

Faculty of Medicine & Dentistry, University of Alberta

Procedure for Appointment, Promotion Criteria, and Appeals Process Clinical Faculty Members (CFMs or Clinical Faculty)

This procedure has been developed in consultation with Faculty Relations, Office of the Provost and Vice-President (Academic), and in accordance with the UAPPOL [Clinical Academic Colleagues Procedure](#).

I. INTRODUCTION

Clinical Faculty in the Faculty of Medicine and Dentistry are a group of healthcare professionals who provide service to the University without the expectation of compensation. Clinical Faculty in the Faculty are normally major providers of care at hospitals and ambulatory clinics affiliated with the University, although some community clinicians may also have learners in their practice. The Faculty values its relationship with our Clinical Faculty and recognizes the indispensable contribution they make to the academic mission, especially in the education and training of undergraduate and postgraduate students, clinical research, administrative leadership, clinical innovation and service to the profession.

These professionals are not employed by the University as an Academic Faculty Member under the terms and conditions of the Collective Agreement. However, the University needs to ensure there is structure governing their selection, appointment, evaluation, promotion through the ranks, and termination in order to protect this valued affiliation. The appointment to a clinical rank confers the privilege and responsibility of an academic contributor at the University and appointees are encouraged to indicate their rank in correspondence and on their professional letterheads. "Clinical Faculty" is a working title; for the purposes of applying a category under UAPPOL "Recruitment Policy" Appendix A: Definitions and Categories of Academic Staff, Postdoctoral Fellows, Academic Colleagues and Excluded Academic Staff, these professionals are considered under Section C (Academic Colleagues), subcategory C1.2.

The purpose of this document is to inform Clinical Faculty about the procedures of appointment to a department, criteria for promotion through the various clinical ranks, provision for withdrawal of appointment, and recommendation for status. The document is intended to ensure uniformity and fairness as it relates to the privilege of holding a Clinical Faculty appointment and being promoted at the University.

Each Department Chair establishes a departmental process bringing forward individuals recommended for appointment or promotion. Appointment criteria include a stated commitment to teach and train learners in the Faculty, a willingness to contribute to other academic roles and responsibilities in the Department or Faculty, and a commitment to contribute to clinical quality improvement. In the case of promotions, the application package will be initially vetted by the Department, and then submitted for review and consideration by the FoMD Clinical Faculty Promotions Committee.

The initial academic rank of a new Clinical Faculty member will typically be at the Clinical Lecturer rank. However, Department Chairs may consider a higher ranking on a case-by-case basis. It is an expectation that many Clinical Faculty will meet criteria for promotion to the Clinical Assistant Professor within 3 years, however some may choose to remain at the Clinical Lecturer rank for the remainder of their

careers. Others may aspire to develop their careers in such a way as to attain the rank of Clinical Assistant, Clinical Associate, or Clinical Professor.

Definitions and Considerations

For purposes of this document, Clinical Faculty are healthcare professionals who have been primarily employed externally to the University of Alberta and who participate in the teaching, research and/or administrative activities of a department in the University without the expectation of compensation. A Clinical Faculty member may be a physician, dentist, PhD, nurse, pharmacist, genetic counsellor etc.

Under this description, a Clinical Faculty member's primary contribution to the University of Alberta is usually in the form of teaching but could in some cases, be primarily in clinical innovation, research, or administrative leadership. These four pillars are recognized as the primary activities in the assessment and ranking process (see "IV. DESCRIPTION OF ACADEMIC RANKS" in the following pages). The Chairs of departments involved in the evaluation process therefore have the option, in special cases where the contribution is primarily in research or administration, to consider this as the primary criteria for appointment, such as in cases where the Clinical Faculty member has had little opportunity to be engaged with learners or has an academic administrative role. Research collaboration outside of an investigator role without other academic contributions would not warrant an appointment.

A professional who voluntarily chooses to transfer from an academic staff appointment within the University of Alberta to become a Clinical Faculty member will usually be appointed at the equivalent level of their previous University rank. Similarly, a professional coming into the region from another region/university joining as a Clinical Faculty member will be considered for initial appointment at the equivalent level of their previous University rank. This recommendation to the Dean is at the discretion of their Department Chair.

