto Academic Health Science Network. The Hospital will not be obligated to harmonize its policies to any proposed changes unless it agrees to do so.

iii) With respect to the University policies, procedures, codes and similar documents that are listed below, the parties agree that the Hospital is not bound to these and is not obligated to monitor or enforce them: however Students and University appointees working in the Hospital are bound, and the Hospital recognizes and respects that. The Hospital will endeavour to avoid conflicts between these policies and Hospital policies and procedures and to advise the University of potential conflicts. For the purposes of this subsection, a “conflict” refers to a situation where a Hospital policy has the potential to impede the implementation of a University policy.

- Provost’s Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14)
- Policy on Appointment of Academic Administrators (attached as Schedule 15)
- Policy on Conflict of Interest – Academic Staff (attached as Schedule 16)
- Guidelines for the Assignment of Postgraduate Medical Trainees (attached as Schedule 17)
- Code of Student Conduct (attached as Schedule 18)
- Code of Behaviour on Academic Matters (attached as Schedule 19)
- Governing Council Report of the Provostial Committee on Centres and Institutes (attached as Schedule 20).
- Policy and Procedures on Academic Appointments (attached as Schedule 21)
- Policy on Ethical Conduct in Research (attached as Schedule 22)
- Policy on Research Involving Human Subjects (attached as Schedule 23)
- Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct (attached as Schedule 24)
- Publication Policy (attached as Schedule 25)
- Policy on Naming (attached as Schedule 26)
- Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources (attached as Schedule 27)
- Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule 28)
- Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 29)
- Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media (attached as Schedule 30)

If the University makes substantive changes to any of these policies, it will advise the Hospital of the changes. With respect to any changes of which it is advised, the Hospital will endeavour to avoid conflicts between the changed policies and Hospital policies and procedures and to advise the University of potential conflicts.

Where the policies of the University referred to in this subsection and policies of the Hospital are in conflict, the matter will be referred to the Joint Committee as set out in Section XII or to other committees as specified in this Agreement or as otherwise agreed by the parties.

iv) If the University proposes to implement any new policy, procedure or guideline which could have an impact on the parties’ obligations under the Agreement, the University will advise the Hospital. If a proposed new University policy, procedure or guideline includes Hospital obligations, the University will work collaboratively with the Hospital with the goal of obtaining the Hospital’s agreement to be bound by the proposed policy, procedure or guideline. In no

event will any new policy, procedure or guideline that is not agreed to by the parties be binding on the parties.

- v) The University and the Hospital will each use their best efforts to inform their appointees and staff of their respective policies and guidelines and of the importance of adhering to them.

II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY DEPARTMENT CHAIRS AND DEANS

II.1 INTRODUCTION

The parties recognize that it is primarily through their staff that they are able to achieve excellence in their endeavours, and that a primary instrument for effecting this affiliation is through the concurrent appointment of those clinical professionals who teach Students in the Hospital. In making such appointments, the parties acknowledge that each party has its own appointment and/or hiring policies and processes and will each respect the other's policies and processes. In addition, they will cooperate with each other in their efforts and processes to maintain excellence, particularly in relation to faculty assessment and promotion, program evaluation and Student evaluation of faculty.

Not all Hospital health professionals will have University appointments. Only those who are in clinical departments and programs that are listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below) and who teach University Students will be eligible for a University appointment.

II.2 POLICIES GOVERNING APPOINTMENTS

The applicable policies of each party will be followed by that party in the hiring, appointment, promotion, disciplining, suspension and termination of faculty by such party. The terms and conditions of the appointment of faculty are detailed in the appropriate documents of the two parties. All faculty will be fully informed in those documents about obligations to their respective institutions including, but not limited to, annual activity reporting, academic promotion and research productivity as applicable. The review, renewal or non-renewal and termination processes for both University and Hospital appointments shall be done in accordance with the respective policies of the University and the Hospital as appropriate.

In addition, the senior leaders of both parties with oversight of hiring, appointment, promotion, disciplining, suspension and termination will work closely together communicating their intent and alerting each other as necessary to joint human resource issues that require collaborative action.

When either party decides to pursue disciplinary proceedings against a faculty member, and the matter could reasonably be of concern to the other party, the first party will, if in its view it is appropriate to do so, inform the other party (the Vice-Provost, Relations with Health Care Institutions at the University or the CEO at the Hospital) of that fact and the parties will exchange relevant information as appropriate. When either party settles or refers to a regulatory board or College a matter concerning a faculty member that could reasonably be of concern to the other party, it will inform the other party (Vice-Provost or CEO) of that fact and the parties will exchange relevant information as appropriate. In each of these circumstances, the parties will treat all such information with appropriate confidentiality.

The parties will work co-operatively with respect to academic performance evaluations of faculty who, because of their job descriptions, require concurrent appointment and/or hiring between the University and Hospital, and neither party will approach or contact such individuals about academic performance evaluation independently of the other.

The Hospital acknowledges that the University will appoint Clinical faculty (physicians) in accordance with the Policy for Clinical Faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2). For those faculty to whom the Policy for Clinical Faculty does not apply (i.e. non-physician faculty), University appointments will be made in accordance with the Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14).

II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF

II.3.1 Staff Complement

The Medical-Dental teaching staff of each of the clinical departments and/or programs of the Hospital where Students are taught (as listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below)) shall consist of a Chief and such other members as it is mutually agreed upon between the Hospital and the University as are necessary to render exemplary teaching and research.

II.3.2 University Appointment and Promotions

Those members of the Hospital Medical-Dental staff who teach Students and are responsible for a course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Health Science Faculty of the University at such ranks and of such categories as the University may determine.

The University will use its best efforts to apply its policies and guidelines respecting appointments and promotions consistently and equitably in all University Faculties and Departments for all affiliated hospitals and teaching sites.

If any such staff member ceases to hold either a Hospital or University appointment, the party where this occurs shall promptly inform the other. This communication shall be the responsibility of the Hospital President and Chief Executive Officer (or delegate) and the Dean of the appropriate Faculty.

II.3.3 Hospital Appointment

Hospital appointments to the medical/dental staff of clinical departments and programs, now or hereafter established, of physicians or dentists who either will not hold University appointments or may also hold part-time or adjunct University appointments will be made in accordance with the Hospital's by-laws, policies and/or procedures. The Chief of the Hospital Department may consult the Chair of the corresponding University department regarding the appointment. For greater certainty, the parties agree that the Hospital does not require the University's approval with respect to such Hospital appointments.

Hospital appointments of staff who will hold full-time University appointments may be made only upon the recommendation of both the Chief of the Hospital Department and the Chair of the University of Toronto Clinical Department, hereinafter referred to as "Chair", or the Dean of a Health Faculty.

Nothing in this Agreement shall be interpreted to limit the Hospital's right to unilaterally alter, suspend or terminate the privileges of its Medical-Dental staff in accordance with its by-laws and the *Public Hospitals Act* as amended from time to time or to require approval of the University in such circumstances.

II.3.4 Terms and Conditions of Appointments

The terms and conditions of appointment are set out in separate University and Hospital appointments. Appointments set out responsibilities for teaching, research and administration. Part-time and adjunct faculty are normally not funded through the University payroll for teaching. The University and the Hospital will negotiate, within the budgetary framework of the University, financial support from the University for administrative oversight of teaching of Students within specific programs, and will set out these terms in a separate letter of understanding as necessary.

II.3.5 Clinical Faculty (Physicians) in the Faculty of Medicine

i) Policy for Clinical Faculty and Procedures Manual for Policy for Clinical Faculty

The parties recognize that Clinical faculty (physicians) are essential to the University's academic mission. They also recognize that the situation of clinical faculty (physicians) is very different from that of University-salaried tenured faculty. Appointments of Clinical faculty are governed by the University's Policy for Clinical Faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2).

ii) Appointment of Clinical Faculty (Physicians)

The Faculty of Medicine will appoint Clinical faculty (physicians) in accordance with the Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2). Clinical faculty (physician) members may be appointed as part-time or adjunct Clinical faculty members, and in some instances as full-time. The criteria for each type of appointment are set out in Procedure 2.0, section VI in Schedule 2 attached.

iii) Academic Group Practices

Some Clinical faculty (physicians) will develop academic group practices through which funds from professional practice at the Hospital will be collected by the physician group and used for academic enrichment of the Hospital Department concerned ("Practice Plans"). The arrangements under which any such group practices function should be consonant with the patient care responsibilities of the Hospital and the academic missions of both the University and the Hospital.

If any Practice Plan now or in the future meets the definition of a "conforming practice plan" as defined in the Procedures Manual, its members shall be considered participants in a conforming practice plan for the purposes of the Policy for Clinical Faculty and its Procedures Manual.

iv) Dispute resolution for Academic Disputes

Academic disputes involving Clinical faculty (physician) members will be dealt with in accordance with the Procedures for Dealing with Academic Disputes (Procedure 3.0 in the attached Schedule 2). The Hospital accepts the jurisdiction of the (Clinical Faculty) Academic Clinical Tribunal (set out in Schedule 2) as regards disputes involving academic freedom concerns in the clinical setting for eligible clinical faculty. The Tribunal's decision will consist of a determination of facts with respect to the complaint, a finding as to whether there has been a breach of academic freedom, and a delineation of the implications of the breach for the complainant. The decision shall be final and binding on the complainant and the Hospital and the University. The Tribunal has no powers to award remedies, or to change any of the provisions of a duly enacted policy or established practice of the University or the Hospital, or to substitute any new provision thereof.

II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY

- i) Health Science faculty of the University includes Hospital staff and employees appointed to one or more University Faculties and Departments other than Clinical Departments in Medicine and Dentistry. These include, but are not limited to: the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, , Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education , Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering.
- ii) The University will use reasonable efforts to promote the appointment of Health Science Hospital staff (i.e., non-physicians or dentists) as Health Science faculty and will work with the Hospital to clearly communicate the criteria for such appointments.
- iii) Health Science faculty may be given teaching appointments by the University in the appropriate Faculty at such rank and in such category as the University may determine. The University will not give University appointments to Health Science faculty without first obtaining the consent of the Hospital's President and Chief Executive Officer or her/his delegate. If a Health Science faculty member ceases to hold an appointment at the University, the Dean of the appropriate Faculty at the University will inform the Hospital of this change.
- iv) Those Health Science faculty holding appointments at the Hospital who teach Students and are responsible for a University course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Faculty of the University at such ranks and of such categories as the University may determine. In particular, Health Science faculty supervising University graduate students (doctoral, doctoral-stream masters) with respect to their graduate work must also hold an appointment in the School of Graduate Studies.
- v) The University recognizes the importance of developing further policies and guidelines governing the appointment and promotion of Health Science faculty, and agrees to engage in a consultative process with the community hospitals to develop these. No such policy or guideline will be binding on the Hospital unless the Hospital agrees to it.

II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS

The Hospital will consult with the University Department Chair (or, in the case of Dentistry, the Dean) or his/her delegate before appointing or reappointing a Chief of a Medical or Dental Department in which significant teaching takes place. The parties acknowledge that it will be expected (although not mandatory) for the Chief of a Medical or Dental Department in which significant teaching takes place to hold a University appointment. The Hospital does not require the University's approval to appoint a particular individual as Chief of a Medical or Dental Department. For greater certainty, except as set out above, the Hospital has no obligation to consult with the University with respect to leadership positions.

II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS

Collectively the community hospitals will have representation as appropriate in searches for Clinical Department Chairs, where there is teaching in the cognate community hospitals' Departments or programs.

In the search for an appointment of a Department Chair the University will follow its Policy on Appointment of Academic Administrators (attached as Schedule 15). When the University wishes to appoint a staff member of the Hospital as a Department Chair, the Dean of the appropriate Faculty will consult with the Hospital's President and Chief Executive Officer prior to offering the position to the staff member concerned.

II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES

The University expects All faculty to perform their duties in accordance with the Policy on Conflict of Interest – Academic Staff (attached as Schedule 16), which sets out the University's expectations for its academic members of staff concerning their commitment to the University's mission, goals and objectives in relation to their outside and related activities. The Hospital expects All faculty to perform their Hospital staff duties in accordance with the relevant Hospital policies.

II.8 REVIEW OF ACADEMIC APPOINTEES

Upon request by the Vice-Provost, Relations with Health Care Institutions of the University, the Hospital will provide to the University for information, as soon as reasonably possible, a listing of All Health Professional faculty at the Hospital.

III TEACHING

III.1 INTRODUCTION

The Hospital acknowledges that the University has primary responsibility for the Teaching Programs in which Students are enrolled, whether those programs are located on or off the University's property. Accordingly, the Hospital recognizes the University's ultimate authority with regard to decisions made with respect to its Teaching Programs. Nevertheless, the University acknowledges the valuable role and specific functions carried out by All faculty who are engaged in the academic teaching mission, in the planning, administration, funding, presentation and review of its Teaching Programs, as well as the use of Hospital premises and access to the Hospital's client populations for clinical teaching, and therefore will involve the Hospital in these processes as appropriate.

The parties will support the efforts and requirements of each other to achieve and maintain excellence in teaching, particularly through such processes as departmental and institutional reviews, accreditation surveys, staff evaluations, program assessments and student evaluations.

The University and the Hospital agree to follow the Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3).

The University (including faculty, staff and Students) and the Hospital share responsibility for creating a learning environment at the Hospital that promotes the development of explicit and appropriate professional attributes (attitudes, behaviours, and identity) in Students. The learning environment includes

formal learning activities as well as attitudes, values, and informal “lessons” conveyed by individuals with whom the Student comes in contact.

III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT

The University and Hospital agree that, subject to the mutual agreement of the parties on annual teaching placements, certain Hospital Departments and programs will engage in core teaching with evaluation, and that some or all of the Hospital staff or health professionals in those Departments and programs will have University appointments and will teach Students.

The University and the Hospital agree to work together in a reciprocal planning process to determine the appropriate number of Student placements by program and in the context of curriculum requirements. The parties also agree that post-graduate Students assigned to the Hospital may not be transferred or reassigned by the University to another affiliated hospital to provide clinical services, without prior Hospital consultation and approval by the Hospital’s Vice-President Education (or equivalent).

University health professional education programs will prepare annually a curriculum outline and the proposed list of Student placements at the Hospital.

The University will deliver the proposed list of Student placements to the Hospital at least 10 months in advance of the start of every academic year for each program. The Hospital will consider whether it can accommodate the proposed Student placements, and the Hospital and the University will negotiate in good faith to reach agreement on the proposed list of Student placements at least 8 months in advance of the start of each academic year. Any subsequent changes to the list of Student placements will be agreed upon by the program leader of the cognate University Faculty, Department or program and the Vice-President Education (or equivalent) at the Hospital at least 4 months in advance of the start of the academic year. If agreement cannot be reached at any stage, the appropriate Dean, or, if relevant, Department Chair, and the Hospital’s President and Chief Executive Officer will endeavour to negotiate an agreement.

The University curriculum, the number of Students needing placements and the Hospital’s ability to take Students may change from year to year for various reasons, and these factors will be relevant to the negotiation of the annual list of Student placements.

The parties will cooperate to implement the annual list of Student placements.

The Hospital undertakes that any teaching of students from other educational institutions will not compromise its ongoing teaching commitment to the University. The University undertakes that, subject to requirements of the Guidelines for the Assignment of Postgraduate Medical Trainees, any assignment of Students to other hospitals or teaching sites (or other clinical settings) will not compromise its ongoing commitment to assign Students to the Hospital.

III.3 MEDICAL ACADEMIES

Medical Academies provide a clinical home for undergraduate medical students and they provide the hospital-based portions of the curriculum in a supportive, student-focused learning environment. Each Academy offers the unique and diverse strengths of its associated hospitals, while maintaining a consistent standard of excellence in their educational role. The University recognizes the importance of this contribution and acknowledges that although the education program and curriculum are under the authority of the University, the management of these hospital-based facilities, including hospital administrative staff, is under the authority of the hospitals.

The Hospital acknowledges the importance of Academies and the Hospital and University will determine together whether the Hospital will be involved in Academy teaching. The terms of any such involvement will be set out in a separate agreement between the Hospital and the University.

III.4 STUDENTS

III.4.1 Placement of Students

For periods of time agreed to by the University and Hospital, Students will be permitted to take instruction and gain clinical and/or practical experience in the Hospital, provided that appropriate services are offered at the Hospital, subject to the Hospital's ability to offer such instruction and/or experience and the Hospital's teaching commitment to the University. The Hospital will provide services and facilities upon the terms and conditions hereinafter set out.

The placement of Students will be based on pedagogic interests, including the need for a wide range of learning experiences, and on accreditation standard requirements for Student Programs and requirements of applicable regulatory bodies, and subject to the Hospital's ability to offer such instruction and/or experience.

Using the process set out in Part III, section 2 above, the number of undergraduate, postgraduate and graduate Students from each University professional program taking instruction in the Hospital shall be negotiated and agreed annually by the representatives of the heads of the appropriate University Faculties or Departments with the representatives of the heads of the appropriate Hospital teaching services.

The Faculty of Medicine will assign postgraduate Students to teaching hospitals and sites and other clinical institutions in accordance with the Guidelines for the Assignment of Postgraduate Medical Trainees (attached as Schedule 17).

Students enrolled in Teaching Programs within Departments and Faculties including, but not limited to, the Departments of Occupational Science and Occupational Therapy, Physical Therapy, Speech/Language Pathology and Radiation Oncology, Dalla Lana School of Public Health, the Lawrence S. Bloomberg Faculty of Nursing, the Leslie Dan Faculty of Pharmacy, the Faculty of Dentistry and the Factor-Inwentash Faculty of Social Work are assigned to the Hospital in accordance with the curriculum plan for each clinical course or program and with the Hospital's ability to provide an appropriate placement.

The University will be responsible for informing Students who are placed at the Hospital that they are required to comply with Hospital policies.

III.4.2 Transfer of Students

The Hospital will transfer Students of the University assigned to it for training and experience to another hospital or site or clinical facility only in collaboration with and with approval of the appropriate Department Chair and Dean or their delegates. However, provided it informs the University, the Hospital may, at its discretion, assign Students to training activities in other training sites for part of the Student's rotation at the Hospital. The assignment of medical Students to other affiliated hospitals within an Academy will follow the relevant guidelines for the Medical Academy.

III.4.3 Termination of Student Placement for Unacceptable Behaviour

The University recognizes the right of the Hospital, after consultation with the appropriate University Dean or Department Chair, to terminate the placement in the Hospital of an individual

Student, if the Student's behaviour or activities are considered by the Hospital to be unacceptable according to relevant Hospital policies. If the behaviour, conduct or activities of a Student is considered to be unacceptable to the University, that Student will be treated by the University in accordance with the University's Code of Student Conduct (attached as Schedule 18) and by the Hospital in accordance with any applicable Hospital policies.

Notwithstanding the above, if in its sole discretion the Hospital determines that a Student's behaviour or activities is placing patient or Hospital staff safety at risk, or unreasonably interferes with the operation of the Hospital's programs or services, the Hospital may remove the Student from patient or Hospital staff contact immediately and, after contacting the appropriate Dean or Department Chair so that the University can take interim measures under its Code of Student Conduct, may terminate the Student's placement.

III.4.4 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour

In order to protect the integrity of the teaching and learning relationship, the University's Code of Behaviour on Academic Matters (attached as Schedule 19) will apply to its faculty and Students in the Hospital.

The Faculty of Medicine's Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule 28) and Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 29) will apply to faculty and Students in the Hospital as applicable.

III.4.5 Specification of the Responsibility for Treatment, Follow-Up, and Associated Financial Responsibility in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard

- a) The University and the Hospital are committed to protecting the health and safety of Students participating in training on the premises of the Hospital as assigned per this Agreement.
- b) The University undertakes to ensure that Students are educated about exposure, injury, treatment and follow-up, including their professional responsibility for self-care (as appropriate) before they are placed in the Hospital. Furthermore, the University undertakes to include education of Students about the effects of infectious and environmental disease or disability on Student learning activities.
- c) The University commits to informing all Students of University policies and procedures relevant to this issue before the Students will be permitted to undertake any educational activities that would place them at risk of injury or exposure to infectious disease. Likewise, the Hospital commits to informing all Students of any Hospital policies and procedures relevant to this issue.
- d) Immediate Treatment
 - i) All Students placed in the Hospital per this Agreement will be advised to access services through the Occupational Health unit of the Hospital (or other appropriate Hospital unit) in the event of an injury or an exposure to an infectious or environmental hazard that occurs during the course of their placement. The Occupational Health unit will facilitate the Student's access to immediate treatment within the Hospital or the Student's transfer to another clinical site if appropriate care is not available within the Hospital.
 - ii) Outside of the operating hours of the Occupational Health unit of the Hospital, all Students who incur an injury or exposure to an infectious or environmental hazard must present at the Hospital's designated site for after-hours care of workplace injuries for

treatment. The Occupational Health unit of the Hospital commits to making readily available the details of the after-hours protocol.

- e) Follow-up
- i) Follow-up care may include but is not limited to counselling and medical treatment.
 - ii) Follow-up administrative support may include but is not limited to the completion of forms and other documentation related to the injury or exposure.
 - iii) The University will provide access to a reasonable level of follow-up administrative support to Students who incur an injury or exposure to an infectious or environmental hazard in the course of their placement with the Hospital. The relevant Teaching Program will specify the individual or individual(s) who hold primary responsibility for providing this administrative support.
 - iv) The nature of and responsibility for follow-up care will be determined jointly by appropriate representatives of the University and the Hospital, on a case-by-case basis, in a timely manner. As an outcome of this discussion, the Student will be presented with one or more of the following options regarding where they may access follow-up care:
 - At the location where the injury/exposure occurred
 - With the University's student health services
 - With a physician of his/her own choosing (e.g. his/her family doctor)
 - At his/her Academy base site (for undergraduate medical Students)
 - Through another care provider arranged by the University
- f) Financial responsibility
- i) The Ministry of Training, Colleges and Universities ensures that all Students who are placed in the Hospital on unpaid placements under their program of study are eligible for either Workplace Safety and Insurance Board (WSIB) coverage of claims or private insurance for coverage of claims.
 - ii) To safeguard Students' access to financial compensation under WSIB coverage, the University and the Hospital are each responsible for the timely reporting of all incidents involving Students who incur an injury or exposure to infectious or environmental hazards while on the premises of the Hospital.
 - a. The Hospital commits to the immediate reporting to the University of any Student injury or exposure to infectious or environmental hazard.
 - b. Upon notification by the Hospital, the University commits to the reporting of the incident to the WSIB within the maximum timeframe specified by the WSIB.

III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW

III.5.1 Program Planning

While recognizing its own authority and responsibility for the content and quality of the programs in which it places its Students, the University notes the essential role of All faculty in the presentation of clinical and practical experiences and programs of instruction to Students. Thus, where there is core curriculum teaching in a department or program at the Hospital, the Deans of the University's Faculties and Schools, or their delegates, will invite the Hospital to participate in the planning of the programs and experiences to be offered to Students in related Departments at the University. Hospital participation could range from representation on University

divisional/departmental education/curriculum committees to informal meetings between course coordinators and Hospital preceptors.

The University will assist the Hospital as required in setting up Teaching Programs.

The Hospital will notify the appropriate Dean or her/his delegate(s) of any proposed change in Hospital strategic plans and Ministry of Health and Long-Term Care accountability agreements that would materially affect the teaching obligations of the Hospital as set out in this Agreement and, where feasible, will invite the University to comment prior to making any such changes.

III.5.2 Quality Control

In order to assess the quality of and maintain the highest standards in its Teaching Programs, the University employs a variety of evaluative tools. Foremost among these is the review process, using either internal or external reviewers as deemed appropriate.

Some reviews are mandated by external organizations such as accreditation bodies, while others are initiated from within the University. In addition, Students are asked regularly to evaluate the performance of teaching staff following a particular course, part of a course or practical experience. Department Chairs and Deans also review annually the performance of academic staff in all areas of staff responsibilities including teaching.

The Hospital acknowledges the importance of these and other measures to the mission of the University, recognizes that they also bear upon the success of the Hospital in achieving its own objectives and accordingly agrees, subject to available resources, to support and assist the University and the Faculties corresponding to Hospital departments where Students are taught in their efforts to maintain the quality of its Teaching Programs.

The University will use its best efforts to provide the Hospital with copies of the usual performance evaluations by Students of the Hospital's teaching staff. The University acknowledges the importance of these evaluations to the mission of the Hospital and recognizes that they also bear upon the success of the Hospital in achieving its own objectives.

III.5.3 Responsibility to Inform of Circumstances Affecting Teaching Programs

The parties acknowledge that decisions of accreditation authorities, requirements of the Professional Association of Internes & Residents of Ontario and other circumstances may affect Teaching Programs, and they agree to inform each other of any such decisions or circumstances as soon as they become aware of them. This communication will be effected by the Vice-Provost, Relations with Health Care Institutions and the President and Chief Executive Officer of the Hospital.

III.5.4 Availability of Patients for Teaching

The Hospital will allow Students, for teaching purposes, access to such of its patients and their personal health information, both in-patients and ambulatory patients, as are necessary to meet its teaching commitments set out in the list of Student placements agreed to by the University and the Hospital, subject to such restrictions as are imposed by the Hospital staff for clinical reasons and by Hospital patients, including any exercise of their right to refuse Student access.

The Hospital will use its best efforts to provide the necessary mix of patients to meet the educational needs of Students placed in the Hospital. In exceptional circumstances if the Hospital ascertains that it will not be able to meet Students' needs in any program or area as previously

agreed upon, it will promptly advise the appropriate Department Chair or Dean and assist in finding alternate arrangements for the Students.

The University will comply with all applicable privacy laws, including the Personal Health Information Protection Act, 2004, and agrees that it will advise all Students that they are required to comply with all applicable privacy laws and Hospital policies and procedures.

III.5.5 Facilities

The Hospital will provide in the Hospital such facilities for Students and clinical teachers as are agreed to by the Hospital's Vice-President Education (or equivalent) and the relevant Faculty Dean(s).

The Hospital agrees to recognize the accreditation standard requirements for the undergraduate medical student program with respect to space and facilities, specifically standard ER-7 of the Liaison Committee on Medical Education, which provides as follows:

Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

The sharing of infrastructure expenses between the University and the Hospital will be negotiated in good faith from time to time among the University Department Chairs, the Deans and the Hospital's Vice-President Education (or equivalent).

