






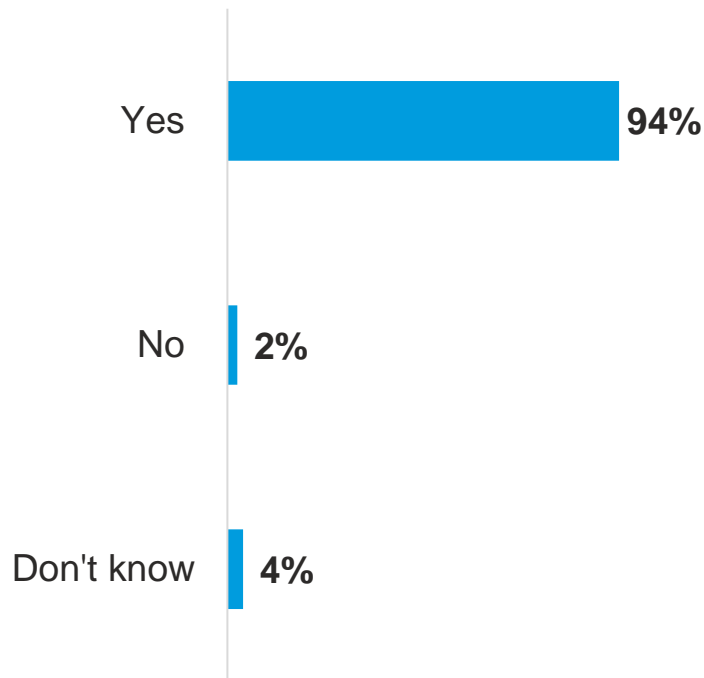
CLINICAL FACULTY SURVEY
SUMMARY OF RESULTS
2021

Methodology

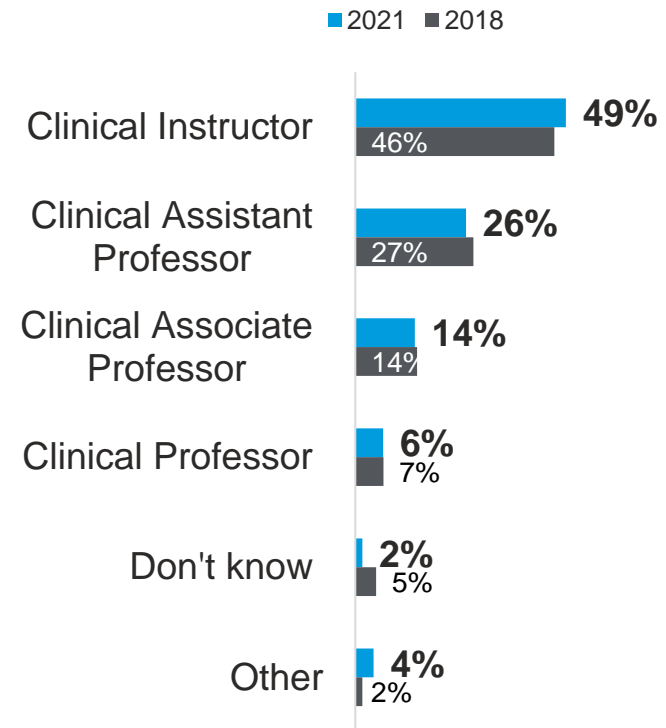
- Online survey invitations sent via email to 12,377 Doctors of BC members
- Survey completed by **1,406** Doctors of BC members who self-identified as current Clinical Faculty - the largest response count to date
 - For the purpose of this survey, Clinical Faculty is defined as “Physicians who teach medical undergraduates, residents, and fellows in their office, hospital or classroom.” It may also include administrative and committee work associated with clinical teaching, but it does not include tenured or tenure track professors in the Faculty of Medicine or residents.
- Response rate is **23%** of estimated 6,000 Clinical Faculty in BC
- The data is valid 19 times out of 20 within a margin of error of +/- 2.29
- The survey
 - Opened on Monday, November 15, 2021
 - Closed on Monday, December 6, 2021
- The survey was hosted and reported by   

Sample Profile

CLINICAL FACULTY APPOINTMENT:



POSITION TYPE:



2. Do you presently have a clinical faculty appointment?

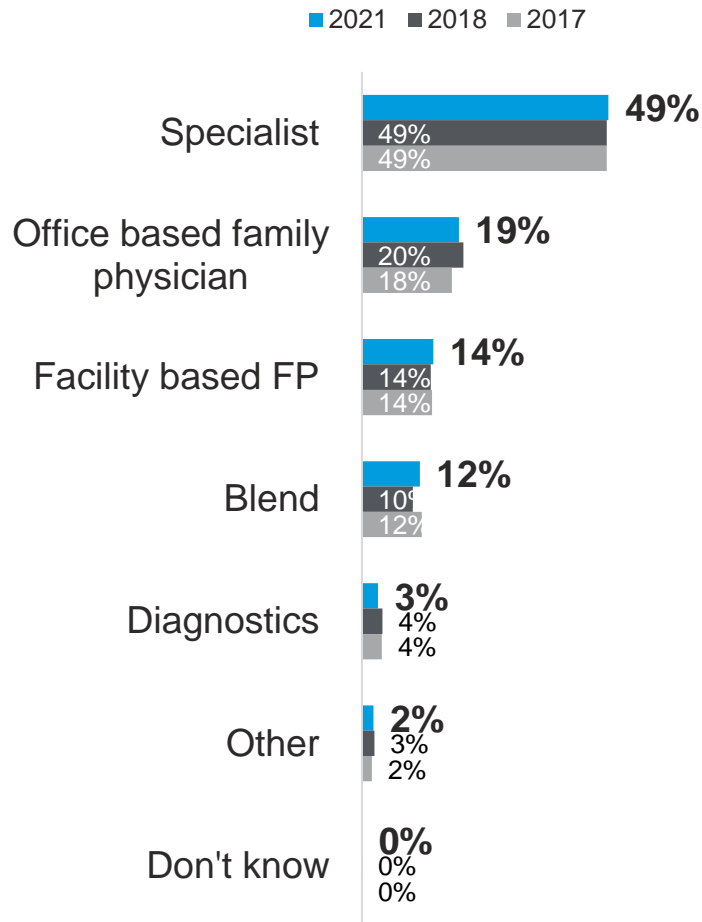
Base: All Clinical Faculty (n = 1,404)

3. Which of the following best describes your Clinical Faculty position?

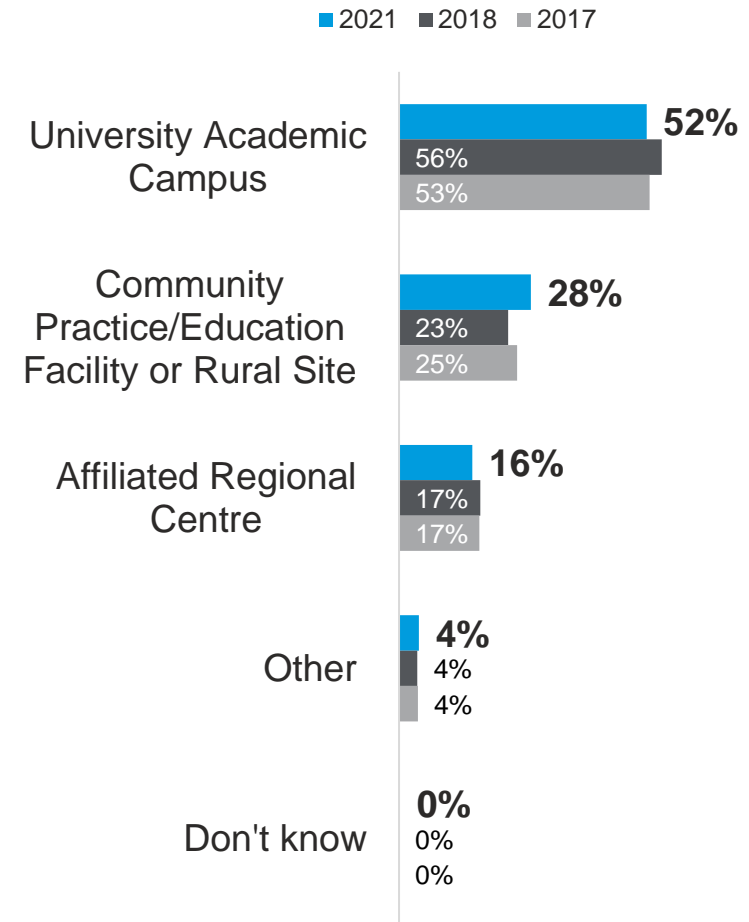
Base: All Clinical Faculty (n = 1,402)

Sample Profile

PRACTICE TYPE:



PRACTICE LOCATION:



4. Which of the following best describes how you currently practice?

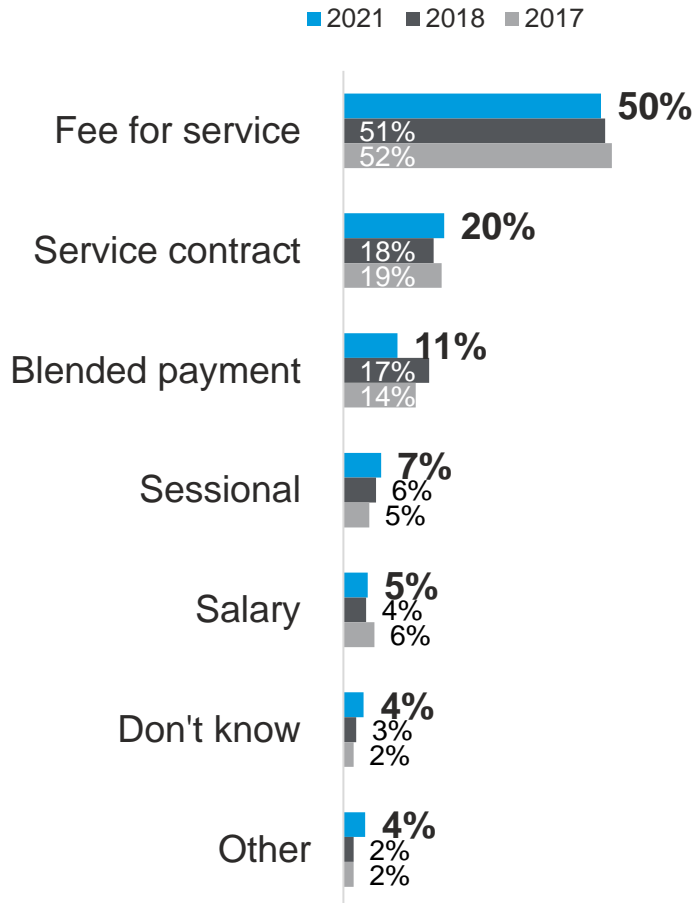
Base: All Clinical Faculty (n = 1,402)

5. Which of the following best describes where you provide most of your clinical teaching services?

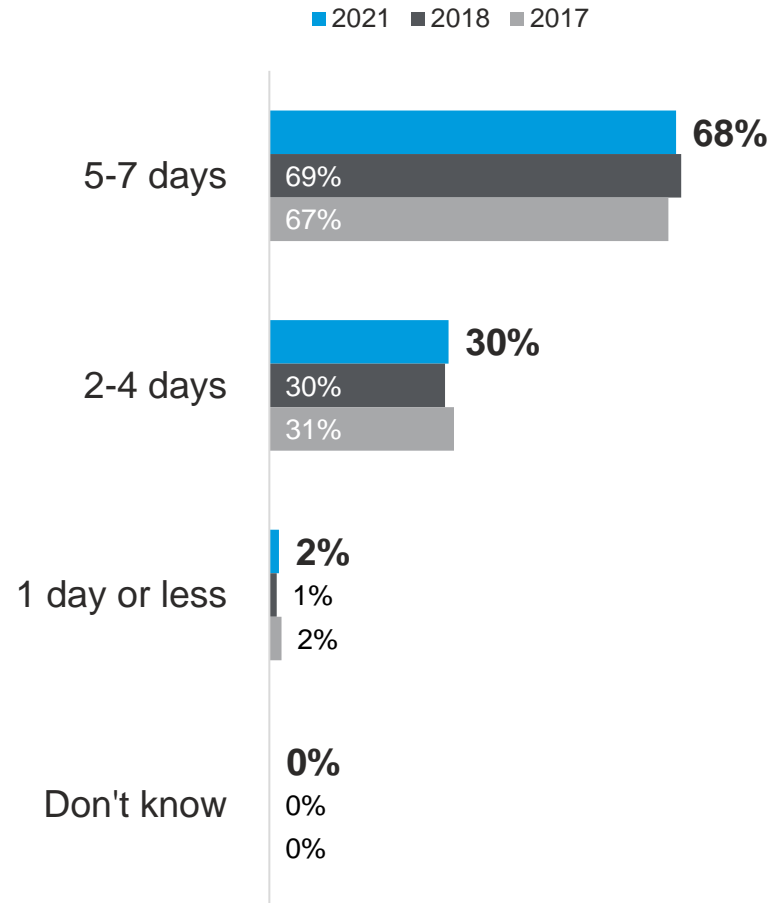
Base: All Clinical Faculty (n = 1,404)

Sample Profile

PAYMENT TYPE:



DAYS WORK PER WEEK:



6. Which of the following best describes how you are currently paid for your clinical work while you provide clinical teaching services?

Base: All Clinical Faculty (n = 1,406)

7. How many days do you work as a physician in a typical week?

Base: All Clinical Faculty (n = 1,403)

Key Findings

Motivated to teach

- Most important benefits of teaching is **enjoyment & professional responsibly**

Barriers to teach

- Most important challenges of teaching is **insufficient compensation, efficiency and quality of patient care/ teaching**

Taking more time to teach

- **44hrs** average of time spent per month on activities related to teaching (+3)
- Administration time increased the most