In the circumstance where a Clinical Faculty member moves to a tenure-track position or a special continuing position, the rank will be considered on a case-by-case basis upon review by the Department Chair (usually Assistant or Associate Professor without tenure) recognizing that a tenured appointment would only be made if an individual had previously attained tenure via a tenure hearing.

Under some circumstances, individuals may have a primary appointment in one Department with a secondary appointment in another. In these cases, the Clinical Faculty member may, over time, perform most clinical duties and teaching within the secondary department. Under those circumstances, the individual may request reassignment of the primary appointment. This individual, with approval of the Department Chair, would be appointed at a similar rank as per their previous appointment. Applications for consideration of promotion should always go through the primary department to which the individual is appointed.

II. APPOINTMENT

- A. To be considered for a Clinical Faculty Appointment, the candidate needs to be invited by the Department Chair to submit an application cover letter along with a curriculum vitae. This letter should be prepared after consultation with the Chair, or in larger departments, the Divisional Director with mutual agreement on the specific commitments to teaching, research or administrative programs within the Faculty.
- B. Upon approval by the Dean, the appointee will also be required to sign a letter of understanding that outlines the responsibilities and expectations of teaching interactions between Clinical Faculty and trainees.

- C. Clinical Faculty members are required to file a Clinical Faculty Academic Contribution Report at a minimum of twice during their appointment term, although some Departments may choose to ask their members to file this annually. This filing is mandatory once at mid-term and another prior to renewal. This is particularly important for Clinical Lecturers during their probationary period. These reports will be reviewed by the Department Chair or delegate, and the member will be given feedback on career development goals towards promotion if desired. As appointments are discretionary, a Department Chair can recommend that an appointment not be renewed for members failing to file any reports during their entire appointment term.

- D. Under the terms outlined in Clinical Academic Colleagues Procedure cited above, Clinical Faculty are required to undergo a review at least twice during their appointment term. One will occur halfway through the appointment, and the other a minimum of 3 months prior to end of the appointment. The intention of this review is to establish a venue for acknowledgement and appreciation of our Clinical Faculty, and to review contributions and performance, and where necessary, provide mentorship, and professional development opportunities. This process will be conducted by the Department Chair or delegate at the departmental or divisional level. For rural Clinical Faculty, this may be done in conjunction with the Office of Rural and Regional Health. While the Clinical Faculty Academic Contribution Report is not a mandatory annual requirement, it is extremely helpful to allow the reviewer to assess the contributions in order to provide recognition and feedback.

III. GENERAL DESCRIPTION OF CRITERIA FOR PROMOTION

As Clinical Faculty are not eligible for tenure, the criteria for promotion will differ from those presented to academic faculty. However, the performance standards in general will apply similarly as follows:

- 1. Excellent:
Performance that is: a) functioning beyond commendable for their rank and/or percentage of position description, and/or b) distinguishing and expanding skills/learning opportunities/stewarding our people, our work and service.

- 2. Commendable:
Performance that is above Acceptable will be considered as merit towards promotion.

- 3. Acceptable:
This standard may be recommended when the faculty member's performance demonstrates a deficiency in one domain of evaluation, but performs well in the other domains, or when the faculty member overall performs below expected for rank but remains within the acceptable range.

- 4. Unacceptable:
Performance is unsatisfactory and unacceptable.

The guidelines in the section outlined below are not comprehensive, and intended to provide examples to form a framework by which the Clinical Faculty Promotions Committee can apply during evaluation of members that have made significant contributions that merit consideration for promotion. It is recognized that Clinical Faculty may not be active in all 4 pillars, and merit for promotion is based on relevance to job description and expectations set by the Department Chairs.

A. Teaching

In general, it is expected that those at Clinical Lecturer rank should be engaged in clinical teaching of at least one learner a year. The criteria for contributions and competent performance in teaching are applied with increasing stringency as experience and rank increases.

In assessing competence in teaching, evidence may be collected from evaluations completed by students and residents. It is anticipated that peer-to-peer assessments will also be incorporated in assessment of teaching competence. Other competency indicators may include the use of innovative and constructive teaching methods and ability to communicate effectively with students and colleagues.

B. Clinical Service/Leadership

Clinical competence is expected of all physicians on staff. Clinical activities are expected to progress toward excellence as rank increases. Where available, performance reviews from Alberta Health Services will be incorporated in the assessment of clinical service.