III.5.6 Continuing Education and Professional Development

The University is committed to providing opportunities for All faculty to enhance their education skills through faculty development. University Departments and programs will facilitate the professional development of All faculty through appropriate educational methods (such as interactive seminars, workshops and on-line education skill development programs) relevant to the delivery of clinical teaching and learning.

IV NON-DISCRIMINATION AND HUMAN RIGHTS

The University and the Hospital are committed to human rights and shall comply with the Human Rights Code (Ontario) and other applicable rights and equity legislation. The parties will remain committed to the principle of fair and equitable treatment for all.

The parties are committed to having an environment free of prohibited discrimination and harassment. Each party will adopt their own appropriate policies with respect to discrimination and harassment and will have guidelines as to how it will deal with allegations of prohibited physical and verbal harassment and sexual harassment. In the cases of allegations of sexual harassment, the parties agree to follow the

Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4) for determining which sexual harassment policy applies and whether the University or the Hospital is responsible for dealing with a complaint.

V WORKPLACE VIOLENCE

When the Hospital becomes aware of an incident or complaint of workplace violence as defined in the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009, including an attempt or a threat of workplace violence, by or against a Student or faculty member, the Hospital will, if in its view it is appropriate to do so, inform the Vice-Provost, Relations with Health Care Institutions as soon as reasonably practicable, regardless of whether or not the Student or faculty member is an employee of the Hospital.

When the University becomes aware of an incident or complaint of workplace violence as defined in the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009, including an attempt or a threat of workplace violence, by or against a Student or faculty member, the University will, if in its view it is appropriate to do so, inform the Hospital as soon as reasonably practicable.

Each party will comply with its own policies, procedures and obligations with respect to workplace violence and harassment as applicable in the view of that party.

VI RESEARCH

VI.1 INTRODUCTION

In achieving their common goals in research, the parties will consult each other in their research strategic planning processes.

VI.2 CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS

The Hospital and the University recognize that it is appropriate from time to time to take advantage of the synergy created by bringing together experts in a new or interdisciplinary field into a new administrative organization. In establishing such administrative units, the University will follow the provisions of the Governing Council Report of the Provostial Committee on Centres and Institutes (attached as Schedule 20). If, in creating such units, the Hospital wishes a unit to be designated as a University academic unit, then the procedures and requirements of Schedule 20 will be followed.

VI.3 RESEARCH CHAIRS AND PROFESSORSHIPS

In the establishment and maintenance of research chairs and professorships, the University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed.

In making appointments of persons to endowed or designated chairs or professorships, the University's Policy and Procedures on Academic Appointments (attached as Schedule 22) or the Policy for Clinical Faculty (attached as Schedule 1) and its Procedures Manual (attached as Schedule 2), where relevant, will be followed.

VI.4 INVENTIONS AND INTELLECTUAL PROPERTY

Both the University and the Hospital have their own policies regarding the ownership and treatment of inventions and intellectual property. The protocol as between the University and the Hospital regarding inventions and intellectual property is set out in a separate agreement, which is attached as an Appendix. Faculty of Medicine graduate Students and their supervisors are also governed by Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8).

VI.5 THE CONDUCT OF RESEARCH

VI.5.1 Ethical Conduct

The parties expect the highest standards of ethical conduct in every aspect of research. To this end, All faculty and Students will be expected to adhere to all relevant policies on ethical conduct of research, following the University Policy on Ethical Conduct in Research (attached as Schedule 22) when conducting research on campus and following the parallel Hospital policy when conducting research at the Hospital.

Faculty with appointments in the University Faculty of Medicine will also adhere to all relevant Faculty guidelines, including the Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11), Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9), and the Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10).

Where there is an allegation of research misconduct against any faculty member, the University's Framework to Address Allegations of Research Misconduct (attached as Schedule 12) and Addendum (attached as Schedule 13) set out the criteria to determine which representative of the Faculty and/or Hospital will deal with the allegations. The Hospital will develop and maintain policies regarding research misconduct within its jurisdiction which are consistent and congruent with the University and Health Faculties' policies and which have parallel processes for dealing with allegations of research misconduct.

VI.5.2 Human Subjects Research

Conducting human subjects research is advantageous to advance knowledge and ultimately to improve healthcare and health outcomes. The Hospital and University recognize the importance of facilitating human subjects research as part of the joint academic mission. The Hospital and University are also committed to ensuring that human subjects research is conducted in a manner that meets or exceeds ethical standards.

The Hospital will operate its own Research Ethics Board (REB) or Boards (or be part of an REB consortium) that will be separate and independent from the University REB and that will be operated in a manner consistent with the principle of harmonization of research ethics and research policies set out in this Agreement. The Hospital agrees its own REB or REBs (or the REB consortium) will adhere to the Tri-Council Policy Statement (and its updates) and applicable legislation, including but not limited to the Personal Health Information Protection Act, 2004 and O.Reg 245/06. In the event that the Hospital does not have its own REB, it agrees to accept the review of a Board accepted by the University. The Hospital and University agree to collaborate, as appropriate and reasonable, in arrangements designed to enhance the effectiveness, efficiency and consistency of ethical review processes.

VI.5.3 Conflict of Interest

All faculty conducting research at the Hospital will be governed by the conflict of interest policy of the Hospital.

VII HEALTHCARE DELIVERY

In supporting the Hospital in achieving its objectives and carrying out its responsibilities in healthcare delivery and patient care, the parties acknowledge that the Hospital is solely responsible for all healthcare delivery and patient care that occurs on the Hospital's premises or under the Hospital's jurisdiction. Nevertheless, the Hospital recognizes that the University has an interest in patient care and healthcare delivery, as they impact on the teaching of Students and on research. The University will support the Hospital in its efforts and requirements to maintain excellence in its standards of patient care and healthcare delivery particularly with regard to such processes as accreditation and review, and through the offering of constructive evaluation to the Hospital.

VIII LIBRARY AND INFORMATION SERVICES

The parties recognize the necessity of the provision of excellent library and information services in order to achieve their common objectives in teaching and research. Thus, they will cooperate and collaborate in planning, providing and maintaining such services. The parties accept their responsibilities to each other with regard to these services, subject to the limits of their financial resources.

The University will work with the Hospital to facilitate remote access by the Hospital to the University's library and information services.

IX FUNDRAISING FOR ENDOWED CHAIRS AND PROFESSORSHIPS

Fundraising from private sources is an important source of funding for endowed chairs and professorships, which benefit both the Hospital and the University. The parties recognize that their fundraising constituencies overlap and that normally their fundraising campaigns and activities will operate independently. But it is anticipated that opportunities will arise from time to time where joint fundraising for endowed chairs and professorships will be appropriate or where they will be able to assist each other in their separate endeavours. To this end, the parties will endeavour to inform each other of their fundraising plans and priorities for endowed chairs and professorships.

The University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed in connection with endowed chairs and professorships. This does not preclude the Hospital from starting the process of establishing a Hospital / University endowed chair. As early as possible, the appropriate Hospital research or clinical leader should consult with the relevant Department Chair and/or the relevant Dean to ensure that the proposed endowed position is consistent with approved academic plans, objectives and mission. The Hospital's naming policy and the University's Policy on Naming (attached as Schedule 26) will both be applied in the naming of the benefaction.

X USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION

The University encourages the use by the Hospital of the University and Faculty names and insignia as appropriate on letterhead and on all other materials in the ordinary course of business (e.g., websites, correspondence, course materials) in matters that are directly relevant to the affiliation with the University. The University will similarly refer to its affiliation with the Hospital as appropriate on materials in the ordinary course of business in matters that are directly relevant to the affiliation. Each party has a responsibility for safeguarding the names and insignia of the other, and, if there is any doubt as to appropriate use, for seeking clarification from the other party.

Authorization to each party to use the name and official form of the logo(s) of the other party is limited to the purpose of officially recognizing the affiliation between the parties. Use of the name or logo(s) of a party for any purpose other than officially recognizing the affiliation between the parties requires prior written authorization from that party.

The Hospital recognizes that All faculty members are expected to cite the University of Toronto as one of their institutional affiliations in their research articles, conference papers and other publications. The Hospital will promote the citation of the University of Toronto on publications accordingly. For clarification, the Hospital is not expected to review and approve all publications, but is expected to make reasonable efforts to create a culture where both the University and the Hospital are named on all publications.

XI NOTIFICATION AND CONSULTATION

Unless otherwise specified in this Agreement, where the Hospital is required to give notification to or consult with the University, communication with the Vice-Provost, Relations with Health Care Institutions will meet that requirement.

Unless otherwise specified in this Agreement, where the University is required to give notification to or consult with the Hospital, communication with the (TO BE ADDED BY THE HOSPITAL) will meet that requirement.

With respect to obligations of officials identified in this Agreement, if the Hospital or the University reassigns or reorganizes responsibilities within the institution such that the identified official is no longer appropriate to carry out the obligations assigned in this Agreement, the Hospital or the University will notify the other party of the change to the official carrying out the obligation under the Agreement.

All notices sent to the other party pursuant to this Agreement which are required to be in writing shall be delivered by hand; or by certified or registered mail, postage prepaid, return receipt requested; or by overnight courier; or by FAX, as follows:

If to University of Toronto:

Vice-Provost,
Relations with Health Care Institutions
University of Toronto
Toronto, Ontario
FAX # 416-X-X

If to Hospital:

President and CEO
X Hospital
Toronto, Ontario
M5
FAX# 416-X-X

All notices shall be deemed received on the date of delivery or, if mailed, on the date of receipt appearing on the return receipt card.

XII COORDINATION AND LIAISON

XII.1 UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES

The Hospital will have representation on the Hospital University Education Committee and any committee dealing with integrated and community education issues that is established in the future.

The Vice-Provost, Relations with Health Care Institutions will, in consultation with the Hospital, endeavour to identify additional committees, working groups and task forces that might need to be developed to advance the joint mission. These additional committees, working groups and task forces shall, in general, include representation from the University and the community hospitals.

The Hospital and the University will liaise as appropriate on all task forces, committees and meetings as may be struck from time to time.

XII.2 LIAISON

XII.2.1 Hospital

Each health profession discipline will have an assigned leader in the Hospital, such as the Chief, with whom the leader of the University programs will work directly. Generally, teaching placement and evaluation are the responsibility of the assigned leader.

All health professional teaching will be overseen by a senior executive of the Hospital who reports to the Hospital's President and Chief Executive Officer or his/her delegate.

The Hospital will name an individual(s) who will act as a liaison with the University for all University academic programs.

XII.2.2 University

The University will establish and maintain an Office of Community-Academic Relations and appoint a Director, Distributed Medical Education to assist with the liaison functions in advancing the clinical teaching in the Hospital and to support the implementation of new affiliation agreements.

XIII CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS

The University will use its best efforts to ensure that its agreements with other community hospitals contain substantially the same provisions as are contained in this Agreement.

XIV MAINTENANCE OF AFFILIATION

In order to monitor and coordinate this Affiliation, there will be ongoing liaison between the Vice-Provost, Relations with Health Care Institutions (or delegate) and the President and Chief Executive Officer of the Hospital (or delegate).

As needed, issues arising from this Agreement may be referred to an ad hoc Joint Committee. A Joint Committee may be struck by either party as needed to address issues arising from this Agreement, relations between the parties and proposed changes to the policies of either institution that are referred to

it, and will be comprised of equal numbers of representatives from the University and Hospital. The Committee will be co-chaired by the Vice-Provost, Relations with Health Care Institutions and the Hospital President and CEO (or their delegates), each of whom will appoint members to represent their institution. The Committee may at its discretion add ad hoc members in equal numbers from the Hospital and University from time to time to assist it with any issue. A Joint Committee will meet on an as needed ad hoc basis, at times and locations to be mutually agreed to by the parties. Either party may call a meeting of a Joint Committee. The Committee shall consider and make recommendations to the University and to the Hospital with respect to matters referred to it and, in addition, the Committee shall perform any duties assigned to it by the terms of this Agreement. The Joint Committee will use its best efforts to reach mutually acceptable solutions to disputes between the University and the Hospital related to this agreement; if no agreement can be reached on a particular issue, the parties will continue to implement the balance of the Agreement so far as practicable.

XV LIABILITY, INDEMNIFICATION AND INSURANCE

XV.1 LIABILITY

The parties agree that the University shall not be liable to the Hospital for any bodily injury (including death), any loss or damage to the property of or to the Hospital, its Board members (or trustees), officers, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or damage is caused or contributed to by the willful or negligent act or omission of the University, its governors, officers, faculty, employees or agents while acting within the scope of their duties.

The parties agree that the Hospital shall not be liable to the University for any bodily injury (including death), any loss or damage to the property of or to the University, its governors, officers, faculty, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or damage is caused or contributed to by the willful or negligent act or omission of the Hospital, its officers, employees or agents while acting within the scope of their duties.

The Hospital assumes legal liability for the proper maintenance of its facilities and services provided in respect of the subject matter of this Agreement.

XV.2 INDEMNIFICATION

Subject to the provisions of section 1 above, the Hospital shall at all times indemnify and save harmless the University, its governors, officers, faculty, employees, agents and Students from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as "losses") made or brought, prosecuted or threatened to be prosecuted against the University by whomsoever arising out of the Hospital's performance or non-performance of this Agreement.

Subject to the provisions of section 1 above, the University shall at all times indemnify and save harmless the Hospital, its Board members (or trustees), officers, employees and agents from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as "losses") made or brought, prosecuted or threatened to be prosecuted against the Hospital by whomsoever arising out of the University's performance or non-performance of this Agreement.

Notwithstanding the provisions of the indemnity set out above and the limitation of liability in section 1 above, each party shall be responsible for all losses made or brought, prosecuted or threatened to be prosecuted by whomsoever arising out of:

- i) the use by that party of any result of any research as contemplated by this Agreement, or
- ii) the infringement by that party of any patent, trade mark, industrial design, copyright or other intellectual property right or as a result of the development, use or exploitation thereof.

XV.3 INSURANCE

The Hospital shall maintain in full force and effect a policy of comprehensive liability insurance, or equivalent self-insurance, to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees, agents and Students that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence. Such insurance coverage will protect Students assigned to the Hospital against legal liability incurred by them while acting within the scope of their duties and arising from the instruction, direction or supervision provided by the Hospital.

The University shall maintain in full force and effect a policy of comprehensive liability insurance to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees and agents that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence.

The Hospital shall maintain in full force and effect a policy of direct damage property insurance against normal risks of physical loss or damage as contemplated by a standard "All Risks" property insurance policy covering all equipment of the University which is located on Hospital premises for an amount not less than the full replacement value thereof.

The Hospital and the University will produce satisfactory evidence of insurance coverage to each other as set out above upon written request so to do.

XV.4 STUDENT WORKPLACE INSURANCE

Neither the Hospital nor the University is responsible for Workplace Safety and Insurance Board premiums for Students, but the University will be responsible for arranging the relevant WSIB documentation regarding coverage for eligible Students.

XVI TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT

The term of this Agreement is for five (5) years from January 1, 2013 to December 31, 2017.

The University and the Hospital will commence discussions regarding renewing this Agreement eighteen (18) months before its expiry date.

If, at the end of the term, a new agreement has not been executed and neither party has given 12 months prior written notice of their intention not to renew this Agreement, then this Agreement will survive until such time as either a new agreement is executed or this Agreement is terminated by either party giving the other 12 months prior written notice.

This Agreement may be terminated by either party as of January 1 in any year during the term of the Agreement by giving to the other party at least twelve (12) months' prior written notice.

This agreement may be terminated immediately by either party giving written notice to the other party if any of the following occurs:

- a) the nature of the other party's operations, or its corporate status, changes such that it is no longer able to meet its obligations under the Agreement;
- b) the other party makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver;
- c) the other party ceases to operate; or
- d) an event of Force Majeure (as described in section XVII.4 below) continues for a period of 60 days or more.

This Agreement and the Appendix to it may be amended by the parties at any time provided that no amendment shall be binding unless in writing and signed on behalf of the parties by their proper officers. Notwithstanding the foregoing, each of the Hospital and the University may amend its own internal policies referred to in this Agreement (including the attached Schedules) in accordance with its normal amending procedures, subject to the requirements of Part I, section 5 herein.

XVII GENERAL TERMS

XVII.1 ASSIGNMENT AND ENUREMENT

This Agreement and the rights and obligations hereunder are not assignable by either party. This Agreement shall inure to the benefit of and be binding upon the University and the Hospital and their successors.

XVII.2 INDEPENDENT CONTRACTORS

The parties are independent contractors, and no agency, partnership, joint venture, employee-employer, or franchisor-franchisee relationship is intended or created by this Agreement.

XVII.3 GOVERNING LAW

The laws of the Province of Ontario and applicable Canadian law shall govern the terms of this Agreement and the parties agree to submit to the exclusive jurisdiction of the courts of the Province of Ontario for any legal proceedings arising out of this Agreement.

XVII.4 FORCE MAJEURE

The parties acknowledge that in the event of circumstances beyond the control of either party such as a community disaster, a strike, a fire, an infectious outbreak or other situation in which the continued provision of facilities or assignment of Students pursuant to obligations under this Agreement would substantially interfere with the Hospital's primary duty of care to its patients or its research obligations or with the University's teaching or research obligations, each party reserves the right to suspend performing its obligations under this Agreement immediately without penalty and until such time as the party reasonably determines that it is able to resume performance of its obligations herein.

XVII.5 ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and supersedes all other prior or contemporaneous representations, agreements, understandings or commitments, whether written or oral, between the parties relating to the subject matter herein, including, without limitation, the agreement(s) dated_____, as extended and/or amended by the parties in writing. For greater clarity, this Agreement shall mean collectively, the terms and conditions contained in sections I to XV of this document, and the attached and referenced Appendix and Schedules and any other specifically referenced documents. The invalidity of any provision of this Agreement shall not affect the validity of the remaining provisions and this Agreement shall be construed as if such invalid provision had been omitted. No provision of this Agreement may be terminated, modified or waived except as set forth in a written agreement executed by authorized representatives of the parties.

XVII.6 COUNTERPARTS

This Agreement may be signed in counterparts and each of such counterparts will constitute an original document and such counterparts, taken together, will constitute one and the same instrument.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be signed by their duly authorized officers.

Seal

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

APPENDIX

INVENTIONS AND INTELLECTUAL PROPERTY

THIS AGREEMENT dated the 1st day of January, 2013 (the “**IP Agreement**”).

BETWEEN
The Hospital
(the “Hospital”)

and

THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO
(the “University”)

WHEREAS the Hospital and the University have an affiliation agreement and many Hospital staff and University faculty members are concurrently appointed;

AND WHEREAS some of these staff members may, from time to time, create inventions and other intellectual property;

AND WHEREAS both the Hospital and the University (individually a “Party” and collectively the “Parties”) have their own separate and distinct policies regarding the ownership and treatment of inventions and other intellectual property;

AND WHEREAS it is important for the successful commercialization of such inventions and other intellectual property that there be no uncertainty regarding the application of those policies;

NOW THEREFORE IN CONSIDERATION OF premises and mutual covenants contained within the parties hereto agree as follows:

1. Definitions

In this IP Agreement, the following terms shall be deemed to have the following meanings:

- (a) “Invention” – any new and useful art, product, service, discovery, innovation, process, pattern, machine, process of manufacture or composition of matter or a formula thereof, new life form, computer software, compilation of information in whatever medium whatsoever, and attendant know-how or any new and useful improvement thereof, whether or not protected or protectable by patent, copyright or registration as an industrial design or trademark or pursuant to any other intellectual property or trade secret protection law which now exists or may exist in the future which was created with financial support, staff support, or the provision of space, equipment or supplies from either or both parties.
- (b) “Net Revenues” – all royalties, license fees and other income (excluding funds received in support of direct and indirect costs of the sponsored research project) received by a

Party from the assignment or commercialization of or licensing of rights to an Invention, minus legal and other fees reasonably and actually incurred directly in the process of establishing and maintaining the legal protection of those rights.

- (c) "Owner" means the Party determined under section 3.1 to be the owner of all patents, trademarks, copyright, proprietary and/or other intellectual property rights relating to an Invention.
- (d) "Share" – the proportionate share of support and Net Revenues determined or assigned to a Party as more particularly described in section 3.2.

2. Mutual Disclosure

- 2.1 When a staff member holding appointments in both the University and the Hospital makes or creates an Invention, he/she shall disclose it to one of the Parties, in accordance with the inventions and intellectual property policies of that Party. If the disclosure indicates that, in the process of creating the Invention, the individual used, in any way, facilities owned, operated or administered by the other Party and/or has received personal financial compensation from the other party and/or received funds from the other party that contributed to the direct costs of the project that resulted in the Invention, the Party to which the disclosure has been made will provide a copy of the disclosure to the other Party as soon as possible.
- 2.2 No Party shall enter into a research agreement or contract which imposes any obligation or liability on the other Party, including a commitment of the personnel, Students or facilities of the other Party or an obligation with respect to the past, present or future intellectual property rights of the other Party, without the express, written consent of the other Party. The Party wishing to enter into such a research agreement or contract shall provide a copy of the proposed research agreement or contract, in confidence, to the other Party and shall consult fully with respect to the obligation or liability that would be imposed on the other Party.
- 2.3 For the purpose of this IP Agreement, undergraduate and graduate Students, clinical and research fellows, and postdoctoral fellows will be treated in the same fashion as staff members holding appointments in both the University and the Hospital in all respects.
- 2.4 Any Invention disclosure disclosed by either Party to the other under this IP Agreement shall be treated as confidential by the receiving Party unless the disclosing Party indicates in writing that it is non-confidential.

3. Ownership

- 3.1 Unless otherwise agreed among the Parties, due to extenuating circumstances, ownership of the patents, trademarks, copyright, proprietary and/or other intellectual property rights relating to the Invention shall vest with the Party on whose premises the Invention was made. If the Invention was made on the premises of both Parties or the Parties cannot agree on where the Invention was made, ownership shall vest with the Party that has provided the greater proportionate share of the salaries of the academic staff members named as inventors for the Invention at the time when the Invention was disclosed. The determination of that proportionate share shall be made by the Parties' Vice-Presidents Research or their delegates.
- 3.2 For all Inventions, the Parties shall determine, by mutual agreement, each Party's proportionate share of support to the research project from which the Invention arose and proportionate share of Net Revenues from the Invention (the "Share"). This determination shall be made jointly by the Vice-Presidents Research of the Parties or by

their designates. The Parties shall consider the following factors in determining each Party's Share: use of the premises of each Party, personal financial compensation paid by each Party to the inventor(s) and any contribution by either Party to the direct costs of the project from which the Invention arose, excluding grants from third parties.

3.3 In all cases, the Invention will be subject to the policies of the Owner.

4. Negotiation and Commercialization

4.1 Unless otherwise agreed, the Owner will assume full responsibility for applying for legal protection and/or for commercializing the Invention. The Owner will assume responsibility for all the costs and liabilities incurred in such activities. The Owner will also ensure that the other Party is kept informed about all patent applications, issued patents, licenses or other agreements or events which relate to commercialization of the Invention.

4.2 Inventions may arise involving two or more inventors where each Party is determined to be a joint Owner. In these circumstances, the Parties shall negotiate in good faith an agreement to cooperate to protect and commercialize the jointly-owned Invention and, unless otherwise agreed by the Parties, the Party whose inventors have made the predominant inventive contribution shall be responsible for protecting and commercializing such Invention.

5. Proceeds from an Invention

5.1 All Net Revenues from an Invention will be divided between the Parties in proportion to each Party's Share. Each Party's Share will be distributed in accordance with the Party's intellectual property policies.

5.2 If equity in a company is received by the Owner in lieu of revenue in whole or in part, the equity shall be divided between the Parties in proportion to each Party's Share.

6. Dispute Resolution

6.1 Any dispute arising under this IP Agreement which cannot be settled amicably between the Parties shall be submitted to arbitration by a panel composed of one member nominated by the University, one member nominated by the Hospital and one member selected by the first two arbitrators. The panel's decision will be made by a majority of the three panel members within thirty (30) days of its appointment. The decision shall be final and binding upon the Parties.

6.2 If the nominees cannot agree on the identity of the third panel member, an application will be made to the court for the appointment of a third arbitrator.

7. Notices

7.1 All notices required under this Agreement shall be in writing and, unless otherwise agreed, shall be delivered by mail, facsimile transmission (with confirmation of delivery), or in person to the Parties at the following addresses:

University: Vice-President, Research
University of Toronto
27 King's College Circle
Toronto, Ontario M5S 1A1

Hospital:

8. Amendment

8.1 This IP Agreement may be modified at any time by mutual written agreement of the Parties.

9. Term and Termination

9.1 This IP Agreement shall enter into force as of the date first written above and shall remain in force until termination by mutual agreement of the Parties or thirty (30) days after presentation of written notice of termination by one Party to the other.

IN WITNESS WHEREOF the Parties hereto have caused this Agreement to be signed by their duly authorized officers on the day and date first above written.

