



University of Toronto Governing Council

Policy for Clinical Faculty

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Policy for Clinical Faculty

The purpose of this policy is to formalize the status and recognition of clinical faculty members by the University of Toronto, provide a framework for the governance of clinical faculty relations with the University, enhance processes for addressing grievances of individual clinical faculty regarding University matters, and establish a mechanism to protect the academic freedom of eligible clinical faculty members as regards their work in clinical settings.

1. Clinical Faculty are licensed physicians who hold joint appointments between a clinical entity (fully affiliated hospital, or partially-affiliated hospital, or an affiliated community practice or other entity with a relationship to the University of Toronto) and a clinical department in the Faculty of Medicine at the University of Toronto. While some clinical faculty draw some of their income as employees of the University of Toronto, most are not on the University payroll and almost all draw additional income from a variety of sources. Their compensation normally involves remuneration through, variously independent medical practice (solo or group), a practice plan which pools independent clinical earnings, or alternative funding arrangements with block payments for clinical services within a practice plan, or salaries from an affiliated institution, or combinations thereof. This policy covers all clinical faculty who hold an academic appointment in a clinical Department of the University of Toronto Faculty of Medicine, regardless of employment relationships.
2. Eligible clinical faculty are those who have a major engagement in academic work, participate in a practice plan that meets specific core principles as defined in the Procedures Manual and approved by the Clinical Relations Committee, and that accepts the University's role in protecting academic freedom of clinical faculty, work in an affiliated hospital (or setting) that continues to meet the terms and conditions of a University-Hospital affiliation agreement, and who generally have no outside clinical or other employment.
3. A Clinical Relations Committee will be established to provide accountability for relations between the University of Toronto, clinical entities, and clinical faculty members. The committee will be chaired by the Vice-Provost, Relations with Health Care Institutions and will consist of the Provost of the University or delegate, plus four clinical estates
 - The Presidents of the Medical Staff Associations of all fully-affiliated teaching hospitals (or their delegates)
 - The Chairs of the Medical Advisory Committees of all fully-affiliated teaching hospitals (or their delegates)
 - Clinical Department chairs, appointed by the Dean
 - The CEOs of the fully-affiliated teaching hospitals (or their delegates).
4. The Clinical Relations Committee will be responsible for the approval of procedures related to matters including but not limited to:
 - a. Definition of categories of clinical faculty (e.g., part-time, full-time, adjunct)
 - b. Appointment of clinical faculty
 - c. Dispute resolution mechanisms for clinical faculty
 - d. Composition of the Clinical Relations Committee itself

Any member of the Clinical Relations Committee may bring forward a proposal for revision to the procedures, but ratification requires the approval of a two-thirds majority of the members of each of the four clinical estates listed at point 3 above plus the concurrence of the Provost.

Prior to implementation, ratified changes in procedures must be reported for information to the Council of the Faculty of Medicine by the Dean of Medicine, and to the Academic Board of the Governing Council of the University of Toronto by the Provost.

5. The Committee will receive and review annual reports from the Clinical Faculty Grievance Review Panel (charged with arbitration of disputes involving University administrators) and the Academic Clinical Tribunal (charged with adjudication of allegations of breaches of academic freedom in the clinical setting).

The Clinical Relations Committee is responsible for recommending to the President of the University the nominees for these dispute resolution committees for clinical faculty. Again, approval of nominations for the Clinical Faculty Grievance Review Panel or Academic Clinical Tribunal will require two-thirds majority of each of the four clinical estates plus the concurrence of the Provost.

6. The University appointment of a clinical faculty member who has passed probationary review will not be terminated unless there is cause. Cause includes, but is not limited to, gross misconduct, failure to maintain necessary qualifications and privileges, and failure to maintain reasonable competence
7. Eligible clinical faculty members have a right to academic freedom, which is defined as the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the University and society at large. Specifically, and without limiting the above, academic freedom entitles eligible clinical faculty members to have University protection of this freedom in carrying out their academic activities, pursuing research and scholarship and in publishing or making public the results thereof, and freedom from institutional censorship. Academic freedom does not require neutrality on the part of the individual nor does it preclude commitment on the part of the individual. Rather, academic freedom makes such commitment possible
8. The University and fully affiliated teaching hospitals affirm that eligible clinical faculty have academic freedom in their scholarly pursuits. All clinical faculty remain subject to the applicable ethical and clinical guidelines or standards, laws and regulations governing the practice of medicine and the site-specific relevant site's policies or by-laws.
9. The University of Toronto has a fundamental role in the protection of academic freedom for clinical faculty. This includes:
 - University Chairs acting as advocates on behalf of the academic freedom of clinical faculty members when issues of academic freedom arise in the clinical setting
 - The Dean promptly investigating referrals to his or her office of allegations of breach of academic freedom
 - Appointment of an independent tribunal of colleagues from the Faculty of Medicine to adjudicate disputes involving an apprehended breach of academic freedom in the clinical setting, as noted above (Academic Clinical Tribunal).

The affiliated clinical entities and practice plans where eligible clinical faculty work have agreed to accept the decisions of the Tribunal. If the plan or relevant site dispute resolution process fails to consider the finding of breach of academic freedom within specified time periods, the complainant can request that the Tribunal make its finding public.

Where the finding that there has been a breach of academic freedom does not lead to any remedial action by the affiliated hospital or practice plan, the Vice-Provost - Relations with Health Care Institutions must intercede with the hospital Chief Executive Officer (or equivalent in the relevant site) or with the governance of the practice plan.

If there is no remedial action taken as a result of the said Vice-Provost's actions, the President of the University must intercede with the hospital Board (or equivalent in the relevant site)