The development of special interests and expertise are important factors in the consideration of promotion.

The development and implementation of new techniques, clinical innovations, and novel or new approaches to clinical care delivery will receive significant consideration.

C. Academic Administration

Administration may include the organization of courses or parts thereof; service on regional, University, or professional organization committees, responsibility for special programs and, potentially, formal administrative posts (e.g. Program Directors, Divisional Directors etc.).

Leadership positions within organizations (University of Alberta, regional, provincial, or national professional organizations) will also be considered significant contributions.

D. Research

Clinical research activity such as recruitment of patients or acting as primary investigator or in collaborative studies, will contribute to a Clinical Faculty member's eligibility for promotion. The quality of research activity will be based, in the case of abstracts, on the stature of the meetings at which presented (local, provincial, national, international). For publications, quality will be based on the impact of journals in which papers are published, the opinion of experts in the field, the extent to which publications are cited in the literature and through professional recognition as indicated by invitations to speak at professional symposia and other educational meetings. Other products of innovation and scholarship will also be considered. Basic science research activity is not an expectation or requirement for Clinical Faculty but would also be considered if present.

IV. DESCRIPTION OF ACADEMIC RANKS ROLES AND EXPECTED PERFORMANCE FOR PROMOTION

The descriptions in this section are provided as examples, and not comprehensively exhaustive. The Clinical Faculty Promotions Committee will evaluate merit for promotion based on the applicant's submitted package, using this document as a guideline.

A. Clinical Lecturer (Probationary for initial 3 years)

- Education:
 - a. Engaged in teaching of medical students, residents and fellows or other allied health professionals (e.g. PharmD, nurse/nurse practitioner, genetic counsellors) in a clinical or classroom setting as related to their affiliation

- Clinical:
 - a. Maintains clinical competence as professionally mandated
 - b. Maintains a valid license with the College of Physicians and Surgeons of Alberta or other professional regulatory body

- c. Privileges granted by Alberta Health Services (AHS) if providing clinical services within AHS.
- Research:
 - a. Not an expectation at this rank.
- Administration
 - a. Clinical committee participation or leadership. Not an expectation at this rank.

Individuals may be reappointed at the Clinical Lecturer rank after a period of 3 years providing criteria for reappointment are met. For those who have achieved significant merit to be promoted to Assistant Clinical Professor rank, they will be considered proforma by the Department in which they serve, and a formal application is not necessary unless they are applying early for promotion (less than 3 years).

B. Assistant Clinical Professor

- Education:
 - a. Has demonstrated commitment as a teacher, demonstrated satisfactory teaching quality as evidenced by teaching evaluations, and shows sustained effort to facilitate teaching and education.
 - b. May be a preceptor in OSCE, discovery learning, formal bedside clinical skills, practice oral exams, CARMS or medical school interviews, or other formal scheduled teaching activities.
 - c. May be involved in undergraduate and graduate teaching at the University level to teach Departmental specialties to interest future health care professionals or physicians for a training program
- Clinical:
 - a. Is developing an area of clinical focus or expertise such as participating in a subspecialty clinic
 - b. Recognition by peers as a local expert
 - c. May be contributing to clinical quality improvement or practice peer review
- Research:
 - a. Has contributed to clinical scholarship, such as supporting recruitment of patients for enrolment in clinical trials
 - b. May be a collaborator in research studies led by an academic faculty member
 - c. Collaborator of case reports or case series
 - d. Collaborating in abstracts for local, provincial, national, and international meetings to represent work at the University of Alberta
- Administration:
 - a. Serves on local hospital, or regional, university or provincial committees (e.g. medical staff association, residency training, site clinical service delivery, AMA Representative Forum)

Individuals being promoted to Assistant Clinical Professor are expected to have attained at least commendable performance in two of the four areas, and acceptable performance in the others where applicable.