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

SCHEDULES NOTED IN COMMUNITY AFFILIATION AGREEMENT (Updated September 22, 2014)

Schedule	Title
1	Policy for Clinical Faculty http://www.governingcouncil.utoronto.ca/policies/clinical.htm
2	Procedures Manual for Policy for Clinical Faculty (PDF only) http://www.facmed.utoronto.ca/sites/default/files/Procedures%20Manual%20for%20Policy%20for%20Clinical%20Faculty.pdf
3	Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching http://facmed.utoronto.ca/sites/default/files/Guideline%20for%20Ethics%20in%20Clinical%20Training.pdf
4	Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Health_Safety/Sexual%20Harassment%20Protocol.pdf
5	Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives http://www.governingcouncil.utoronto.ca/policies/Endowed.htm
6	Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) http://facmed.utoronto.ca/sites/default/files/Guidelines%20for%20Clinical%20Sites%20re.pdf
7	Harmonization of Research Policies Note: URL not available
8	Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research http://www.facmed.utoronto.ca/sites/default/files/ind.pdf
9	Protection for Intellectual Freedom and Publication Rights http://facmed.utoronto.ca/sites/default/files/Protection%20of%20Intellectual%20Freedom%20and%20Publication%20Rights.pdf
10	Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects http://facmed.utoronto.ca/research/policy-offer-and-acceptance-finders-fees-or-completion-fees-research-involving-human
11	Principles and Responsibilities Regarding Conduct of Research http://facmed.utoronto.ca/sites/default/files/rp1011.pdf
12	Framework to Address Allegations of Research Misconduct http://www.research.utoronto.ca/wp-content/uploads/2009/03/framework-to-address-misconduct-2006.pdf
13	Addendum to Framework to address Allegations of Research Misconduct http://facmed.utoronto.ca/sites/default/files/Research%20Misconduct%20Framework%20Addendum%20-%20Procedures%20for%20Determining%20Jurisdiction%20in%20Complaints%20Involving%20Certain%20Non-University%20Institutions.pdf
14	Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments http://aapm.utoronto.ca/status-only-adjunct-and-visiting-professors
15	Policy On Appointment of Academic Administrators http://www.governingcouncil.utoronto.ca/policies/acadmin.htm
16	Policy on Conflict of Interest – Academic Staff http://www.governingcouncil.utoronto.ca/policies/conacad.htm
17	Guidelines for the Assignment of Postgraduate Medical Trainees http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Assignment_Trainees/Guidelines%20for%20the%20Assignment%20of%20PG%20Trainees_nh_v1_06Jan2012.pdf
18	Code of Student Conduct http://www.governingcouncil.utoronto.ca/policies/studentc.htm
19	Code of Behaviour on Academic Matters http://www.governingcouncil.utoronto.ca/policies/behaveac.htm
20	Governing Council Report of the Provostial Committee on Centres and Institutes http://www.governingcouncil.utoronto.ca/AssetFactory.aspx?did=3124

Schedule	Title
21	Policy and Procedures on Academic Appointments http://www.governingcouncil.utoronto.ca/policies/phoct302003i.htm
22	Policy on Ethical Conduct in Research http://www.governingcouncil.utoronto.ca/policies/ethicalr.htm
23	Policy on Research Involving Human Subjects http://www.governingcouncil.utoronto.ca/policies/humanres.htm
24	Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct http://www.sgs.utoronto.ca/facultyandstaff/Pages/Research-Involving-Human-Subjects.aspx?printfriendly=true
25	Publication Policy http://www.governingcouncil.utoronto.ca/policies/pubs.htm
26	Policy on Naming http://www.governingcouncil.utoronto.ca/policies/naming.htm
27	Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources http://facmed.utoronto.ca/sites/default/files/Commercial_Support.pdf
28	Standards of Professional Practice Behaviour for Medical Clinical Faculty http://facmed.utoronto.ca/sites/default/files/standards.pdf
29	Standards of Professional Practice Behaviour for All Health Professional Students http://www.governingcouncil.utoronto.ca/policies/ProBehaviourHealthProStu.htm
30	Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Appropriate%20Use%20of%20The%20Internet.pdf

THIS AGREEMENT made in duplicate
as of the 1st day of June, 2013 [month], [year]

BETWEEN

THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO
("THE UNIVERSITY")
OF THE FIRST PART

AND

ANY COMMUNITY HOSPITAL
("THE HOSPITAL")
OF THE SECOND PART

CONTENTS	PAGE
PREAMBLE.....	3
I INTRODUCTION.....	3
I.1 OBJECTIVE OF THE UNIVERSITY.....	3
I.2 OBJECTIVES OF THE HOSPITAL.....	3
I.3 BASIS FOR AFFILIATION.....	3
I.4 DEFINITIONS AND INTERPRETATION.....	4
I.4.1 Definitions.....	4
I.4.2 Interpretation.....	5
I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICIES.....	6
II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY.....	8
DEPARTMENT CHAIRS AND DEANS.....	8
II.1 INTRODUCTION.....	8
II.2 POLICIES GOVERNING APPOINTMENTS.....	9
II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF.....	10
II.3.1 Staff Complement.....	10
II.3.2 University Appointment and Promotions.....	10
II.3.3 Hospital Appointment.....	10
II.3.4 Terms and Conditions of Appointments.....	10
II.3.5 Clinical (MD) Faculty (Physicians) in the Faculty of Medicine.....	11
II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY.....	12
II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS.....	12
II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS.....	13
II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES.....	13
II.8 REVIEW OF ACADEMIC APPOINTEES.....	13
III TEACHING.....	13
III.1 INTRODUCTION.....	13
III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT.....	14
III.3 -MEDICAL ACADEMIES.....	14
III.4 STUDENTS.....	15
III.4.1 Placement of Students.....	15
III.4.2 Visiting Elective Placements.....	16
III.4.3 Transfer of Students.....	16
III.4.34 Termination of Student Placement for Unacceptable Behaviour.....	16
III.4.45 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour.....	16
III.4.56 Specification of the Responsibility for Treatment, Safety Instruction and Follow-Up, and Associated Financial Responsibility in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard.....	17
III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW.....	18

III.5.1	Program Planning.....	18
III.5.2	Quality Control Assurance	18
III.5.3	Responsibility to Inform of Circumstances Affecting Teaching Programs	19
III.5.4	Availability of Patients for Teaching	19
III.5.5	Facilities	19
III.5.6	Continuing Education and Professional Development.....	20
IV	NON-DISCRIMINATION AND COMMITMENT TO HUMAN RIGHTS AND SAFE WORKPLACES ...	20
V	WORKPLACE VIOLENCE	20
VI	RESEARCH.....	21
VI.1	INTRODUCTION	21
VI.2	CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS	21
VI.3	RESEARCH CHAIRS AND PROFESSORSHIPS.....	21
VI.4	INVENTIONS AND INTELLECTUAL PROPERTY.....	22
VI.5	THE CONDUCT OF RESEARCH	22
VI.5.1	Ethical Conduct	22
VI.5.2	Human Subjects Research	22
VI.5.3	Conflict of Interest	23
VII	HEALTHCARE DELIVERY.....	23
VIII	-LIBRARY AND INFORMATION SERVICES	23
VIII X	FUNDRAISING FOR ENDOWED CHAIRS AND PROFESSORSHIPS	23
IX	USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION	24
X	NOTIFICATION AND CONSULTATION	24
XI	COORDINATION AND LIAISON.....	25
XI.1	UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES	25
XI.2	LIAISON.....	25
XI.2.1	Hospital	25
XI.2.2	University.....	26
XII	CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS	26
XII IV	MAINTENANCE OF AFFILIATION	26
XI V	LIABILITY, INDEMNIFICATION AND INSURANCE	26
XI.1	LIABILITY	26
XI.2	INDEMNIFICATION.....	27
XI.3	INSURANCE.....	27
XI.4	STUDENT WORKPLACE INSURANCE.....	28
XVI	TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT	28
XVII	GENERAL TERMS.....	29
XVII.1	ASSIGNMENT AND ENUREMENT	29
XVII.2	INDEPENDENT CONTRACTORS.....	29
XVII.3	GOVERNING LAW.....	29
XVII.4	FORCE MAJEURE.....	29
XVII.5	ENTIRE AGREEMENT	29
XVII.6	COUNTERPARTS.....	29
APPENDIX	31

PREAMBLE

The Hospital and the University share a joint mission of health and biomedical-related education and research for the purpose of improving health. This Agreement provides a framework for that, and the parties agree to work cooperatively to respond to their evolving relationship. This relationship between the Hospital and University includes a willingness to identify their integrated joint academic missions and initiatives through mutual acknowledgments that recognize each other's contributions. An important role of the University is to facilitate networking among its many affiliates for mutual benefit and strategic advantage in promoting academic achievement and international reputation.

I INTRODUCTION

I.1 OBJECTIVE OF THE UNIVERSITY

The objective of the University is to enhance its teaching and research. In all its teaching and research programs the University is committed to collaborating with hospitals, community teaching sites and other public sector institutions, where appropriate, to achieving the highest academic standards; to providing the best possible facilities and libraries; and to recognizing excellence and innovation in teaching.

In seeking to achieve the above objective, the University is committed to four principles:

- i) respect for intellectual integrity, freedom of inquiry and rational discussion;
- ii) the fair and equitable treatment of all who work and study in the University, including clinical teachers at hospitals and other community teaching sites;
- iii) a collegial form of governance; and
- iv) fiscal responsibility and accountability.

The above objective and principles govern the University's relationship with institutions with which it affiliates.

I.2 OBJECTIVES OF THE HOSPITAL

The objectives of the Hospital include providing, promoting and advancing patient care in accordance with any and all legislative requirements by continuing to foster excellence in healthcare delivery, teaching and research. **[NTD: TO BE COMPLETED BY EACH HOSPITAL]**

I.3 BASIS FOR AFFILIATION

The University and the Hospital have a mutual interest in the enhancement of education of Students (as hereinafter defined), research and evidence-based practice.

In order for the University to offer programs of education and professional training in health and health-related fields, it must have access to the facilities of healthcare institutions and organizations, so that it may offer clinical and practical experience to Students.

Because of its mission and facilities, the Hospital has resources and services necessary for the support of teaching and research and is willing to make them available to the University for teaching and research purposes as appropriate.

Because of its mission and facilities, the University has resources and services necessary for the support of teaching and research and shares resources and services strategically with affiliates as appropriate.

Both the University and the Hospital recognize the role and the responsibility of the Hospital in the provision of health care.

Both the University and the Hospital recognize the importance of academic freedom and the need to safeguard the intellectual independence of ~~all faculty members~~, Faculty Members (as hereinafter defined), including Hospital appointed or employed staff who have University appointments.

Notwithstanding the mutual respect of the University and the Hospital for academic freedom, ~~All faculty (as hereinafter defined)~~ Faculty Members remain subject to applicable ethical and clinical guidelines or standards, laws and regulations and to the Hospital's relevant policies or by-laws.

Therefore it is the purpose of this Agreement to provide a foundation upon which the University and the Hospital may collaborate and cooperate in their efforts to accomplish their objectives. Thus, the parties agree as follows:

I.4 DEFINITIONS AND INTERPRETATION

I.4.1 Definitions

In this Agreement,

- a. *Academy* means the collaborative organization through which the clinical curriculum of the Doctor of Medicine (MD) program is delivered. Normally this involves a combination of collaborations among the Toronto Academic Health Sciences Network (TAHSN full/ fully affiliated hospitals, TAHSN associate member hospitals ~~and~~ the community affiliated hospitals and the University, led by an Academy Director.
- b. *Academy Director* means the individual who is responsible for all academic and administrative matters pertaining to the Academy and its educational programs. The Academy Director is appointed by the Faculty of Medicine and is also appointed to the staff of the Academy Hospital or where multiple hospitals form an Academy, at least one of the Academy's hospitals. The Academy Director reports to either the Vice President, Education of the Academy Hospital or such other person as is determined by the Academy Hospital for management of Hospital resources linked to the Academy and to the Dean for the educational program.
- ~~c. *All faculty* means all Hospital staff members who have appointments in a Faculty or Department at the University, including faculty in the categories defined in d) and f) to h) below.~~
- ~~e.c.~~ *All Health Professional faculty* means ~~all faculty~~ Faculty Members who are engaged in health professional or clinical practice; that is, ~~all faculty~~ Faculty Members in the categories defined in ~~f.e)~~ f.g) below.
- ~~f.d.~~ *Chief* means the Chief, Head, Director or other clinical leader of a Hospital Medical-Dental clinical ~~Department~~ department or program.
- ~~g.e.~~ *Clinical (MD) faculty (physician)* means an individual or individuals licensed to practice medicine in Ontario, holding an appropriate ~~Medical-Dental staff~~ Staff appointment at the Hospital and appointed in accordance with the University Policy for Clinical (MD) Faculty as

Clinical (MD) faculty in a University Faculty of Medicine ~~Clinical Department. Clinical faculty may be full-time, part-time or adjunct, and the criteria for each of these are set out in the Procedures Manual for Policy for Clinical Faculty (attached as Schedule 2).~~ clinical department.

~~h.f.~~ Dentistry faculty means an individual or individuals licensed to practice dentistry in Ontario, holding a ~~Medical-Dental~~ medical-dental staff appointment at the Hospital and who is appointed in the University of Toronto Faculty of Dentistry.

~~g.~~ Faculty Members means all Hospital staff members who have appointments in a Faculty or Department at the University, including faculty in the categories defined in d) and f) to h) below.

~~i.h.~~ Health Science faculty means an individual or individuals who are health professional staff or employees of the Hospital and appointed in a Faculty or ~~Department~~ department at the University. Health Science faculty are not Clinical (MD) faculty ~~(physician)~~ or Dentistry faculty.

~~j.~~ Joint Committee means a Joint Committee as set out in section XII below.

~~i.~~ Joint Committee means an ad hoc committee comprised of equal numbers of representatives from the University and Hospital, which may be struck by either party as needed to address issues arising from this Agreement, relations between the parties and proposed changes to the policies of either institution that are referred to it.

~~i.j.~~ Student means any person ~~formally~~ registered at the University for full-time or part-time studies in a program that leads to a degree or post-secondary diploma or certificate of the University or in a Faculty or Department of the University in program designated by the Governing Council as a ~~course or~~ program of post-secondary study. ~~A Student may be registered in a certificate, a diploma, an undergraduate, a health professional graduate, a doctoral (MSc/PhD) graduate or a postgraduate medical education program. at the University.~~ Persons present in the Hospital in training situations who are not registered as Students of the University are not Students within the meaning of this section.

k. Teaching Programs means programs within various University Faculties, departments or ~~Departments~~ units (including, but not limited to: Medicine, Dentistry, the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, the Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, ~~Institute of Health Policy, Management and Evaluation~~, Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education, Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering) that place Students in the Hospital and, if applicable, its research institute.

I.4.2 Interpretation

- a. Subject to the terms of this Agreement, the University and the Hospital have the right and the authority to make decisions and to exercise their discretionary authority regarding their respective resource allocations, programmatic changes and/or use of or access to their respective premises or facilities.
- b. No person who is not a party to this Agreement has any right to enforce any term of this Agreement.
- c. Except as may be provided herein, this Agreement shall not be interpreted or applied so as to fetter the respective authority, duties or responsibilities of the University or the

Hospital under their respective constituting statutes, letters patent, governing legislation, by-laws or policies.

- d. Nothing in this Agreement shall be interpreted or applied so as to interfere with statutory obligations.
- e. Nothing in this Agreement creates an employment relationship between any Student and either the Hospital or the University.
- f. Where any person or position is referred to in this Agreement, except where the Agreement specifies that the responsibility may be delegated, such person may delegate his/her responsibilities only if such delegation has been approved by the Hospital and the University.
- g. References to specific legislation in this Agreement include any amendments made from time to time to such legislation and include any regulations, as amended from time to time, made under such specific legislation.
- h. In the event a provision of any Schedule to this Agreement is inconsistent or conflicts with a provision of the Agreement, the terms of this Agreement shall take precedence and govern to the extent of any such inconsistency or conflict.

I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICIES

- i) The Hospital agrees that it is bound by the following University policies, procedures, guidelines and protocols (as amended by agreement of the Hospital and the University from time to time) attached as Schedules to this Agreement, to the extent that such policies, procedures, guidelines and protocols bind or create obligations for the Hospital:

- Policy for Clinical [\(MD\)](#) Faculty (attached as Schedule 1)
- Procedures Manual for Policy for Clinical [\(MD\)](#) Faculty (attached as Schedule 2)
- Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3)
- Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4),
- Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5)
- Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) (attached as Schedule 6)

Any proposed changes to the University's Policy for Clinical [\(MD\)](#) Faculty (attached as Schedule 1) or its Procedures Manual (attached as Schedule 2) will be referred to the Clinical Relations Committee, [as described in the Policy for Clinical \(MD\) Faculty and Procedures Manual for Policy for Clinical \(MD\) Faculty.](#)

With respect to any proposed changes to the other policies listed above in this subsection, the University's Vice-Provost, Relations with Health Care Institutions will advise the Hospital of the proposed change, and work collaboratively with the Hospital with the goal of obtaining the Hospital's agreement to be bound by the proposed changes. If agreement cannot be reached in that process, the matter will be referred to an ad hoc Joint Committee.

~~Any amendment to any of the policies listed above in this subsection will not bind the Hospital unless the Hospital agrees to the amendment.~~

ii) The Harmonization of Research Policies (attached as Schedule 7) provides that the University and the Hospital will work together to ensure the highest standards of ethical conduct in research, and to ensure the greatest possible degree of compatibility of their research policies and procedures. Both parties will work together and synergistically to update and harmonize their research environments in the areas addressed in Schedule 7. The University research policies listed below in this subsection are binding on Students and ~~faculty~~ **Faculty Members** but are otherwise not binding on the Hospital, and the University and the Hospital will work towards harmonizing and/or introducing them.

- Harmonization of Research Policies (attached as Schedule 7)
- Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8)
- Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9)
- Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10)
- Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11)
- Framework to Address Allegations of Research Misconduct (attached as Schedule 12)
- Research Misconduct Framework Addendum (attached as Schedule 13)

With respect to any proposed changes to the Harmonization of Research Policies (attached as Schedule 7), revisions will be made by mutual agreement of the parties and will be effective upon the written confirmation of the Hospital President and Chief Executive Officer and the President of the University or the Vice-Provost, Relations with Health Care Institutions.

With respect to any proposed changes to the other policies listed above in this subsection, the matter will be referred to the Research Committee of the Toronto Academic Health Science Network. The Hospital will not be obligated to harmonize its policies to any proposed changes unless it agrees to do so.

iii) With respect to the University policies, procedures, codes and similar documents that are listed below, the parties agree that the Hospital is not bound to these and is not obligated to monitor or enforce them: however Students and University appointees working in the Hospital are bound, and the Hospital recognizes and respects that. The Hospital will endeavour to avoid conflicts between these policies and Hospital policies and procedures and to advise the University of potential conflicts. For the purposes of this subsection, a "conflict" refers to a situation where a Hospital policy has the potential to impede the implementation of a University policy.

- Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14)
- Policy on Appointment of Academic Administrators (attached as Schedule 15)
- Policy on Conflict of Interest – Academic Staff (attached as Schedule 16)
- Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from Teaching Sites (attached as Schedule 17)
- Code of Student Conduct (attached as Schedule 18)
- Code of Behaviour on Academic Matters (attached as Schedule 19)
- Governing Council Report of the Provostial Committee Policy on Centres/Interdisciplinary Education and Institutes (attached as Research Planning (Schedule 20)-)

- The University of Toronto Guidelines for Extra-Departmental Units (EDUs) (attached as Schedule 21):
 - Policy and Procedures on Academic Appointments (attached as Schedule [2422](#))
 - Policy on Ethical Conduct in Research (attached as Schedule [2223](#))
 - Policy on Research Involving Human Subjects (attached as Schedule [2324](#))
 - Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct (attached as Schedule [2425](#))
 - Publication Policy (attached as Schedule [2526](#))
 - Policy on Naming (attached as Schedule [2627](#))
 - Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources (attached as Schedule [2728](#))
 - Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule [2829](#))
 - Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule [2930](#))
 - Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media (attached as Schedule [3031](#))
- Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education (Schedule 32)
- University of Toronto Quality Assurance Process (Schedule 33)
- Policy on Sexual Violence and Sexual Harassment (Schedule 34)
- Policy with Respect to Workplace Harassment (Schedule 35)
- Policy with Respect to Workplace Violence (Schedule 36)
- Academy Membership Framework (Schedule 37)

If the University makes substantive changes to any of these policies, it will advise the Hospital of the changes. With respect to any changes of which it is advised, the Hospital will endeavour to avoid conflicts between the changed policies and Hospital policies and procedures and to advise the University of potential conflicts.

Where the policies of the University referred to in this subsection and policies of the Hospital are in conflict, the matter will be referred to the Joint Committee as set out in Section XIII or to other committees as specified in this Agreement or as otherwise agreed by the parties.

- iv) If the University proposes to implement any new policy, procedure or guideline which could have an impact on the parties' obligations under the Agreement, the University will advise the Hospital. If a proposed new University policy, procedure or guideline includes Hospital obligations, the University will work collaboratively with the Hospital with the goal of obtaining the Hospital's agreement to be bound by the proposed policy, procedure or guideline. In no event will any new policy, procedure or guideline that is not agreed to by the parties be binding on the parties.
- v) The University and the Hospital will each use their best efforts to inform their appointees and staff of their respective policies and guidelines and of the importance of adhering to them.

II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY DEPARTMENT CHAIRS AND DEANS

II.1 INTRODUCTION

The parties recognize that it is primarily through their staff that they are able to achieve excellence in their endeavours, and that a primary instrument for effecting this affiliation is through the concurrent

appointment of those ~~clinical professionals~~ who teach Students in the Hospital. In making such appointments, the parties acknowledge that each party has its own appointment and/or hiring policies and processes and will each respect the other's policies and processes. In addition, they will cooperate with each other in their efforts and processes to maintain excellence, particularly in relation to ~~faculty~~Faculty Member assessment and promotion, program evaluation and Student evaluation of ~~faculty~~Faculty Members.

Not all Hospital health professionals will have University appointments. Only those who are in clinical and other relevant departments and programs that are listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below) and who teach ~~University~~ Students will be eligible for a University appointment.

II.2 POLICIES GOVERNING APPOINTMENTS

The applicable policies of each party will be followed by that party in the hiring, appointment, promotion, disciplining, suspension and termination of ~~faculty~~Faculty Member by such party. -The terms and conditions of the appointment of ~~faculty~~Faculty Member are detailed in the appropriate documents of the two parties. All faculty~~Faculty Members~~ will be fully informed in those documents about obligations to their respective institutions including, but not limited to, annual activity reporting, academic promotion and research productivity as applicable. The review, renewal or non-renewal and termination processes for both University and Hospital appointments shall be done in accordance with the respective policies of the University and the Hospital as appropriate.

In addition, the senior leaders of both parties with oversight of hiring, appointment, promotion, disciplining, suspension and termination will work closely together communicating their intent and alerting each other as necessary to joint human resource issues that require collaborative action.

When either party decides to pursue disciplinary proceedings against a ~~faculty member~~Faculty Member, and the matter could reasonably be of concern to the other party, the first party will, in its view it is appropriate to do so, inform the other party (the Vice-Provost, Relations with Health Care Institutions at the University or the CEO at the Hospital) of that fact and the parties will exchange relevant information as appropriate. When either party settles or refers to a regulatory board or College a matter concerning a ~~faculty member~~Faculty Member that could reasonably be of concern to the other party, it will inform the other party (Vice-Provost or CEO) of that fact and the parties will exchange relevant information as appropriate. In each of these circumstances, the parties will treat all such information with appropriate confidentiality.

The parties will work co-operatively with respect to academic performance evaluations of ~~faculty~~Faculty Members who, because of their job descriptions, require concurrent appointment and/or hiring between the University and Hospital, and neither party will approach or contact such individuals about academic performance evaluation independently of the other.

The Hospital acknowledges that the University will appoint Clinical (MD) faculty (~~physicians~~) in accordance with the Policy for Clinical (MD) Faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical (MD) Faculty (attached as Schedule 2). For those ~~faculty~~Faculty Members to whom the Policy for Clinical (MD) Faculty does not apply (i.e. non-physician ~~faculty~~Faculty Members), University appointments will be made in accordance with the Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14).

II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF

II.3.1 Staff Complement

The ~~Medical-Dental~~medical-dental teaching staff of each of the clinical departments and/or programs of the Hospital where Students are taught (as listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below)) shall consist of a Chief and such other members as it is mutually agreed upon between the Hospital and the University as are necessary to render exemplary teaching and research.

II.3.2 University Appointment and Promotions

Those members of the Hospital ~~Medical-Dental~~medical-dental staff who teach Students and are responsible for a course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Health Science Faculty of the University at such ranks and of such categories as the University may determine.

The University will use its best efforts to apply its policies and guidelines respecting appointments and promotions consistently and equitably in all University Faculties and Departments for all affiliated hospitals and teaching sites.

If any such ~~staff member~~dentist or physician ceases to hold either a Hospital or University appointment, the party where this occurs shall promptly inform the other. This communication shall be the responsibility of the Hospital President and Chief Executive Officer (or delegate) and the Dean (~~or delegate~~) of the appropriate Faculty.

II.3.3 Hospital Appointment

Hospital appointments to the medical/dental staff of clinical departments and programs, now or hereafter established, of physicians or dentists who either will not hold University appointments or may also hold part-time or adjunct University appointments will be made in accordance with the Hospital's by-laws, policies and/or procedures. The Chief of the Hospital Department may consult the Chair of the corresponding University department regarding the appointment. For greater certainty, the parties agree that the Hospital does not require the University's approval with respect to such Hospital appointments.

Hospital appointments of staff who will hold full-time University appointments may be made only upon the recommendation of both the Chief of the Hospital Department and the Chair of the University of Toronto Clinical Department, hereinafter referred to as "Chair", or the Dean of a Health Faculty.

Nothing in this Agreement shall be interpreted to limit the Hospital's right to unilaterally alter, suspend or terminate the privileges of its ~~Medical-Dental~~medical-dental staff in accordance with its by-laws and the *Public Hospitals Act* as amended from time to time or to require approval of the University in such circumstances.

II.3.4 Terms and Conditions of Appointments

The terms and conditions of appointment are set out in separate University and Hospital appointments. Appointments set out responsibilities for teaching, research and administration. Part-time and adjunct faculty are normally not funded through the University payroll for teaching. ~~The University and the Hospital will negotiate, within the budgetary framework of the University,~~

~~Any~~ financial support from the University for ~~administrative oversight of teaching of Students within specific programs, and will set out these terms~~ academic activities in the Hospital will be dealt with by separate letter of understanding agreement, as necessary.