Low satisfaction with compensation continues

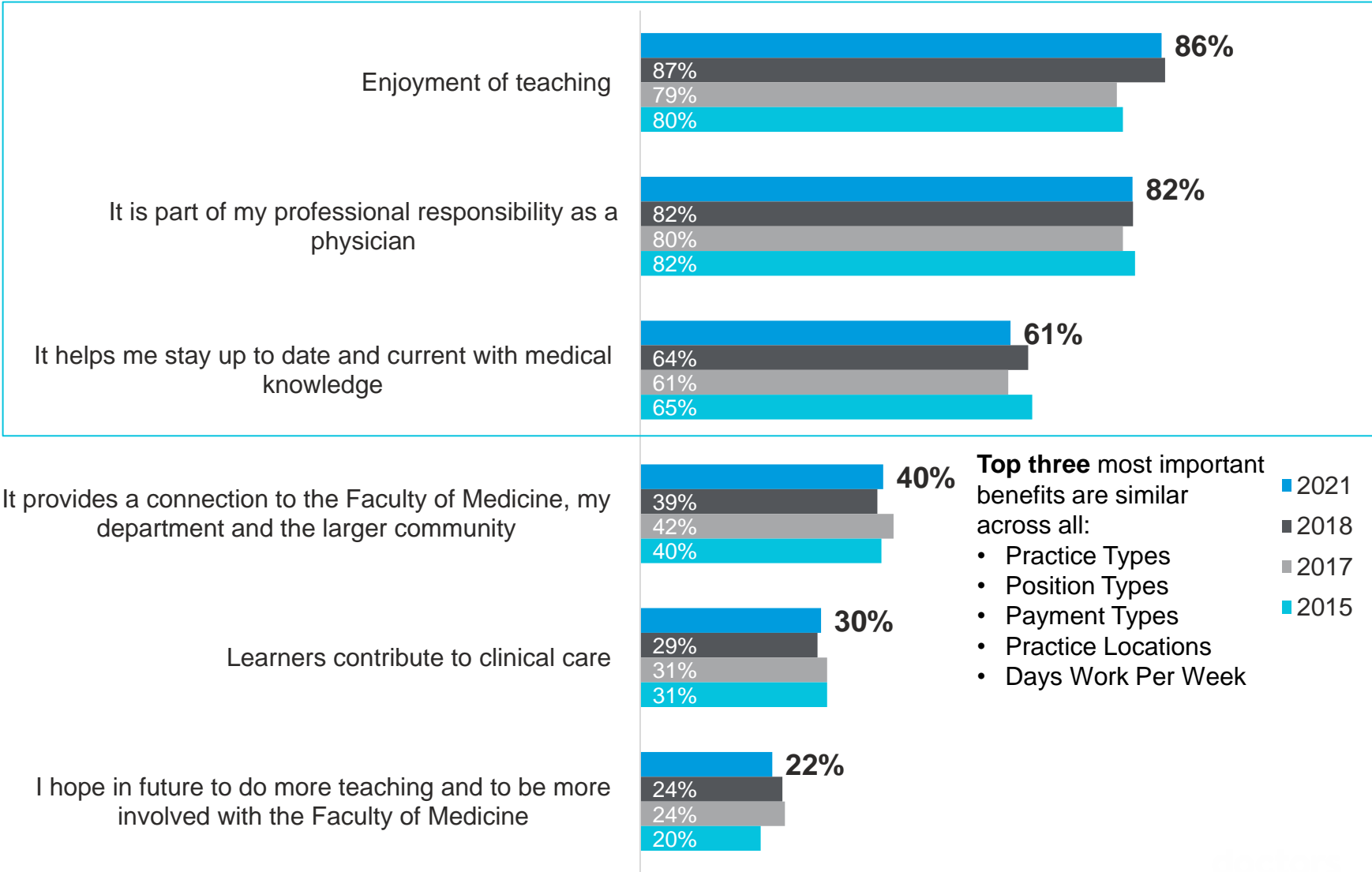
- **15%** satisfaction with compensation (undergraduate)
- **11%** satisfaction with compensation (postgraduate)

} 'Don't know'
removed

High likelihood action will happen if change does not occur

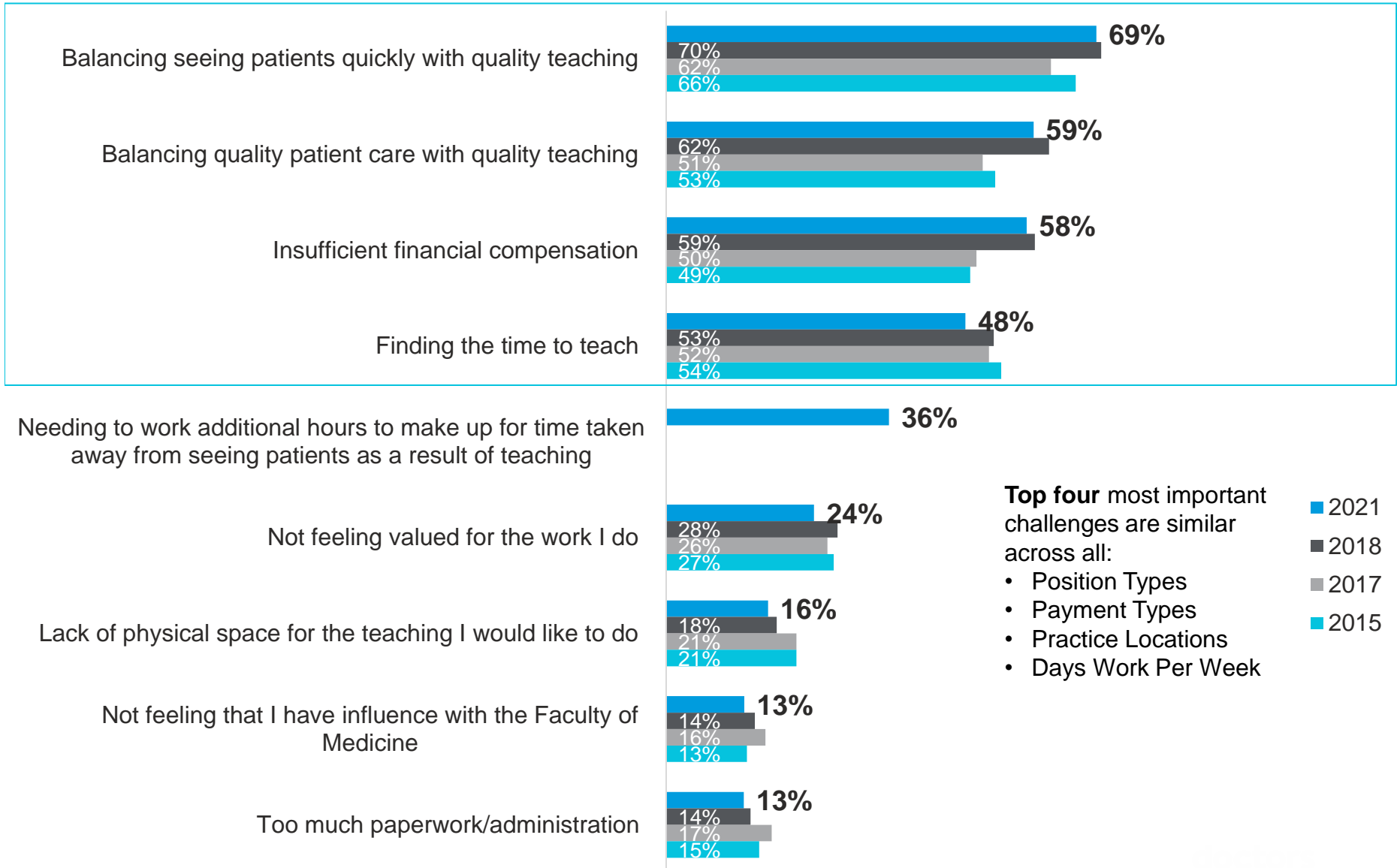
- **47%** likelihood of reducing overall commitment if changes are not made

Most Important Benefits for Clinical Faculty Work



8. Which of the following (up to 5 items) are the most important benefits you receive for doing Clinical Faculty work? Base: All Clinical Faculty (n = 1,405)

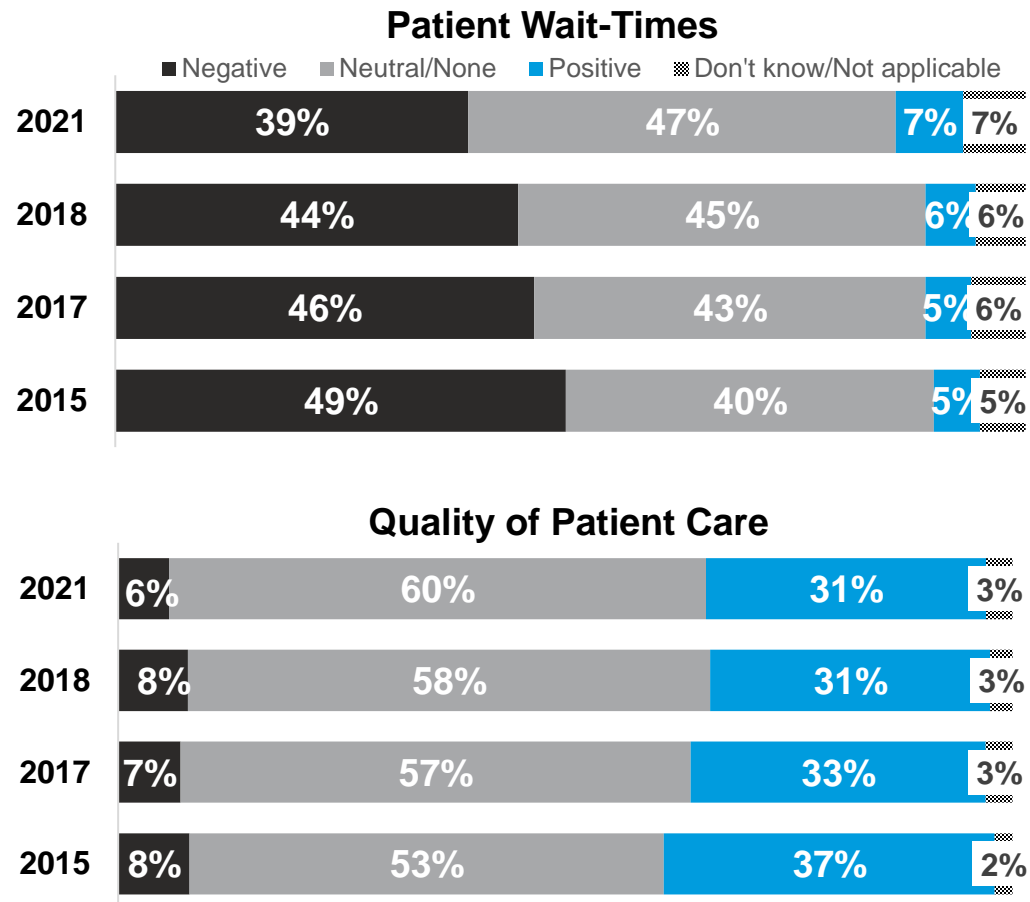
Most Important Challenges Faced in Clinical Faculty Work



9. Which of the following (up to 5 items) are the most important challenges you face in your Clinical Faculty work?

Base: All Clinical Faculty (n = 1,401)

Impact of Clinical Faculty Work - Trends



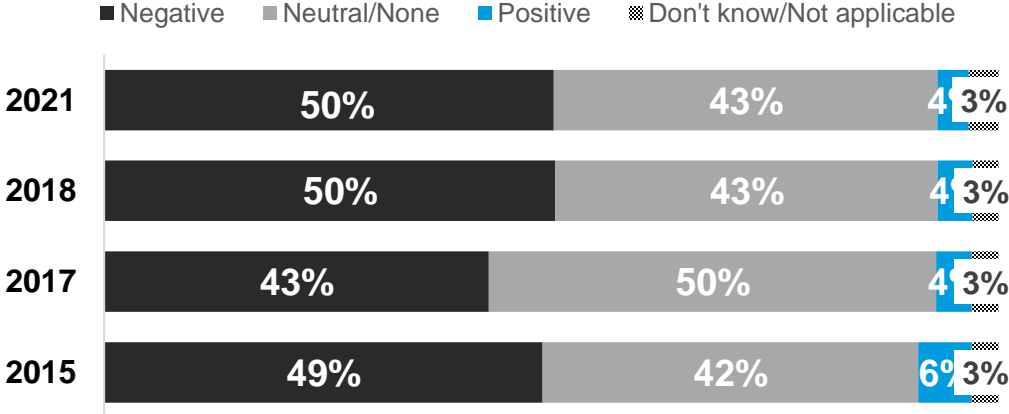
Overall, does your Clinical Faculty work have a positive or negative impact on each of the following?

10. On patient wait-times Base: All respondents (n = 1,400)

11. On the quality of patient care Base: All respondents (n = 1,403)

Impact of Clinical Faculty Work

On You Financially



Overall, does your Clinical Faculty work have a positive or negative impact on each of the following?
 12. On you financially Base: All respondents (n = 1,402)

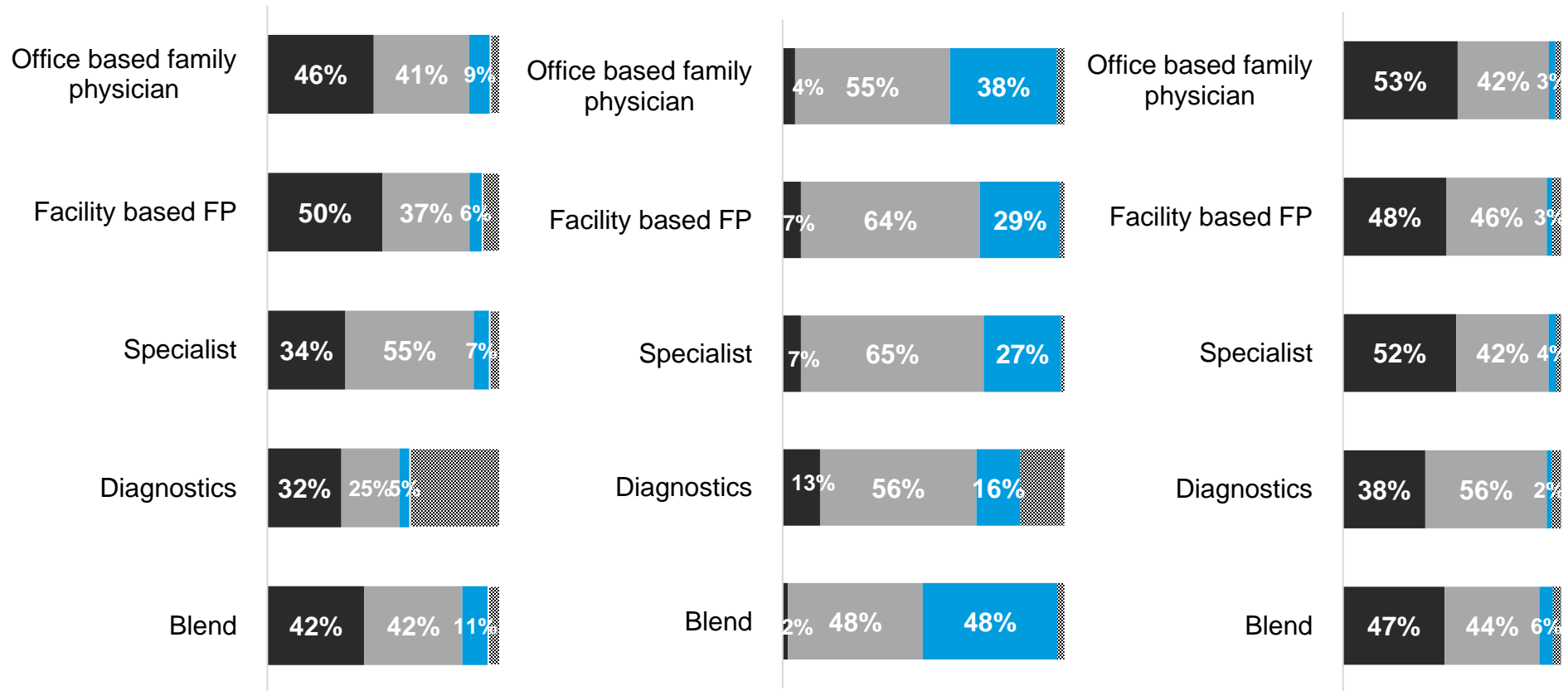
Impact of Clinical Faculty Work – Practice Type