C. Associate Clinical Professor

- Education:

- a. Is recognized as an excellent teacher in the department. May have received teaching awards or commendations.
 - b. Regular preceptor in discovery learning, formal scheduled lectures/seminars, practice oral exams, courses for students, residents and allied health.
 - c. Invited speaker at medical society meetings, grand rounds, accredited continuing professional activities locally, regionally or provincially.
- Clinical:
 - a. Is recognized as a local or regional site lead in an area of focus (e.g. specialty clinic director or associate director)
 - b. May have received commendation from peers or patients reflecting a high level of clinical competence and expertise
 - c. Involved in development and revision of practice guidelines at a local, regional level
- Research:
 - a. May have abstracts or publications in peer review journals
 - b. May be a local principal investigator or co-investigator in multi-centre clinical trials
 - c. Practice review and clinical quality improvement initiatives resulting in revisions of local/site practice
- Administration:
 - a. Active leader of university, hospital, provincial or national committees or societies (e.g. clinical faculty promotions committee, patient safety committee, CPSA council, AMA board, or council member of provincial organizations at a minimum)
 - b. Teaching administration, coordination (e.g. site trainee preceptor coordinator)

Individuals applying for promotion to Associate Clinical Professor are expected to have attained at least commendable performance in two of the four areas, and acceptable performance in the others where applicable.

D. Clinical Professor

- Education:
 - a. Has proven to be an enthusiastic, effective and devoted leader in the educational program (e.g. program director, fellowship training director, curriculum/course development)
- Clinical:
 - a. Quality Improvement Innovation/Leadership. Is recognized by peers at a provincial, national, or international level as being an outstanding professional who has made significant contributions to the practice of medicine and the improvement of health care delivery (establishing new clinical programs, innovative care delivery models, or demonstration of quality improvement scholarship).
 - b. Recognition as a key opinion leader in an area of established clinical expertise.
- Research:
 - a. Has demonstrated scholarship in research such as co-authorship in peer-reviewed journals, functioning as a reviewer or editor for scientific or education abstracts or publications.
 - b. Holder or co-investigator of peer-reviewed and other research grants.
 - c. Invited presenter of clinical, educational, or research findings at national or international meetings.
 - d. Participation in writing group for national or international practice guidelines

- Administration:
 - a. Has been elected to office in leading national, or international professional organization
 - b. Has performed administrative or policy functions in the university, regionally, nationally or in a national or international professional organization (e.g. assistant/associate Chair, assistant/associate Dean, Director,)
 - c. Has developed and led initiatives pertaining to peer support, physician wellness, mentorship, and other support activities at a provincial or national level.

Individuals applying for Clinical Professor are expected to have attained at least EXCELLENT performance in ONE of the 4 areas, COMMENDABLE performance in ONE other, and acceptable performance in the remaining.

E. Emeriti Appointments

The title of Clinical Professor Emeriti recognizes meritorious service to the University of Alberta by an individual professor retiring from the University and recognizes the value the individual has earned with the University. Emeriti appointments are not automatic but are initiated by the individual’s department chair. Upon retirement, a Clinical Faculty member whose service is strongly identified with the University of Alberta and deemed worthy of continuing recognition, may be recognized with the title of Clinical Professor Emeritus/Emerita. The individual, at the date of retirement, should have attained the rank of Clinical Professor and should have had at least 10 years of full-time service as a Clinical Faculty. Teaching record, community service and research will be considered in the decision to grant Clinical Professor Emeritus/Emerita status. This recommendation is made by the Clinical Faculty member's Dean to the Faculty Evaluation Committee. FEC will scrutinize each proposal and either:

- a. Support the recommendation and forward it to Deans’ Council for decision, or
- b. Not support the recommendation, in which case the decision shall be final.

The Deans' Council will decide each case on its individual merits. Notwithstanding the provisions above, if the Provost and Vice-President (Academic) believes that a person should not hold the title of Clinical Professor Emeriti, despite complying with the conditions, they will advise the person of this position, in writing. If that person wishes to challenge the Provost and Vice-President (Academic) on this matter, they may submit a written challenge to the President, whose decision is final.

