

STANDARD 4: FACULTY MEMBER PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 SUFFICIENCY OF FACULTY MEMBERS

A medical school has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum and fulfill the other missions of the medical school.

Requirement 4.1-1

The medical school has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum.

- A. Describe how the medical school determines and ensures that it has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum. If protected time is a strategy used, include this in your description.

Approximately 35 advertisements for faculty (full-time) are placed annually. Some of these positions are reposts from the previous year should a suitable applicant not be found. Each time there is a vacancy (retirement or other departure), an application must be made to the Planning and Priorities Committee to fill the position. Positions are not necessarily returned to the Department or Division; the funding source (e.g. Academic Medicine and Health Services Program - AMHSP) determines the flexibility that CSM has with recruitment. Recruitment priorities are guided by the CSM Strategic Plan and CSM's strategic focus on Precision Medicine and Precision Public Health. Specific to the UME program, the necessary faculty positions are determined based on the curriculum, operational needs, and strategic plan. For example, with the development of the RIME curriculum with a focus on Health Equity and Structural Competency, a director position for that portfolio was created, advertised, and filled. This was also done for roles such as block directors, pre-clerkship educators, tutorial group facilitators, etc. Curricular and operational needs are reviewed on a regular basis at UME Management meetings and allocation of funds or FTE to areas of need are instituted. For example, recently there was a need for additional tutorial group facilitators as there will be two classes of students in small groups during the same term, and both classes include expansion seats. To accommodate this, 14 new tutorial group facilitators were hired.

Full-time faculty members meet regularly with their respective Department Heads to agree on their workload assignments, including "protected time" for roles in the medical curriculum. Faculty members in AMHSP have a written Independent Service Agreement which specifies the "protected time" allocated for roles in the medical curriculum. Clinically appointed faculty members without AMHSP are frequently contracted to work/teach in the medical curriculum; they are also funded when serving as preceptors for UME trainees in the pre-clerkship and clerkship periods.

CSM has identified the importance of expanding faculty with Black and Indigenous lived experience. Funding for these priority recruitments has been allocated and search processes are underway. The Government of Alberta has indicated their strategy to increase medical school enrollment with a renewed focus on family medicine, generalism, and rural medicine. Funding for the recruitment of faculty members to enable these expansions has been allocated.

The process of recruitment can take up to a year. The application to the Planning and Priorities Committee requires information on the need for the position, the funding source (including a verification letter for externally funded positions), information about the allocation of the position's time between research, education, clinical and service, start-up package information, letters of support from the Institute Director or the Senior Associate Dean – Education, and the methods used for recruitment. The Planning and Priorities Committee approved 25 full-time new recruits in 2019-20, 20 in 2020-21, 26 in 2021-22, and 24 in 2022-23. Once someone is considered for recruitment, the applicant's CV, cover letter, and reference letters are reviewed by the Department Heads Committee prior to approving recruitment.

Requirement 4.1-2

The medical school has in place a cohort of faculty members with the qualifications and time required to fulfill the other missions of the medical school.

- A. Describe how the medical school determines and ensures that it has in place a cohort of faculty members with the qualifications and time required to fulfill the missions of the medical school other than curriculum delivery. If protected time is a strategy used, include this in your description.

The CSM Strategic Plan guides hiring decisions and related time allocations for full-time faculty members (described above).

Full-time faculty members meet regularly with their respective Department Heads to agree on their workload assignments, including “protected time” for roles in the medical curriculum. Faculty members in AMHSP have a written Independent Service Agreement which specifies the “protected time” allocated for roles in the medical curriculum. (Note: faculty members with Academic Staff (Full-Time) or Clinical appointments may be members of AMHSP). Clinically-appointed faculty members without AMHSP membership may be contracted to work in non-curriculum roles within the medical school.

Faculty members with Clinical / Adjunct / Research-Adjunct appointments who are *not* members of AMHSP will have discussions related to their workload with their respective Department Head in relation to the structure of their appointment and any contracts. For instance, a faculty member who holds a 0.2 FTE position for which they receive a stipend would be expected to have regular discussions with their Head or other CSM leader. A faculty member with a CAR (Clinical-Adjunct-Research) appointment without any funded academic time would engage in discussions over their academic development as agreed upon by the member and their Head.

RIME Curriculum

The implementation of the RIME curriculum has required the recruitment of new pre-clerkship leadership to ensure that the curriculum is delivered by a small group of highly qualified educators:

RIME Leadership

New Directors were recruited for Block 1, Block 2, Block 3, Anatomy, Clinical Skills, Assessment, Review, Health Equity & Structural Competence, and Professional Role. These roles were posted, and there was a selection committee comprised of 2 members of the UME leadership team and a student. UME Faculty Performance Reports with student feedback and letters of reference were reviewed, and a structured interview followed.

Pre-clerkship Educators & Tutorial Group Facilitators

There were 38 Educators recruited to design and deliver course content and 98 Tutorial Group Facilitators (TGFs) recruited to facilitate small groups, with some overlap between the two groups. A selection committee reviewed applications (references, CV) along with student feedback. The TGF number increased to 98 in June 2024, in anticipation of the Class of 2027 July 2, 2024 start.