■ Negative ■ Neutral/None ■ Positive ■ Don't know/ NA

On patient wait-times

On the quality of patient care

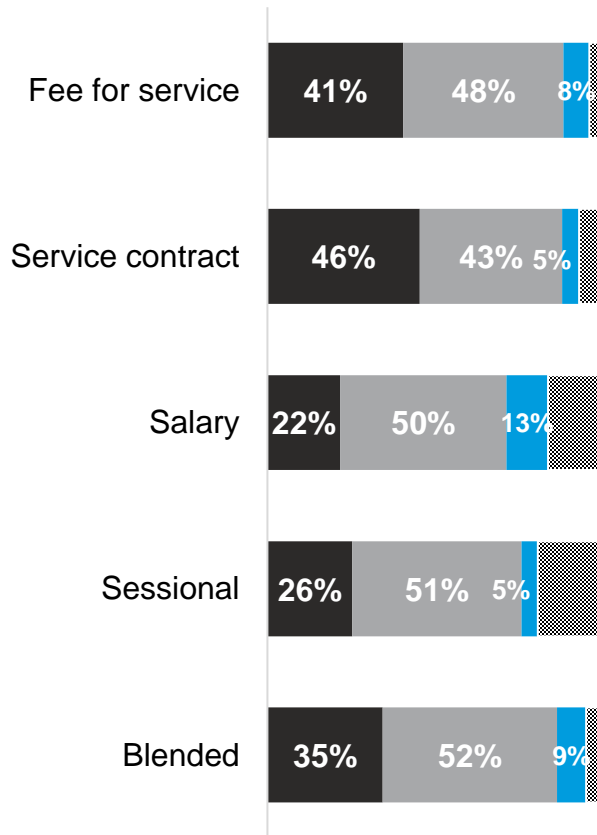
On you financially



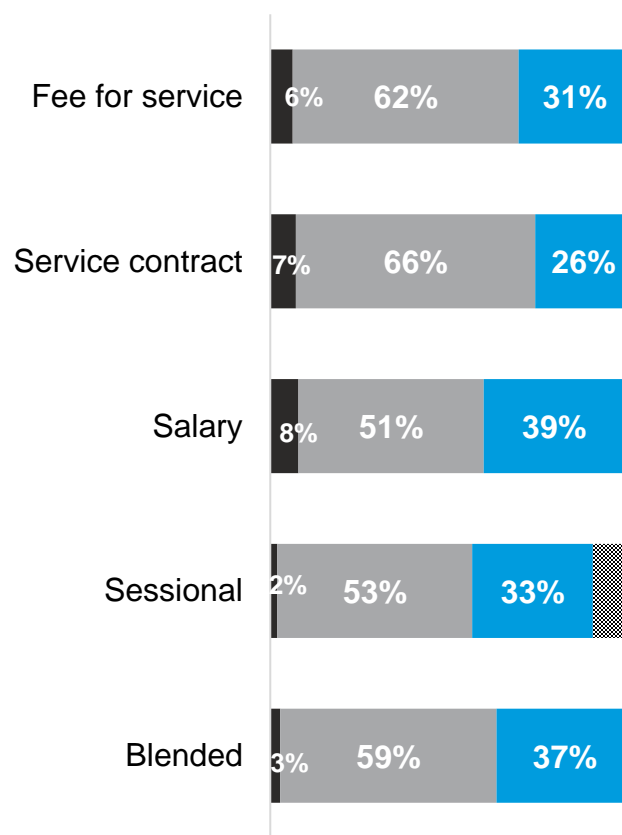
Impact of Clinical Faculty Work – Payment Type

■ Negative ■ Neutral/None ■ Positive ■ Don't know/ NA

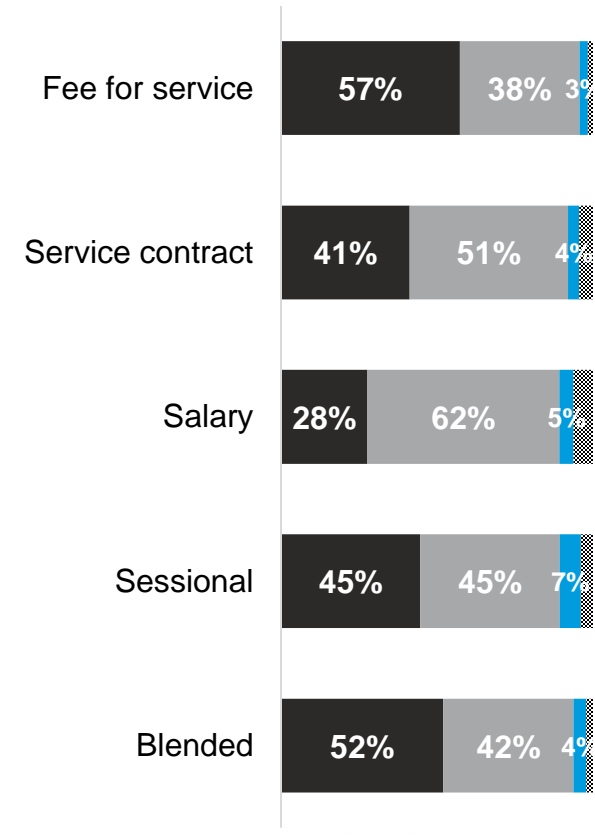
On patient wait-times



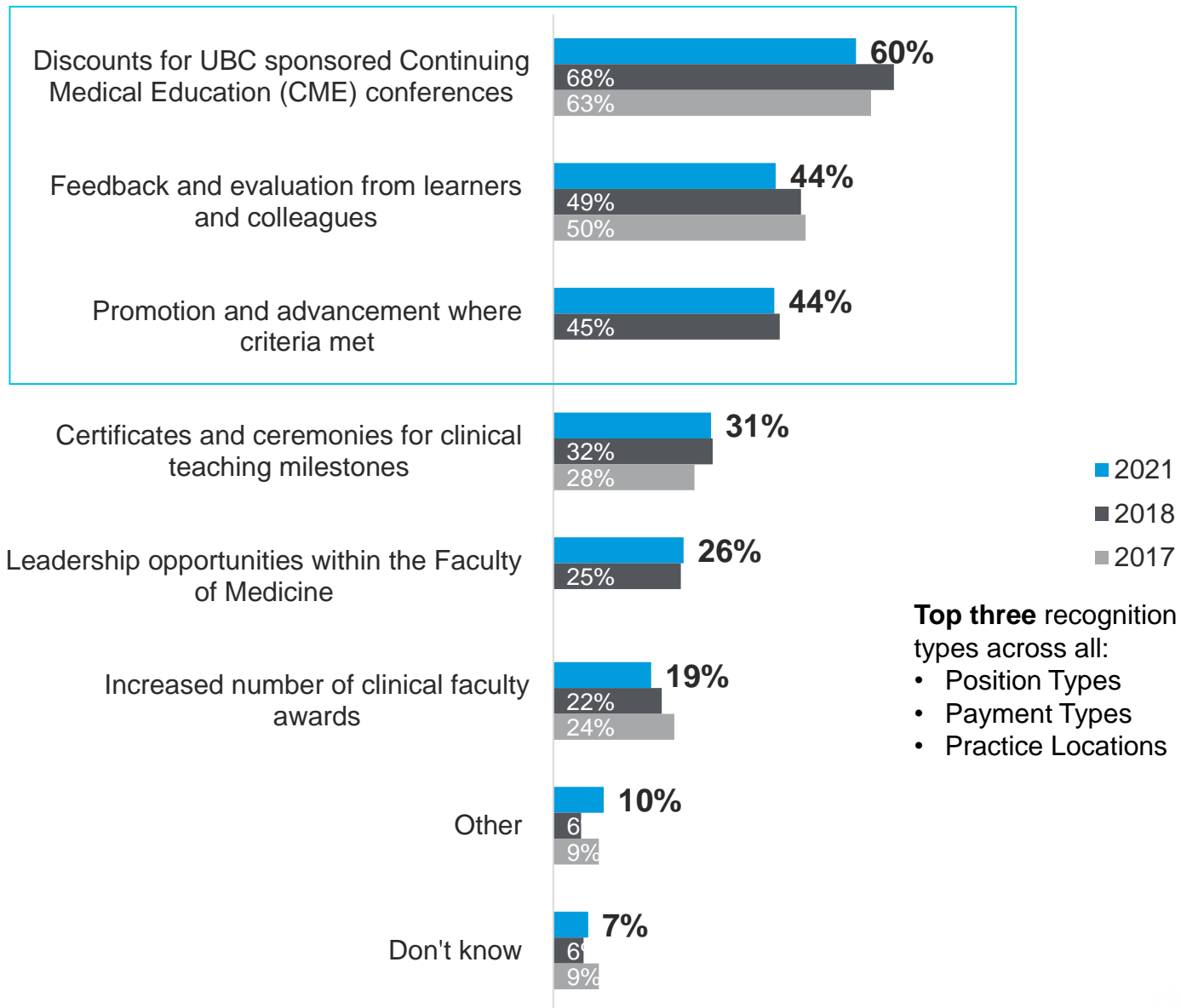
On the quality of patient care



On you financially

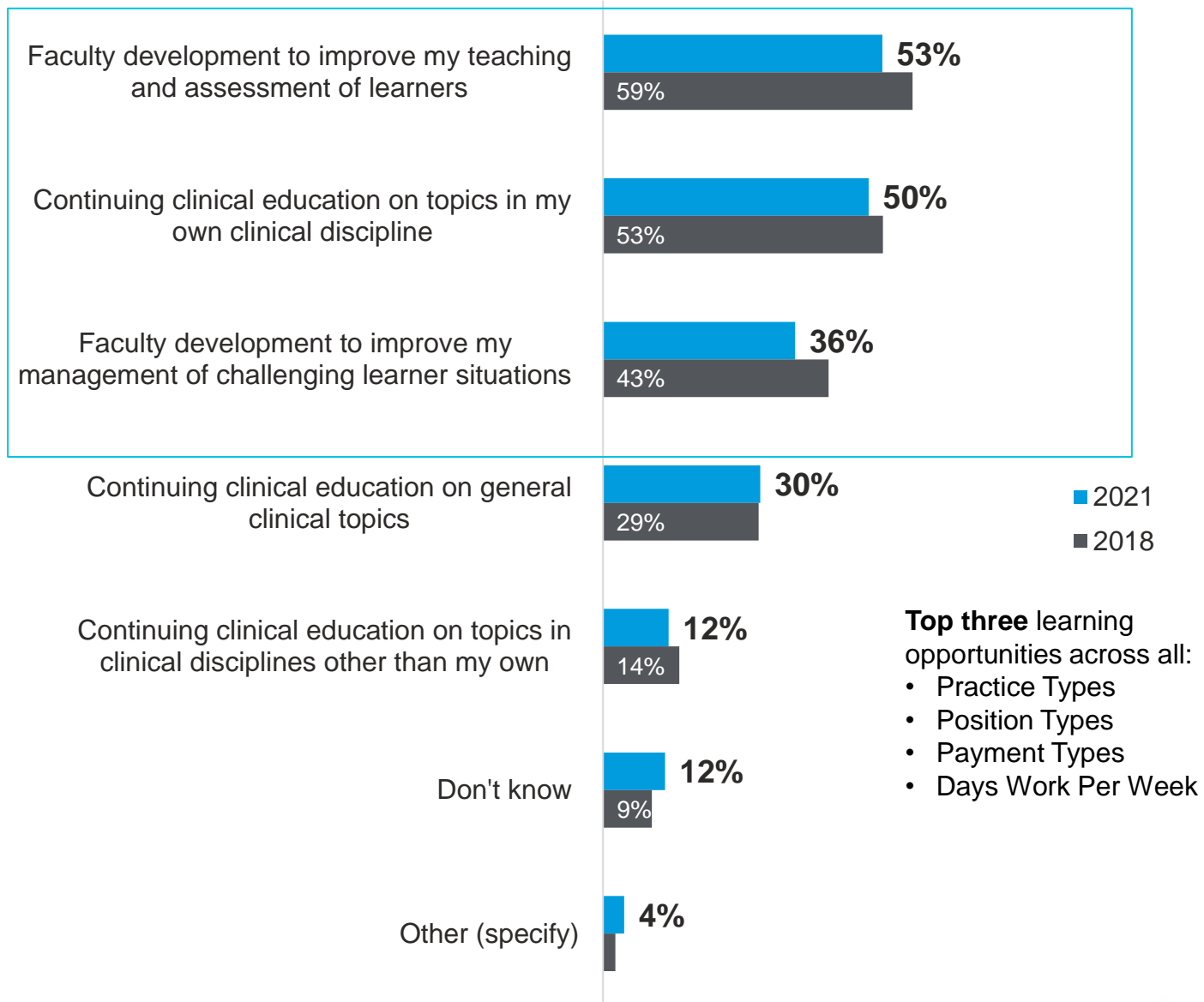


Improving Recognition Beyond Compensation



13. Aside from compensation, how would you like to be recognized for your clinical faculty work? Select all that apply. Base: All Clinical Faculty (n = 1,385)

Additional Learning Opportunities



14. If UBC could offer more learning opportunities for Clinical Faculty members which would you prefer: Select all that apply. Base: All Clinical Faculty (n = 1,351)

Comment Summary

Consistent themes across all categories of faculty

- More and fair compensation
- Teaching is important and it should be valued
- Recognition for teaching role
- Developing teaching skills
- Understanding time is finite
- Preparing learners (expectations and critical feedback)
- Space to teach

15. What kind of supports can UBC provide to Clinical Faculty to improve their teaching experience?

Base: All Clinical Faculty (n = 556)

47. What, if any, additional comments or suggestions do you have on the topic of Clinical Faculty?

Base: All Clinical Faculty (n = 379)

Supports to improve teaching experience

Specialists			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> Better compensation (prep and delivery time) Prepared and appreciative learners Templates Discounts Easy to track compensation CME support and opportunities Space for teaching Managing the demands from the rest of the system Clear learning objectives Feedback from learners Promote us Pay for development Reduce admin work or add admin support Early notification of time allocation Add online modules Mentors Clinical faculty meetings Simple and complete tracking of my teaching time Guidance on completion of learner evaluations Balance learning stages (early stage requires more time) Connect those teaching the same material 	<ul style="list-style-type: none"> Increase compensation and support for overhead Professional development related to teaching Manage student expectations Space in hospitals Gap between learning goals and practical competencies Credit for teaching as it relates to promotion Learners reduce clinical efficiency Administrative Discounts Was not paid for work done in the last year Salaried physicians not compensated for teaching Share newsletters and emails related to the topics I teach Methods for assessing trainee knowledge Recognition based on amount of teaching actually done Lack OR time for teaching Timely payment Lost income Mentoring Managing when learners will be engaged Seminars and conference availability Communication of resident assignments Learners are prepared for formal didactics but not clinical practice UBC expectations around evaluations and accommodation of students Dedicated online support Compensation for paperwork Need ability to balance clinical duties and teaching volume Information on curriculum We have faculty training related to teaching Faculty support when demanding situations emerge Video recorded CME Community clinic compensation 	<ul style="list-style-type: none"> More exposure to ophthalmology Access to CPSBC Library resources Need space to teach Access to conferences Address inequities in compensation Better compensation UBC should screen feedback for clinical faculty Value us Recognize the additional work learners provide Administrative support Faculty networking opportunities Clinical researchers access to resources Professional development on didactic teaching I have provided service without pay Support in access to CME Make formative feedback process simple and less time consuming Cover expenses Support to PPT templates Invite us to graduations Alignment with health authorities so the academic mission is part of the deliverables Teaching resources like books, articles, and research that is relevant Peer supports 	<ul style="list-style-type: none"> Value what we do Better compensation Improved information about the students Have diversity and inclusion considered in awards process Administrative support Discounts on equipment Educate learners to respect patients and clinical faculty Resources in preparing teaching material Workshops Teaching is a sacrifice Podcasts to learn on the go Simulations and interactive online learning Improvement in evaluations Greater number of teachers Recognize how much teaching is done Appreciate the full scope of clinical faculty experiences

15. What kind of supports can UBC provide to Clinical Faculty to improve their teaching experience?

Base: All Clinical Faculty (n = 556)