V. REAPPOINTMENTS

Clinical Faculty members are expected to be reappointed unless there are grounds for non-renewal (see section X). They will be reappointed to their current rank unless they have successfully passed the promotion process to the next rank. In order to be reappointed, Clinical Faculty members must have an on-going commitment with the University in a teaching, research or administrative capacity. The frequency of renewals will be as follows:

RANK	FREQUENCY
Clinical Professor	Every 5 years
Associate Clinical Professor	Every 5 years
Assistant Clinical Professor	Every 5 years
Clinical Lecturer	3 years with mandatory review at 18 months after initial appointment

Clinical Faculty will be given the opportunity to meet with their Department Chair or delegate (Assistant/Associate Chair, Divisional/Associate Divisional Director) to review their activity reports, and

discuss career development, and, if applicable, progress towards promotion. All Clinical Lecturers will have a review by the Department Chair or delegate within 18 months of their appointment to ensure that they are on track for reappointment or promotion during the probationary period. The Department Chair or delegate is encouraged to meet at least twice with individuals in all other ranks during the appointment period, once at the midpoint of the term and the second a minimum of 6 months prior to end of term. The reviews may occur in writing, with written positive feedback provided, but if any deficiencies are identified in performance, this review must be face-to-face. The member will, if necessary, be directed to appropriate professional development resources to address them.

A Chair should not fail to renew an appointment over performance concerns unless these were identified during a review, and the individual failed to address them prior to the next review.

Reappointments occur at the discretion of the Dean.

All appointments and reappointments will include a formal Letter of Appointment, following the template of the University's Clinical Faculty Appointment Form.

VI. PROMOTION TIMELINES

ASPIRED RANK	THOSE ELIGIBLE	TIME REQUIREMENT IN PRESENT
Clinical Professor	Associate Clinical Professor	Normally 8 years, minimum 5 years
Associate Clinical Professor	Assistant Clinical Professor	Normally 5 years, minimum 3 years
Assistant Clinical Professor	Clinical Lecturer	Normally minimum 1 year
Clinical Lecturer	All teaching faculty	None

As the recognition of individuals for promotion is based on both quality and quantity of academic contribution, minimum time frames in present rank are set. The timelines above are the normal timeframes where eligible candidates are likely to have been able to achieve the criteria for promotion to the next rank. Individuals that have contributed beyond their expected amount during a shorter timeframe may choose to apply earlier than the normal time frame, but must have both completed the minimum time frames and receive the support of the Chair and/or internal departmental promotions review committee where applicable. As an example, if an individual seeks to apply earlier than in their 5th year as an Assistant Clinical Professor to be promoted to the Associate Clinical Professor level, they must have completed a minimum of 3 complete years of service (i.e. during their 4th year), and must have Departmental support.

VII. PROMOTION PROCEDURES

1. For Clinical Lecturer to Assistant Clinical Professor rank, the process will not require presentation and evaluation at the Clinical Faculty Promotion Committee. The Department Chair will consider promoting individuals after the initial probationary 3 years, provided the criteria outlined in section IV. B are met. Individuals desiring earlier promotion to this rank are still required to submit a formal application to the Department Chair. Presentation at the FoMD Clinical Faculty Promotions Committee is not required, and recommendation can be made by the Chair directly to the Dean through the Vice Dean of Faculty Affairs.
2. The Department Chair's office will, on an annual basis by November 15, invite all Clinical Faculty eligible for promotion to all other ranks with an invitation to apply. Eligible members should self-identify their interest and should approach the Chair or delegate to discuss their desire for promotion at any time.

3. Clinical Faculty Academic Contribution Reports will be required for at least 50% of the years in the present rank for review by the department chair to form part of the promotion package. For example, if an individual aspires to be a Clinical Professor after 6 years as Associate, a minimum of 3 reports should have been filed prior to the application.
4. Where the application is on the basis of teaching excellence, a minimum of 5 prior years (all evaluations in the case of early application to Assistant Clinical Professor) of teaching evaluations must be included in the application.
5. The Chair (or delegate, i.e. Divisional Director) will inform Clinical Faculty in the Department of the promotion deadlines. These timelines are normally:
 - Submission to the Department Chair of application for promotion by January 31st
 - Review by Department Internal Promotions Committee (where applicable) by February 28th
 - Package submitted for review by the FoMD Clinical Faculty Promotions committee by March 31st (see section VIII for further description of process)
 - a. Where the Clinical Faculty member is applying for promotion on the basis of research in a significant way, the Departmental research director should have input.
 - b. The applicant for promotion will provide to the Department Chair all necessary documentation – i.e. Clinical Faculty Academic Contribution Reports, Curriculum Vitae, Teaching Dossier, Teaching Evaluations, and names and addresses of referees in the case of promotion to Clinical Professor. In addition, the candidate will submit a narrative letter, referencing this document, outlining the way in which they fulfill the criteria to warrant promotion to the next academic rank. **Fulfilling a job description alone does not constitute sufficient merit to be promoted.**
 - c. Referees:
In the case of promotion to Clinical Associate Professor, the Clinical Service Chief should provide an attestation as to the candidate's demonstration of commendable clinical service (IV.C: Clinical). Other letters of support from individuals such as Divisional Director, Program Director of residency training, senior colleagues or trainees etc. are helpful, but not considered mandatory.

