



November 22, 2019

Drs. Wensley, Blouw and Tulsiani  
CFWG Representatives, Doctors of BC

Dr. Mike Allard, Ms. Shanda Jordan Gaetz and Ms. Alexis Davis  
CFWG Representatives, Faculty of Medicine

Dear Colleagues:

**Re: Response to Clinical Faculty Working Group Joint Recommendations**

Thank you for your collective efforts in putting together the letter of recommendations coming out of your discussions and the insight from the 2018 Clinical Faculty Survey. I very much appreciate the time and willingness of the Doctors of BC to both engage in the survey and to work closely with the Faculty of Medicine to explore solutions to issues of importance to our clinical faculty working across the province.

The recommendations put forward are reflective of concerns around recognition, training, funding transparency, and compensation. I appreciate that the group provided specific actions that could be taken to address the recommendation, and will respond to each individually.

1. Recognition of Clinical Faculty

a. UBC CME discounts

The CFWG recommended a 25% discount for Clinical Faculty who participate in UBC sponsored CME activities. As you are aware, there are very few CME activities that are offered directly by UBC CPD. In other circumstances, UBC CPD is simply hired as a contractor to put on the event. For those CME activities directly offered by UBC CPD, we are currently offering a discount to participants who identify themselves as UBC Clinical Faculty. We will continue to encourage groups that engage UBC CPD to work on their events to offer a discount to UBC Clinical Faculty, however many of those events are keeping registration costs as low as possible to encourage wide participation and therefore a further discount would mean the event would run a deficit.

b. Feedback on Clinical Teaching

The Undergraduate Medical Education Committee has just approved revisions to the policy on [Assessment of Teachers by Learners](#). This policy was first developed in 2016 and the revisions went into effect on July 1, 2019. It addresses a number of points raised in your recommendations, including the process for collecting and providing feedback. There are also a number of resources and supports available to support clinical faculty in accessing feedback and developing their skills, which can be found on our [Mednet site](#).



The Postgraduate Medical Program implemented a new [Resident Evaluation of Faculty Policy](#) in September 2019. This policy lays out the process for evaluation and when faculty can expect to receive reports, which is after a minimum of four residents have assessed them within a two-year period. If they have not had four assessments within the two-year window, the program director will make efforts to find alternate ways to provide feedback that does not impact resident anonymity.

We will ensure that both policies are widely circulated and accessible, including on the Clinical Faculty Affairs website.

c. Opportunities for Advancement

The working group recommended that the Faculty of Medicine create a new guideline that includes a systematic review of clinical faculty who are coming up for reappointment or have been at the same rank for 5 or more years and provide those individuals with information and opportunity to apply for promotion to the next rank. The Faculty of Medicine supports the principle of encouraging promotion through the ranks, and we are currently looking at the promotion process including CV requirements, criteria, timelines and departmental support. This discussion is ongoing with the Department Heads and School Directors, who are meeting to discuss this again in January 2020. In terms of your request that a new guideline be established with specific requirements on departments, it is my expectation bullets 2 and 3 that address the need for increased communication between clinical faculty and their departments related to preparation for promotion and advice and guidance if they have not been successful in promotion are reasonable for us to include in an updated promotion process. The request that there be a review done annually of those coming up for reappointment or who have been in rank for more than 5 years requires further discussion with department heads, to ensure the timeframes and process is achievable across departments, where in some cases there are thousands of clinical faculty. We are happy to share the updated process documents with you when they are finalized.

We are also in the process of developing some infographics that make the promotion process easier to understand and we will create a new section on the Clinical Faculty website to ensure those are accessible.

2. Training on Challenging Learner Situations

This is an extremely important area that requires support for both our trainees and our clinical faculty. As part of our current strategic plan, there is an objective to develop a learning environment conducive to learner, trainee, staff and faculty development and mentorship. The working group assigned to that objective as well as the Interim Associate Dean, Health Professions have been actively engaging in discussions and planning what effective supports could look like. We expect that recommendations will come forward from that group in the next few months and we are happy to share our progress on that with you.



3. Allocation of Funding for Post Graduate Programs

I recognize that this recommendation also came through in 2017, and despite efforts to remind our departments of the processes contained within the Clinical Faculty Compensation Terms, many clinical faculty still feel there is a lack of transparency. As such, we agree to include the edits to the Compensation Terms as suggested, to both include in the payment summaries the total amount of funding received by the department for post graduate teaching, and the allocation of the funding at a level that allows clinical faculty to understand the intended educational objectives of that funding. We will also include a requirement that a copy of the payment summary provided to the Director, Clinical Faculty Affairs on an annual basis.

4. General Compensation Issues

As you note in both the joint recommendations and the separate recommendation, the compensation for clinical teaching has not increased since 2008. The funding we receive for clinical teaching in both the undergraduate and postgraduate programs are fixed budget items. However, we recognize that this is a significant concern to many clinical faculty and that our programs are at risk if some choose to reduce or stop teaching. We are working both internally and with government to find a solution that will both recognize the importance of our clinical teachers and be sustainable. I think we mutually agree that an increase to the unit value in itself will not address the concerns clinical faculty have. The Faculty needs to take a multi-pronged approach including but not limited to: increased access to support, particularly when it comes to learners in difficulty; acknowledgement of the additional time and effort that comes with having trainees and where possible, work on options around protected time; other forms of meaningful recognition; and a review of unit value.

The Faculty is working on a number of initiatives to address of the above, including discussions with our funding partners to increase the envelope provided to support clinical teaching. We will communicate the result of those efforts to you as soon as possible.

Thank you for the thoughtful recommendations put forward and the continued work of the CFWG. It is clear that the intent of the group is to ensure clinical faculty across the province are supported and recognized for the important contributions they make, and the recommendations of the CFWG help to focus those efforts in ways that will be the most meaningful to clinical faculty.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dermot Kelleher'.

Dermot Kelleher, MD, FRCP, FRCPI, FMedSci  
Dean, Faculty of Medicine  
University of British Columbia