Supports to improve teaching experience

Office based Family Physicians			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> • Forum for networking and discussing teaching experiences • Help scheduling patients to give resident the longitudinal relationship • Better compensation • Timely feedback • Paid time for faculty development • TCP program has made me a better teacher • Funding for faculty development • Access to seminars • Workshops on how to teach • Listen to rural doctors • Clinical skills programs is providing valuable resources • A budget to offset costs of teaching • Fund CME • I am supported but not compensated • Paid time to contribute to course design • \$5 per hour for clinical teaching • Fee online resources 	<ul style="list-style-type: none"> • Reduce paperwork • Improve compensation • Recognition/ awards for teaching • Prepare the learners • Clear expectations of commitment • More awards to Family Physicians • Mentorship and networking • Faculty development 	<ul style="list-style-type: none"> • Less onerous reporting • Increase compensation • Offer discounts and cover expenses • Value teachers • Mentors • Inform on CANMeds and preparing students for exams 	<ul style="list-style-type: none"> • Dealing with learner expectations while having a busy clinic

15. What kind of supports can UBC provide to Clinical Faculty to improve their teaching experience?

Base: All Clinical Faculty (n = 556)

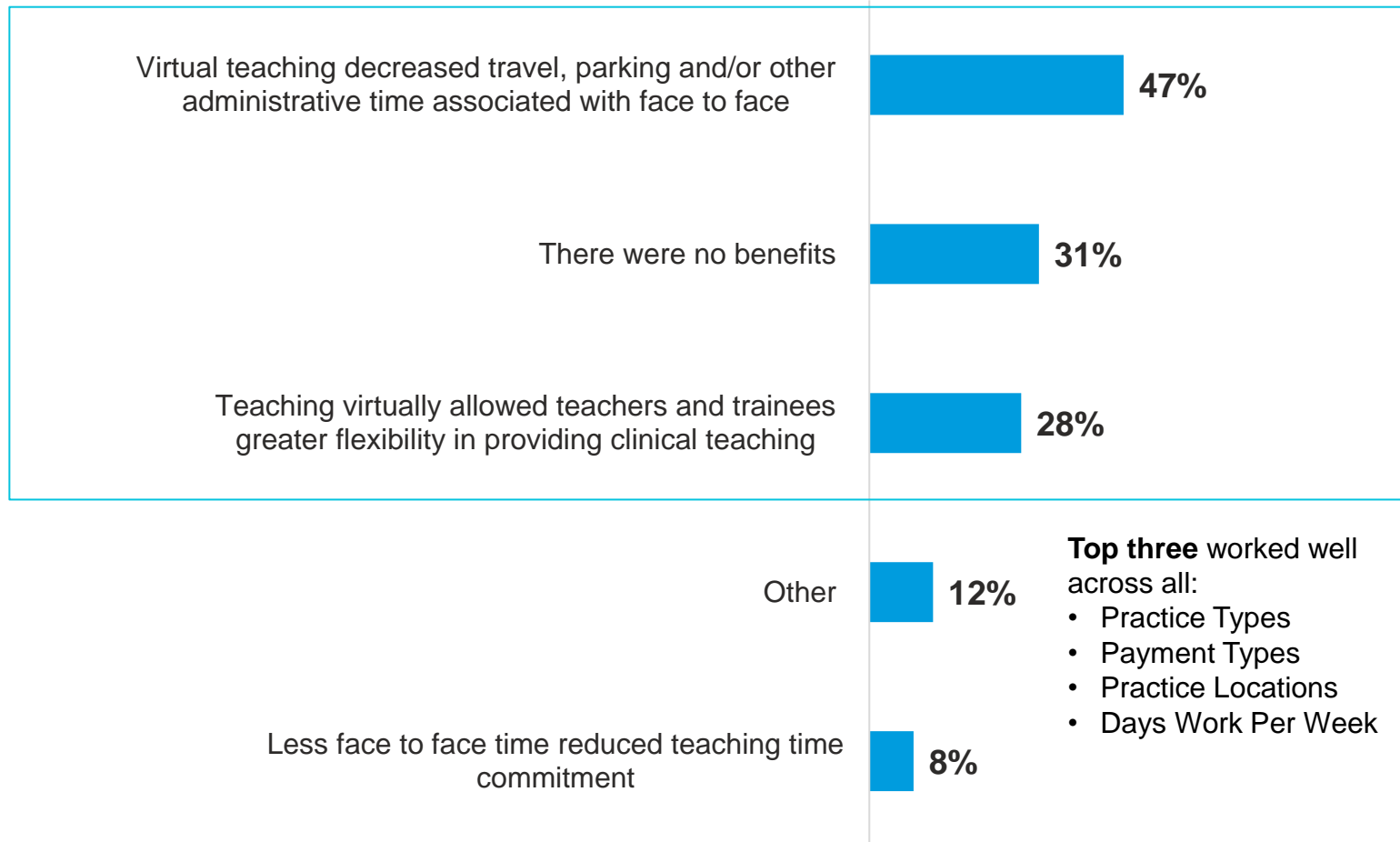
Supports to improve teaching experience

Facility based Family Physician			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> • Set up CME groups • Increase compensation • Access to UBC space • Paid CME • Discount CME • Instructor network • Create clear expectations for faculty and learn • Would like learner feedback • Accreditation hoops are a waste of time • Rural docs have more work to do to accommodate learners • Site gets paid for each student, but we do not • Learners decrease efficiency in busy ER • Need space and resources • Support on how to provide feedback to learners • Students should have specific goals • More sessions online • Difficulty with high volume of patients and trying to teach 	<ul style="list-style-type: none"> • Need dedicated teaching time • Time management help • Better compensation • Vancouver centric • Have regular feedback • Fund computers on wards for students • Challenging to manage students on busy emergency wards • Reduce learner evaluations • Adequate workspace 	<ul style="list-style-type: none"> • More workstations • Improve compensation • Have place for faculty to bring concerns • Not paid in ER to teach students 	<ul style="list-style-type: none"> • Deliver faculty development in our own communities • Have a dinner for faculty

15. What kind of supports can UBC provide to Clinical Faculty to improve their teaching experience?

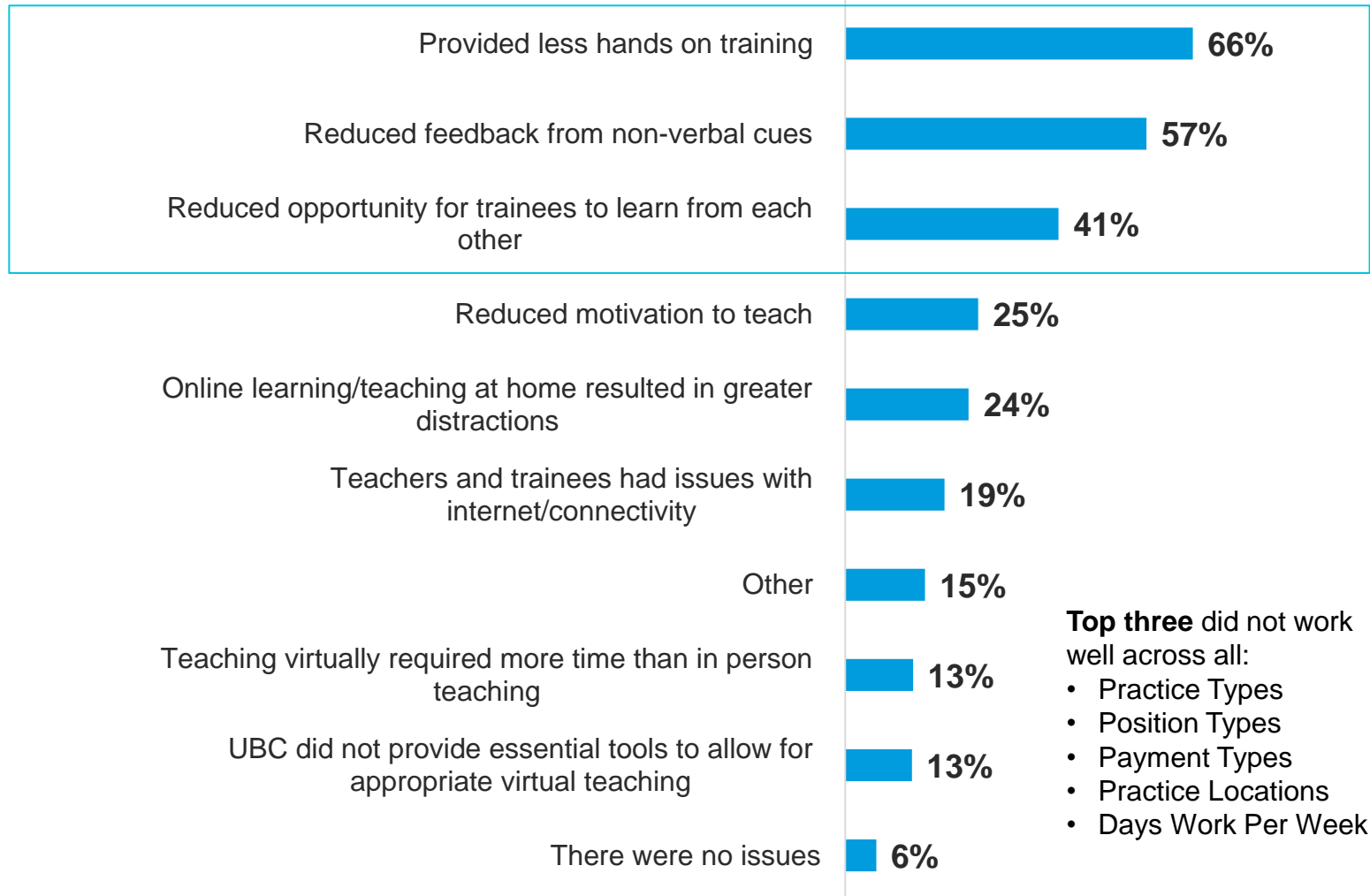
Base: All Clinical Faculty (n = 556)

Worked well in Virtual Environment - NEW



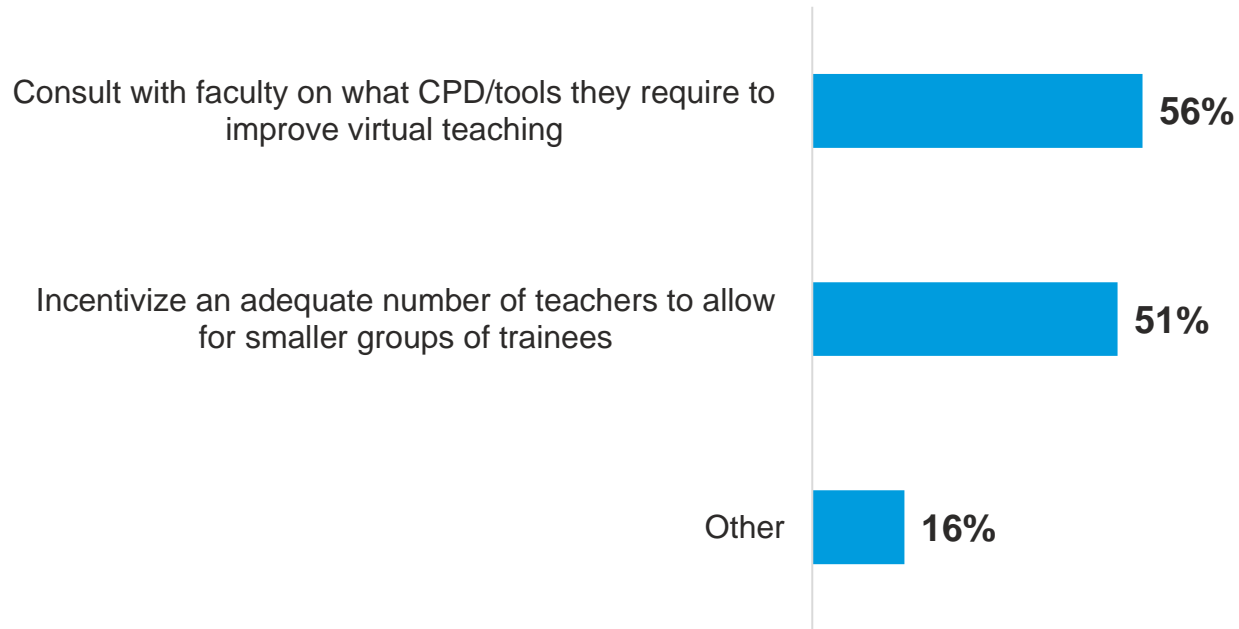
16. What worked well in providing clinical teaching in a virtual environment? Select all that apply.
Base: All Clinical Faculty (n = 1,323)

Did Not Work well in Virtual Environment - NEW



17. What did not work well in providing clinical teaching in a virtual environment? Select up to 5 items.
Base: All Clinical Faculty (n = 1,306)

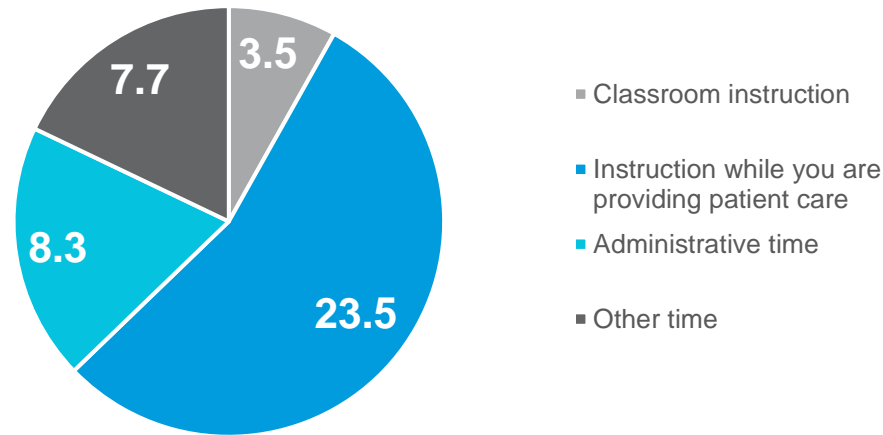
Improvements in Virtual Environment - NEW



18. What could the UBC Faculty of Medicine do to improve clinical teaching in a virtual environment?
Select all that apply.

Base: All Clinical Faculty (n = 1,095)

Mean Hours per Month Spent on Clinical Faculty Tasks



Task	2015	2017	2018	2021	Shift
Classroom instruction	1.4	1.5	3.1	3.5	+0.4
Instruction while you are providing patient care	23.5	21.4	23.2	23.5	+0.3
Administrative time	5.1	5.0	6.6	8.3	+1.7
Other time	3.0	2.1	7.3	7.7	+0.4
TOTAL	33.1	30.0	40.2	43.0	+2.8

How many hours in a typical month do you estimate that you spend on each of the following Clinical Faculty tasks?

19. Classroom instruction - Base: All Clinical Faculty (n = 388)

20. Instruction while you are providing patient care - Base: All Clinical Faculty (n = 1,029)

21. Administrative time - Base: All Clinical Faculty (n = 742)

22. Other time - Base: All Clinical Faculty (n = 541)

Mean Hours per Month Spent on Clinical Faculty Tasks

Task	Office based family physician	Facility based FP	Specialist	Diagnostics	Blend
Classroom instruction	3.8	3.0	2.5	1.9	11.0
Instruction while you are providing patient care	21.8	22.8	24.2	22.0	21.7
Administrative time	8.9	9.1	7.8	12.3	7.9
Other time	5.6	4.9	7.5	25.7	6.1
TOTAL	40.2	39.9	42.0	61.9	46.8

Task	Fee for service	Service contract	Salary	Sessional	Blended payment
Classroom instruction	2.5	2.6	8.8	4.8	4.8
Instruction while you are providing patient care	22.0	27.3	23.7	17.1	28.1
Administrative time	8.3	8.2	12.4	5.9	9.3
Other time	6.8	6.0	19.9	4.5	7.6
TOTAL	39.8	44.1	64.7	32.3	49.8

How many hours in a typical month do you estimate that you spend on each of the following Clinical Faculty tasks?