Individuals being considered for promotion to Clinical Professor will provide the Department Chair with the names and email addresses of at least three referees, one of whom should be external to the individual's Department, and the other external to the University of Alberta. At least 2 of these 3 individuals, including the referee external to the University, need to be at the Professor or Clinical Professor rank, and all should have significant leadership roles within their organizations and be able to attest to the accomplishments of the candidate. All referees must have an academic affiliation with a University and should be in the same or a similar clinical area as the candidate applying. The referees must not have any conflict of interest such as being personal friends, or collaborators of the candidate. The Department Chair will write to these individuals directly, or to others, to obtain supporting information. It is not appropriate for the candidate to request a letter directly from the referee.

VIII. CLINICAL FACULTY PROMOTIONS COMMITTEE

The Clinical Faculty Promotions Committee consists of named representatives from all the Clinical Departments in the FoMD who are at an Associate (Clinical) Professor or higher rank. The committee composition will consist of no fewer than 50% at the (Clinical) Professor rank and will be chaired by the Associate Dean, Clinical Faculty. There will also be up to 6 elected members from Clinical Faculty at the rank of Associate Clinical Professor or higher.

On an annual basis, all Clinical Faculty deemed by the Department Chairs to be eligible to be considered for promotion to Associate or higher ranks will be presented by the Departmental representative at the committee meeting to be held in March/April of every year. After presentation the committee members will vote confidentially on whether to recommend promotion or not. A >50% majority will constitute approval, and the recommendation will then be submitted to the Dean for approval by May 31st. The Chair of the committee will not vote, and if approval for promotion is not recommended by the committee, the individual may follow the appeals process outlined in section XII.

IX. PROBATIONARY PERIOD

The initial appointment to the rank of Clinical Lecturer is considered probationary. Upon successful completion of the probationary period of 3 years, the individual will be recommended for reappointment or promotion by the Department Chair unless criteria for reappointment are not met. The Clinical Lecturer appointment can be renewed without probation for those individuals contributing a minimum amount of clinical teaching. All other Clinical Faculty with meeting requirements in section IV. B. with on-going teaching and academic contributions to the Faculty will be considered pro forma to be promoted to Assistant Clinical Professor rank without application, unless grounds for discontinuation exist (see section X). All other aspired ranks, or early promotion to Assistant Clinical Professor require applications to be submitted by the individual wishing to be considered.

X. SUSPENSION AND TERMINATION OF ACADEMIC APPOINTMENTS

The Department Chair may recommend to the Dean suspension or termination of a Clinical Faculty appointment. The Dean may suspend or terminate the appointment at any time on the basis of the following:

1. Criteria for appointment are no longer being met (e.g. no longer teaching, moved out of geographic region).
2. Suspension or loss of professional licensure and/or clinical privileges resulting in inability to carry out the duties required.
3. Failure on the part of the Clinical Faculty to comply with applicable policies, procedures, protocols or other requirements of the Faculty or University of Alberta, and following conclusion of any actions required by the policy or procedure.
4. Failure to meet the expectations commensurate with clinical rank.
5. Failure to comply with FoMD Professionalism Concern Interventions. For professionalism concerns, the process will follow that outlined by the Office of Professionalism which can be found [here](#).

The Dean may suspend a Clinical Faculty appointment if there is impending and/or during ongoing investigation by professional organizations that may impact clinical faculty appointment in terms of outcomes (e.g.: College of Physicians & Surgeons of Alberta, Alberta Health Services)

The non-renewal of an appointment is not to be used to replace the above process for suspension or termination, and it is expected that appointments be renewed either at the same rank or a promoted rank if there are on-going academic contributions to the Faculty.

