



March 25, 2015

Dr Gavin Stuart
Faculty of Medicine
University of British Columbia
317 – 2194 Health Sciences Mall
Vancouver, BC V6T 1Z3

Dear Dean Stuart:

Re: Clinical Faculty Working Group Recommendations

We are writing on behalf of the Clinical Faculty Ad Hoc Group (the “Working Group”), which was convened pursuant to the Letter of Intent signed in 2011 between Doctors of BC and the Faculty of Medicine. The Working Group monitored the implementation of the 2013 recommendations and we would like to extend our appreciation to you and your staff for all of the efforts made over the last two years to improve efficiencies, address communication issues and improve the delivery of the Clinical Faculty services.

In support of the 2015 Working Group, the Doctors of BC conducted a large-scale survey of physician Clinical Faculty members in January 2015. A copy of the survey is appended for your reference. The survey results show areas for celebration and also identify a number of areas for improvement. Compensation, specifically rates and timeliness, remain a significant issue as does the multitude of demands placed on the time of physicians.

After reviewing the results of the survey, of which 1,054 respondents took part (approximately 26% of physician Clinical Faculty), the Working Group has a number of recommendations for your consideration. The recommendations reflect renewed efforts to increase recognition, protect time and review compensation issues, increase mentoring for teaching, seek efficiencies, and revisit the role of the Clinical Faculty Working Group. Embedded in all of the recommendations is a desire to improve communication and to seek out opportunities for complementary communications.

Category 1: Recognition

The survey asked a number of questions regarding whether Clinical Faculty felt that they were valued and respected. The survey identified that this is an area that could be improved. Consistent with these findings, the Working Group recommends the following:

- 1) The Faculty of Medicine should continue to embrace and foster a culture of value and respect. Recognizing that value and respect can be shown in a multitude of ways, the Faculty of Medicine should find ways to extend appreciation to Clinical Faculty in innovative ways with specific attention paid to appreciation being shown by the following three communities:
 - i) learners;
 - ii) UBC officials including the Dean, Department Heads, Program Managers and Administration; and
 - iii) partners such as Health Authority officials, Doctors of BC, Section of Clinical Faculty or others.
- 2) Building on the notion of appreciation and recognition, the Faculty of Medicine should introduce a program of recognition as a member advances through the ranks or shows dedicated service over a number of years. Ideas may include distributing branded goods (“I’m Clinical Faculty” mobile device covers, laptop stickers), lapel pins, or planting a tree in honour of notable achievements.
- 3) The Faculty of Medicine should develop a program to inspire pride, such as one where “Clinician Teacher of the Month” profiles are made publicly available through existing communication channels at UBC, Doctors of BC, College of Physicians and Surgeons, Health Authorities and in local media.

Category 2: Protect Time/Review Compensation

The survey identified that clinical teaching can have significant impacts on physician practices. In order to address this issue, the Working Group recommends the following:

- 1) The Faculty of Medicine explore how it can work within its sphere of influence to ensure time is properly set aside for clinical teaching and clinical research in Health Authority facilities and in programs managed by Health Authorities. This recommendation is specifically aimed at identifying where or how teaching or research time can be protected from competing demands within a service, salaried or sessional contract context.
- 2) The Faculty of Medicine establish an expert sub-committee (“Physician Clinical Faculty Compensation Review Committee”), including a mechanism to receive input from Clinical Faculty, to conduct a review of the current physician Clinical Faculty compensation model with a view to establishing:
 - i) whether efficiencies can be found, and how they can be improved;
 - ii) if inequities exist, where and how they can be eliminated; and
 - iii) whether there is a more cost-efficient model that can be implemented.

Category 3: Mentoring and Professional Development

The survey identified that next to compensation the most important form of support and recognition for Clinical Faculty would be to provide more mentoring and teacher-training programs. Recognizing this, the Working Group recommends the following:

1. The Faculty of Medicine should explore developing a Clinical Faculty Mentorship Program.

Category 4: Meaningful Influence and Communications

Recognizing that having input and influence is an excellent way to recognize and value the expertise of Clinical Faculty, the Working Group recommends the following:

1. The Faculty of Medicine explore how it can include physician Clinical Faculty input in the following areas:
 - i) review of the compensation model;
 - ii) mentoring for Clinical Faculty;
 - iii) curriculum development; and
 - iv) areas of recruitment needs.

Category 5: Administration

The survey found that improving efficiencies was rated highly as a way to show respect for physician's time. Consistent with and in response to this finding, the Working Group recommends the following:

1. The Faculty of Medicine should consider new technologies to promote efficiencies. For example, mobile device apps for scheduling, invoicing and tracking could significantly reduce the administrative burden on Clinical Faculty and improve the efficiencies for the Faculty. In particular, capacity to schedule, invoice, track teaching hours, track CME credits, be reminded of benefits, be reminded of important dates, track applications and promotions, communicate with the Faculty, and build networks, are all easily accomplished. It is recommended that the current "Teaching and Tracking" project should inform what is most important in this regard.
2. The Faculty of Medicine should consider streamlining the Review, Reappointment and Promotion of Clinical Faculty positions. It is important that the process for "moving up the ranks" be consistent and straightforward.

Category 6: General

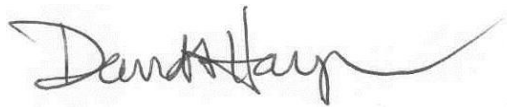
With a view to continuing the collaboration and goodwill shown to date, the Working Group recommends the following:

1. The current term of the Clinical Faculty Terms of Compensation should be extended by one year to allow for review of the compensation model.
2. The Working Group should continue and be re-constituted as a standing Joint Committee between Doctors of BC and the Faculty of Medicine. It is recommended that new Terms of Reference be approved to expand the mandate of the Working Group to include tracking the implementation of these recommendations and addressing ongoing issues of importance to Clinical Faculty.
3. The Clinical Faculty Working Group should be charged with seeking out opportunities for UBC and the Doctors of BC to exchange views on system-wide policy initiatives or policy reviews that may be particularly pertinent to Clinical Faculty, and to bring these issues to the attention of the respective parties as appropriate.

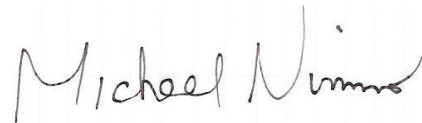
We would like to advise you again that the members of the Working Group were pleased with the process and are hopeful that a group of this nature will continue as part of future discussions between the Faculty, the Doctors of BC and Clinical Faculty members.

The Working Group would appreciate hearing from you in response to these recommendations.

Yours truly,



Dr David Haughton
Representative, Doctors of BC



Dr Michael Nimmo
Representative, Faculty of Medicine, UBC

cc: Allan Seckel – CEO, Doctors of BC