II.3.5 Clinical (MD) Faculty ~~(Physicians)~~ in the Faculty of Medicine

i) Policy for Clinical (MD) Faculty and Procedures Manual for Policy for Clinical (MD) Faculty

The parties recognize that Clinical (MD) faculty ~~(physicians)~~ are essential to the University's academic mission. They also recognize that the situation of ~~clinical~~ Clinical (MD) faculty (physicians) is very different from that of University-salaried tenured faculty. Appointments of Clinical (MD) faculty are governed by the University's Policy for Clinical ~~Faculty~~ (MD) faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical ~~Faculty~~ (MD) faculty (attached as Schedule 2).

ii) Appointment of Clinical ~~Faculty (Physicians)~~ (MD) faculty

The Faculty of Medicine will appoint Clinical (MD) faculty ~~(physicians)~~ in accordance with the Procedures Manual for Policy for Clinical (MD) Faculty (attached as Schedule 2). Clinical (MD) faculty ~~(physician)~~ members may be appointed as part-time or adjunct Clinical (MD) faculty members, and in some instances as full-time. The criteria for each type of appointment are set out in Procedure 2.0, section VI in Schedule 2 attached.

iii) Academic Group Practices

~~Some~~ The Hospital and the University shall require full-time Clinical faculty ~~(physicians)~~ will develop to participate in a conforming academic group practices practice plan (or equivalent, as described in the Procedures Manual for the Policy for the Clinical (MD) Faculty (attached as Schedule 2)) through which ~~funds from resources related to~~ professional practice ~~at the Hospital~~ will be ~~collected~~ distributed by the ~~physician group practice plan~~ and used for academic enrichment of the Hospital ~~Department~~ department concerned ("Practice Plans") and to support the joint academic mission of the University and the Hospital in a manner that is consonant with the patient care responsibilities and strategic plan of the Hospital. The Procedures Manual for the Policy for the Clinical (MD) Faculty (attached as Schedule 2) states the principles that define a conforming academic practice plan (or equivalent).

It is recognized that adjunct and part-time Clinical (MD) faculty may also participate in practice plans. The arrangements under which any such group practices function should be consonant with the patient care responsibilities of the Hospital and the academic missions of both the University and the Hospital.

~~If any Practice Plan now or in the future meets the definition of a "conforming practice plan" as defined in the Procedures Manual, its members shall be considered participants in a conforming practice plan for the purposes of the Policy for Clinical Faculty and its Procedures Manual.~~

iv) Dispute ~~resolution~~ Resolution for Academic Disputes

Academic disputes involving Clinical (MD) faculty ~~(physician)~~ members will be dealt with in accordance with the Procedures for Dealing with Academic Disputes (Procedure 3.0 in the attached Schedule 2). The Hospital accepts the jurisdiction of the (Clinical Faculty) Academic Clinical Tribunal (set out in Schedule 2) as regards disputes involving academic freedom concerns in the clinical setting for eligible ~~clinical~~ Clinical (MD) faculty. The Tribunal's decision will consist of a determination of facts with respect to the complaint, a finding as to whether there has been a breach of academic freedom, and a delineation of the implications of the

breach for the complainant. The decision shall be final and binding on the complainant and the Hospital and the University. The Tribunal has no powers to award remedies, or to change any of the provisions of a duly enacted policy or established practice of the University or the Hospital, or to substitute any new provision thereof.

II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY

- i) Health Science faculty of the University includes Hospital staff and employees appointed to one or more University Faculties and Departments other than Clinical Departments in Medicine and Dentistry. These include, but are not limited to: the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, ~~, Institute of Health Policy, Management and Evaluation,~~ Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education, Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering.
- ii) The University will use reasonable efforts to promote the appointment of Health Science Hospital staff (i.e., non-physicians or non-dentists) as Health Science faculty and will work with the Hospital to clearly communicate the criteria for such appointments.
- iii) Individuals eligible for Health Science faculty appointments may be given teaching appointments by the University in the appropriate Faculty at such rank and in such category as the University may determine. The University will not give University appointments to Health Science faculty without first obtaining the consent of the Hospital's President and Chief Executive Officer or her/his delegate. If a Health Science faculty member ceases to hold an appointment at the University, the Dean of the appropriate Faculty at the University will inform the Hospital of this change.
- iv) Those Health Science faculty holding appointments at the Hospital who teach Students and are responsible for a University course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Faculty of the University at such ranks and of such categories as the University may determine. In particular, Health Science faculty supervising University graduate students (doctoral, doctoral-stream masters) with respect to their graduate work must also hold an appointment in the School of Graduate Studies.
- ~~v) The University recognizes the importance of developing further policies and guidelines governing the appointment and promotion of Health Science faculty, and agrees to engage in a consultative process with the community hospitals to develop these. No such policy or guideline will be binding on the Hospital unless the Hospital agrees to it.~~

II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS

The Hospital will consult with the University ~~Department~~department Chair (or, in the case of Dentistry, the Dean) or his/her delegate before appointing or reappointing a Chief of a Medical or Dental Department in which significant teaching takes place. The parties acknowledge that it will be expected (although not mandatory) for the Chief of a ~~Medical~~medical or ~~Dental Department~~dental department in which significant teaching takes place to hold a University appointment. The Hospital does not require the University's approval to appoint a particular individual as Chief of a ~~Medical~~medical or ~~Dental Department~~dental department. For greater certainty, except as set out above, the Hospital has no obligation to consult with the University with respect to leadership positions.

II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS

Collectively the community hospitals will have representation as appropriate in searches for Clinical Department/clinical department Chairs, where there is teaching in the cognate community hospitals' Departments or programs.

In the search for an appointment of a Department/department Chair the University will follow its Policy on Appointment of Academic Administrators (attached as Schedule 15). When the University wishes to appoint a staff member of the Hospital as a Department/department Chair, the Dean of the appropriate Faculty will consult with the Hospital's President and Chief Executive Officer prior to offering the position to the staff member concerned.

II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES

The University expects All faculty/Faculty Members to perform their duties in accordance with the Policy on Conflict of Interest – Academic Staff (attached as Schedule 16), which sets out the University's expectations for its academic members of staff concerning their commitment to the University's mission, goals and objectives in relation to their outside and related activities. ~~The Hospital expects All faculty, and where applicable, the guidelines on Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education (attached as Schedule 32).~~ The Hospital expects Faculty Members to perform their Hospital staff duties in accordance with the relevant Hospital policies.

II.8 REVIEW OF ACADEMIC APPOINTEES

Upon request by the Vice-Provost, Relations with Health Care Institutions of the University, the Hospital will provide to the University for information, as soon as reasonably possible, a listing of All Health Professional faculty at the Hospital.

III TEACHING

III.1 INTRODUCTION

The Hospital acknowledges that the University has primary responsibility for the Teaching Programs in which Students are enrolled, whether those programs are located on or off the University's property. Accordingly, the Hospital recognizes the University's ultimate authority with regard to decisions made with respect to its Teaching Programs. Nevertheless, the University acknowledges the valuable role and specific functions carried out by All faculty/Faculty Members who are engaged in the academic teaching mission, in the planning, administration, funding, presentation and review of its Teaching Programs, as well as the use of Hospital premises and access to the Hospital's client populations for clinical teaching, and therefore will involve the Hospital in these processes as appropriate.

The parties will support the efforts and requirements of each other to achieve and maintain excellence in teaching, particularly through such processes as departmental and institutional reviews, accreditation surveys, staff evaluations, program assessments and student evaluations.

The University and the Hospital agree to follow the Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3).

The University (including ~~faculty~~ **Faculty Members**, staff and Students) and the Hospital share responsibility for creating a learning environment at the Hospital that promotes the development of explicit and appropriate professional attributes (attitudes, behaviours, and identity) in Students. The learning environment includes formal learning activities as well as attitudes, values, and informal “lessons” conveyed by individuals with whom the Student comes in contact.

III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT

The University and Hospital agree that, subject to the mutual agreement of the parties on annual teaching placements, certain Hospital Departments and programs will engage in core teaching with evaluation, and that some or all of the Hospital staff or health professionals in those Departments and programs will have University appointments and will teach Students.

The University and the Hospital agree to work together in ~~a reciprocal~~ **an annual collaborative** planning process to determine the appropriate number of Student placements by program and in the context of curriculum requirements. ~~The parties also agree that post-graduate Students assigned to the Hospital may not be transferred or reassigned by the University to another affiliated hospital to provide clinical services, without prior Hospital consultation and approval by the Hospital's Vice-President Education (or equivalent), and to establish the associated advance notice period for the University to deliver its proposed list of Student placements.~~

University health professional education programs will prepare annually a curriculum outline and the proposed list of Student placements at the Hospital.

The University will deliver the proposed list of Student placements to the Hospital ~~at least 10 months~~ **consistent with the annual collaborative planning process**, in advance of the start of every academic year for each program. The Hospital will consider whether it can accommodate the proposed Student placements, and the Hospital and the University will negotiate in good faith to reach agreement on the proposed list of Student placements ~~at least 8 months~~ **consistent with the annual collaborative planning process**, in advance of the start of each academic year. Any subsequent changes to the list of Student placements will be agreed upon by the program leader of the cognate University Faculty, Department or program and the Vice-President Education (or equivalent) at the Hospital at least 4 months in advance of the start of the academic year. If agreement cannot be reached at any stage, the appropriate Dean, or, if relevant, Department Chair, and the Hospital's President and Chief Executive Officer will endeavour to negotiate an agreement.

The University curriculum, the number of Students needing placements and the Hospital's ability to take Students may change from year to year for various reasons, and these factors will be relevant to the negotiation of the annual list of Student placements.

The parties will cooperate to implement the annual list of Student placements.

The Hospital undertakes that any teaching of students from other educational institutions will not compromise its ongoing teaching commitment to the University. The University undertakes that, subject to requirements of the Guidelines for the Assignment ~~and Removal~~ of Postgraduate Medical Trainees, ~~from Teaching Sites (attached as Schedule 17)~~, any assignment of Students to other hospitals or teaching sites (or other clinical settings) will not compromise its ongoing commitment to assign Students to the Hospital.

III.3 MEDICAL ACADEMIES

Medical Academies provide a clinical home for undergraduate medical ~~students~~ **Students** and they provide the hospital-based portions of the curriculum in a supportive, student-focused learning environment. Each

Academy offers the unique and diverse strengths of its associated hospitals, while maintaining a consistent standard of excellence in their educational role. The University recognizes the importance of this contribution and acknowledges that although the education program and curriculum are under the authority of the University, the management of these hospital-based facilities, including hospital administrative staff, is under the authority of the hospitals.

The Hospital acknowledges the importance of Academies and the Hospital and University will determine together whether the Hospital will be involved in Academy teaching. The terms of any such involvement will be set out in a separate agreement between the Hospital and the University. Any such agreement will document the appropriate academic structure and governance for the Academy of which the Hospital is a member (as an example, see the Academy Membership Framework (attached as Schedule 37)).

III.4 STUDENTS

III.4.1 Placement of Students

For periods of time agreed to by the University and Hospital, Students will be permitted to take instruction and gain clinical and/or practical experience in the Hospital, provided that appropriate services are offered at the Hospital, subject to the Hospital's ability to offer such instruction and/or experience and the Hospital's teaching commitment to the University. The Hospital will provide services and facilities upon the terms and conditions hereinafter set out.

The placement of Students will be based on pedagogic interests, including the need for a wide range of learning experiences, and on accreditation standard requirements for Student Programs and requirements of applicable regulatory bodies, and subject to the Hospital's ability to offer such instruction and/or experience.

~~Using the process set out in Part III, section 2 above, the number of undergraduate, postgraduate and graduate Students from each University professional program taking instruction in the Hospital shall be negotiated and agreed annually by the representatives of the heads of the appropriate University Faculties or Departments with the representatives of the heads of the appropriate Hospital teaching services.~~

The Faculty of Medicine will assign postgraduate Students to teaching hospitals and sites and other clinical institutions in accordance with the Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from Teaching Sites (attached as Schedule 17).

~~Students enrolled in Teaching Programs within Departments and Faculties including, but not limited to, the Departments of Occupational Science and Occupational Therapy, Physical Therapy, Speech/Language Pathology and Radiation Oncology, Dalla Lana School of Public Health, the Lawrence S. Bloomberg Faculty of Nursing, the Leslie Dan Faculty of Pharmacy, the Faculty of Dentistry and the Factor Inwentash Faculty of Social Work~~ Students enrolled in Teaching Programs are assigned to the Hospital in accordance with the curriculum plan for each clinical course or program and with the Hospital's ability to provide an appropriate placement.

The University will be responsible for informing Students who are placed at the Hospital that they are required to comply with Hospital policies.

All graduate Students and their supervisors in the Hospital will follow the University's Graduate Supervision Guidelines for Students, Faculty Members and Administrators (attached as Schedule 38).

III.4.2 Visiting Elective Placements

The University will require individuals whose home institution of undergraduate medical education is not the University, but who are taking instruction and gaining clinical and/or practical experience in the Hospital through visiting electives arrangements made between the University and the Hospital, to abide by the University's administrative procedures to enable such placements.

III.4.3 Transfer of Students

The Hospital will transfer Students of the University assigned to it for training and experience to another hospital or site or clinical facility only in collaboration with and with approval of the appropriate ~~Department~~department Chair and Dean or their delegates. However, provided it informs the University, the Hospital may, at its discretion, assign Students to training activities in other training sites for part of the Student's rotation at the Hospital. The Hospital will ensure appropriate supervision of Students assigned to non-hospital sites. The assignment of medical Students to other affiliated hospitals within an Academy will follow the relevant guidelines for the Medical Academy.

III.4.34 Termination of Student Placement for Unacceptable Behaviour

The University recognizes the right of the Hospital, after consultation with the appropriate University Dean or Department Chair, to terminate the placement in the Hospital of an individual Student, if the Student's behaviour or activities are considered by the Hospital to be unacceptable according to relevant Hospital policies. If the behaviour, conduct or activities of a Student is considered to be unacceptable to the University, that Student will be treated by the University in accordance with the University's Code of Student Conduct -(attached as Schedule 18) and Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 30) and by the Hospital in accordance with any applicable Hospital policies.

Notwithstanding the above, if in its sole discretion the Hospital determines that a Student's behaviour or activities is placing patient or Hospital staff safety at risk, or unreasonably interferes with the operation of the Hospital's programs or services, the Hospital may remove the Student from patient or Hospital staff contact immediately and, after contacting the appropriate Dean or Department Chair so that the University can take interim measures under its Code of Student Conduct, may terminate the Student's placement.

III.4.45 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour

In order to protect the integrity of the teaching and learning relationship, the University's Code of Behaviour on Academic Matters (attached as Schedule 19) will apply to its ~~faculty~~Faculty Members and Students in the Hospital.

The Faculty of Medicine's Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule ~~28~~29) and Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule ~~29~~30) will apply to ~~faculty~~Faculty Members and Students in the Hospital as applicable.

III.4.56 Specification of the Responsibility for ~~Treatment, Safety Instruction and Follow-Up, and Associated Financial Responsibility~~ in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard

- a) The University and the Hospital are committed to protecting the health and safety of Students participating in training-gaining clinical and/or practice experience as part of their academic program on the premises of the Hospital as assigned per this Agreement. The Hospital shall provide applicable basic occupational health and safety awareness training to Students.
- b) The University undertakes to ensure that Students are educated about exposure, injury, treatment and follow-up, including their professional responsibility for self-care (as appropriate) before they are placed in the Hospital. Furthermore, the University undertakes to include education of Students about the effects of infectious and environmental disease or disability on Student learning activities.
- c) The University commits to informing all Students of University policies and procedures relevant to this issue before the Students will be permitted to undertake any educational activities that would place them at risk of injury or exposure to infectious disease. Likewise, the Hospital commits to informing all Students of any Hospital policies and procedures relevant to this issue.
- d) Immediate Treatment
 - i) All Students placed in the Hospital per this Agreement will be advised to access services through the ~~Occupational Health~~occupational health unit of the Hospital (or other appropriate Hospital unit) in the event of an injury or an exposure to an infectious or environmental hazard that occurs during the course of their placement. The ~~Occupational Health~~occupational health unit will facilitate the Student's access to immediate treatment within the Hospital or the Student's transfer to another clinical site if appropriate care is not available within the Hospital.
 - ii) Outside of the operating hours of the ~~Occupational Health~~occupational health unit of the Hospital, all Students who incur an injury or exposure to an infectious or environmental hazard must present at the Hospital's designated site for after-hours care of workplace injuries for treatment. The ~~Occupational Health~~occupational health unit of the Hospital commits to making readily available the details of the after-hours protocol.
- e) Follow-up
 - i) Follow-up care may include but is not limited to counselling and medical treatment.
 - ii) Follow-up administrative support may include but is not limited to the completion of forms and other documentation related to the injury or exposure.
 - iii) The University will provide access to a reasonable level of follow-up administrative support to Students who incur an injury or exposure to an infectious or environmental hazard in the course of their placement with the Hospital. The relevant Teaching Program will specify the individual or individual(s) who hold primary responsibility for providing this administrative support.
 - iv) The nature of and responsibility for follow-up care will be determined jointly by appropriate representatives of the University and the Hospital, on a case-by-case basis, in a timely manner. As an outcome of this discussion, the Student will be presented with one or more of the following options regarding where they may access follow-up care:

- At the location where the injury/exposure occurred
- With the University's student health services
- With a physician of his/her own choosing (e.g. -his/her family doctor)
- At his/her Academy base site (for undergraduate medical Students)
- Through another care provider arranged by the University

Financial responsibility

- ~~i) The Ministry of Training, Colleges and Universities ensures that all Students who are placed in the Hospital on unpaid placements under their program of study are eligible for either Workplace Safety and Insurance Board (WSIB) coverage of claims or private insurance for coverage of claims.~~
- ~~ii) To safeguard Students' access to financial compensation under WSIB coverage, the University and the Hospital are each responsible for the timely reporting of all incidents involving Students who incur an injury or exposure to infectious or environmental hazards while on the premises of the Hospital.~~
- ~~) The Hospital commits to the immediate reporting to the University of any Student injury or exposure to infectious or environmental hazard.~~
- ~~. Upon notification by the Hospital, the University commits to the reporting of the incident to the WSIB within the maximum timeframe specified by the WSIB.~~

III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW

III.5.1 Program Planning

While recognizing its own authority and responsibility for the content and quality of the programs in which it places its Students, the University notes the essential role of ~~All faculty~~Faculty Members in the presentation of clinical and practical experiences and programs of instruction to Students. Thus, where there is core curriculum teaching in a department or program at the Hospital, the Deans of the University's Faculties and Schools, or their delegates, will invite the Hospital to participate in the planning of the programs and experiences to be offered to Students in related Departments at the University. Hospital participation could range from representation on University divisional/departmental education/curriculum committees to informal meetings between course coordinators and Hospital preceptors.

The University will assist the Hospital as required in setting up Teaching Programs.

The Hospital will notify the appropriate Dean or her/his delegate(s) of any proposed change in Hospital strategic plans and Ministry of Health and Long-Term Care accountability agreements that would materially affect the teaching obligations of the Hospital as set out in this Agreement and, where feasible, will invite the University to comment prior to making any such changes.

III.5.2 Quality ~~Control~~Assurance

In order to assess the quality of and maintain the highest standards in its Teaching Programs, the University employs a variety of evaluative tools. Foremost among these is the review process, using either internal or external reviewers as deemed appropriate.

Some reviews such as the University of Toronto Quality Assurance Process (attached as Schedule 33) are mandated by external organizations such as government or accreditation bodies, while others are initiated from within the University. In addition, Students are asked

regularly to evaluate the performance of teaching staff following a particular course, part of a course or practical experience. Department Chairs and Deans also review annually the performance of academic staff in all areas of staff responsibilities including teaching.

The Hospital acknowledges the importance of these and other measures to the mission of the University, recognizes that they also bear upon the success of the Hospital in achieving its own objectives and accordingly agrees, subject to available resources, to support and assist the University and the Faculties corresponding to Hospital departments where Students are taught in their efforts to maintain the quality of its Teaching Programs.

The University will use its best efforts to provide the Hospital with copies of the usual performance evaluations by Students of the Hospital's teaching staff. The University acknowledges the importance of these evaluations to the mission of the Hospital and recognizes that they also bear upon the success of the Hospital in achieving its own objectives.

III.5.3 Responsibility to Inform of Circumstances Affecting Teaching Programs

The parties acknowledge that decisions of accreditation authorities, requirements of the Professional Association of ~~Internes &~~ Residents of Ontario and other circumstances may affect Teaching Programs, and they agree to inform each other of any such decisions or circumstances as soon as they become aware of them. This communication will be effected by the Vice-Provost, Relations with Health Care Institutions and the President and Chief Executive Officer (or delegate) of the Hospital.

III.5.4 Availability of Patients for Teaching

The Hospital will allow Students, for teaching purposes, access to such of its patients and their personal health information, both in-patients and ambulatory patients, as are necessary to meet its teaching commitments set out in the list of Student placements agreed to by the University and the Hospital, subject to such restrictions as are imposed by the Hospital staff for clinical reasons and by Hospital patients, including any exercise of their right to refuse Student access.

The Hospital will use its best efforts to provide the necessary mix of patients to meet the educational needs of Students placed in the Hospital. In exceptional circumstances if the Hospital ascertains that it will not be able to meet Students' needs in any program or area as previously agreed upon, it will promptly advise the appropriate Department Chair or Dean and assist in finding alternate arrangements for the Students.

The University will comply with all applicable privacy laws, including the Personal Health Information Protection Act, 2004, and agrees that it will advise all Students that they are required to comply with all applicable privacy laws and Hospital policies and procedures.

III.5.5 Facilities

The Hospital will provide in the Hospital such facilities for Students and clinical teachers as are agreed to by the Hospital's Vice-President Education (or equivalent) and the relevant Faculty Dean(s).

The Hospital agrees to recognize the accreditation standard requirements for the undergraduate medical ~~student~~ Student program with respect to space and facilities, specifically standard ER-7 of the Liaison Committee on Medical Education, which provides as follows:

Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

The sharing of infrastructure expenses between the University and the Hospital will be negotiated in good faith from time to time among the University Department Chairs, the Deans and the Hospital's Vice-President Education (or equivalent).

III.5.6 Continuing Education and Professional Development

The University is committed to providing opportunities for ~~All faculty~~Faculty Members to enhance their education skills through faculty development. University Departments and programs will facilitate the professional development of ~~All faculty~~Faculty Members through appropriate educational methods (such as interactive seminars, workshops and on-line education skill development programs) relevant to the delivery of clinical teaching and learning.

IV NON-DISCRIMINATION AND COMMITMENT TO HUMAN RIGHTS AND SAFE WORKPLACES

The University and the Hospital are committed to human rights, safe workplaces, and having an environment free of prohibited discrimination, harassment, workplace violence and sexual violence. The parties shall comply with the Occupational Health and Safety Act and the Human Rights Code (Ontario) and other applicable rights and equity legislation. The parties will remain committed to the principle of fair and equitable treatment for all.

~~The parties are committed to having an environment free of prohibited discrimination and harassment. Each party will adopt their own appropriate policies with respect to discrimination and harassment and will have guidelines as to how it will deal with allegations of prohibited physical and verbal harassment and sexual harassment. In the cases of allegations of sexual harassment, the parties agree to follow the Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4) for determining which sexual harassment policy applies and whether the University or the Hospital is responsible for dealing with a complaint.~~

V WORKPLACE VIOLENCE

Each party will adopt and/or comply with their own appropriate policies, procedures and obligations with respect to discrimination, harassment, workplace violence and sexual violence as applicable in the view of that party, subject to the following procedures:

When the Hospital becomes aware of an incident or complaint of workplace violence (which includes an attempt or threat) and/or workplace harassment, subject to the paragraph below

~~regarding sexual violence, including sexual harassment~~, as defined in the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009, including an attempt or a threat of workplace violence Act, by or against a Student or ~~faculty member~~Faculty Member who is working or studying in the Hospital, the Hospital will, if in its view it is appropriate to do so, inform the Vice-Provost, Relations with Health Care Institutions and the University's Executive Director, Personal Safety, High Risk & Sexual Violence Prevention & Support, as soon as reasonably practicable, regardless of whether or not the Student or ~~faculty member~~Faculty Member is an employee of the Hospital.

When the University becomes aware of an incident or complaint of workplace violence (which includes an attempt or threat) and/or workplace harassment, subject to the paragraph below regarding sexual violence, including sexual harassment, as defined in the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009, including an attempt or a threat of workplace violence, by or against a Student or ~~faculty member~~Faculty Member who is working or studying in the Hospital, the University will, if in its view it is appropriate to do so, inform the Hospital as soon as reasonably practicable.

~~Each party will comply with its own policies, procedures and obligations with respect to workplace violence and harassment as applicable in the view of that party.~~

In the event of allegations of sexual violence, including sexual harassment, by or against a Student or Faculty Member who is working or studying in the Hospital, the parties agree to follow the University's Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4) for determining which policy applies and whether the University or the Site is responsible for dealing with a complaint.

VI RESEARCH

VI.1 INTRODUCTION

In achieving their common goals in research, the parties will consult each other in their research strategic planning processes.

VI.2 CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS

The Hospital and the University recognize that it is appropriate from time to time to take advantage of the synergy created by bringing together experts in a new or interdisciplinary field into a new administrative organization. In establishing such administrative units, the University will follow the provisions of the Governing Council Report University of the Provostial Committee on Centres and Institutes Toronto Guidelines for Extra-Departmental Units (EDUs) (attached as Schedule ~~2021~~). If, in creating such units, the Hospital wishes a unit to be designated as a University academic unit, then the procedures and requirements of Schedule ~~2021~~ will be followed.

VI.3 RESEARCH CHAIRS AND PROFESSORSHIPS

In the establishment and maintenance of research chairs and professorships, the University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed.

In making appointments of persons to endowed or designated chairs or professorships, the University's Policy and Procedures on Academic Appointments (attached as Schedule 22) or the Policy for Clinical Faculty (MD) faculty (attached as Schedule 1) and its Procedures Manual (attached as Schedule 2), where relevant, will be followed.

VI.4 INVENTIONS AND INTELLECTUAL PROPERTY

Both the University and the Hospital have their own policies regarding the ownership and treatment of inventions and intellectual property. ~~The~~In the absence of an agreement to the contrary with respect to a specific research project or other undertaking, the protocol as between the University and the Hospital regarding inventions and intellectual property is set out in a separate agreement, which is attached as an Appendix. Faculty of Medicine graduate Students and their supervisors are also governed by Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8).

VI.5 THE CONDUCT OF RESEARCH

VI.5.1 Ethical Conduct

The parties expect the highest standards of ethical conduct in every aspect of research. To this end, ~~All faculty~~Faculty Members and Students will be expected to adhere to all relevant policies on ethical conduct of research, following the University Policy on Ethical Conduct in Research (attached as Schedule ~~22~~23) and any guidelines issued thereunder when conducting research on-campus, or under the auspices of the University and following the parallel Hospital policy when conducting research at the Hospital.

Faculty ~~with appointments in the University Faculty of Medicine~~Members will also adhere to all relevant ~~Faculty~~ guidelines, including of the University academic division(s) in which they hold an appointment, which, in the case of the Faculty of Medicine, include the Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11), Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9), and the Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10).