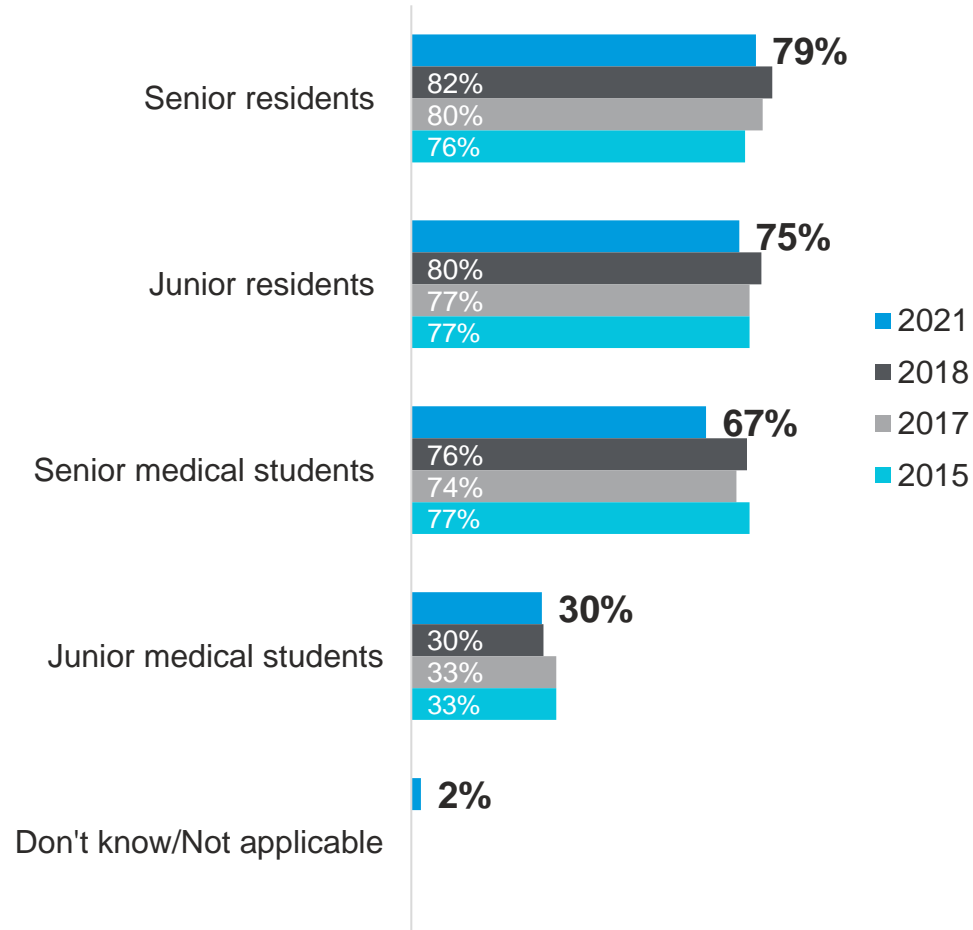
19. Classroom instruction - Base: All Clinical Faculty (n = 388)

20. Instruction while you are providing patient care - Base: All Clinical Faculty (n = 1,029)

21. Administrative time - Base: All Clinical Faculty (n = 742)

22. Other time - Base: All Clinical Faculty (n = 541)

Students and Residents Instructed



23. Which of the following do you instruct while providing patient care? Select all that apply.
Base: All Clinical Faculty (n = 1,393)

Teaching Impact on Clinical Productivity

-50%

No impact

+50%

	Office based family physician (N = 272)	Facility based FP (N = 200)	Specialist (N = 690-691)	Diagnostics (N = 44-45)	Blend (N = 162)	OVERALL AVERAGE
Junior Medical Students	-15.2	-21.1	-17.5	-11.3	-14.2	-16.9
Senior Medical Students	-6.7	-13.9	-14.0	-13.0	-9.8	-12.0
Junior Residents	-2.6	-5.3	-5.6	-10.0	-2.5	-4.7
Senior Residents	+9.2	+12.8	+10.2	-1.2	+13.5	+10.2
	Fee for service (N = 702)	Service contract (N = 272-274)	Salary (N = 66)	Sessional (N = 103)	Blended payment (N = 147)	OVERALL AVERAGE
Junior Medical Students	-17.2	-19.7	-15.7	-14.5	-14.8	-16.9
Senior Medical Students	-12.4	-14.1	-11.3	-7.4	-10.2	-12.0
Junior Residents	-5.7	-5.6	-4.3	0.0	-1.9	-4.7
Senior Residents	+9.0	+10.8	+13.5	+12.7	+12.9	+10.2

Taking all clinical teaching into account, estimate the increase (positive) or decrease (negative) in clinical productivity for an average day providing clinical teaching to a learner in each of the categories below:

24. Junior Medical Students - Base: All Clinical Faculty (n = 1,404)

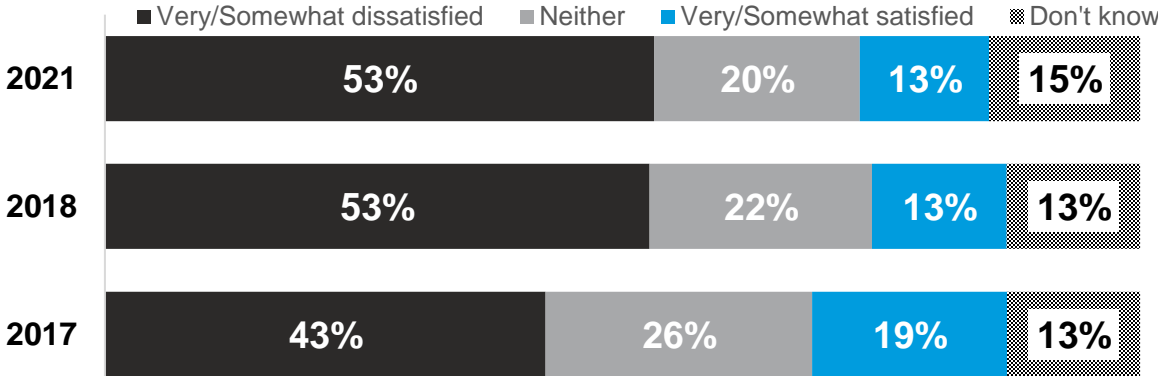
25. Senior Medical Students - Base: All Clinical Faculty (n = 1,406)

26. Junior Residents - Base: All Clinical Faculty (n = 1,406)

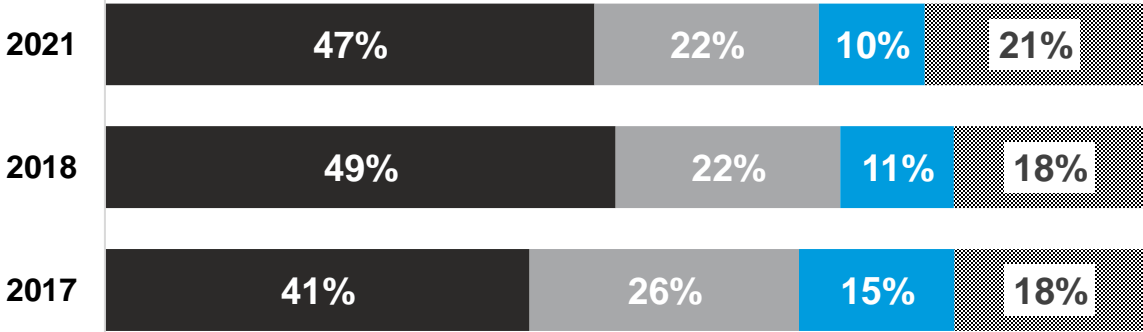
27. Senior Residents - Base: All Clinical Faculty (n = 1,406)

Satisfaction with Compensation for Teaching in MD Undergraduate Program - Trends

Overall satisfaction with current compensation



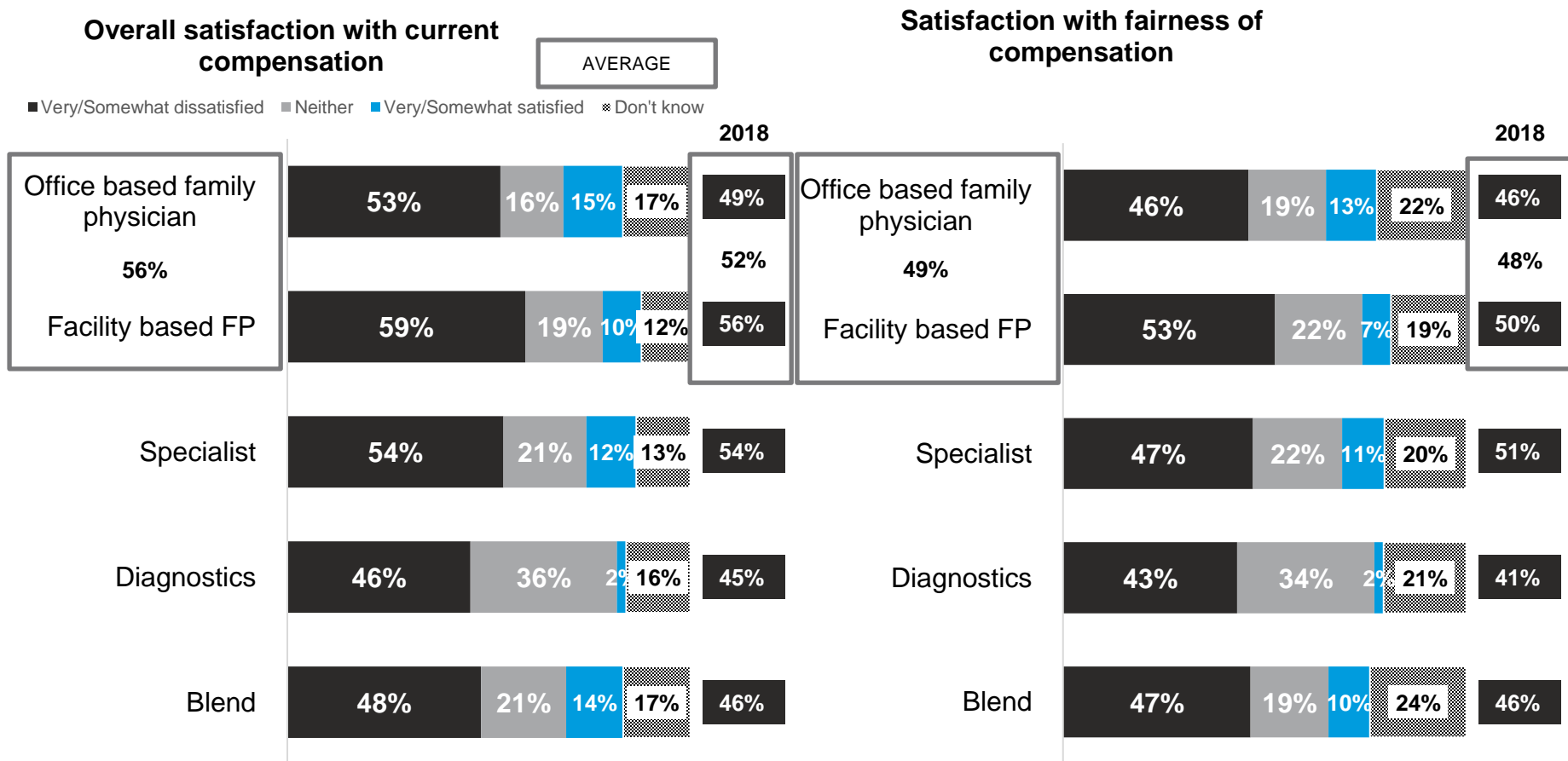
Satisfaction with fairness of compensation



28. Overall, how satisfied are you with your current compensation for Undergraduate Clinical Faculty work?
 Base: All respondents (n = 1,374)

29. In particular, how satisfied are you with the fairness of the current compensation for Undergraduate Clinical Faculty work (i.e. the fairness of the valuation of the different tasks and activities)?
 Base: All respondents (n = 1,368)

Satisfaction with Compensation for Teaching in MD Undergraduate Program – Practice Type



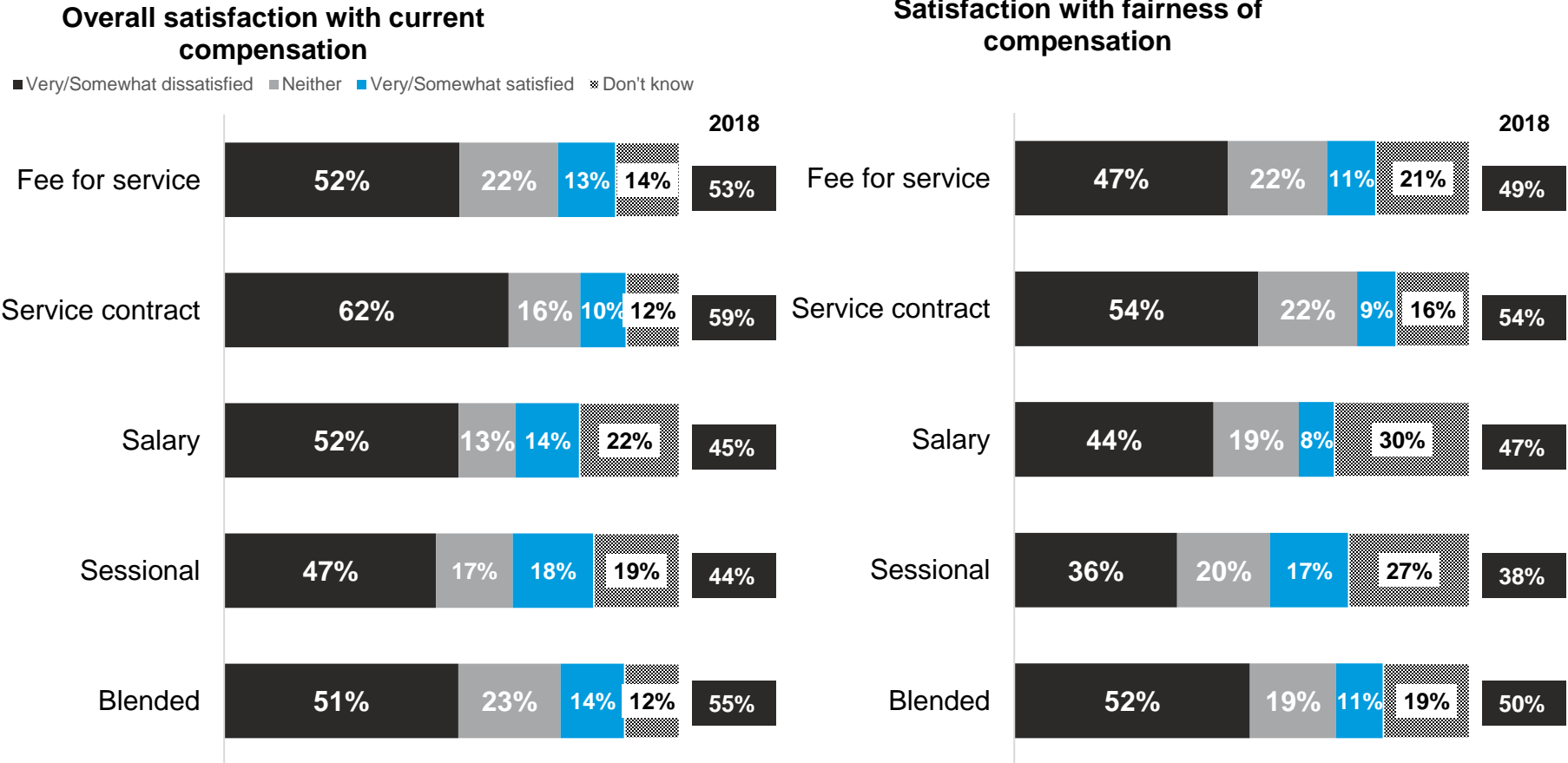
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Satisfaction with Compensation for Teaching in MD Undergraduate Program – Payment Type