Should a Clinical Faculty member wish to resign their appointment, they are encouraged to provide the Faculty with as much notice as possible to ensure alternative arrangements for their responsibilities can be made.

Upon cessation of an academic appointment, the Department Chair may formally acknowledge past contributions to the Department and to the University.

XI. REMOVAL FROM LEARNERS WITHOUT SUSPENSION OR TERMINATION

Where the Faculty or University has concerns, or has received allegations of misconduct or unprofessionalism filed against a Clinical Faculty Member, the Chair of the Department may, upon recommendation by the Office of Professionalism, temporarily remove the individual from contact with learners while the allegations are undergoing investigation. This would include investigations by the College of Physicians & Surgeons of Alberta and/or Alberta Health Services and/or FoMD investigation. FoMD investigation process should follow the process as set out in the resource toolkit created by the [Health Quality Council of Alberta](#). This must be communicated in writing to the Clinical Faculty member, outlining the rationale, with a copy of the letter to the Vice Dean Faculty Affairs and Associate Dean, Clinical Faculty.

Following review of the circumstances, and where necessary, remedial action completed by the member, contact with learners may be reinstated with written notification to the member in addition to copying the Office of Faculty Affairs.

Termination of appointments (outlined in section X) should normally not be the first course of action taken to address professionalism concerns, though each circumstance will be considered individually.

XII. APPEAL MECHANISM

A. Non-renewal, suspension, or termination

The individual may appeal a recommendation by a Chair to not renew, suspend or terminate their appointment within 60 days by written notice. The Dean may rule on the appeal or can at their discretion strike an Appeals Committee chaired by the Associate Dean, Clinical Faculty (unless there is a potential for conflict, whereby a delegate shall be appointed), as well as other members of the academic staff where required. Members of the committee should not have been involved in the decision to suspend or remove the appointment and should not have a conflict of interest in reviewing the appellant's defense.

In general, the appellant will be provided with the rationale for their non-renewal, suspension or termination and be given an opportunity to respond to the concerns within 5 business days. Following that, the Department Chair, and if required, Associate Dean Professionalism will be given 5 business days to address the appellant's response. Once this response is provided, the appellant will have another opportunity to provide a final response within 5 business days.

The entire appeal package will then be forwarded to the Committee members for review and deliberation. If a hearing is required, the appellant may, at their discretion, bring an advocate or advisor to attend the meeting. An advisor may be from the Zone Medical Staff Association, be a Faculty leader, or other person who is well versed in policy and procedure related to faculty performance.

The Committee will then deliberate *in camera*, and upon conclusion the Chair will provide a recommendation to the Dean, whose decision will be final. The entire process should be concluded within 30 business days of the initiation of the appeal.

B. Denial of Promotion

Failure to receive the Clinical Faculty Promotions Committee recommendation for academic promotion,

when potentially eligible, may be appealed by the Clinical Faculty member upon 60 days with written notice given to the Department Chair. The Department Chair will then forward this appeal to the Vice Dean, Faculty Affairs.

The appellant will be given the opportunity to present their case to the committee for reconsideration, during which they may at their discretion, bring an advocate or advisor to attend the ^{[[}_{SEP]} meeting. An advisor may be from the Zone Medical Staff Association, be a Faculty leader, or other person who is well versed in policy and procedure related to faculty performance. The committee will consist of members of the Clinical Faculty Promotions Committee, and be chaired by the Associate Dean, Clinical Faculty, except where potential conflict may arise. In the latter case an alternate chair will be named by the Vice-Dean, Faculty Affairs. To mitigate against real or perceived conflict of interest, it is necessary to establish a committee to review all appeals for individuals denied promotion in a fair and transparent manner. This is accomplished by a uniform application of promotions criteria as set out by this document.

Under the guidance of the Committee Chair, the committee will consider the information provided and be asked to deliberate *in camera* after the appellant's presentation, and vote anonymously on whether promotion is to be granted. A >50% majority in favour of promotion is required.

The Committee Chair will not vote on the appeal unless there is a tie. The Committee's recommendation will be communicated to the Vice-Dean, Faculty Affairs, who will then, after review, forward the recommendation to the Dean, whose decision will be final.