Where ~~there is~~ an allegation of research misconduct is made against ~~any faculty member~~an individual to whom, the University's Framework to Address Allegations of Research Misconduct (attached as Schedule 12) ~~and Addendum (attached as Schedule 13) set out the criteria to determine which representative of the Faculty and/or Hospital will deal with the allegations. The Hospital will develop and maintain policies regarding research misconduct within its jurisdiction which are consistent and congruent with the University and Health Faculties' policies and which have parallel processes for dealing with allegations of research misconduct.~~ applies who has an appointment at, and/or conducts research in, the Hospital, the Framework's Addendum (attached as Schedule 13) sets out the process for determining institutional jurisdiction over the allegations.

VI.5.2 Human Subjects Research

Conducting human subjects research is ~~advantageous~~important to advance knowledge and ultimately to improve healthcare and health outcomes. The Hospital and University recognize the importance of facilitating human subjects research as part of the joint academic mission. The Hospital and University are also committed to ensuring that human subjects research is conducted in a manner that meets or exceeds ethical standards.

The Hospital will operate its own Research Ethics Board (REB) or Boards (or be part of an REB consortium or otherwise engage in an external REB as a Board of Record) that will be separate

and independent from the University REB and that will be operated in a manner consistent with the principle of harmonization of research ethics and research policies set out in this Agreement. The Hospital agrees its own REB or REBs (or the REB consortium) will adhere to the Tri-Council Policy Statement (and its updates) and applicable legislation, including but not limited to the Personal Health Information Protection Act, 2004 and O.Reg 245/06. ~~In the event that the Hospital does not have its own REB, it agrees to accept the review of a Board accepted by the University.~~ The Hospital and University agree to collaborate, as appropriate and reasonable, in arrangements designed to enhance the effectiveness, efficiency and consistency of ethical review processes.

VI.5.3 Conflict of Interest

~~All faculty~~ Faculty Members conducting research and teaching at the Hospital will be governed by the conflict of interest policy of the Hospital in addition to University policy and guidelines on conflict of interest.

VII HEALTHCARE DELIVERY

In supporting the Hospital in achieving its objectives and carrying out its responsibilities in healthcare delivery and patient care, the parties acknowledge that the Hospital is solely responsible for all healthcare delivery and patient care that occurs on the Hospital's premises or under the Hospital's jurisdiction. Nevertheless, the Hospital recognizes that the University has an interest in patient care and healthcare delivery, as they impact on the teaching of Students and on research. The University will support the Hospital in its efforts and requirements to maintain excellence in its standards of patient care and healthcare delivery particularly with regard to such processes as accreditation and review, and through the offering of constructive evaluation to the Hospital.

VIII LIBRARY AND INFORMATION SERVICES

The parties recognize the necessity of the provision of excellent library and information services in order to achieve their common objectives in teaching and research. Thus, they will cooperate and collaborate in planning, providing and maintaining such services. The parties accept their responsibilities to each other with regard to these services, subject to the limits of their financial resources.

The University will work with the Hospital to facilitate remote access by the Hospital to the University's library and information services.

~~VIIIX FUNDRAISING FOR ENDOWED CHAIRS AND PROFESSORSHIPS~~

~~Fundraising from private sources is an important source of funding for endowed chairs and professorships, which benefit both the Hospital and the University.~~ The parties recognize that their fundraising constituencies overlap and that normally their fundraising campaigns and activities will operate independently. But it is anticipated that opportunities will arise from time to time where joint fundraising for endowed projects which are shared and approved priorities for both institutions. In such cases, the parties will enter into a joint fundraising agreement in advance which defines the designated shared projects for joint fundraising and the terms and conditions under which the parties will undertake the joint fundraising campaign (a Joint Fundraising Initiative). Under any Joint Fundraising Initiative, the University and the Hospital or its affiliated Foundation will jointly and equally count the total pledge results of the campaign.

For example, fundraising from private sources is an important source of funding for chairs and professorships, which benefit both the Hospital and the University. It is anticipated that opportunities will arise from time to time where a Joint Fundraising Initiative that includes endowed or limited term chairs and professorships will be appropriate or where they will be able to assist each other in their separate endeavours. -To this end, the parties will endeavour to inform each other of their fundraising plans and priorities ~~for~~including endowed and limited term chairs and professorships.

The University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed in connection with endowed chairs and professorships. This does not preclude the Hospital from starting the process of establishing a Hospital / University endowed chair. As early as possible, the appropriate Hospital research or clinical leader should consult with the relevant ~~Department~~department Chair and/or the relevant Dean to ensure that the proposed endowed position is consistent with approved academic plans, objectives and mission. The Hospital's naming policy and the University's Policy on Naming (attached as Schedule ~~2627~~) will both be applied in the naming of the benefaction.

IX USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION

The University ~~encourages~~and the Hospital each encourage the use by the ~~Hospital~~other party of the University ~~and~~, Faculty and/or Hospital names and insignia as appropriate on letterhead and on all other materials in the ordinary course of business (e.g., websites, correspondence, course materials) in matters that are directly relevant ~~to the affiliation with the University. The University will similarly refer to its affiliation with the Hospital as appropriate on materials in the ordinary course of business in matters that are directly relevant to the affiliation between the parties.~~ Each party has a responsibility for safeguarding the names and insignia of the other, and, if there is any doubt as to appropriate use, for seeking clarification from the other party.

Authorization to each party to use the name and official form of the logo(s) of the other party is limited to the purpose of officially recognizing the affiliation between the parties. Use of the name or logo(s) of a party for any purpose other than officially recognizing the affiliation between the parties requires prior written authorization from that party.

The Hospital recognizes that ~~All faculty members~~Faculty Members are expected to cite the University of Toronto as one of their institutional affiliations in their research articles, conference papers and other publications. The Hospital will promote the citation of the University of Toronto on publications accordingly. For clarification, the Hospital is not expected to review and approve all publications, but is expected to make reasonable efforts to create a culture where both the University and the Hospital are named on all publications.

XI NOTIFICATION AND CONSULTATION

Unless otherwise specified in this Agreement, where the Hospital is required to give notification to or consult with the University, communication with the Vice-Provost, Relations with Health Care Institutions will meet that requirement.

Unless otherwise specified in this Agreement, where the University is required to give notification to or consult with the Hospital, communication with the ~~{~~**TO BE ADDED BY THE HOSPITAL**~~}~~ will meet that requirement.

With respect to obligations of officials identified in this Agreement, if the Hospital or the University reassigns or reorganizes responsibilities within the institution such that the identified official is no longer appropriate to carry out the obligations assigned in this Agreement, the Hospital or the University will notify the other party of the change to the official carrying out the obligation under the Agreement.

All notices sent to the other party pursuant to this Agreement which are required to be in writing shall be delivered by hand; or by certified or registered mail, postage prepaid, return receipt requested; or by overnight courier; or by FAX, as follows:

If to University of Toronto:

Vice-Provost,
Relations with Health Care Institutions
University of Toronto
Toronto, Ontario
FAX # 416-X-X

If to Hospital:

President and CEO
X Hospital
Toronto, Ontario
M5
FAX# 416-X-X

All notices shall be deemed received on the date of delivery or, if mailed, on the date of receipt appearing on the return receipt card.

XII COORDINATION AND LIAISON

XII.1 UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES

The Hospital will have representation on the Hospital University Education Committee and any committee dealing with integrated and community education issues that is established in the future.

The Vice-Provost, Relations with Health Care Institutions will, in consultation with the Hospital, endeavour to identify additional committees, working groups and task forces that might need to be developed to advance the joint mission. These additional committees, working groups and task forces shall, in general, include representation from the University and the community hospitals.

The Hospital and the University will liaise as appropriate on all task forces, committees and meetings as may be struck from time to time.

XII.2 LIAISON

XII.2.1 Hospital

~~Each health profession discipline~~ Clinical (MD) faculty and Dentistry faculty will have an assigned leader in the Hospital, such as the Chief, with whom the leader of the University programs will work directly. Generally, teaching placement and evaluation are the responsibility of the assigned leader.

All health professional teaching will be overseen by a senior executive of the Hospital who reports to the Hospital's President and Chief Executive Officer or his/her delegate.

The Hospital will name an individual(s) who will act as a liaison with the University for all University academic programs.

XII.2.2 University

The University will ~~establish and maintain an Office of Community Academicensure that the Vice-Provost, Relations and appointwith Health Care Institutions, designates~~ a ~~Director, Distributed Medical Education~~ University liaison, to assist with the liaison functions in advancing the clinical teaching in the Hospital and to support the implementation of new affiliation agreements.

XIII CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS

The University will use its best efforts to ensure that its agreements with other community hospitals contain substantially the same provisions as are contained in this Agreement.

XIII.V MAINTENANCE OF AFFILIATION

In order to monitor and coordinate this Affiliation, there will be ongoing liaison between the Vice-Provost, Relations with Health Care Institutions (or delegate) and the President and Chief Executive Officer of the Hospital (or delegate).

As needed, issues arising from this Agreement may be referred to an ad hoc Joint Committee. A Joint Committee may be struck by either party as needed to address issues arising from this Agreement, relations between the parties and proposed changes to the policies of either institution that are referred to it, and will be comprised of equal numbers of representatives from the University and Hospital. The Committee will be co-chaired by the Vice-Provost, Relations with Health Care Institutions and the Hospital President and CEO (or their delegates), each of whom will appoint members to represent their institution. The Committee may at its discretion add ad hoc members in equal numbers from the Hospital and University from time to time to assist it with any issue. A Joint Committee will meet on an as needed ad hoc basis, at times and locations to be mutually agreed to by the parties. Either party may call a meeting of a Joint Committee. The Committee shall consider and make recommendations to the University and to the Hospital with respect to matters referred to it and, in addition, the Committee shall perform any duties assigned to it by the terms of this Agreement. The Joint Committee will use its best efforts to reach mutually acceptable solutions to disputes between the University and the Hospital related to this agreement; if no agreement can be reached on a particular issue, the parties will continue to implement the balance of the Agreement so far as practicable.

XIV LIABILITY, INDEMNIFICATION AND INSURANCE

XIV.1 LIABILITY

The parties agree that the University shall not be liable to the Hospital for any bodily injury (including death), any loss or damage to the property of or to the Hospital, its Board members (or trustees), officers, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or damage is caused or contributed to by the willful or negligent act or omission of the University, its governors, officers, ~~faculty~~ Faculty Members, employees or agents while acting within the scope of their duties.

The parties agree that the Hospital shall not be liable to the University for any bodily injury (including death), any loss or damage to the property of or to the University, its governors, officers, ~~faculty~~ Faculty Members, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or

damage is caused or contributed to by the ~~wifful~~willful or negligent act or omission of the Hospital, its officers, employees or agents while acting within the scope of their duties.

The Hospital assumes legal liability for the proper maintenance of its facilities and services provided in respect of the subject matter of this Agreement.

XIV.2 INDEMNIFICATION

Subject to the provisions of ~~section 4~~section XIV.1 above, the Hospital shall at all times indemnify and save harmless the University, its governors, officers, ~~faculty~~Faculty Members, employees, agents and Students from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as "losses") made or brought, prosecuted or threatened to be prosecuted against the University by whomsoever arising out of the Hospital's performance or non-performance of this Agreement.

Subject to the provisions of section XIV.1 above, the University shall at all times indemnify and save harmless the Hospital, its Board members (or trustees), officers, employees and agents from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as "losses") made or brought, prosecuted or threatened to be prosecuted against the Hospital by whomsoever arising out of the University's performance or non-performance of this Agreement.

Notwithstanding the provisions of the indemnity set out above and the limitation of liability in section XIV.1 above, each party shall be responsible for all losses made or brought, prosecuted or threatened to be prosecuted by whomsoever arising out of:

- i) the use by that party of any result of any research as contemplated by this Agreement, or
- ii) the infringement by that party of any patent, trade mark, industrial design, copyright or other intellectual property right or as a result of the development, use or exploitation thereof.

XIV.3 INSURANCE

The Hospital shall maintain in full force and effect a policy of comprehensive liability insurance, or equivalent self-insurance, to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees, agents and Students that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence. Such insurance coverage will protect Students assigned to the Hospital against legal liability incurred by them while acting within the scope of their duties and arising from the instruction, direction or supervision provided by the Hospital.

The University shall maintain in full force and effect a policy of comprehensive liability insurance to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees and agents that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence.

The Hospital shall maintain in full force and effect a policy of direct damage property insurance against normal risks of physical loss or damage as contemplated by a standard "All Risks" property insurance policy covering all equipment of the University which is located on Hospital premises for an amount not less than the full replacement value thereof.

The Hospital and the University will produce satisfactory evidence of insurance coverage to each other as set out above upon written request so to do.

XIV.4 STUDENT WORKPLACE INSURANCE

~~Neither Students who are in the Hospital nor the University is responsible for on unpaid placements are provided with Workplace Safety and Insurance Board premiums for Students, but the University (WSIB) or private insurance for coverage of claims in accordance with Ministry of Advanced Education and Skills Development (MAESD) policy and procedure. The University will be responsible for arranging the relevant WSIB workplace insurance documentation regarding coverage for eligible Students. Should the University wish to place a Student that does not qualify for MAESD workplace insurance coverage then the University will make such request to the Hospital will determine whether or not it can accept the Student.~~

~~To ensure compliance with the Workplace Safety and Insurance Act, 1997, WSIB policy and the University's private insurance coverage, the University and the Hospital share responsibility for the timely reporting of all incidents involving Students who incur an injury or exposure to infectious or environmental hazards while on the premises of the Hospital.~~

- ~~a) The Hospital commits to the immediate reporting to the University of any Student injury or exposure to infectious or environmental hazard.~~
- ~~b) Upon notification by the Hospital, the University commits to the reporting of incidents eligible for WSIB within the maximum timeframe specified by the WSIB.~~

XVI TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT

The term of this Agreement is for five (5) years from ~~January 1, 2013 to December 31, 2017.~~ [month, day, year] to [month, day, year].

The University and the Hospital will commence discussions regarding renewing this Agreement eighteen (18) months before its expiry date.

If, at the end of the term, a new agreement has not been executed and neither party has given 12 months prior written notice of their intention not to renew this Agreement, then this Agreement will survive until such time as either a new agreement is executed or this Agreement is terminated by either party giving the other 12 months prior written notice.

This Agreement may be terminated by either party as of January 1 in any year during the term of the Agreement by giving to the other party at least twelve (12) months' prior written notice.

This agreement may be terminated immediately by either party giving written notice to the other party if any of the following occurs:

- a) the nature of the other party's operations, or its corporate status, changes such that it is no longer able to meet its obligations under the Agreement;
- b) the other party makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver;
- c) the other party ceases to operate; or
- d) an event of Force Majeure (as described in section XVII.4 below) continues for a period of 60 days or more.

This Agreement and the Appendix to it may be amended by the parties at any time provided that no amendment shall be binding unless in writing and signed on behalf of the parties by their proper officers. Notwithstanding the foregoing, each of the Hospital and the University may amend its own internal

policies referred to in this Agreement (including the attached Schedules) in accordance with its normal amending procedures, subject to the requirements of Part I, section 5 herein.

XVII GENERAL TERMS

XVII.1 ASSIGNMENT AND ENUREMENT

This Agreement and the rights and obligations hereunder are not assignable by either party. This Agreement shall ~~inure~~enure to the benefit of and be binding upon the University and the Hospital and their successors.

XVII.2 INDEPENDENT CONTRACTORS

The parties are independent contractors, and no agency, partnership, joint venture, employee-employer, or franchisor-franchisee relationship is intended or created by this Agreement.

XVII.3 GOVERNING LAW

The laws of the Province of Ontario and applicable Canadian law shall govern the terms of this Agreement and the parties agree to submit to the exclusive jurisdiction of the courts of the Province of Ontario for any legal proceedings arising out of this Agreement.

XVII.4 FORCE MAJEURE

The parties acknowledge that in the event of circumstances beyond the control of either party such as a community disaster, a strike, a fire, an infectious outbreak or other situation in which the continued provision of facilities or assignment of Students pursuant to obligations under this Agreement would substantially interfere with the Hospital's primary duty of care to its patients or its research obligations or with the University's teaching or research obligations, each party reserves the right to suspend performing its obligations under this Agreement immediately without penalty and until such time as the party reasonably determines that it is able to resume performance of its obligations herein.

XVII.5 ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and supersedes all other prior or contemporaneous representations, agreements, understandings or commitments, whether written or oral, between the parties relating to the subject matter herein, including, without limitation, the agreement(s) dated _____, [_____] as extended and/or amended by the parties in writing. For greater clarity, this Agreement shall mean collectively, the terms and conditions contained in sections I to ~~XXVI~~ of this document, and the attached and referenced Appendix and Schedules and any other specifically referenced documents. The invalidity of any provision of this Agreement shall not affect the validity of the remaining provisions and this Agreement shall be construed as if such invalid provision had been omitted. No provision of this Agreement may be terminated, modified or waived except as set forth in a written agreement executed by authorized representatives of the parties.

XVII.6 COUNTERPARTS

This Agreement may be signed in counterparts and each of such counterparts will constitute an original document and such counterparts, taken together, will constitute one and the same instrument.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be signed by their duly authorized officers.

Seal

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

APPENDIX

INVENTIONS AND INTELLECTUAL PROPERTY

THIS AGREEMENT dated the ~~4th~~ day of ~~January, 2013~~ [month], [year] (the “IP Agreement”).

BETWEEN
The Hospital
(the “Hospital”)

and

THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO
(the “University”)

WHEREAS the Hospital and the University have an affiliation agreement and many Hospital staff and University faculty members are concurrently appointed;

AND WHEREAS some of these staff members may, from time to time, create inventions and other intellectual property;

AND WHEREAS both the Hospital and the University (individually a “Party” and collectively the “Parties”) have their own separate and distinct policies regarding the ownership and treatment of inventions and other intellectual property;

AND WHEREAS it is important for the successful commercialization of such inventions and other intellectual property that there be no uncertainty regarding the application of those policies in the absence of another agreement between the Parties for a particular research project or other undertaking that may generate inventions or other intellectual property;

NOW THEREFORE IN CONSIDERATION OF premises and mutual covenants contained within the parties hereto agree as follows:

1. Definitions

In this IP Agreement, the following terms shall be deemed to have the following meanings:

- (a) “Invention” – any new and useful art, product, service, discovery, innovation, process, pattern, machine, process of manufacture or composition of matter or a formula thereof, new life form, computer software, compilation of information in whatever medium whatsoever, and attendant know-how or any new and useful improvement thereof, whether or not protected or protectable by patent, copyright or registration as an industrial design or trademark or pursuant to any other intellectual property or trade secret protection law which now exists or may exist in the future which was created with financial support, staff support, or the provision of space, equipment or supplies from either or both parties.
- (b) “Net Revenues” – all royalties, license fees and other income (excluding funds received in support of direct and indirect costs of the sponsored research project) received by a Party from the assignment or commercialization of or licensing of rights to an Invention,

minus legal and other fees reasonably and actually incurred directly in the process of establishing and maintaining the legal protection of those rights.

- (c) “~~Owner/Lead Party~~” means the Party whose policies are determined under section 3.1 to ~~be the owner of all patents, trademarks, copyright, proprietary and/or other intellectual property rights relating apply~~ to an Invention.
- (d) “Share” – the proportionate share of support and Net Revenues determined or assigned to a Party as more particularly described in section 3.2 and 3.3.

2. Mutual Disclosure

- 2.1 When a staff member holding appointments in both the University and the Hospital makes or creates an Invention, he/she shall disclose it to one of the Parties, in accordance with the inventions and intellectual property policies of that Party. If the disclosure indicates that, in the process of creating the Invention, the individual used, in any way, facilities owned, operated or administered by the other Party and/or has received personal financial compensation from the other party and/or received funds from the other party that contributed to the direct costs of the project that resulted in the Invention, the Party to which the disclosure has been made will provide a copy of the disclosure to the other Party as soon as possible.
- 2.2 ~~No~~Neither Party shall enter into ~~an agreement with respect to~~ research ~~agreement or contract~~the development or commercialization of intellectual property which imposes any obligation or liability on the other Party, including a commitment of the personnel, Students or facilities of the other Party or an obligation with respect to the past, present or future intellectual property rights of the other Party, without the express, written consent of the other Party. The Party wishing to enter into such ~~a research an~~ agreement or contract shall provide a copy of the proposed ~~research~~ agreement or contract, in confidence, to the other Party and shall consult fully with respect to the obligation or liability that would be imposed on the other Party.
- 2.3 For the purpose of this IP Agreement, undergraduate and graduate Students, clinical and research fellows, and postdoctoral fellows will be treated in the same fashion as staff members holding appointments in both the University and the Hospital in all respects.
- 2.4 Any Invention disclosure disclosed by either Party to the other under this IP Agreement shall be treated as confidential by the receiving Party unless the disclosing Party indicates in writing that it is non-confidential.

~~3.—Ownership~~

3. Application of Policies

- 3.1 Unless otherwise agreed ~~among~~, the ~~Parties, due to extenuating circumstances, ownership of the patents, trademarks, copyright, proprietary and/or other~~ intellectual property ~~rights relating to the Invention shall vest with~~ policies the Party on whose premises the Invention was made shall apply to the Invention. If the Invention was made on the premises of both Parties or the Parties cannot agree on where the Invention was made, ~~ownership shall vest with~~ the intellectual property policies of the Party that has provided the greater proportionate share of the salaries of the academic staff members named as inventors for the Invention at the time when the Invention was disclosed. shall apply to the Invention. The determination of that proportionate share shall be made by the Parties’ Vice-Presidents Research or their delegates.

~~3.23.2~~ In all cases, the Invention will be subject to the intellectual property policies of the Lead Party and those policies shall govern all rights in the Invention as between the Lead Party and the inventor(s), subject to any applicable agreements between them.

3.3 For all Inventions, the Parties shall determine, by mutual agreement, each Party's proportionate share of support to the research project from which the Invention arose and proportionate share of Net Revenues from the Invention (the "Share"). This determination shall be made jointly by the Vice-Presidents Research of the Parties or by their ~~designates~~delegates. The Parties shall consider the following factors in determining each Party's Share: use of the premises of each Party, personal financial compensation paid by each Party to the inventor(s) and any contribution by either Party to the direct costs of the project from which the Invention arose, excluding grants from third parties.

~~3.3 — In all cases, the Invention will be subject to the policies of the Owner.~~

4. Negotiation and Commercialization

4.1 Unless otherwise agreed, the ~~Owner~~Lead Party will assume full responsibility for applying for legal protection and/or for commercializing the Invention. The ~~Owner~~Lead Party will assume responsibility for all the costs and liabilities incurred in such activities. The ~~Owner~~Lead Party will also ensure that the other Party is kept informed about all patent applications, issued patents, licenses or other agreements or events which relate to commercialization of the Invention.

4.2 Inventions may arise involving two or more inventors where each Party is determined to be a joint ~~Owner~~owner. In these circumstances, the Parties shall negotiate in good faith an agreement to cooperate to protect and commercialize the jointly-owned Invention and, unless otherwise agreed by the Parties, the Party whose inventors have made the predominant inventive contribution shall be responsible for protecting and commercializing such Invention.

5. Proceeds from an Invention

5.1 All Net Revenues from an Invention will be divided between the Parties in proportion to each Party's Share. Each Party's Share will be distributed in accordance with the Party's intellectual property policies.

5.2 If equity in a company is received by the ~~Owner~~Lead Party in lieu of revenue in whole or in part, the equity shall be divided between the Parties in proportion to each Party's Share.

6. Dispute Resolution

6.1 Any dispute arising under this IP Agreement which cannot be settled amicably between the Parties shall be submitted to arbitration by a panel composed of one member nominated by the University, one member nominated by the Hospital and one member selected by the first two arbitrators. The panel's decision will be made by a majority of the three panel members within thirty (30) days of its appointment. The decision shall be final and binding upon the Parties.

6.2 If the nominees cannot agree on the identity of the third panel member, an application will be made to the court for the appointment of a third arbitrator.

7. Notices

7.1 All notices required under this Agreement shall be in writing and, unless otherwise agreed, shall be delivered by mail, facsimile transmission (with confirmation of delivery), or in person to the Parties at the following addresses:

University: Vice-President, Research & Innovation
University of Toronto
27 King's College Circle
Toronto, Ontario M5S 1A1

Hospital:

8. Amendment

8.1 This IP Agreement may be modified at any time by mutual written agreement of the Parties.

9. Term and Termination

9.1 This IP Agreement shall enter into force as of the date first written above and shall remain in force until termination by mutual agreement of the Parties or thirty (30) days after presentation of written notice of termination by one Party to the other.

IN WITNESS WHEREOF the Parties hereto have caused this Agreement to be signed by their duly authorized officers on the day and date first above written.