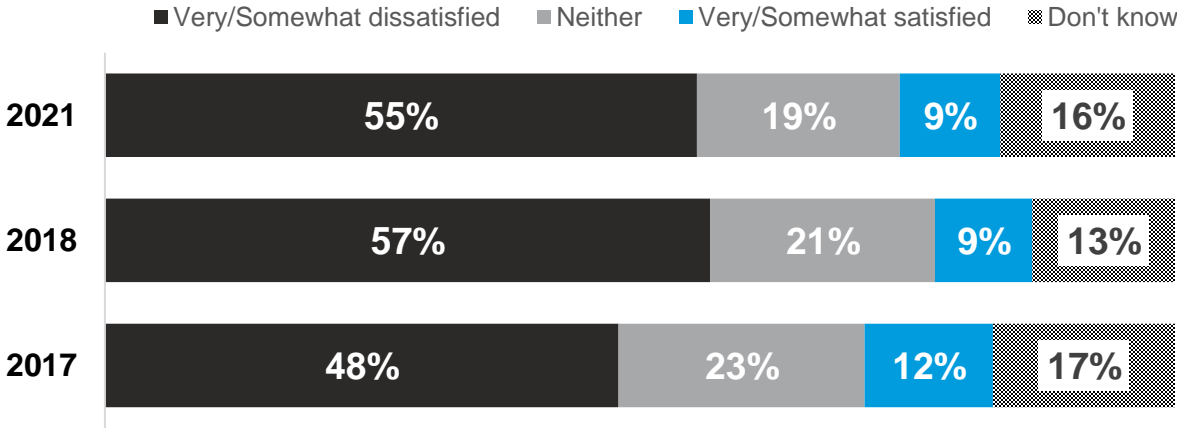


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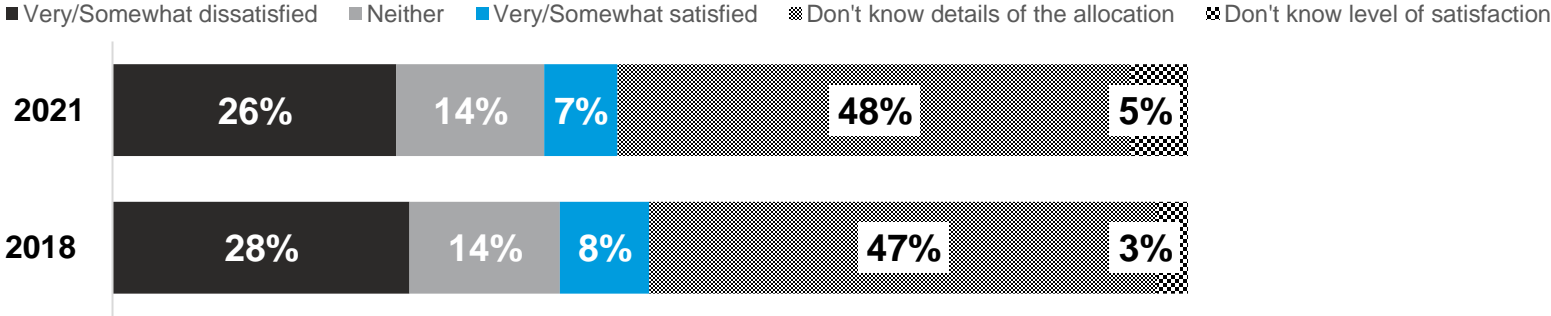
29. In particular, how satisfied are you with the fairness of the current compensation for Undergraduate Clinical Faculty work (i.e. the fairness of the valuation of the different tasks and activities)?
 Base: All respondents (n = 1,368)

Satisfaction with Compensation for Teaching in MD Postgraduate Program - Trends

Overall satisfaction with current compensation



Satisfaction with allocation of payments



30. Overall, how satisfied are you with your current compensation for Postgraduate Clinical Faculty work?
 Base: All respondents (n = 1,361)

32. Are you satisfied with the allocation of your Department/Division's Postgraduate teaching payments?
 Base: All respondents (n = 1,361)

Satisfaction with Compensation for Teaching in MD Postgraduate Program –

Satisfied With the Allocation Payments

“Don't know details of the allocation” Profile (48%)

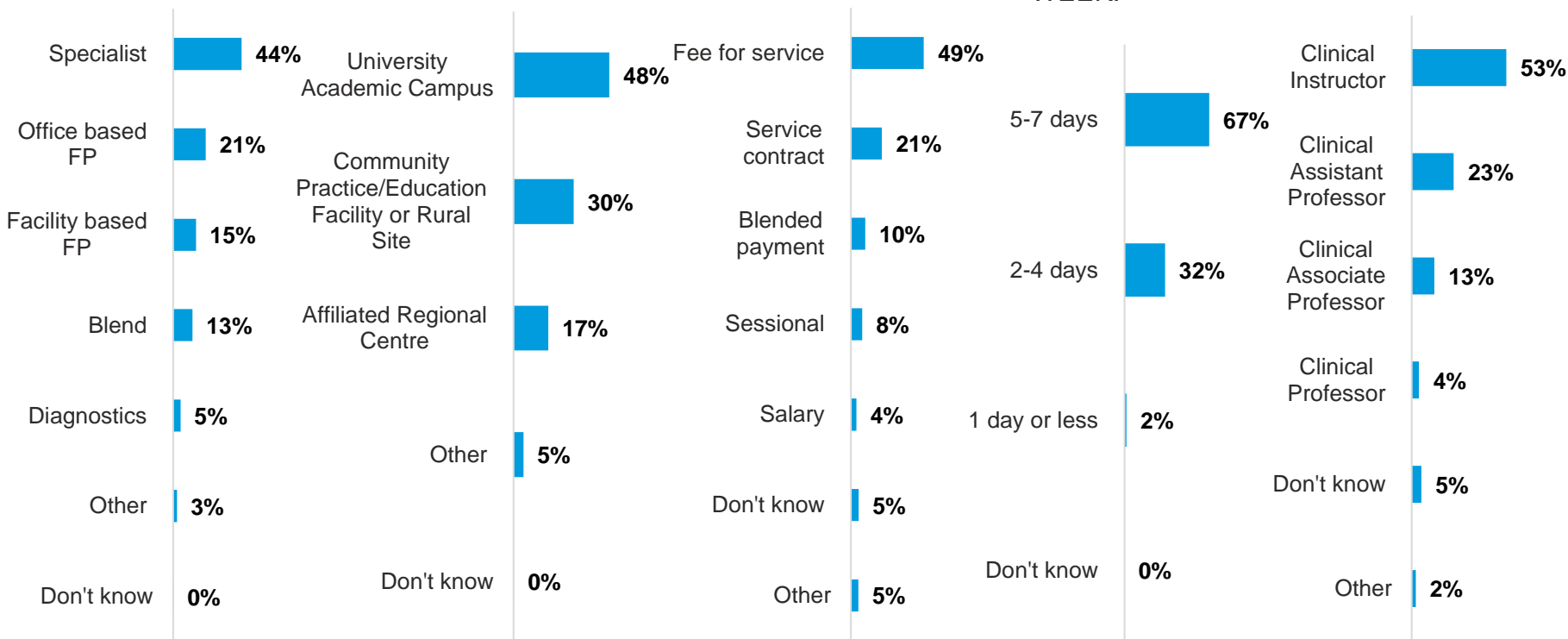
PRACTICE TYPE:

PRACTICE LOCATION:

PAYMENT TYPE:

DAYS WORK PER WEEK:

POSITION TYPE:

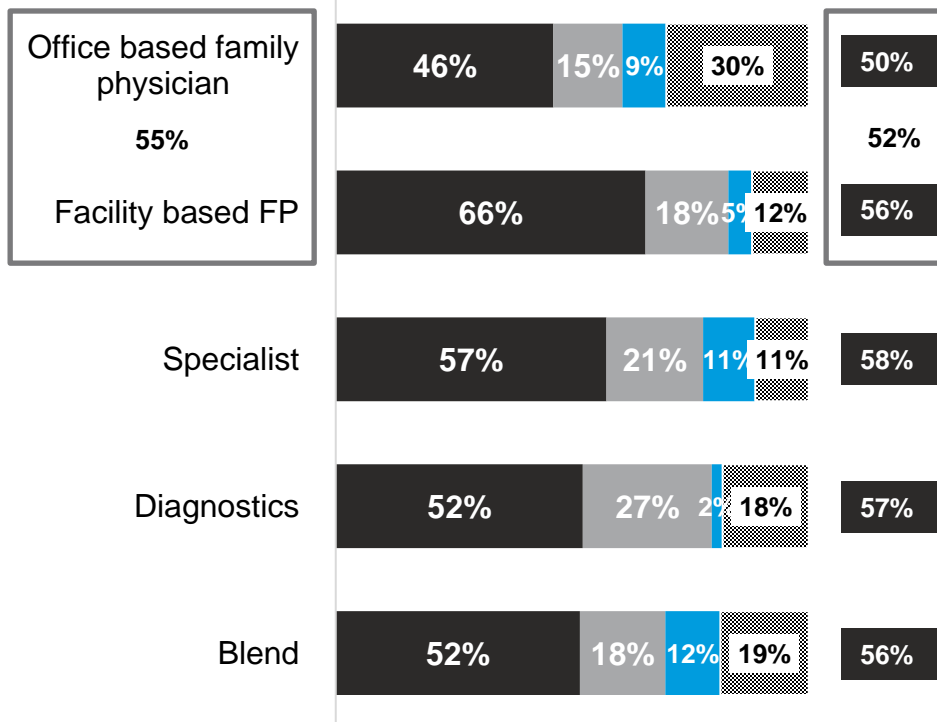


Satisfaction with Compensation for Teaching in MD Postgraduate Program – Practice Type

Overall satisfaction with current compensation

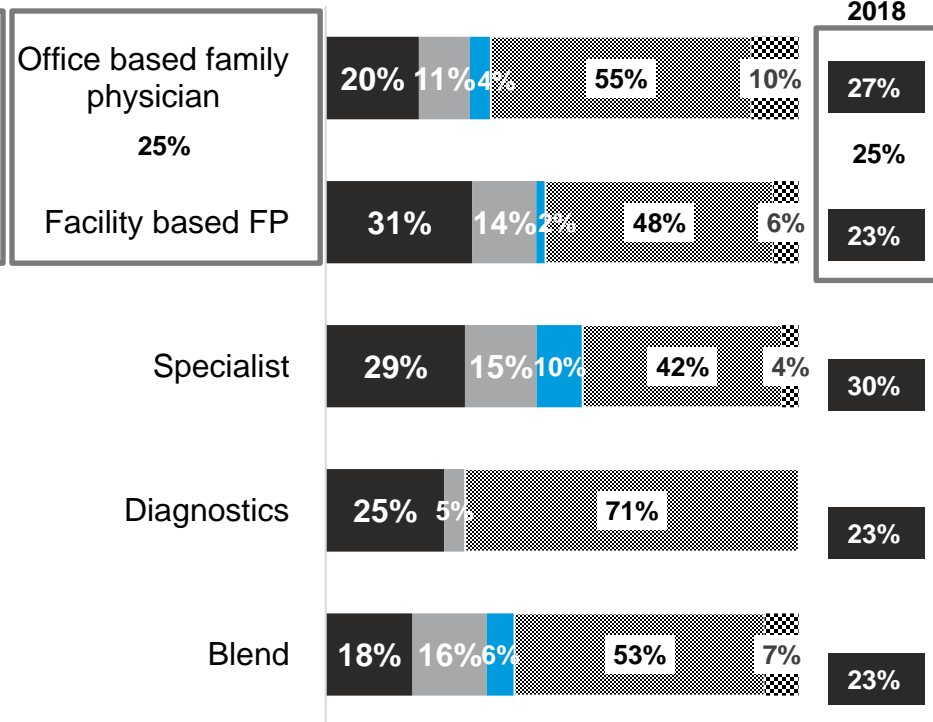
■ Very/Somewhat dissatisfied ■ Neither ■ Very/Somewhat satisfied * Don't know

AVERAGE



Satisfaction with allocation of payments

■ Very/Somewhat dissatisfied ■ Very/Somewhat satisfied
 ■ Neither * Don't know details of the allocation
 * Don't know level of satisfaction



30. Overall, how satisfied are you with your current compensation for Postgraduate Clinical Faculty work?

Base: All respondents (n = 1,361)

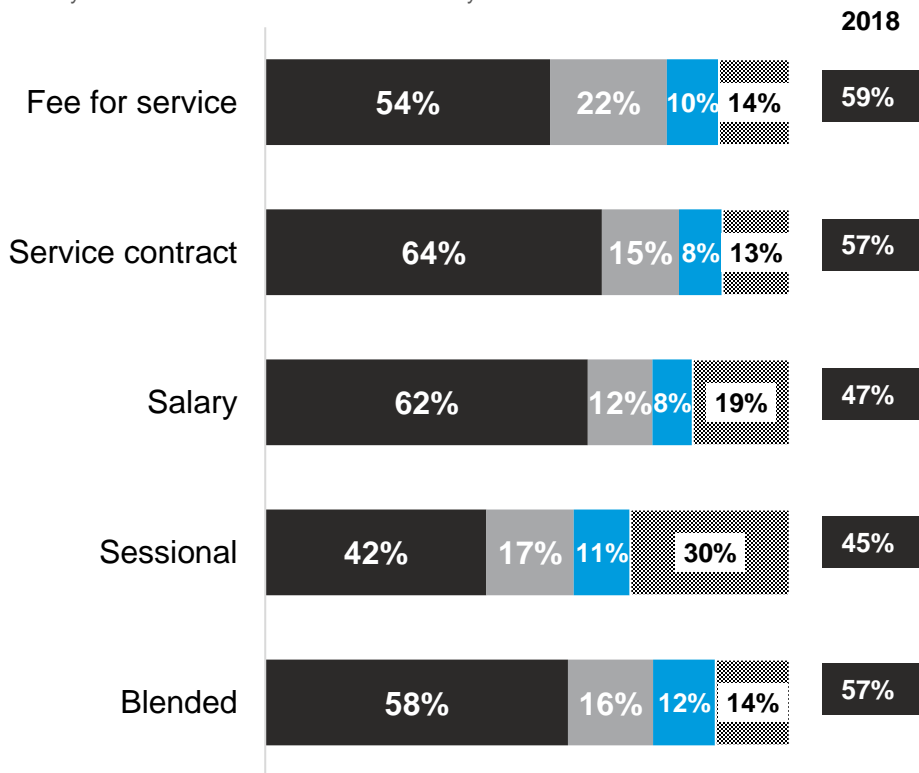
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Base: All respondents (n = 1,361)

Satisfaction with Compensation for Teaching in MD Postgraduate Program – Payment Type