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

SCHEDULES NOTED IN COMMUNITY AFFILIATION AGREEMENT

(Updated ~~September 22, 2014~~ August 21, 2017)

Schedule	Title
1	Policy for Clinical Fa <u>Faculty(MD) faculty</u> http://www.governingcouncil.utoronto.ca/policies/clinical.htm
2	Procedures Manual for Policy for Clinical Fa <u>Faculty(MD) faculty</u> (PDF only) http://www.facmed.utoronto.ca/sites/default/files/Procedures%20Manual%20for%20Policy%20for%20Clinical%20Faculty.pdf
3	Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching http://facmed.utoronto.ca/sites/default/files/Guideline%20for%20Ethics%20in%20Clinical%20Training.pdf
4	Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions http://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising
5	Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives http://www.governingcouncil.utoronto.ca/policies/Endowed.htm
6	Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) http://medicine.utoronto.ca/sites/default/files/SLP%20HSCEP%20Guidelines.pdf
7	Harmonization of Research Policies Note: URL not available
8	Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research http://www.glse.utoronto.ca/sites/default/files/Context%20of%20Commercialization%20of%20Inventions%20Based%20on%20Thesis-Related%20Research%20.pdf
9	Protection for Intellectual Freedom and Publication Rights http://facmed.utoronto.ca/sites/default/files/Protection%20of%20Intellectual%20Freedom%20and%20Publication%20Rights.pdf
10	Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects http://facmed.utoronto.ca/research/policy-offer-and-acceptance-finders-fees-or-completion-fees-research-involving-human
11	Principles and Responsibilities Regarding Conduct of Research http://facmed.utoronto.ca/sites/default/files/rp1011.pdf
12	Framework to Address Allegations of Research Misconduct http://www.research.utoronto.ca/wp-content/uploads/2009/03/framework-to-address-misconduct-2006.pdf
13	Addendum to Framework to address Allegations of Research Misconduct <u>Framework Addendum</u> http://facmed.utoronto.ca/sites/default/files/Research%20Misconduct%20Framework%20Addendum%20-%20Procedures%20for%20Determining%20Jurisdiction%20in%20Complaints%20Involving%20Certain%20Non-University%20Institutions.pdf
14	Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments http://aapm.utoronto.ca/status-only-adjunct-and-visiting-professors
15	Policy On Appointment of Academic Administrators http://www.governingcouncil.utoronto.ca/policies/acadm.htm
16	Policy on Conflict of Interest – Academic Staff http://www.governingcouncil.utoronto.ca/policies/conacad.htm
17	Guidelines for the Assignment <u>and Removal</u> of Postgraduate Medical Trainees <u>from Teaching Sites</u> http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/AssignmentandRemovalPGMedicalTraineesTeachingSitesJan2012.pdf
18	Code of Student Conduct http://www.governingcouncil.utoronto.ca/policies/studentc.htm
19	Code of Behaviour on Academic Matters http://www.governingcouncil.utoronto.ca/policies/behaveac.htm

Schedule	Title
20	Governing Council Report of the Provostial Committee on Centres and Institutes http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppfeb012007i.pdf Policy on Interdisciplinary Education and Research Planning http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppfeb012007i.pdf
<u>21</u>	The University of Toronto Guidelines for Extra-Departmental Units (EDUs) http://vpacademic.utoronto.ca/wp-content/uploads/2015/08/edu-guidelines.pdf
<u>24</u> <u>22</u>	Policy and Procedures on Academic Appointments http://www.governingcouncil.utoronto.ca/policies/phoct302003i.htm
<u>22</u> <u>23</u>	Policy on Ethical Conduct in Research http://www.governingcouncil.utoronto.ca/policies/ethicalr.htm
<u>23</u> <u>24</u>	Policy on Research Involving Human Subjects http://www.governingcouncil.utoronto.ca/policies/humanres.htm
<u>24</u> <u>25</u>	Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct http://www.sgs.utoronto.ca/facultyandstaff/Pages/Research-Involving-Human-Subjects.aspx?printfriendly=true
<u>25</u> <u>26</u>	Publication Policy http://www.governingcouncil.utoronto.ca/policies/pubs.htm
<u>26</u> <u>27</u>	Policy on Naming http://www.governingcouncil.utoronto.ca/policies/naming.htm
<u>27</u> <u>28</u>	Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources http://facmed.utoronto.ca/sites/default/files/Commercial_Support.pdf
<u>28</u> <u>29</u>	Standards of Professional Practice Behaviour for Medical Clinical Faculty http://facmed.utoronto.ca/sites/default/files/standards.pdf
<u>29</u> <u>30</u>	Standards of Professional Practice Behaviour for All Health Professional Students http://www.governingcouncil.utoronto.ca/policies/ProBehaviourHealthProStu.htm
<u>30</u> <u>31</u>	Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media http://medicine.utoronto.ca/sites/default/files/Appropriate%20Use%20of%20The%20Internet.pdf
<u>32</u>	Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education http://www.cpd.utoronto.ca/brochures/Relations-with-Industry.pdf
<u>33</u>	University of Toronto Quality Assurance Process http://vpacademic.utoronto.ca/wp-content/uploads/2015/08/utqap.pdf
<u>34</u>	Policy on Sexual Violence and Sexual Harassment http://www.governingcouncil.utoronto.ca/wp-content/uploads/2016/12/p1215-poshsv-2016-2017pol.pdf
<u>35</u>	Policy with Respect to Workplace Harassment http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/harassment.pdf
<u>36</u>	Policy with Respect to Workplace Violence http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/violence.pdf
<u>37</u>	Academy Membership Framework http://md.utoronto.ca/sites/default/files/Academy%20Membership%20Framework.pdf
<u>38</u>	Graduate Supervision Guidelines for Students, Faculty Members and Administrators https://www.sgs.utoronto.ca/Documents/supervision+guidelines.pdf

THIS AGREEMENT made in duplicate
as of the [-] day of [month], [year]

BETWEEN

THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO
("THE UNIVERSITY")
OF THE FIRST PART

AND

ANY COMMUNITY HOSPITAL
("THE HOSPITAL")
OF THE SECOND PART

CONTENTS	PAGE
PREAMBLE.....	3
I INTRODUCTION.....	3
I.1 OBJECTIVE OF THE UNIVERSITY.....	3
I.2 OBJECTIVES OF THE HOSPITAL.....	3
I.3 BASIS FOR AFFILIATION.....	3
I.4 DEFINITIONS AND INTERPRETATION.....	4
I.4.1 Definitions.....	4
I.4.2 Interpretation.....	5
I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICIES.....	6
II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY.....	
DEPARTMENT CHAIRS AND DEANS.....	8
II.1 INTRODUCTION.....	8
II.2 POLICIES GOVERNING APPOINTMENTS.....	8
II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF.....	9
II.3.1 Staff Complement.....	9
II.3.2 University Appointment and Promotions.....	9
II.3.3 Hospital Appointment.....	10
II.3.4 Terms and Conditions of Appointments.....	10
II.3.5 Clinical (MD) Faculty in the Faculty of Medicine.....	10
II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY.....	11
II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS.....	12
II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS.....	12
II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES.....	12
II.8 REVIEW OF ACADEMIC APPOINTEES.....	12
III TEACHING.....	12
III.1 INTRODUCTION.....	12
III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT.....	13
III.3 MEDICAL ACADEMIES.....	14
III.4 STUDENTS.....	14
III.4.1 Placement of Students.....	14
III.4.2 Visiting Elective Placements.....	14
III.4.3 Transfer of Students.....	15
III.4.4 Termination of Student Placement for Unacceptable Behaviour.....	15
III.4.5 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour.....	15
III.4.6 Specification of the Responsibility for Safety Instruction and Follow-Up in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard.....	15
III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW.....	16

III.5.1	Program Planning.....	16
III.5.2	Quality Assurance	17
III.5.3	Responsibility to Inform of Circumstances Affecting Teaching Programs	17
III.5.4	Availability of Patients for Teaching	17
III.5.5	Facilities	18
III.5.6	Continuing Education and Professional Development.....	18
IV	COMMITMENT TO HUMAN RIGHTS AND SAFE WORKPLACES	18
V	RESEARCH.....	19
V.1	INTRODUCTION	19
V.2	CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS	19
V.3	RESEARCH CHAIRS AND PROFESSORSHIPS.....	19
V.4	INVENTIONS AND INTELLECTUAL PROPERTY.....	20
V.5	THE CONDUCT OF RESEARCH	20
V.5.1	Ethical Conduct	20
V.5.2	Human Subjects Research	20
V.5.3	Conflict of Interest	21
VI	HEALTHCARE DELIVERY.....	21
VII	LIBRARY AND INFORMATION SERVICES	21
VII	FUNDRAISING	21
IX	USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION	22
X	NOTIFICATION AND CONSULTATION	22
XI	COORDINATION AND LIAISON.....	23
XI.1	UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES.....	23
XI.2	LIAISON.....	23
XII.2.1	Hospital	23
XII.2.2	University.....	23
XII	CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS	23
XIII	MAINTENANCE OF AFFILIATION.....	24
XIV	LIABILITY, INDEMNIFICATION AND INSURANCE	24
XIV.1	LIABILITY	24
XIV.2	INDEMNIFICATION.....	24
XIV.3	INSURANCE.....	25
XIV.4	STUDENT WORKPLACE INSURANCE	25
XV	TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT	26
XVI	GENERAL TERMS.....	26
XVI.1	ASSIGNMENT AND ENUREMENT	26
XVI.2	INDEPENDENT CONTRACTORS	27
XVI.3	GOVERNING LAW	27
XVI.4	FORCE MAJEURE	27
XVI.5	ENTIRE AGREEMENT	27
XVI.6	COUNTERPARTS	27
APPENDIX	29

PREAMBLE

The Hospital and the University share a joint mission of health and biomedical-related education and research for the purpose of improving health. This Agreement provides a framework for that, and the parties agree to work cooperatively to respond to their evolving relationship. This relationship between the Hospital and University includes a willingness to identify their integrated joint academic missions and initiatives through mutual acknowledgments that recognize each other's contributions. An important role of the University is to facilitate networking among its many affiliates for mutual benefit and strategic advantage in promoting academic achievement and international reputation.

I INTRODUCTION

I.1 OBJECTIVE OF THE UNIVERSITY

The objective of the University is to enhance its teaching and research. In all its teaching and research programs the University is committed to collaborating with hospitals, community teaching sites and other public sector institutions, where appropriate, to achieving the highest academic standards; to providing the best possible facilities and libraries; and to recognizing excellence and innovation in teaching.

In seeking to achieve the above objective, the University is committed to four principles:

- i) respect for intellectual integrity, freedom of inquiry and rational discussion;
- ii) the fair and equitable treatment of all who work and study in the University, including clinical teachers at hospitals and other community teaching sites;
- iii) a collegial form of governance; and
- iv) fiscal responsibility and accountability.

The above objective and principles govern the University's relationship with institutions with which it affiliates.

I.2 OBJECTIVES OF THE HOSPITAL

The objectives of the Hospital include providing, promoting and advancing patient care in accordance with any and all legislative requirements by continuing to foster excellence in healthcare delivery, teaching and research. **[NTD: TO BE COMPLETED BY EACH HOSPITAL]**

I.3 BASIS FOR AFFILIATION

The University and the Hospital have a mutual interest in the enhancement of education of Students (as hereinafter defined), research and evidence-based practice.

In order for the University to offer programs of education and professional training in health and health-related fields, it must have access to the facilities of healthcare institutions and organizations, so that it may offer clinical and practical experience to Students.

Because of its mission and facilities, the Hospital has resources and services necessary for the support of teaching and research and is willing to make them available to the University for teaching and research purposes as appropriate.

Because of its mission and facilities, the University has resources and services necessary for the support of teaching and research and shares resources and services strategically with affiliates as appropriate.

Both the University and the Hospital recognize the role and the responsibility of the Hospital in the provision of health care.

Both the University and the Hospital recognize the importance of academic freedom and the need to safeguard the intellectual independence of Faculty Members (as hereinafter defined), including Hospital appointed or employed staff who have University appointments.

Notwithstanding the mutual respect of the University and the Hospital for academic freedom, Faculty Members remain subject to applicable ethical and clinical guidelines or standards, laws and regulations and to the Hospital's relevant policies or by-laws.

Therefore it is the purpose of this Agreement to provide a foundation upon which the University and the Hospital may collaborate and cooperate in their efforts to accomplish their objectives. Thus, the parties agree as follows:

I.4 DEFINITIONS AND INTERPRETATION

I.4.1 Definitions

In this Agreement,

- a. *Academy* means the collaborative organization through which the clinical curriculum of the Doctor of Medicine (MD) program is delivered. Normally this involves a combination of collaborations among the Toronto Academic Health Sciences Network (TAHSN) fully affiliated hospitals, TAHSN associate member hospitals, the community affiliated hospitals and the University, led by an Academy Director.
- b. *Academy Director* means the individual who is responsible for all academic and administrative matters pertaining to the Academy and its educational programs. The Academy Director is appointed by the Faculty of Medicine and is also appointed to the staff of the Academy Hospital or where multiple hospitals form an Academy, at least one of the Academy's hospitals. The Academy Director reports to either the Vice President, Education of the Academy Hospital or such other person as is determined by the Academy Hospital for management of Hospital resources linked to the Academy and to the Dean for the educational program.
- c. *All Health Professional faculty* means Faculty Members who are engaged in health professional or clinical practice; that is, Faculty Members in the categories defined in e) to g) below.
- d. *Chief* means the Chief, Head, Director or other clinical leader of a Hospital Medical-Dental clinical department or program.
- e. *Clinical (MD) faculty* means an individual or individuals licensed to practice medicine in Ontario, holding an appropriate Medical Staff appointment at the Hospital and appointed in accordance with the University Policy for Clinical (MD) Faculty as Clinical (MD) faculty in a University Faculty of Medicine clinical department.
- f. *Dentistry faculty* means an individual or individuals licensed to practice dentistry in Ontario, holding a medical-dental staff appointment at the Hospital and who is appointed in the University of Toronto Faculty of Dentistry.

- g. *Faculty Members* means all Hospital staff members who have appointments in a Faculty or Department at the University, including faculty in the categories defined in d) and f) to h) below.
- h. *Health Science faculty* means an individual or individuals who are health professional staff or employees of the Hospital and appointed in a Faculty or department at the University. Health Science faculty are not Clinical (MD) faculty or Dentistry faculty.
- i. *Joint Committee* means an ad hoc committee comprised of equal numbers of representatives from the University and Hospital, which may be struck by either party as needed to address issues arising from this Agreement, relations between the parties and proposed changes to the policies of either institution that are referred to it.
- j. *Student* means any person registered at the University for full-time or part-time studies in a program that leads to a degree or post-secondary diploma or certificate of the University or in a program designated by the Governing Council as a program of post-secondary study at the University. Persons present in the Hospital in training situations who are not registered as Students of the University are not Students within the meaning of this section.
- k. *Teaching Programs* means programs within various University Faculties, departments or units (including, but not limited to: Medicine, Dentistry, the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, the Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education, Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering) that place Students in the Hospital and, if applicable, its research institute.

I.4.2 Interpretation

- a. Subject to the terms of this Agreement, the University and the Hospital have the right and the authority to make decisions and to exercise their discretionary authority regarding their respective resource allocations, programmatic changes and/or use of or access to their respective premises or facilities.
- b. No person who is not a party to this Agreement has any right to enforce any term of this Agreement.
- c. Except as may be provided herein, this Agreement shall not be interpreted or applied so as to fetter the respective authority, duties or responsibilities of the University or the Hospital under their respective constituting statutes, letters patent, governing legislation, by-laws or policies.
- d. Nothing in this Agreement shall be interpreted or applied so as to interfere with statutory obligations.
- e. Nothing in this Agreement creates an employment relationship between any Student and either the Hospital or the University.
- f. Where any person or position is referred to in this Agreement, except where the Agreement specifies that the responsibility may be delegated, such person may delegate his/her responsibilities only if such delegation has been approved by the Hospital and the University.

- g. References to specific legislation in this Agreement include any amendments made from time to time to such legislation and include any regulations, as amended from time to time, made under such specific legislation.
- h. In the event a provision of any Schedule to this Agreement is inconsistent or conflicts with a provision of the Agreement, the terms of this Agreement shall take precedence and govern to the extent of any such inconsistency or conflict.

I.5 APPLICABILITY OF UNIVERSITY POLICIES TO THE HOSPITAL AND AMENDMENT OF UNIVERSITY POLICIES

- i) The Hospital agrees that it is bound by the following University policies, procedures, guidelines and protocols (as amended by agreement of the Hospital and the University from time to time) attached as Schedules to this Agreement, to the extent that such policies, procedures, guidelines and protocols bind or create obligations for the Hospital:
 - Policy for Clinical (MD) Faculty (attached as Schedule 1)
 - Procedures Manual for Policy for Clinical (MD) Faculty (attached as Schedule 2)
 - Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3)
 - Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4),
 - Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5)
 - Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) (attached as Schedule 6)

Any proposed changes to the University's Policy for Clinical (MD) Faculty (attached as Schedule 1) or its Procedures Manual (attached as Schedule 2) will be referred to the Clinical Relations Committee, as described in the Policy for Clinical (MD) Faculty and Procedures Manual for Policy for Clinical (MD) Faculty.

With respect to any proposed changes to the other policies listed above in this subsection, the University's Vice-Provost, Relations with Health Care Institutions will advise the Hospital of the proposed change, and work collaboratively with the Hospital with the goal of obtaining the Hospital's agreement to be bound by the proposed changes. If agreement cannot be reached in that process, the matter will be referred to an ad hoc Joint Committee.

- ii) The Harmonization of Research Policies (attached as Schedule 7) provides that the University and the Hospital will work together to ensure the highest standards of ethical conduct in research, and to ensure the greatest possible degree of compatibility of their research policies and procedures. Both parties will work together and synergistically to update and harmonize their research environments in the areas addressed in Schedule 7. The University research policies listed below in this subsection are binding on Students and Faculty Members but are otherwise not binding on the Hospital, and the University and the Hospital will work towards harmonizing and/or introducing them.
 - Harmonization of Research Policies (attached as Schedule 7)
 - Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8)
 - Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9)

- Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10)
- Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11)
- Framework to Address Allegations of Research Misconduct (attached as Schedule 12)
- Research Misconduct Framework Addendum (attached as Schedule 13)

With respect to any proposed changes to the Harmonization of Research Policies (attached as Schedule 7), revisions will be made by mutual agreement of the parties and will be effective upon the written confirmation of the Hospital President and Chief Executive Officer and the President of the University or the Vice-Provost, Relations with Health Care Institutions.

With respect to any proposed changes to the other policies listed above in this subsection, the matter will be referred to the Research Committee of the Toronto Academic Health Science Network. The Hospital will not be obligated to harmonize its policies to any proposed changes unless it agrees to do so.

iii) With respect to the University policies, procedures, codes and similar documents that are listed below, the parties agree that the Hospital is not bound to these and is not obligated to monitor or enforce them: however Students and University appointees working in the Hospital are bound, and the Hospital recognizes and respects that. The Hospital will endeavour to avoid conflicts between these policies and Hospital policies and procedures and to advise the University of potential conflicts. For the purposes of this subsection, a "conflict" refers to a situation where a Hospital policy has the potential to impede the implementation of a University policy.

- Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14)
- Policy on Appointment of Academic Administrators (attached as Schedule 15)
- Policy on Conflict of Interest – Academic Staff (attached as Schedule 16)
- Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from Teaching Sites (attached as Schedule 17)
- Code of Student Conduct (attached as Schedule 18)
- Code of Behaviour on Academic Matters (attached as Schedule 19)
- Policy on Interdisciplinary Education and Research Planning (Schedule 20)
- The University of Toronto Guidelines for Extra-Departmental Units (EDUs) (attached as Schedule 21);
- Policy and Procedures on Academic Appointments (attached as Schedule 22)
- Policy on Ethical Conduct in Research (attached as Schedule 23)
- Policy on Research Involving Human Subjects (attached as Schedule 24)
- Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct (attached as Schedule 25)
- Publication Policy (attached as Schedule 26)
- Policy on Naming (attached as Schedule 27)
- Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources (attached as Schedule 28)
- Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule 29)
- Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 30)
- Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media (attached as Schedule 31)
- Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education (Schedule 32)

- University of Toronto Quality Assurance Process (Schedule 33)
- Policy on Sexual Violence and Sexual Harassment (Schedule 34)
- Policy with Respect to Workplace Harassment (Schedule 35)
- Policy with Respect to Workplace Violence (Schedule 36)
- Academy Membership Framework (Schedule 37)

If the University makes substantive changes to any of these policies, it will advise the Hospital of the changes. With respect to any changes of which it is advised, the Hospital will endeavour to avoid conflicts between the changed policies and Hospital policies and procedures and to advise the University of potential conflicts.

Where the policies of the University referred to in this subsection and policies of the Hospital are in conflict, the matter will be referred to the Joint Committee as set out in Section XIII or to other committees as specified in this Agreement or as otherwise agreed by the parties.

- iv) If the University proposes to implement any new policy, procedure or guideline which could have an impact on the parties' obligations under the Agreement, the University will advise the Hospital. If a proposed new University policy, procedure or guideline includes Hospital obligations, the University will work collaboratively with the Hospital with the goal of obtaining the Hospital's agreement to be bound by the proposed policy, procedure or guideline. In no event will any new policy, procedure or guideline that is not agreed to by the parties be binding on the parties.
- v) The University and the Hospital will each use their best efforts to inform their appointees and staff of their respective policies and guidelines and of the importance of adhering to them.

II APPOINTMENT OF FACULTY AND STAFF AND OVERSIGHT BY UNIVERSITY DEPARTMENT CHAIRS AND DEANS

II.1 INTRODUCTION

The parties recognize that it is primarily through their staff that they are able to achieve excellence in their endeavours, and that a primary instrument for effecting this affiliation is through the concurrent appointment of those who teach Students in the Hospital. In making such appointments, the parties acknowledge that each party has its own appointment and/or hiring policies and processes and will each respect the other's policies and processes. In addition, they will cooperate with each other in their efforts and processes to maintain excellence, particularly in relation to Faculty Member assessment and promotion, program evaluation and Student evaluation of Faculty Members.

Not all Hospital health professionals will have University appointments. Only those who are in clinical and other relevant departments and programs that are listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below) and who teach Students will be eligible for a University appointment.

II.2 POLICIES GOVERNING APPOINTMENTS

The applicable policies of each party will be followed by that party in the hiring, appointment, promotion, disciplining, suspension and termination of a Faculty Member by such party. The terms and conditions of the appointment of a Faculty Member are detailed in the appropriate documents of the two parties. Faculty Members will be fully informed in those documents about obligations to their respective institutions including, but not limited to, annual activity reporting, academic promotion and research

productivity as applicable. The review, renewal or non-renewal and termination processes for both University and Hospital appointments shall be done in accordance with the respective policies of the University and the Hospital as appropriate.

In addition, the senior leaders of both parties with oversight of hiring, appointment, promotion, disciplining, suspension and termination will work closely together communicating their intent and alerting each other as necessary to joint human resource issues that require collaborative action.

When either party decides to pursue disciplinary proceedings against a Faculty Member, and the matter could reasonably be of concern to the other party, the first party will, if in its view it is appropriate to do so, inform the other party (the Vice-Provost, Relations with Health Care Institutions at the University or the CEO at the Hospital) of that fact and the parties will exchange relevant information as appropriate. When either party settles or refers to a regulatory board or College a matter concerning a Faculty Member that could reasonably be of concern to the other party, it will inform the other party (Vice-Provost or CEO) of that fact and the parties will exchange relevant information as appropriate. In each of these circumstances, the parties will treat all such information with appropriate confidentiality.

The parties will work co-operatively with respect to academic performance evaluations of Faculty Members who, because of their job descriptions, require concurrent appointment and/or hiring between the University and Hospital, and neither party will approach or contact such individuals about academic performance evaluation independently of the other.

The Hospital acknowledges that the University will appoint Clinical (MD) faculty in accordance with the Policy for Clinical (MD) Faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical (MD) Faculty (attached as Schedule 2). For those Faculty Members to whom the Policy for Clinical (MD) Faculty does not apply (i.e. non-physician Faculty Members), University appointments will be made in accordance with the Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments (attached as Schedule 14).

II.3 APPOINTMENT OF HOSPITAL MEDICAL-DENTAL TEACHING STAFF

II.3.1 Staff Complement

The medical-dental teaching staff of each of the clinical departments and/or programs of the Hospital where Students are taught (as listed in a list of Student placements agreed to by the University and the Hospital (see III.2 below)) shall consist of a Chief and such other members as it is mutually agreed upon between the Hospital and the University as are necessary to render exemplary teaching and research.

II.3.2 University Appointment and Promotions

Those members of the Hospital medical-dental staff who teach Students and are responsible for a course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Health Science Faculty of the University at such ranks and of such categories as the University may determine.

The University will use its best efforts to apply its policies and guidelines respecting appointments and promotions consistently and equitably in all University Faculties and Departments for all affiliated hospitals and teaching sites.

If any such dentist or physician ceases to hold either a Hospital or University appointment, the party where this occurs shall promptly inform the other. This communication shall be the responsibility of the Hospital President and Chief Executive Officer (or delegate) and the Dean (or delegate) of the appropriate Faculty.

II.3.3 Hospital Appointment

Hospital appointments to the medical/dental staff of clinical departments and programs, now or hereafter established, of physicians or dentists who either will not hold University appointments or may also hold part-time or adjunct University appointments will be made in accordance with the Hospital's by-laws, policies and/or procedures. The Chief of the Hospital Department may consult the Chair of the corresponding University department regarding the appointment. For greater certainty, the parties agree that the Hospital does not require the University's approval with respect to such Hospital appointments.

Hospital appointments of staff who will hold full-time University appointments may be made only upon the recommendation of both the Chief of the Hospital Department and the Chair of the University of Toronto Clinical Department, hereinafter referred to as "Chair", or the Dean of a Health Faculty.

Nothing in this Agreement shall be interpreted to limit the Hospital's right to unilaterally alter, suspend or terminate the privileges of its medical-dental staff in accordance with its by-laws and the *Public Hospitals Act* as amended from time to time or to require approval of the University in such circumstances.

II.3.4 Terms and Conditions of Appointments

The terms and conditions of appointment are set out in separate University and Hospital appointments. Appointments set out responsibilities for teaching, research and administration. Part-time and adjunct faculty are normally not funded through the University payroll for teaching. Any financial support from the University for academic activities in the Hospital will be dealt with by separate agreement, as necessary.

II.3.5 Clinical (MD) Faculty in the Faculty of Medicine

i) Policy for Clinical (MD) Faculty and Procedures Manual for Policy for Clinical (MD) Faculty

The parties recognize that Clinical (MD) faculty are essential to the University's academic mission. They also recognize that the situation of Clinical (MD) faculty is very different from that of University-salaried tenured faculty. Appointments of Clinical (MD) faculty are governed by the University's Policy for Clinical (MD) faculty (attached as Schedule 1) and the Procedures Manual for Policy for Clinical (MD) faculty (attached as Schedule 2).

ii) Appointment of Clinical (MD) faculty

The Faculty of Medicine will appoint Clinical (MD) faculty in accordance with the Procedures Manual for Policy for Clinical (MD) Faculty (attached as Schedule 2). Clinical (MD) faculty members may be appointed as part-time or adjunct Clinical (MD) faculty members, and in some instances as full-time. The criteria for each type of appointment are set out in Procedure 2.0, section VI in Schedule 2 attached.

iii) Academic Group Practices

The Hospital and the University shall require full-time Clinical faculty to participate in a conforming academic practice plan (or equivalent, as described in the Procedures Manual for the Policy for the Clinical (MD) Faculty (attached as Schedule 2)) through which resources related to professional practice will be distributed by the practice plan and used for academic enrichment of the Hospital department concerned and to support the joint academic mission of the University and the Hospital in a manner that is consonant with the patient care responsibilities and strategic plan of the Hospital. The Procedures Manual for the Policy for

the Clinical (MD) Faculty (attached as Schedule 2) states the principles that define a conforming academic practice plan (or equivalent).

It is recognized that adjunct and part-time Clinical (MD) faculty may also participate in practice plans. The arrangements under which any such group practices function should be consonant with the patient care responsibilities of the Hospital and the academic missions of both the University and the Hospital.

iv) Dispute Resolution for Academic Disputes

Academic disputes involving Clinical (MD) faculty members will be dealt with in accordance with the Procedures for Dealing with Academic Disputes (Procedure 3.0 in the attached Schedule 2). The Hospital accepts the jurisdiction of the (Clinical Faculty) Academic Clinical Tribunal (set out in Schedule 2) as regards disputes involving academic freedom concerns in the clinical setting for eligible Clinical (MD) faculty. The Tribunal's decision will consist of a determination of facts with respect to the complaint, a finding as to whether there has been a breach of academic freedom, and a delineation of the implications of the breach for the complainant. The decision shall be final and binding on the complainant and the Hospital and the University. The Tribunal has no powers to award remedies, or to change any of the provisions of a duly enacted policy or established practice of the University or the Hospital, or to substitute any new provision thereof.

II.4 APPOINTMENT OF HEALTH SCIENCE FACULTY TO THE UNIVERSITY

- i) Health Science faculty of the University includes Hospital staff and employees appointed to one or more University Faculties and Departments other than Clinical Departments in Medicine and Dentistry. These include, but are not limited to: the Lawrence S. Bloomberg Faculty of Nursing, Nutritional Science, Leslie Dan Faculty of Pharmacy, Psychology, Radiation Therapy, Medical Imaging Technology, Nuclear Medicine Technology, the Factor-Inwentash Faculty of Social Work, Dalla Lana School of Public Health, Physical Therapy, Kinesiology and Physical Education, Occupational Science and Occupational Therapy, Speech Language Pathology, Physician Assistant, Faculty of Applied Science and Engineering.
- ii) The University will use reasonable efforts to promote the appointment of Health Science Hospital staff (i.e., non-physicians or non-dentists) as Health Science faculty and will work with the Hospital to clearly communicate the criteria for such appointments.
- iii) Individuals eligible for Health Science faculty appointments may be given teaching appointments by the University in the appropriate Faculty at such rank and in such category as the University may determine. The University will not give University appointments to Health Science faculty without first obtaining the consent of the Hospital's President and Chief Executive Officer or her/his delegate. If a Health Science faculty member ceases to hold an appointment at the University, the Dean of the appropriate Faculty at the University will inform the Hospital of this change.
- iv) Those Health Science faculty holding appointments at the Hospital who teach Students and are responsible for a University course or a substantial part of a course and/or grade Students must qualify for and hold University appointments in the appropriate Faculty of the University at such ranks and of such categories as the University may determine. In particular, Health Science faculty supervising University graduate students (doctoral, doctoral-stream masters) with respect to their graduate work must also hold an appointment in the School of Graduate Studies.

II.5 APPOINTMENT AND RE-APPOINTMENT OF HOSPITAL CHIEFS

The Hospital will consult with the University department Chair (or, in the case of Dentistry, the Dean) or his/her delegate before appointing or reappointing a Chief of a Medical or Dental Department in which significant teaching takes place. The parties acknowledge that it will be expected (although not mandatory) for the Chief of a medical or dental department in which significant teaching takes place to hold a University appointment. The Hospital does not require the University's approval to appoint a particular individual as Chief of a medical or dental department. For greater certainty, except as set out above, the Hospital has no obligation to consult with the University with respect to leadership positions.

II.6 APPOINTMENT OF CHAIRS OF UNIVERSITY DEPARTMENTS

Collectively the community hospitals will have representation as appropriate in searches for clinical department Chairs, where there is teaching in the cognate community hospitals' Departments or programs.

In the search for an appointment of a department Chair the University will follow its Policy on Appointment of Academic Administrators (attached as Schedule 15). When the University wishes to appoint a staff member of the Hospital as a department Chair, the Dean of the appropriate Faculty will consult with the Hospital's President and Chief Executive Officer prior to offering the position to the staff member concerned.

II.7 CONFLICT OF INTEREST AND COMMITMENT OF UNIVERSITY APPOINTEES

The University expects Faculty Members to perform their duties in accordance with the Policy on Conflict of Interest – Academic Staff (attached as Schedule 16), which sets out the University's expectations for its academic members of staff concerning their commitment to the University's mission, goals and objectives in relation to their outside and related activities, and where applicable, the guidelines on Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education (attached as Schedule 32). The Hospital expects Faculty Members to perform their Hospital staff duties in accordance with the relevant Hospital policies.

II.8 REVIEW OF ACADEMIC APPOINTEES

Upon request by the Vice-Provost, Relations with Health Care Institutions of the University, the Hospital will provide to the University for information, as soon as reasonably possible, a listing of All Health Professional faculty at the Hospital.

III TEACHING

III.1 INTRODUCTION

The Hospital acknowledges that the University has primary responsibility for the Teaching Programs in which Students are enrolled, whether those programs are located on or off the University's property. Accordingly, the Hospital recognizes the University's ultimate authority with regard to decisions made with respect to its Teaching Programs. Nevertheless, the University acknowledges the valuable role and

specific functions carried out by Faculty Members who are engaged in the academic teaching mission, in the planning, administration, funding, presentation and review of its Teaching Programs, as well as the use of Hospital premises and access to the Hospital's client populations for clinical teaching, and therefore will involve the Hospital in these processes as appropriate.

The parties will support the efforts and requirements of each other to achieve and maintain excellence in teaching, particularly through such processes as departmental and institutional reviews, accreditation surveys, staff evaluations, program assessments and student evaluations.

The University and the Hospital agree to follow the Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching (attached as Schedule 3).

The University (including Faculty Members, staff and Students) and the Hospital share responsibility for creating a learning environment at the Hospital that promotes the development of explicit and appropriate professional attributes (attitudes, behaviours, and identity) in Students. The learning environment includes formal learning activities as well as attitudes, values, and informal "lessons" conveyed by individuals with whom the Student comes in contact.

III.2 HOSPITAL STUDENT PLACEMENT COMMITMENT

The University and Hospital agree that, subject to the mutual agreement of the parties on annual teaching placements, certain Hospital Departments and programs will engage in core teaching with evaluation, and that some or all of the Hospital staff or health professionals in those Departments and programs will have University appointments and will teach Students.

The University and the Hospital agree to work together in an annual collaborative planning process to determine the appropriate number of Student placements by program and in the context of curriculum requirements and to establish the associated advance notice period for the University to deliver its proposed list of Student placements.

University health professional education programs will prepare annually a curriculum outline and the proposed list of Student placements at the Hospital.

The University will deliver the proposed list of Student placements to the Hospital consistent with the annual collaborative planning process, in advance of the start of every academic year for each program. The Hospital will consider whether it can accommodate the proposed Student placements, and the Hospital and the University will negotiate in good faith to reach agreement on the proposed list of Student placements consistent with the annual collaborative planning process, in advance of the start of each academic year. Any subsequent changes to the list of Student placements will be agreed upon by the program leader of the cognate University Faculty, Department or program and the Vice-President Education (or equivalent) at the Hospital at least 4 months in advance of the start of the academic year. If agreement cannot be reached at any stage, the appropriate Dean, or, if relevant, Department Chair, and the Hospital's President and Chief Executive Officer will endeavour to negotiate an agreement.

The University curriculum, the number of Students needing placements and the Hospital's ability to take Students may change from year to year for various reasons, and these factors will be relevant to the negotiation of the annual list of Student placements.

The parties will cooperate to implement the annual list of Student placements.

The Hospital undertakes that any teaching of students from other educational institutions will not compromise its ongoing teaching commitment to the University. The University undertakes that, subject to requirements of the Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from

Teaching Sites (attached as Schedule 17), any assignment of Students to other hospitals or teaching sites (or other clinical settings) will not compromise its ongoing commitment to assign Students to the Hospital.

III.3 MEDICAL ACADEMIES

Medical Academies provide a clinical home for undergraduate medical Students and they provide the hospital-based portions of the curriculum in a supportive, student-focused learning environment. Each Academy offers the unique and diverse strengths of its associated hospitals, while maintaining a consistent standard of excellence in their educational role. The University recognizes the importance of this contribution and acknowledges that although the education program and curriculum are under the authority of the University, the management of these hospital-based facilities, including hospital administrative staff, is under the authority of the hospitals.

The Hospital acknowledges the importance of Academies and the Hospital and University will determine together whether the Hospital will be involved in Academy teaching. The terms of any such involvement will be set out in a separate agreement between the Hospital and the University. Any such agreement will document the appropriate academic structure and governance for the Academy of which the Hospital is a member (as an example, see the Academy Membership Framework (attached as Schedule 37).

III.4 STUDENTS

III.4.1 Placement of Students

For periods of time agreed to by the University and Hospital, Students will be permitted to take instruction and gain clinical and/or practical experience in the Hospital, provided that appropriate services are offered at the Hospital, subject to the Hospital's ability to offer such instruction and/or experience and the Hospital's teaching commitment to the University. The Hospital will provide services and facilities upon the terms and conditions hereinafter set out.

The placement of Students will be based on pedagogic interests, including the need for a wide range of learning experiences, and on accreditation standard requirements for Student Programs and requirements of applicable regulatory bodies, and subject to the Hospital's ability to offer such instruction and/or experience.

The Faculty of Medicine will assign postgraduate Students to teaching hospitals and sites and other clinical institutions in accordance with the Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from Teaching Sites (attached as Schedule 17).

Students enrolled in Teaching Programs are assigned to the Hospital in accordance with the curriculum plan for each clinical course or program and with the Hospital's ability to provide an appropriate placement.

The University will be responsible for informing Students who are placed at the Hospital that they are required to comply with Hospital policies.

All graduate Students and their supervisors in the Hospital will follow the University's Graduate Supervision Guidelines for Students, Faculty Members and Administrators (attached as Schedule 38).

III.4.2 Visiting Elective Placements

The University will require individuals whose home institution of undergraduate medical education is not the University, but who are taking instruction and gaining clinical and/or practical experience in the Hospital through visiting electives arrangements made between the University

and the Hospital, to abide by the University's administrative procedures to enable such placements.

III.4.3 Transfer of Students

The Hospital will transfer Students of the University assigned to it for training and experience to another hospital or site or clinical facility only in collaboration with and with approval of the appropriate department Chair and Dean or their delegates. However, provided it informs the University, the Hospital may, at its discretion, assign Students to training activities in other training sites for part of the Student's rotation at the Hospital. The Hospital will ensure appropriate supervision of Students assigned to non-hospital sites. The assignment of medical Students to other affiliated hospitals within an Academy will follow the relevant guidelines for the Medical Academy.

III.4.4 Termination of Student Placement for Unacceptable Behaviour

The University recognizes the right of the Hospital, after consultation with the appropriate University Dean or Department Chair, to terminate the placement in the Hospital of an individual Student, if the Student's behaviour or activities are considered by the Hospital to be unacceptable according to relevant Hospital policies. If the behaviour, conduct or activities of a Student is considered to be unacceptable to the University, that Student will be treated by the University in accordance with the University's Code of Student Conduct (attached as Schedule 18) and Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 30) and by the Hospital in accordance with any applicable Hospital policies.

Notwithstanding the above, if in its sole discretion the Hospital determines that a Student's behaviour or activities is placing patient or Hospital staff safety at risk, or unreasonably interferes with the operation of the Hospital's programs or services, the Hospital may remove the Student from patient or Hospital staff contact immediately and, after contacting the appropriate Dean or Department Chair so that the University can take interim measures under its Code of Student Conduct, may terminate the Student's placement.

III.4.5 Code of Behaviour on Academic Matters and Standards of Professional Practice and Behaviour

In order to protect the integrity of the teaching and learning relationship, the University's Code of Behaviour on Academic Matters (attached as Schedule 19) will apply to its Faculty Members and Students in the Hospital.

The Faculty of Medicine's Standards of Professional Behaviour for Medical Clinical Faculty (attached as Schedule 29) and Standards of Professional Practice Behaviour for All Health Professional Students (attached as Schedule 30) will apply to Faculty Members and Students in the Hospital as applicable.

III.4.6 Specification of the Responsibility for Safety Instruction and Follow-Up in the Event of Student (including Undergraduate Medical Student) Injury or Exposure to an Infectious or Environmental Hazard

- a) The University and the Hospital are committed to protecting the health and safety of Students gaining clinical and/or practice experience as part of their academic program on the premises of the Hospital as assigned per this Agreement. The Hospital shall provide applicable basic occupational health and safety awareness training to Students.
- b) The University undertakes to ensure that Students are educated about exposure, injury, treatment and follow-up, including their professional responsibility for self-care (as appropriate) before they are placed in the Hospital. Furthermore, the University undertakes to

include education of Students about the effects of infectious and environmental disease or disability on Student learning activities.

- c) The University commits to informing all Students of University policies and procedures relevant to this issue before the Students will be permitted to undertake any educational activities that would place them at risk of injury or exposure to infectious disease. Likewise, the Hospital commits to informing all Students of any Hospital policies and procedures relevant to this issue.
- d) Immediate Treatment
 - i) All Students placed in the Hospital per this Agreement will be advised to access services through the occupational health unit of the Hospital (or other appropriate Hospital unit) in the event of an injury or an exposure to an infectious or environmental hazard that occurs during the course of their placement. The occupational health unit will facilitate the Student's access to immediate treatment within the Hospital or the Student's transfer to another clinical site if appropriate care is not available within the Hospital.
 - ii) Outside of the operating hours of the occupational health unit of the Hospital, all Students who incur an injury or exposure to an infectious or environmental hazard must present at the Hospital's designated site for after-hours care of workplace injuries for treatment. The occupational health unit of the Hospital commits to making readily available the details of the after-hours protocol.
- e) Follow-up
 - i) Follow-up care may include but is not limited to counselling and medical treatment.
 - ii) Follow-up administrative support may include but is not limited to the completion of forms and other documentation related to the injury or exposure.
 - iii) The University will provide access to a reasonable level of follow-up administrative support to Students who incur an injury or exposure to an infectious or environmental hazard in the course of their placement with the Hospital. The relevant Teaching Program will specify the individual or individual(s) who hold primary responsibility for providing this administrative support.
 - iv) The nature of and responsibility for follow-up care will be determined jointly by appropriate representatives of the University and the Hospital, on a case-by-case basis, in a timely manner. As an outcome of this discussion, the Student will be presented with one or more of the following options regarding where they may access follow-up care:
 - At the location where the injury/exposure occurred
 - With the University's student health services
 - With a physician of his/her own choosing (e.g. his/her family doctor)
 - At his/her Academy base site (for undergraduate medical Students)
 - Through another care provider arranged by the University

III.5 HOSPITAL CLINICAL PROGRAM PLANNING AND REVIEW

III.5.1 Program Planning

While recognizing its own authority and responsibility for the content and quality of the programs in which it places its Students, the University notes the essential role of Faculty Members in the presentation of clinical and practical experiences and programs of instruction to Students. Thus,

where there is core curriculum teaching in a department or program at the Hospital, the Deans of the University's Faculties and Schools, or their delegates, will invite the Hospital to participate in the planning of the programs and experiences to be offered to Students in related Departments at the University. Hospital participation could range from representation on University divisional/departmental education/curriculum committees to informal meetings between course coordinators and Hospital preceptors.

The University will assist the Hospital as required in setting up Teaching Programs.

The Hospital will notify the appropriate Dean or her/his delegate(s) of any proposed change in Hospital strategic plans and Ministry of Health and Long-Term Care accountability agreements that would materially affect the teaching obligations of the Hospital as set out in this Agreement and, where feasible, will invite the University to comment prior to making any such changes.

III.5.2 Quality Assurance

In order to assess the quality of and maintain the highest standards in its Teaching Programs, the University employs a variety of evaluative tools. Foremost among these is the review process, using either internal or external reviewers as deemed appropriate.

Some reviews such as the University of Toronto Quality Assurance Process (attached as Schedule 33) are mandated by external organizations such as government or accreditation bodies, while others are initiated from within the University. In addition, Students are asked regularly to evaluate the performance of teaching staff following a particular course, part of a course or practical experience. Department Chairs and Deans also review annually the performance of academic staff in all areas of staff responsibilities including teaching.

The Hospital acknowledges the importance of these and other measures to the mission of the University, recognizes that they also bear upon the success of the Hospital in achieving its own objectives and accordingly agrees, subject to available resources, to support and assist the University and the Faculties corresponding to Hospital departments where Students are taught in their efforts to maintain the quality of its Teaching Programs.

The University will use its best efforts to provide the Hospital with copies of the usual performance evaluations by Students of the Hospital's teaching staff. The University acknowledges the importance of these evaluations to the mission of the Hospital and recognizes that they also bear upon the success of the Hospital in achieving its own objectives.

III.5.3 Responsibility to Inform of Circumstances Affecting Teaching Programs

The parties acknowledge that decisions of accreditation authorities, requirements of the Professional Association of Residents of Ontario and other circumstances may affect Teaching Programs, and they agree to inform each other of any such decisions or circumstances as soon as they become aware of them. This communication will be effected by the Vice-Provost, Relations with Health Care Institutions and the President and Chief Executive Officer (or delegate) of the Hospital.

III.5.4 Availability of Patients for Teaching

The Hospital will allow Students, for teaching purposes, access to such of its patients and their personal health information, both in-patients and ambulatory patients, as are necessary to meet its teaching commitments set out in the list of Student placements agreed to by the University and the Hospital, subject to such restrictions as are imposed by the Hospital staff for clinical reasons and by Hospital patients, including any exercise of their right to refuse Student access.

The Hospital will use its best efforts to provide the necessary mix of patients to meet the educational needs of Students placed in the Hospital. In exceptional circumstances if the Hospital ascertains that it will not be able to meet Students' needs in any program or area as previously agreed upon, it will promptly advise the appropriate Department Chair or Dean and assist in finding alternate arrangements for the Students.

The University will comply with all applicable privacy laws, including the Personal Health Information Protection Act, 2004, and agrees that it will advise all Students that they are required to comply with all applicable privacy laws and Hospital policies and procedures.

III.5.5 Facilities

The Hospital will provide in the Hospital such facilities for Students and clinical teachers as are agreed to by the Hospital's Vice-President Education (or equivalent) and the relevant Faculty Dean(s).

The Hospital agrees to recognize the accreditation standard requirements for the undergraduate medical Student program with respect to space and facilities, specifically standard ER-7 of the Liaison Committee on Medical Education, which provides as follows:

Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

The sharing of infrastructure expenses between the University and the Hospital will be negotiated in good faith from time to time among the University Department Chairs, the Deans and the Hospital's Vice-President Education (or equivalent).

III.5.6 Continuing Education and Professional Development

The University is committed to providing opportunities for Faculty Members to enhance their education skills through faculty development. University Departments and programs will facilitate the professional development of Faculty Members through appropriate educational methods (such as interactive seminars, workshops and on-line education skill development programs) relevant to the delivery of clinical teaching and learning.

IV COMMITMENT TO HUMAN RIGHTS AND SAFE WORKPLACES

The University and the Hospital are committed to human rights, safe workplaces, and having an environment free of prohibited discrimination, harassment, workplace violence and sexual violence. The parties shall comply with the Occupational Health and Safety Act and the Human Rights Code (Ontario) and other applicable rights and equity legislation. The parties will remain committed to the principle of fair and equitable treatment for all.

Each party will adopt and/or comply with their own appropriate policies, procedures and obligations with respect to discrimination, harassment, workplace violence and sexual violence as applicable in the view of that party, subject to the following procedures:

When the Hospital becomes aware of an incident or complaint of workplace violence (which includes an attempt or threat) and/or workplace harassment, subject to the paragraph below regarding sexual violence, including sexual harassment, as defined in the Occupational Health and Safety Act, by or against a Student or Faculty Member who is working or studying in the Hospital, the Hospital will, if in its view it is appropriate to do so, inform the Vice-Provost, Relations with Health Care Institutions and the University's Executive Director, Personal Safety, High Risk & Sexual Violence Prevention & Support, as soon as reasonably practicable, regardless of whether or not the Student or Faculty Member is an employee of the Hospital.

When the University becomes aware of an incident or complaint of workplace violence (which includes an attempt or threat) and/or workplace harassment, subject to the paragraph below regarding sexual violence, including sexual harassment, as defined in the Occupational Health and Safety Act by or against a Student or Faculty Member who is working or studying in the Hospital, the University will, if in its view it is appropriate to do so, inform the Hospital as soon as reasonably practicable.

In the event of allegations of sexual violence, including sexual harassment, by or against a Student or Faculty Member who is working or studying in the Hospital, the parties agree to follow the University's Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions (attached as Schedule 4) for determining which policy applies and whether the University or the Site is responsible for dealing with a complaint.

V RESEARCH

V.1 INTRODUCTION

In achieving their common goals in research, the parties will consult each other in their research strategic planning processes.

V.2 CENTRES, INSTITUTES AND EXTRA-DEPARTMENTAL UNITS

The Hospital and the University recognize that it is appropriate from time to time to take advantage of the synergy created by bringing together experts in a new or interdisciplinary field into a new administrative organization. In establishing such administrative units, the University will follow the provisions of the University of Toronto Guidelines for Extra-Departmental Units (EDUs) (attached as Schedule 21). If, in creating such units, the Hospital wishes a unit to be designated as a University academic unit, then the procedures and requirements of Schedule 21 will be followed.

V.3 RESEARCH CHAIRS AND PROFESSORSHIPS

In the establishment and maintenance of research chairs and professorships, the University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed.

In making appointments of persons to endowed or designated chairs or professorships, the University's Policy and Procedures on Academic Appointments (attached as Schedule 22) or the Policy for Clinical (MD) faculty (attached as Schedule 1) and its Procedures Manual (attached as Schedule 2), where relevant, will be followed.

V.4 INVENTIONS AND INTELLECTUAL PROPERTY

Both the University and the Hospital have their own policies regarding the ownership and treatment of intellectual property. In the absence of an agreement to the contrary with respect to a specific research project or other undertaking, the protocol as between the University and the Hospital regarding and intellectual property is set out in a separate agreement, which is attached as an Appendix. Faculty of Medicine graduate Students and their supervisors are also governed by Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research (attached as Schedule 8).

V.5 THE CONDUCT OF RESEARCH

V.5.1 Ethical Conduct

The parties expect the highest standards of ethical conduct in every aspect of research. To this end, Faculty Members and Students will be expected to adhere to all relevant policies on ethical conduct of research, following the University Policy on Ethical Conduct in Research (attached as Schedule 23) and any guidelines issued thereunder when conducting research at, or under the auspices of the University and following the parallel Hospital policy when conducting research at the Hospital.

Faculty Members will also adhere to all relevant guidelines of the University academic division(s) in which they hold an appointment, which, in the case of the Faculty of Medicine, include the Principles and Responsibilities Regarding Conduct of Research (attached as Schedule 11), Protection for Intellectual Freedom and Publication Rights (attached as Schedule 9), and the Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects (attached as Schedule 10).

Where an allegation of research misconduct is made against an individual to whom, the University's Framework to Address Allegations of Research Misconduct (attached as Schedule 12) applies who has an appointment at, and/or conducts research in, the Hospital, the Framework's Addendum (attached as Schedule 13) sets out the process for determining institutional jurisdiction over the allegations.

V.5.2 Human Subjects Research

Conducting human subjects research is important to advance knowledge and ultimately to improve healthcare and health outcomes. The Hospital and University recognize the importance of facilitating human subjects research as part of the joint academic mission. The Hospital and University are also committed to ensuring that human subjects research is conducted in a manner that meets or exceeds ethical standards.

The Hospital will operate its own Research Ethics Board (REB) or Boards (or be part of an REB consortium or otherwise engage in an external REB as a Board of Record) that will be separate and independent from the University REB and that will be operated in a manner consistent with the principle of harmonization of research ethics and research policies set out in this Agreement. The Hospital agrees its own REB or REBs (or the REB consortium) will adhere to the Tri-Council Policy Statement (and its updates) and applicable legislation, including but not limited to the Personal Health Information Protection Act, 2004 and O.Reg 245/06. The Hospital and University agree to collaborate, as appropriate and reasonable, in arrangements designed to enhance the effectiveness, efficiency and consistency of ethical review processes.

V.5.3 Conflict of Interest

Faculty Members conducting research and teaching at the Hospital will be governed by the conflict of interest policy of the Hospital in addition to University policy and guidelines on conflict of interest.

VI HEALTHCARE DELIVERY

In supporting the Hospital in achieving its objectives and carrying out its responsibilities in healthcare delivery and patient care, the parties acknowledge that the Hospital is solely responsible for all healthcare delivery and patient care that occurs on the Hospital's premises or under the Hospital's jurisdiction. Nevertheless, the Hospital recognizes that the University has an interest in patient care and healthcare delivery, as they impact on the teaching of Students and on research. The University will support the Hospital in its efforts and requirements to maintain excellence in its standards of patient care and healthcare delivery particularly with regard to such processes as accreditation and review, and through the offering of constructive evaluation to the Hospital.

VII LIBRARY AND INFORMATION SERVICES

The parties recognize the necessity of the provision of excellent library and information services in order to achieve their common objectives in teaching and research. Thus, they will cooperate and collaborate in planning, providing and maintaining such services. The parties accept their responsibilities to each other with regard to these services, subject to the limits of their financial resources.

The University will work with the Hospital to facilitate remote access by the Hospital to the University's library and information services.

VIII FUNDRAISING

The parties recognize that their fundraising constituencies overlap and that normally their fundraising campaigns and activities will operate independently. But it is anticipated that opportunities will arise from time to time where joint fundraising for projects which are shared and approved priorities for both institutions. In such cases, the parties will enter into a joint fundraising agreement in advance which defines the designated shared projects for joint fundraising and the terms and conditions under which the parties will undertake the joint fundraising campaign (a Joint Fundraising Initiative). Under any Joint Fundraising Initiative, the University and the Hospital or its affiliated Foundation will jointly and equally count the total pledge results of the campaign.