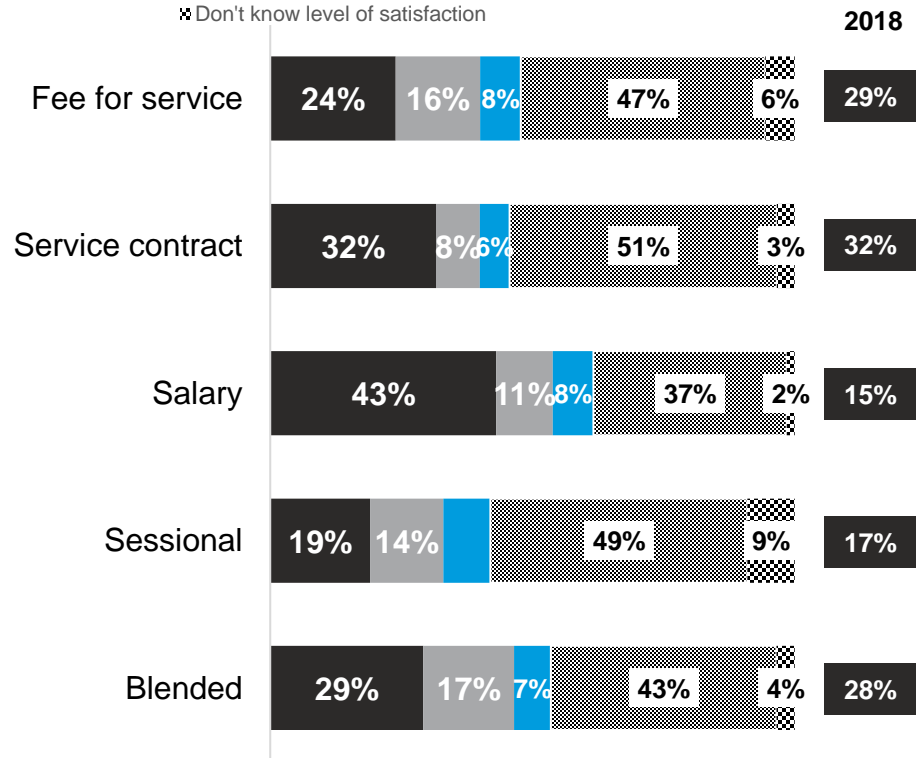
Overall satisfaction with current compensation

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Satisfaction with allocation of payments

■ Very/Somewhat dissatisfied ■ Neither ■ Very/Somewhat satisfied * Don't know details of the allocation * Don't know level of satisfaction



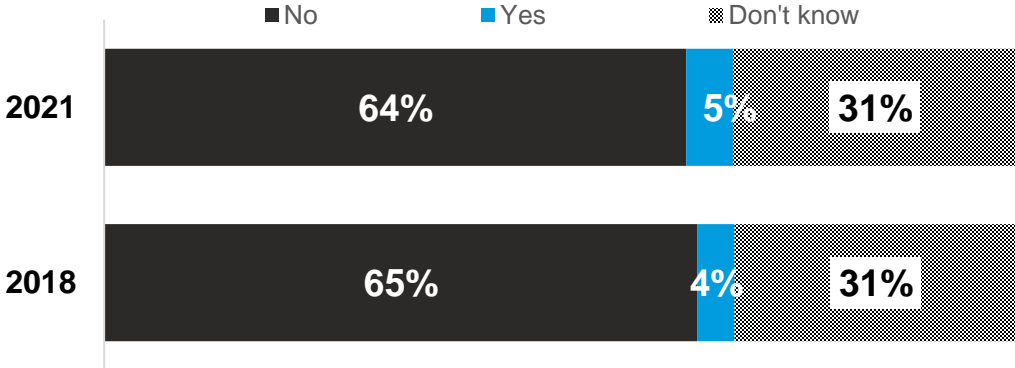
30. Overall, how satisfied are you with your current compensation for Postgraduate Clinical Faculty work?

Base: All respondents (n = 1,361)

32. Are you satisfied with the allocation of your Department/Division's Postgraduate teaching payments?

Base: All respondents (n = 1,361)

Consulted by your Department/Division's CTSA&A Committee - Trends



31. Are you consulted by your Department/Division's Clinical Teaching Support Allocation and Accountability (CTSA&A) Committee regarding the allocation of Postgraduate teaching payments? (The CTSA&A Committee of each department is responsible for determining the department's distribution of funding for clinical teaching with patient care).

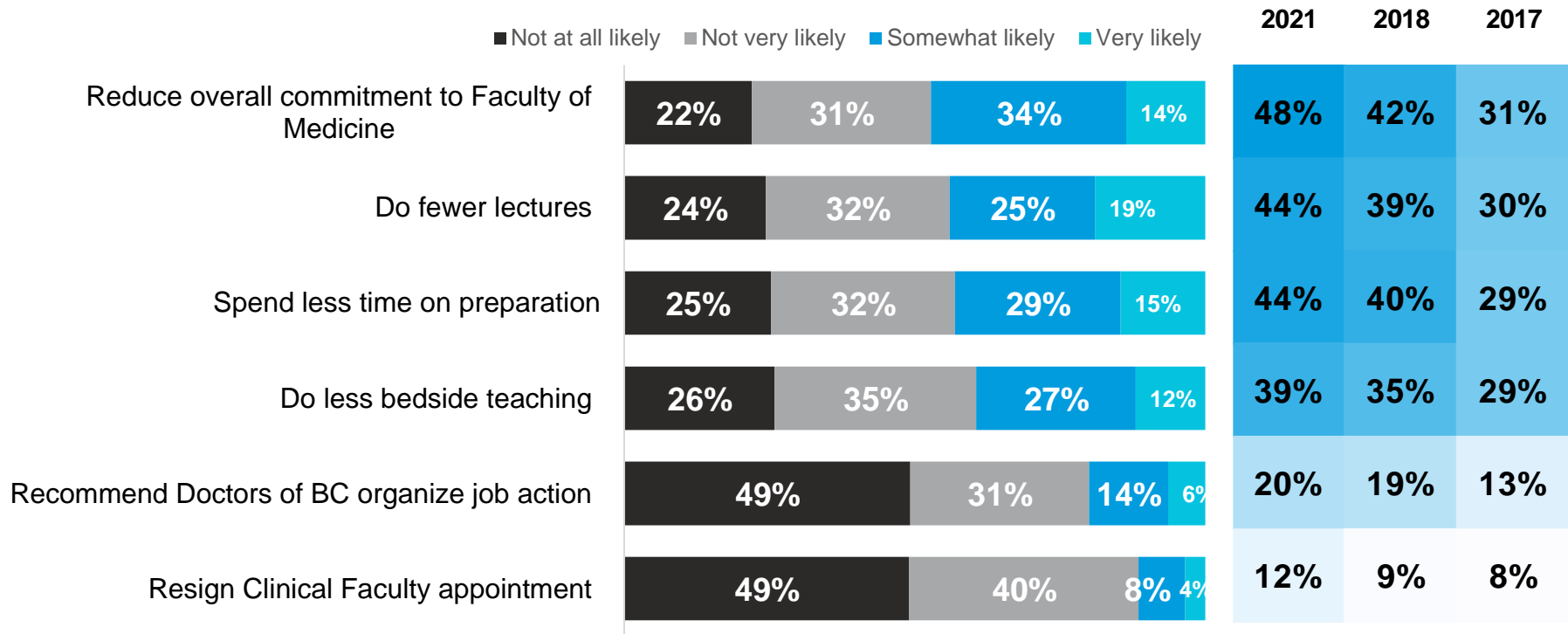
Base: All respondents (n = 1,361)

Likelihood of Taking Action if Compensation Concerns Not Addressed

66% of Clinical Faculty are likely to take one of the 6 actions

■ Not at all likely ■ Not very likely ■ Somewhat likely ■ Very likely

% of Likelihood Trends



If your concerns about compensation for teaching are not addressed in the next year, how likely would you be to take any of the following actions?

33. Do fewer lectures - Base: All respondents (n = 1,287)

34. Do less bedside teaching - Base: All respondents (n = 1,327)

35. Recommend that Doctors of BC organize job action - Base: All respondents (n = 1,318)

36. Reduce my overall commitment to the Faculty of Medicine - Base: All respondents (n = 1,346)

37. Resign my Clinical Faculty appointment - Base: All respondents (n = 1,333)

38. Spend less time on preparation - Base: All respondents (n = 1,330)

Likelihood of Taking Action if Compensation Concerns Not Addressed

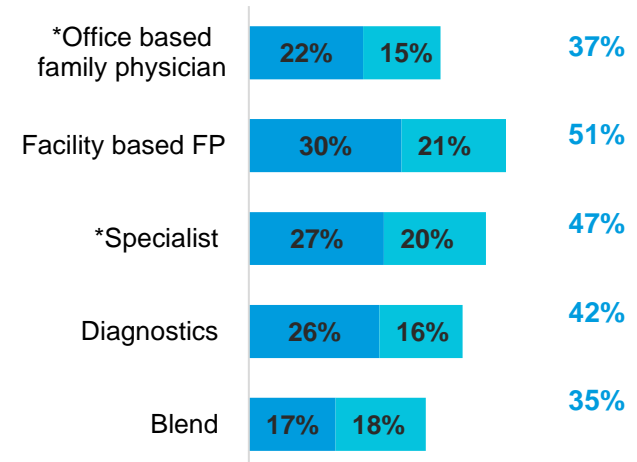
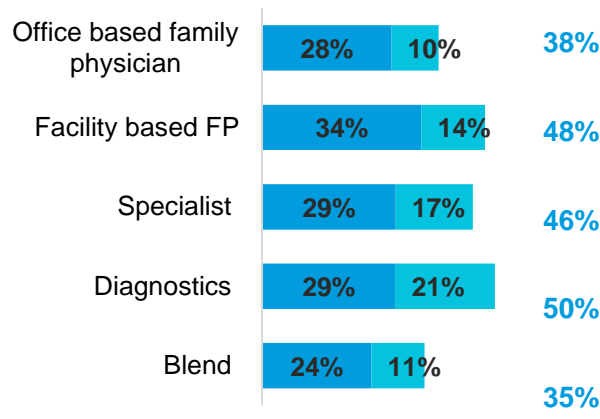
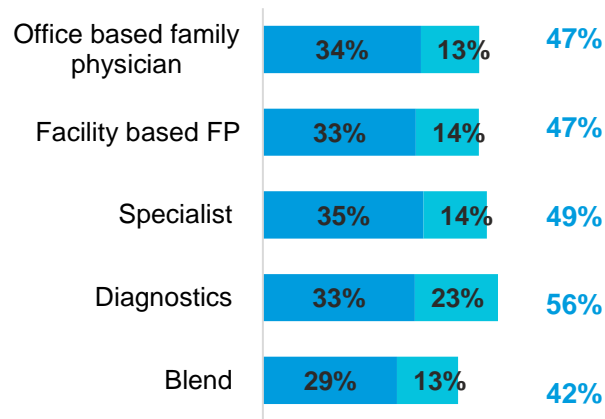
% Very/Somewhat Likely

■ Somewhat likely ■ Very likely

Reduce my overall commitment to the Faculty of Medicine

Spend less time on preparation

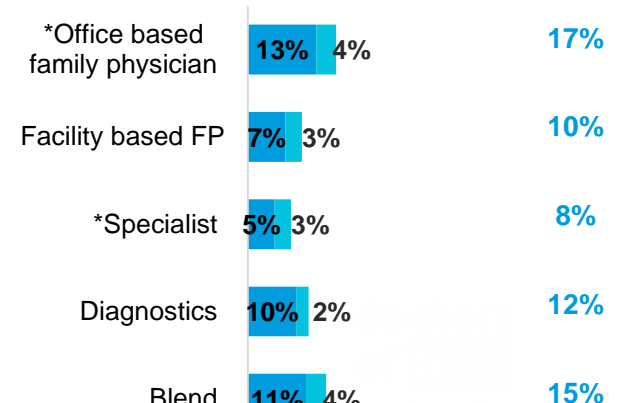
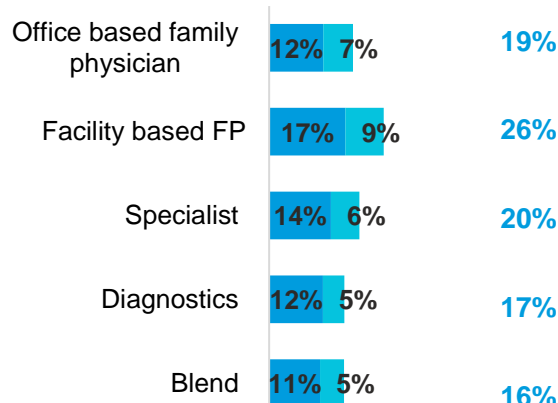
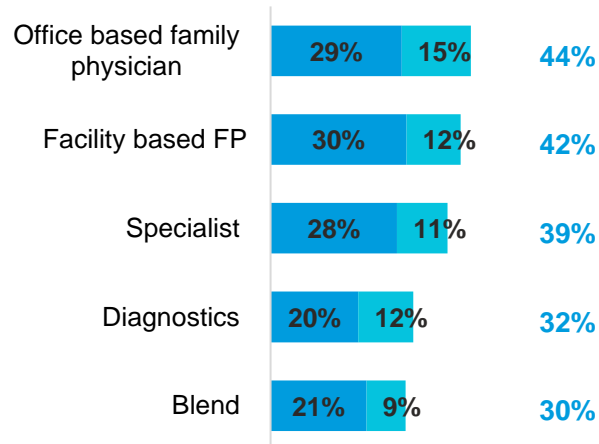
Do fewer lectures



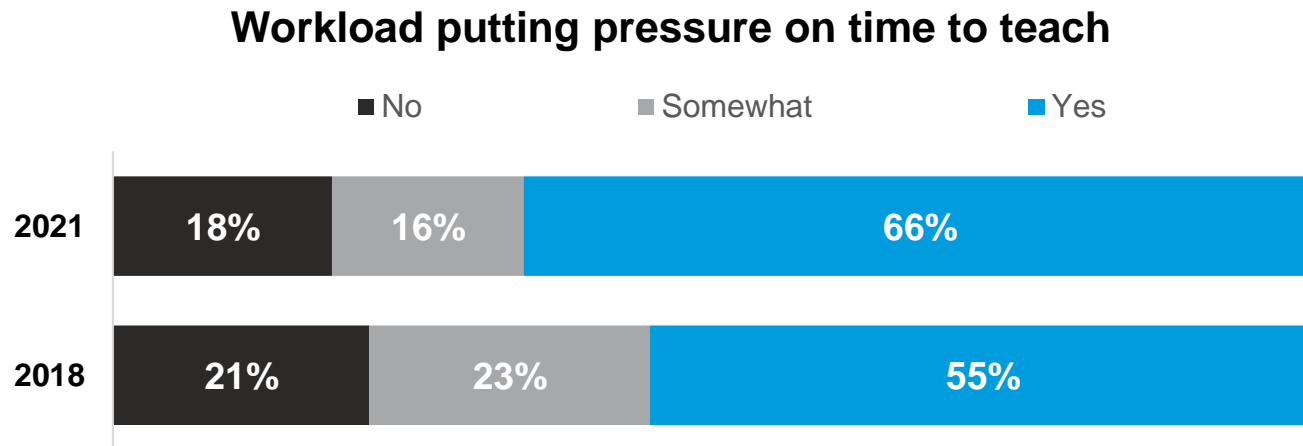
Do less bedside teaching

Recommend that Doctors of BC organize job action

Resign my Clinical Faculty appointment



Increasing Clinical Workload Impacting Time Available to Teach Effectively - Trends

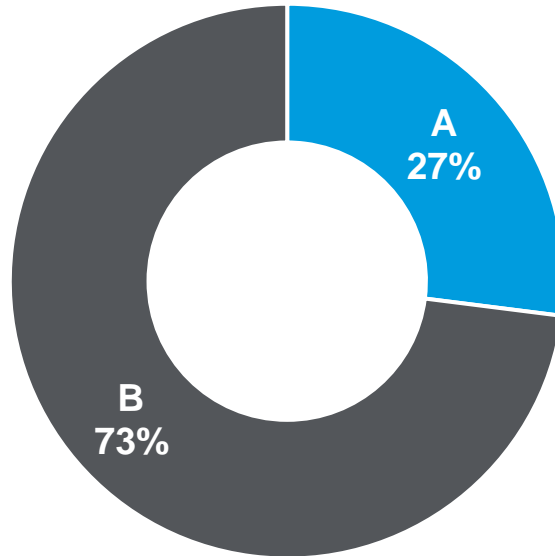


39. Do you feel increasing clinical workload under your Alternative Payment contract is putting pressure on the time you have available to teach effectively? (NA removed)

Base: Not paid by fee for service (n = 395)

Includes Service contract, Blended payment, Sessional or Salary

Treated under an Alternative Payment Contract - NEW



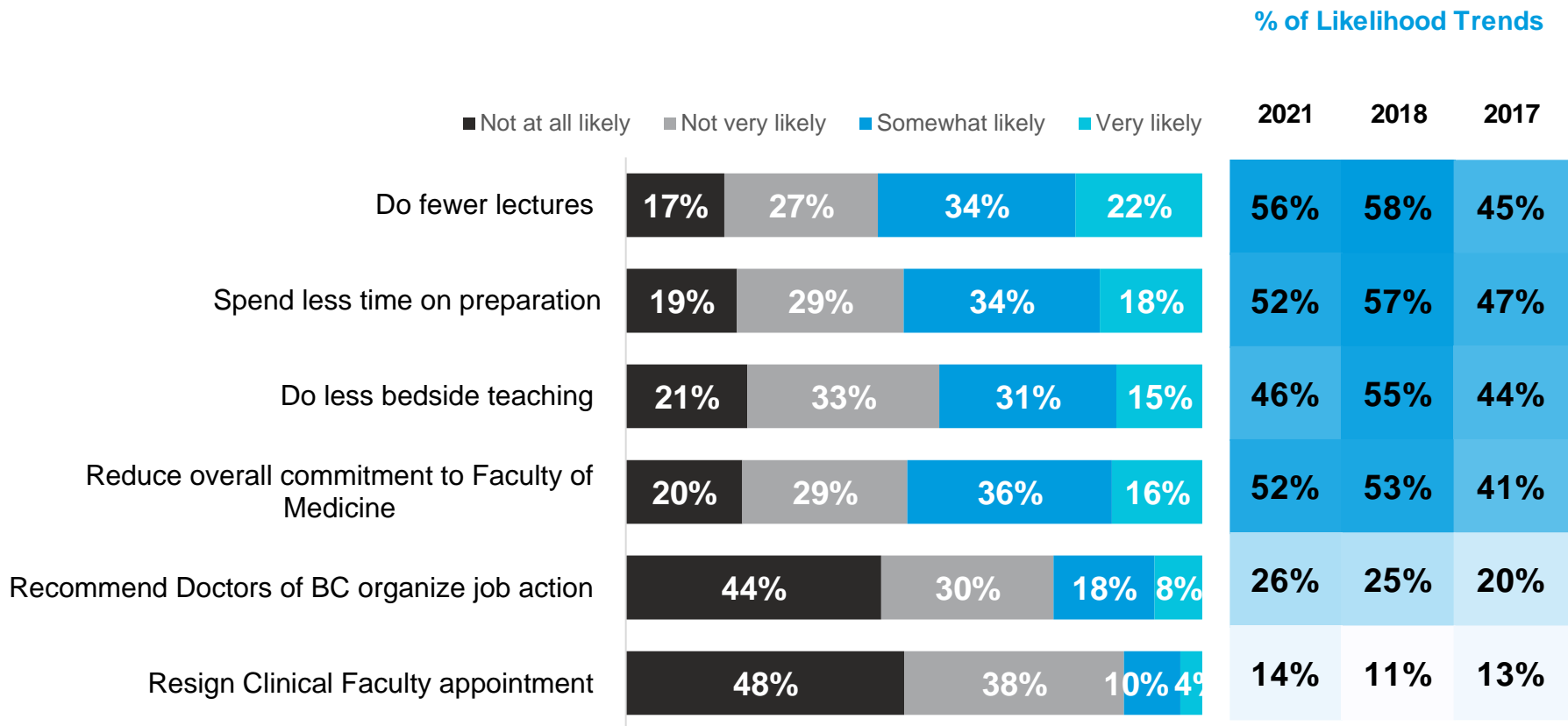
A: Accommodate teaching within your current AP contractual arrangement by reducing medical services to free up the additional time to teach

B: Accommodate teaching within your current AP contractual arrangement by maintaining the time for medical services and teaching but increasing compensation by the applicable UBC premium

40. How would you like clinical teaching services to be treated under an alternative payment contract?

Base - Feel increasing clinical workload is putting pressure on time available to teach effectively – all but NA (N = 474)

Likelihood of Taking Action if No Action Taken to Protect Teaching Time



If no action is taken to protect/additionally compensate for teaching time, in the next year, how likely would you be to take any of the following actions?

Base - Feel increasing clinical workload is putting pressure on time available to teach effectively – all but NA

41. Do fewer lectures - Base (n = 463)

42. Do less bedside teaching - Base (n = 469)

43. Recommend that Doctors of BC organize job action - Base (n = 469)

44. Reduce my overall commitment to the Faculty of Medicine - Base (n = 471)

45. Resign my Clinical Faculty appointment - Base (n = 470)

46. Spend less time on preparation - Base (n = 467)

Likelihood of Taking Action if No Action Taken to Protect Teaching Time

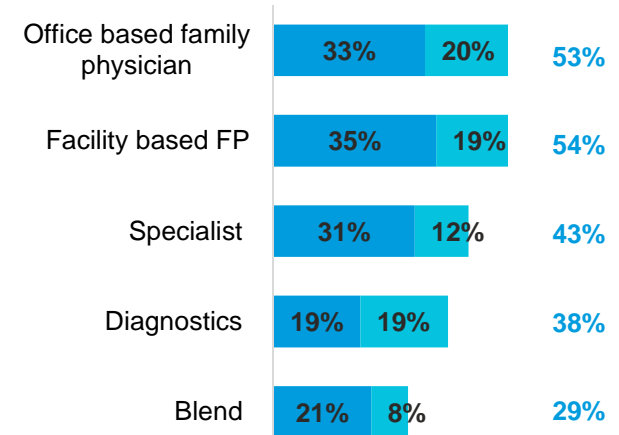
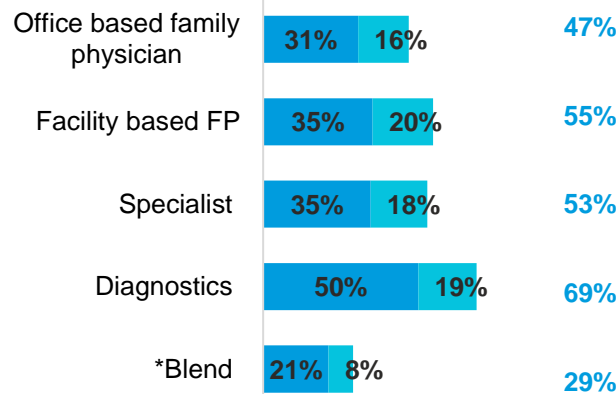
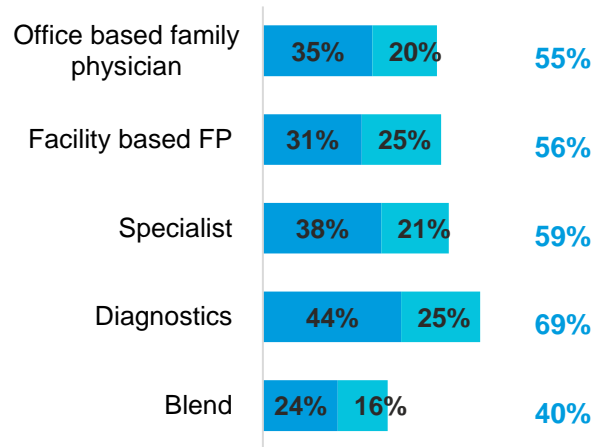
% Very/Somewhat Likely

■ Somewhat likely ■ Very likely

Do fewer lectures

Spend less time on preparation

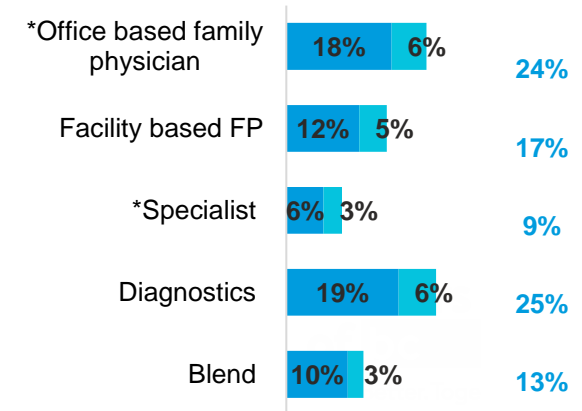
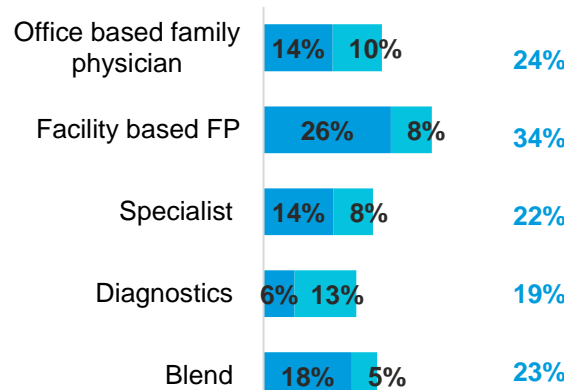
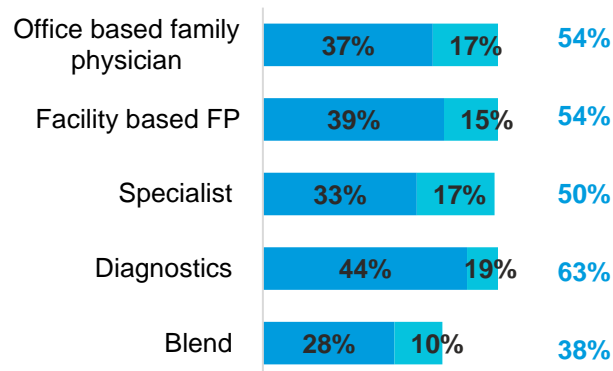
Do less bedside teaching



Reduce my overall commitment to the Faculty of Medicine

Recommend that Doctors of BC organize job action

Resign my Clinical Faculty appointment



Supports to improve teaching experience

Specialists			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> • Thank you for taking an interest • Shockingly poor compensation • Student involvement increases time • Learners are less trained • Volunteering is not sustainable • Fee for service makes it difficult to teach • Don't understand teaching renumeration • Teaching can come at the cost of work and life balance • Opportunity cost is too great • Feel like a cog • Doctors of BC is an advisor, and we need representation • Negative feedback when I push learners hard • ERs had increase in patient volumes and learners • Newer staff physicians are keen to teach • Teaching is a professional duty • Lack of connection or feeling valued • Teaching evaluations are burdensome • Teachers should be good at teaching • I enjoy teaching • Would like to know how others in Canada are teaching the same things • Does the ministry pay UBC for my teaching time? • As a rural site, feel disconnected • In a community setting, we pay the overhead while taking the time to teach • Reassess after COVID crisis 	<ul style="list-style-type: none"> • Would like recognition for years of service • Happy with the current situation • Residents are not grateful • Discrepancy in salary arrangements for teaching • Monitoring online forums can add to many hours • Have office for academic work within the hospital • Increase learners with no additional compensation • CERNER – teaching computer and not medicine • Not aware of how I am paid • Value educators • The sheer volume of learners is the challenge • None of these are tenured tracks • UBC should pay for education related expenses like resident access to the EMR • Compensate for prep and teaching time • Rural physicians not aware of teaching contracts • Bedside teaching should be compensated • 120 hours a year for \$600 • Empower progression though to Professor • UBC exploits the sense of obligation • I have no choice and no incentive related to my teaching responsibility • I don't want to interact with students or residents 	<ul style="list-style-type: none"> • Compensate didactic teaching • Administrative support is critical • I teach because it is important • Compensation should rise with inflation • Poorly remunerated • No idea compensation existed for teaching residents • Unequal responsibility for teaching • Better than the old days • Teaching should be prioritized • Informality in teaching assignments • Honored to be Faculty with UBC but benefit is entirely personal • UBC relies too heavily on good will • Thanks for asking • The percentage allocation of our time exceeds 100% • Nothing on research or the burden of having to practice with the entourage of students • Pandemic and Cerner has increase workloads • UBC payment system is hard to understand • Should have legal protection against learner complaints 	<ul style="list-style-type: none"> • Teaching time needs to be adequately reflected in contracts • Undergrad medical education is poorly compensated • UBC needs to provide more faculty support • Reimburse related non-teaching work like working on faculty committees • It is a pleasure to teach, and the university should seek every opportunity to show appreciation • Need to bring Clinical Faculty together across all distributed sites • All the increasing expectations has created a perfect storm • Clinical faculty not valued as academics • No option to resign • Today physicians are evaluated by the college, the health region, and the university. That is a lot of criticism.

47. What, if any, additional comments or suggestions do you have on the topic of Clinical Faculty?

Base: All Clinical Faculty (n = 379)

Additional comments or suggestions

Office based Family Physician			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> Teaching reduces the number of patients I see Leads did not get an increase Pay a fair rate Clinical teaching of residents equates to \$20 per day Use the Division of Family Practice to connect clinical faculty in the community More feedback when possible Teaching is an extremely valuable role Need more longitudinal care training COVID has impacted my ability to teach Don't know my position It is an obligation to teach students Need more support when I have a challenging learner Payment is more a bother than it is worth Late or difficult to be paid Dedicated teaching clinics are a must Pay more for lectures I enjoy teaching the next generation What is the role of UBC teaching in family physician contracts? It is a significant loss to take on students Not sure what I can be paid for 	<ul style="list-style-type: none"> Hit the glass ceiling Tier clinical title Like teaching but have time constraints UBC gives me more students than I indicated Professional duty to teach Administration should be more welcoming Value teaching 	<ul style="list-style-type: none"> Increase compensation Do not feel connected to UBC I don't know how much I get paid Don't have time to teach more 	<ul style="list-style-type: none"> Service contract does not pay extra for teaching Offer online learning for clinical faculty members

47. What, if any, additional comments or suggestions do you have on the topic of Clinical Faculty?

Base: All Clinical Faculty (n = 379)

Additional comments or suggestions

Facility based Family Physician			
Clinical Instructor	Clinical Assistant Professor	Clinical Associate Professor	Clinical Professor
<ul style="list-style-type: none"> • I teach because it is the right thing to do • Poor compensation contributes to the gender gap • Clinical appointments are less important to faculty • Teaching receipts are obtuse • Don't know what is going on with compensation • Emergency rooms are struggling with capacity • I don't know how to get more involved • Teaching is a responsibility • Application process is onerous • No compensation through APP contract • Should be compensated 	<ul style="list-style-type: none"> • Recognize the amount of time it takes to train residents both beside and through simulated labs • Shameful pay rates • Burnout is bad • Emergency Medicine Workload Model captures remuneration • Don't know how much I am paid by FOM • Little transparency with funding for teaching 	<ul style="list-style-type: none"> • Lack of respect and valuing of being a teacher at UBC • Payment for out of province students • Hard to track payments for teaching • Inequity of payment based on sites (FFS vs APP) • Not sure why I do it anymore 	<ul style="list-style-type: none"> • Service contract does not pay extra for teaching • Offer online learning for clinical faculty members

47. What, if any, additional comments or suggestions do you have on the topic of Clinical Faculty?

Base: All Clinical Faculty (n = 379)

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