For example, fundraising from private sources is an important source of funding for chairs and professorships, which benefit both the Hospital and the University. It is anticipated that opportunities will arise from time to time where a Joint Fundraising Initiative that includes endowed or limited term chairs and professorships will be appropriate or where they will be able to assist each other in their separate endeavours. To this end, the parties will endeavour to inform each other of their fundraising plans and priorities including endowed and limited term chairs and professorships.

The University's Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives (attached as Schedule 5) will be followed in connection with endowed chairs and professorships. This does not preclude the Hospital from starting the process of establishing a Hospital /

University endowed chair. As early as possible, the appropriate Hospital research or clinical leader should consult with the relevant department Chair and/or the relevant Dean to ensure that the proposed endowed position is consistent with approved academic plans, objectives and mission. The Hospital's naming policy and the University's Policy on Naming (attached as Schedule 27) will both be applied in the naming of the benefaction.

IX USE OF NAMES AND INSIGNIAS AND ACKNOWLEDGMENT OF INSTITUTIONAL AFFILIATION

The University and the Hospital each encourage the use by the other party of the University, Faculty and/or Hospital names and insignia as appropriate on letterhead and on all other materials in the ordinary course of business (e.g., websites, correspondence, course materials) in matters that are directly relevant between the parties. Each party has a responsibility for safeguarding the names and insignia of the other, and, if there is any doubt as to appropriate use, for seeking clarification from the other party.

Authorization to each party to use the name and official form of the logo(s) of the other party is limited to the purpose of officially recognizing the affiliation between the parties. Use of the name or logo(s) of a party for any purpose other than officially recognizing the affiliation between the parties requires prior written authorization from that party.

The Hospital recognizes that Faculty Members are expected to cite the University of Toronto as one of their institutional affiliations in their research articles, conference papers and other publications. The Hospital will promote the citation of the University of Toronto on publications accordingly. For clarification, the Hospital is not expected to review and approve all publications, but is expected to make reasonable efforts to create a culture where both the University and the Hospital are named on all publications.

X NOTIFICATION AND CONSULTATION

Unless otherwise specified in this Agreement, where the Hospital is required to give notification to or consult with the University, communication with the Vice-Provost, Relations with Health Care Institutions will meet that requirement.

Unless otherwise specified in this Agreement, where the University is required to give notification to or consult with the Hospital, communication with the **[TO BE ADDED BY THE HOSPITAL]** will meet that requirement.

With respect to obligations of officials identified in this Agreement, if the Hospital or the University reassigns or reorganizes responsibilities within the institution such that the identified official is no longer appropriate to carry out the obligations assigned in this Agreement, the Hospital or the University will notify the other party of the change to the official carrying out the obligation under the Agreement.

All notices sent to the other party pursuant to this Agreement which are required to be in writing shall be delivered by hand; or by certified or registered mail, postage prepaid, return receipt requested; or by overnight courier; or by FAX, as follows:

If to University of Toronto:

Vice-Provost,
Relations with Health Care Institutions
University of Toronto
Toronto, Ontario
FAX # 416-X-X

If to Hospital:

President and CEO
X Hospital
Toronto, Ontario
M5
FAX# 416-X-X

All notices shall be deemed received on the date of delivery or, if mailed, on the date of receipt appearing on the return receipt card.

XI COORDINATION AND LIAISON

XI.1 UNIVERSITY-HOSPITAL COMMITTEES/WORKING GROUPS/TASK FORCES

The Hospital will have representation on the Hospital University Education Committee and any committee dealing with integrated and community education issues that is established in the future.

The Vice-Provost, Relations with Health Care Institutions will, in consultation with the Hospital, endeavour to identify additional committees, working groups and task forces that might need to be developed to advance the joint mission. These additional committees, working groups and task forces shall, in general, include representation from the University and the community hospitals.

The Hospital and the University will liaise as appropriate on all task forces, committees and meetings as may be struck from time to time.

XI.2 LIAISON

XI.2.1 Hospital

Clinical (MD) faculty and Dentistry faculty will have an assigned leader in the Hospital, such as the Chief, with whom the leader of the University programs will work directly. Generally, teaching placement and evaluation are the responsibility of the assigned leader.

All health professional teaching will be overseen by a senior executive of the Hospital who reports to the Hospital's President and Chief Executive Officer or his/her delegate.

The Hospital will name an individual(s) who will act as a liaison with the University for all University academic programs.

XI.2.2 University

The University will ensure that the Vice-Provost, Relations with Health Care Institutions, designates a University liaison, to assist with the liaison functions in advancing the clinical teaching in the Hospital and to support the implementation of new affiliation agreements.

XII CONFORMITY WITH OTHER COMMUNITY HOSPITAL AGREEMENTS

The University will use its best efforts to ensure that its agreements with other community hospitals contain substantially the same provisions as are contained in this Agreement.

XIII MAINTENANCE OF AFFILIATION

In order to monitor and coordinate this Affiliation, there will be ongoing liaison between the Vice-Provost, Relations with Health Care Institutions (or delegate) and the President and Chief Executive Officer of the Hospital (or delegate).

As needed, issues arising from this Agreement may be referred to an ad hoc Joint Committee. A Joint Committee may be struck by either party as needed to address issues arising from this Agreement, relations between the parties and proposed changes to the policies of either institution that are referred to it, and will be comprised of equal numbers of representatives from the University and Hospital. The Committee will be co-chaired by the Vice-Provost, Relations with Health Care Institutions and the Hospital President and CEO (or their delegates), each of whom will appoint members to represent their institution. The Committee may at its discretion add ad hoc members in equal numbers from the Hospital and University from time to time to assist it with any issue. A Joint Committee will meet on an as needed ad hoc basis, at times and locations to be mutually agreed to by the parties. Either party may call a meeting of a Joint Committee. The Committee shall consider and make recommendations to the University and to the Hospital with respect to matters referred to it and, in addition, the Committee shall perform any duties assigned to it by the terms of this Agreement. The Joint Committee will use its best efforts to reach mutually acceptable solutions to disputes between the University and the Hospital related to this agreement; if no agreement can be reached on a particular issue, the parties will continue to implement the balance of the Agreement so far as practicable.

XIV LIABILITY, INDEMNIFICATION AND INSURANCE

XIV.1 LIABILITY

The parties agree that the University shall not be liable to the Hospital for any bodily injury (including death), any loss or damage to the property of or to the Hospital, its Board members (or trustees), officers, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or damage is caused or contributed to by the willful or negligent act or omission of the University, its governors, officers, Faculty Members, employees or agents while acting within the scope of their duties.

The parties agree that the Hospital shall not be liable to the University for any bodily injury (including death), any loss or damage to the property of or to the University, its governors, officers, Faculty Members, employees and agents in any manner, arising during, occasioned by, resulting from or in any way attributable to the performance or non-performance of this Agreement, unless such injury, loss or damage is caused or contributed to by the willful or negligent act or omission of the Hospital, its officers, employees or agents while acting within the scope of their duties.

The Hospital assumes legal liability for the proper maintenance of its facilities and services provided in respect of the subject matter of this Agreement.

XIV.2 INDEMNIFICATION

Subject to the provisions of section XIV.1 above, the Hospital shall at all times indemnify and save harmless the University, its governors, officers, Faculty Members, employees, agents and Students from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as

“losses”) made or brought, prosecuted or threatened to be prosecuted against the University by whomsoever arising out of the Hospital’s performance or non-performance of this Agreement.

Subject to the provisions of section XIV.1 above, the University shall at all times indemnify and save harmless the Hospital, its Board members (or trustees), officers, employees and agents from and against all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, suits or other legal proceedings howsoever caused (collectively referred to hereafter as “losses”) made or brought, prosecuted or threatened to be prosecuted against the Hospital by whomsoever arising out of the University’s performance or non-performance of this Agreement.

Notwithstanding the provisions of the indemnity set out above and the limitation of liability in section XIV.1 above, each party shall be responsible for all losses made or brought, prosecuted or threatened to be prosecuted by whomsoever arising out of:

- i) the use by that party of any result of any research as contemplated by this Agreement, or
- ii) the infringement by that party of any patent, trade mark, industrial design, copyright or other intellectual property right or as a result of the development, use or exploitation thereof.

XIV.3 INSURANCE

The Hospital shall maintain in full force and effect a policy of comprehensive liability insurance, or equivalent self-insurance, to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees, agents and Students that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence. Such insurance coverage will protect Students assigned to the Hospital against legal liability incurred by them while acting within the scope of their duties and arising from the instruction, direction or supervision provided by the Hospital.

The University shall maintain in full force and effect a policy of comprehensive liability insurance to include coverage for any negligence, malpractice and medical professional liability on behalf of its officers, employees and agents that could arise in the performance or non-performance of this Agreement. This insurance shall include coverage against bodily injury (including death), property damage and personal injury including cross-liability and severability of interest provisions with a combined limit of not less than \$5 million per occurrence.

The Hospital shall maintain in full force and effect a policy of direct damage property insurance against normal risks of physical loss or damage as contemplated by a standard “All Risks” property insurance policy covering all equipment of the University which is located on Hospital premises for an amount not less than the full replacement value thereof.

The Hospital and the University will produce satisfactory evidence of insurance coverage to each other as set out above upon written request so to do.

XIV.4 STUDENT WORKPLACE INSURANCE

Students who are in the Hospital on unpaid placements are provided with Workplace Safety and Insurance Board (WSIB) or private insurance for coverage of claims in accordance with Ministry of Advanced Education and Skills Development (MAESD) policy and procedure. The University will be responsible for arranging the relevant workplace insurance documentation regarding coverage for eligible Students. Should the University wish to place a Student that does not qualify for MAESD workplace insurance coverage then the University will make such request to the Hospital will determine whether or not it can accept the Student.

To ensure compliance with the Workplace Safety and Insurance Act, 1997, WSIB policy and the University's private insurance coverage, the University and the Hospital share responsibility for the timely reporting of all incidents involving Students who incur an injury or exposure to infectious or environmental hazards while on the premises of the Hospital.

- a) The Hospital commits to the immediate reporting to the University of any Student injury or exposure to infectious or environmental hazard.
- b) Upon notification by the Hospital, the University commits to the reporting of incidents eligible for WSIB within the maximum timeframe specified by the WSIB.

XV TERM, TERMINATION AND AMENDMENT OF THIS AGREEMENT

The term of this Agreement is for five (5) years from [month, day, year] to [month, day, year].

The University and the Hospital will commence discussions regarding renewing this Agreement eighteen (18) months before its expiry date.

If, at the end of the term, a new agreement has not been executed and neither party has given 12 months prior written notice of their intention not to renew this Agreement, then this Agreement will survive until such time as either a new agreement is executed or this Agreement is terminated by either party giving the other 12 months prior written notice.

This Agreement may be terminated by either party as of January 1 in any year during the term of the Agreement by giving to the other party at least twelve (12) months' prior written notice.

This agreement may be terminated immediately by either party giving written notice to the other party if any of the following occurs:

- a) the nature of the other party's operations, or its corporate status, changes such that it is no longer able to meet its obligations under the Agreement;
- b) the other party makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver;
- c) the other party ceases to operate; or
- d) an event of Force Majeure (as described in section XVI.4 below) continues for a period of 60 days or more.

This Agreement and the Appendix to it may be amended by the parties at any time provided that no amendment shall be binding unless in writing and signed on behalf of the parties by their proper officers. Notwithstanding the foregoing, each of the Hospital and the University may amend its own internal policies referred to in this Agreement (including the attached Schedules) in accordance with its normal amending procedures, subject to the requirements of Part I, section 5 herein.

XVI GENERAL TERMS

XVI.1 ASSIGNMENT AND ENUREMENT

This Agreement and the rights and obligations hereunder are not assignable by either party. This Agreement shall enure to the benefit of and be binding upon the University and the Hospital and their successors.

XVI.2 INDEPENDENT CONTRACTORS

The parties are independent contractors, and no agency, partnership, joint venture, employee-employer, or franchisor-franchisee relationship is intended or created by this Agreement.

XVI.3 GOVERNING LAW

The laws of the Province of Ontario and applicable Canadian law shall govern the terms of this Agreement and the parties agree to submit to the exclusive jurisdiction of the courts of the Province of Ontario for any legal proceedings arising out of this Agreement.

XVI.4 FORCE MAJEURE

The parties acknowledge that in the event of circumstances beyond the control of either party such as a community disaster, a strike, a fire, an infectious outbreak or other situation in which the continued provision of facilities or assignment of Students pursuant to obligations under this Agreement would substantially interfere with the Hospital's primary duty of care to its patients or its research obligations or with the University's teaching or research obligations, each party reserves the right to suspend performing its obligations under this Agreement immediately without penalty and until such time as the party reasonably determines that it is able to resume performance of its obligations herein.

XVI.5 ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and supersedes all other prior or contemporaneous representations, agreements, understandings or commitments, whether written or oral, between the parties relating to the subject matter herein, including, without limitation, the agreement(s) dated [____], as extended and/or amended by the parties in writing. For greater clarity, this Agreement shall mean collectively, the terms and conditions contained in sections I to XVI of this document, and the attached and referenced Appendix and Schedules and any other specifically referenced documents. The invalidity of any provision of this Agreement shall not affect the validity of the remaining provisions and this Agreement shall be construed as if such invalid provision had been omitted. No provision of this Agreement may be terminated, modified or waived except as set forth in a written agreement executed by authorized representatives of the parties.

XVI.6 COUNTERPARTS

This Agreement may be signed in counterparts and each of such counterparts will constitute an original document and such counterparts, taken together, will constitute one and the same instrument.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be signed by their duly authorized officers.

Seal

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

APPENDIX

INVENTIONS AND INTELLECTUAL PROPERTY

THIS AGREEMENT dated the [-] day of [month], [year] (the “**IP Agreement**”).

BETWEEN
The Hospital
(the “Hospital”)

and

THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO
(the “University”)

WHEREAS the Hospital and the University have an affiliation agreement and many Hospital staff and University faculty members are concurrently appointed;

AND WHEREAS some of these staff members may, from time to time, create inventions and other intellectual property;

AND WHEREAS both the Hospital and the University (individually a “Party” and collectively the “Parties”) have their own separate and distinct policies regarding the ownership and treatment of inventions and other intellectual property;

AND WHEREAS it is important for the successful commercialization of such inventions and other intellectual property that there be no uncertainty regarding the application of those policies in the absence of another agreement between the Parties for a particular research project or other undertaking that may generate inventions or other intellectual property;

NOW THEREFORE IN CONSIDERATION OF premises and mutual covenants contained within the parties hereto agree as follows:

1. Definitions

In this IP Agreement, the following terms shall be deemed to have the following meanings:

- (a) “Invention” – any new and useful art, product, service, discovery, innovation, process, pattern, machine, process of manufacture or composition of matter or a formula thereof, new life form, computer software, compilation of information in whatever medium whatsoever, and attendant know-how or any new and useful improvement thereof, whether or not protected or protectable by patent, copyright or registration as an industrial design or trademark or pursuant to any other intellectual property or trade secret protection law which now exists or may exist in the future which was created with financial support, staff support, or the provision of space, equipment or supplies from either or both parties.
- (b) “Net Revenues” – all royalties, license fees and other income (excluding funds received in support of direct and indirect costs of the sponsored research project) received by a Party from the assignment or commercialization of or licensing of rights to an Invention, minus legal and other fees reasonably and actually incurred directly in the process of establishing and maintaining the legal protection of those rights.

- (c) "Lead Party" means the Party whose policies are determined under section 3.1 to apply to an Invention.
- (d) "Share" – the proportionate share of support and Net Revenues determined or assigned to a Party as more particularly described in section 3.2 and 3.3.

2. Mutual Disclosure

- 2.1 When a staff member holding appointments in both the University and the Hospital makes or creates an Invention, he/she shall disclose it to one of the Parties, in accordance with the inventions and intellectual property policies of that Party. If the disclosure indicates that, in the process of creating the Invention, the individual used, in any way, facilities owned, operated or administered by the other Party and/or has received personal financial compensation from the other party and/or received funds from the other party that contributed to the direct costs of the project that resulted in the Invention, the Party to which the disclosure has been made will provide a copy of the disclosure to the other Party as soon as possible.
- 2.2 Neither Party shall enter into an agreement with respect to research or the development or commercialization of intellectual property which imposes any obligation or liability on the other Party, including a commitment of the personnel, Students or facilities of the other Party or an obligation with respect to the past, present or future intellectual property rights of the other Party, without the express, written consent of the other Party. The Party wishing to enter into such an agreement shall provide a copy of the proposed agreement, in confidence, to the other Party and shall consult fully with respect to the obligation or liability that would be imposed on the other Party.
- 2.3 For the purpose of this IP Agreement, undergraduate and graduate Students, clinical and research fellows, and postdoctoral fellows will be treated in the same fashion as staff members holding appointments in both the University and the Hospital in all respects.
- 2.4 Any Invention disclosure disclosed by either Party to the other under this IP Agreement shall be treated as confidential by the receiving Party unless the disclosing Party indicates in writing that it is non-confidential.

3. Application of Policies

- 3.1 Unless otherwise agreed, the intellectual property policies the Party on whose premises the Invention was made shall apply to the Invention. If the Invention was made on the premises of both Parties or the Parties cannot agree on where the Invention was made, the intellectual property policies of the Party that has provided the greater proportionate share of the salaries of the academic staff members named as inventors for the Invention at the time when the Invention was disclosed shall apply to the Invention. The determination of that proportionate share shall be made by the Parties' Vice-Presidents Research or their delegates.
- 3.2 In all cases, the Invention will be subject to the intellectual property policies of the Lead Party and those policies shall govern all rights in the Invention as between the Lead Party and the inventor(s), subject to any applicable agreements between them.
- 3.3 For all Inventions, the Parties shall determine, by mutual agreement, each Party's proportionate share of support to the research project from which the Invention arose and proportionate share of Net Revenues from the Invention (the "Share"). This determination shall be made jointly by the Vice-Presidents Research of the Parties or by their delegates. The Parties shall consider the following factors in determining each

Party's Share: use of the premises of each Party, personal financial compensation paid by each Party to the inventor(s) and any contribution by either Party to the direct costs of the project from which the Invention arose, excluding grants from third parties.

4. Negotiation and Commercialization

- 4.1 Unless otherwise agreed, the Lead Party will assume full responsibility for applying for legal protection and/or for commercializing the Invention. The Lead Party will assume responsibility for all the costs and liabilities incurred in such activities. The Lead Party will also ensure that the other Party is kept informed about all patent applications, issued patents, licenses or other agreements or events which relate to commercialization of the Invention.
- 4.2 Inventions may arise involving two or more inventors where each Party is determined to be a joint owner. In these circumstances, the Parties shall negotiate in good faith an agreement to cooperate to protect and commercialize the jointly-owned Invention and, unless otherwise agreed by the Parties, the Party whose inventors have made the predominant inventive contribution shall be responsible for protecting and commercializing such Invention.

5. Proceeds from an Invention

- 5.1 All Net Revenues from an Invention will be divided between the Parties in proportion to each Party's Share. Each Party's Share will be distributed in accordance with the Party's intellectual property policies.
- 5.2 If equity in a company is received by the Lead Party in lieu of revenue in whole or in part, the equity shall be divided between the Parties in proportion to each Party's Share.

6. Dispute Resolution

- 6.1 Any dispute arising under this IP Agreement which cannot be settled amicably between the Parties shall be submitted to arbitration by a panel composed of one member nominated by the University, one member nominated by the Hospital and one member selected by the first two arbitrators. The panel's decision will be made by a majority of the three panel members within thirty (30) days of its appointment. The decision shall be final and binding upon the Parties.
- 6.2 If the nominees cannot agree on the identity of the third panel member, an application will be made to the court for the appointment of a third arbitrator.

7. Notices

- 7.1 All notices required under this Agreement shall be in writing and, unless otherwise agreed, shall be delivered by mail, facsimile transmission (with confirmation of delivery), or in person to the Parties at the following addresses:

University: Vice-President, Research & Innovation
University of Toronto
27 King's College Circle
Toronto, Ontario M5S 1A1

Hospital:

8. Amendment

8.1 This IP Agreement may be modified at any time by mutual written agreement of the Parties.

9. Term and Termination

9.1 This IP Agreement shall enter into force as of the date first written above and shall remain in force until termination by mutual agreement of the Parties or thirty (30) days after presentation of written notice of termination by one Party to the other.

IN WITNESS WHEREOF the Parties hereto have caused this Agreement to be signed by their duly authorized officers on the day and date first above written.

**FOR THE GOVERNING COUNCIL OF
THE UNIVERSITY OF TORONTO**

Vice-Provost, Relations with Health Care Institutions

Secretary of Governing Council

FOR THE HOSPITAL

Chair of the Board of [Directors/Trustees]

President and Chief Executive Officer

SCHEDULES NOTED IN COMMUNITY AFFILIATION AGREEMENT (Updated August 21, 2017)

Schedule	Title
1	Policy for Clinical (MD) faculty http://www.governingcouncil.utoronto.ca/policies/clinical.htm
2	Procedures Manual for Policy for Clinical (MD) faculty (PDF only) http://www.facmed.utoronto.ca/sites/default/files/Procedures%20Manual%20for%20Policy%20for%20Clinical%20Faculty.pdf
3	Faculty of Medicine/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching http://facmed.utoronto.ca/sites/default/files/Guideline%20for%20Ethics%20in%20Clinical%20Training.pdf
4	Sexual Harassment Protocol: Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions http://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising
5	Policy on Endowed and Limited Term Chairs, Professorships, Distinguished Scholars and Program Initiatives http://www.governingcouncil.utoronto.ca/policies/Endowed.htm
6	Guidelines for Clinical Sites re Student Clinical Placements in an Emergency Situation (Health Science Faculties) http://medicine.utoronto.ca/sites/default/files/SLP%20HSCEP%20Guidelines.pdf
7	Harmonization of Research Policies Note: URL not available
8	Guidelines for Faculty of Medicine Graduate Students and Supervisors in the Context of Commercialization of Inventions Based on Thesis-Related Research http://www.glse.utoronto.ca/sites/default/files/Context%20of%20Commercialization%20of%20Inventions%20Based%20on%20Thesis-Related%20Research%20.pdf
9	Protection for Intellectual Freedom and Publication Rights http://facmed.utoronto.ca/sites/default/files/Protection%20of%20Intellectual%20Freedom%20and%20Publication%20Rights.pdf
10	Policy on the Offer and Acceptance of Finders' Fees or Completion Fees in Research Involving Human Subjects http://facmed.utoronto.ca/research/policy-offer-and-acceptance-finders-fees-or-completion-fees-research-involving-human
11	Principles and Responsibilities Regarding Conduct of Research http://facmed.utoronto.ca/sites/default/files/rp1011.pdf
12	Framework to Address Allegations of Research Misconduct http://www.research.utoronto.ca/wp-content/uploads/2009/03/framework-to-address-misconduct-2006.pdf
13	Research Misconduct Framework Addendum http://facmed.utoronto.ca/sites/default/files/Research%20Misconduct%20Framework%20Addendum%20-%20Procedures%20for%20Determining%20Jurisdiction%20in%20Complaints%20Involving%20Certain%20Non-University%20Institutions.pdf
14	Provost's Guidelines for Status-Only, Adjunct and Visiting Professor Appointments http://aapm.utoronto.ca/status-only-adjunct-and-visiting-professors
15	Policy On Appointment of Academic Administrators http://www.governingcouncil.utoronto.ca/policies/acadmin.htm
16	Policy on Conflict of Interest – Academic Staff http://www.governingcouncil.utoronto.ca/policies/conacad.htm
17	Guidelines for the Assignment and Removal of Postgraduate Medical Trainees from Teaching Sites http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/AssignmentandRemovalPGMedicalTraineesTeachingSitesJan2012.pdf
18	Code of Student Conduct http://www.governingcouncil.utoronto.ca/policies/studentc.htm
19	Code of Behaviour on Academic Matters http://www.governingcouncil.utoronto.ca/policies/behaveac.htm
20	Policy on Interdisciplinary Education and Research Planning http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppfeb012007i.pdf

Schedule	Title
21	The University of Toronto Guidelines for Extra-Departmental Units (EDUs) http://vpacademic.utoronto.ca/wp-content/uploads/2015/08/edu-guidelines.pdf
22	Policy and Procedures on Academic Appointments http://www.governingcouncil.utoronto.ca/policies/phoct302003i.htm
23	Policy on Ethical Conduct in Research http://www.governingcouncil.utoronto.ca/policies/ethicalr.htm
24	Policy on Research Involving Human Subjects http://www.governingcouncil.utoronto.ca/policies/humanres.htm
25	Research Involving Human Subjects: School of Graduate Studies Student Guide on Ethical Conduct http://www.sgs.utoronto.ca/facultyandstaff/Pages/Research-Involving-Human-Subjects.aspx?printfriendly=true
26	Publication Policy http://www.governingcouncil.utoronto.ca/policies/pubs.htm
27	Policy on Naming http://www.governingcouncil.utoronto.ca/policies/naming.htm
28	Policy on Support of University of Toronto Sponsored Continuing Education Activities from Commercial Sources http://facmed.utoronto.ca/sites/default/files/Commercial_Support.pdf
29	Standards of Professional Behaviour for Medical Clinical Faculty http://facmed.utoronto.ca/sites/default/files/standards.pdf
30	Standards of Professional Practice Behaviour for All Health Professional Students http://www.governingcouncil.utoronto.ca/policies/ProBehaviourHealthProStu.htm
31	Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media http://medicine.utoronto.ca/sites/default/files/Appropriate%20Use%20of%20The%20Internet.pdf
32	Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education http://www.cpd.utoronto.ca/brochures/Relations-with-Industry.pdf
33	University of Toronto Quality Assurance Process http://vpacademic.utoronto.ca/wp-content/uploads/2015/08/utqap.pdf
34	Policy on Sexual Violence and Sexual Harassment http://www.governingcouncil.lamp4.utoronto.ca/wp-content/uploads/2016/12/p1215-poshsv-2016-2017pol.pdf
35	Policy with Respect to Workplace Harassment http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/harassment.pdf
36	Policy with Respect to Workplace Violence http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/violence.pdf
37	Academy Membership Framework http://md.utoronto.ca/sites/default/files/Academy%20Membership%20Framework.pdf
38	Graduate Supervision Guidelines for Students, Faculty Members and Administrators https://www.sgs.utoronto.ca/Documents/supervision-guidelines.pdf