4.2 SCHOLARLY PRODUCTIVITY

The medical school's faculty members, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Requirement 4.2-1

The medical school's faculty members, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

A. Describe the medical school's expectations for faculty member scholarly productivity.

The University of Calgary Board of Governors and The University of Calgary Faculty Association have established expectations for faculty scholarship and promotion of academic staff across the entire campus. These expectations have been updated in the *General Faculty Council Handbook* and the CSM's supplementary criteria document (***Required Appendix 4.3-1 B3 & Supplemental Appendix 4.2-1 A***). Major changes include:

- a. Emphasis on the quality and impact of research and scholarship, in alignment with DORA (Declaration on Research Assessment),
- b. Explicit recognition of and accounting for structural discrimination faced by members of equity-seeking groups,
- c. Explicit recognition of diverse methodologies and fields of research and scholarship, including work in EDI, anti-oppression and work with Indigenous populations and pedagogy.

Continuing, Contingent Term, Limited Term, Special Limited Term and Pre-Tenure Track Appointment academic staff members are expected to complete a biennial Academic Performance Report (APR). Academic staff members choose the format and nature of this report, generally expected to be 2-5 pages in length. The APR will frequently describe contributions in research and scholarship, teaching, and service (including clinical service). The APR is used to determine if a faculty member is satisfactorily progressing through the ranks. Academic staff members also could self-nominate for special meritorious recognition during this process. Many departments also hold annual meetings with their faculty members who hold clinical appointments. All of these exchanges are opportunities to clarify faculty scholarship expectations.

For promotion, full-time faculty must document their teaching, research and scholarship, and service with files to include a cover letter summarizing work in all three areas, CV, teaching dossier and copies of 'best works'. Decisions related to promotion consider the quality of scholarly work and quality of teaching. Promotion to the Associate Professor level is considered at the same time as tenure if the individual is in a tenure track appointment.

Promotion of clinical/adjunct/research faculty requires documentation of success in at least 2 of 3 areas of education, research and service. These are assessed with documentation that includes CV, education template, five best publications or equivalent (when applying for promotion to Clinical/Adjunct/Research Professor) and other information that may be provided/required. Decisions related to promotion do consider scholarship if that is one of the areas under consideration for promotion.

B. Provide evidence showing that the medical school's expectations for faculty member scholarly productivity are met. (***Appendix 4.2-1 B***) (Core Appendix)

In January 2022, the University of Calgary was ranked fifth among Canada's top 50 research universities for the first time and, in so doing, became the youngest university to have reached the top five. This achievement was primarily based on the research success of the CSM.

CSM expectations for achievement of faculty scholarship are assessed directly by Department Heads during the biennial Academic Performance Report process (for Academic Staff members) and through the annual Academic Medicine and Health Services Program (AMHSP) Individual Report process (for members of an AMHSP).

Departments provide supports to facilitate the scholarly productivity of faculty members. Additional resources, such as mentorship and peer-review processes are also available through Institutes.

The Faculty Analytics unit has developed a methodology to verify each CSM faculty member and identify their scholarly publications as recognized within Scival/Scopus. This verification process has been essential to ensure such data are at the highest levels of reliability and accuracy. Work is ongoing to complete verification for all CSM

faculty members. The tables below provide information regarding recent publication numbers as well as research funding received by Department, and is also contained in **Required Appendix 4.2-1 B**.

Department	2019	2020	2021	2022	2023	2024	Grand Total
Anesthesiology, Perioperative and Pain Medicine	20	16	18	27	24	26	131
Biochemistry and Molecular Biology	102	85	88	81	79	70	505
Cardiac Sciences	137	154	216	208	186	163	1064
Cell Biology and Anatomy	62	74	76	60	69	58	399
Clinical Neurosciences	411	461	526	534	462	455	2849
Community Health Sciences	241	266	294	319	300	275	1695
Critical Care Medicine	42	35	56	62	67	56	318
Department of Medicine	606	652	803	866	784	726	4437
Emergency Medicine	33	45	74	61	42	45	300
Family Medicine	74	68	80	78	81	75	456
Medical Genetics	84	79	81	95	67	79	485
Microbiology, Immunology, and Infectious Diseases	78	69	71	75	80	64	437
Obstetrics and Gynaecology	42	58	83	74	70	55	382
Oncology	128	157	187	159	136	143	910
Paediatrics	317	332	396	427	421	353	2246
Pathology and Laboratory Medicine	121	119	126	122	115	89	692
Physiology and Pharmacology	147	123	119	172	153	97	811
Psychiatry	114	144	157	161	158	162	896
Radiology	103	117	163	121	119	116	739
Surgery	130	120	141	135	166	118	810
Grand Total	2590	2704	3122	3238	2984	2737	17375

*Data were extracted in June 2024 from Scopus based on professionals' Scopus author IDs. Scopus does not capture all the publications available.

Research Funding Received*

Department	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Total
Anesthesiology, Perioperative and Pain Medicine	\$104,564	\$128,710	\$698,942	\$316,145	\$358,995	\$651,591	\$2,258,947
Biochemistry and Molecular Biology	\$6,493,270	\$6,351,761	\$6,414,725	\$9,098,684	\$6,631,420	\$7,387,167	\$42,377,027
Cardiac Sciences	\$9,688,877	\$9,119,593	\$11,403,534	\$10,503,673	\$7,884,456	\$11,282,712	\$59,882,846
Cell Biology and Anatomy	\$10,256,790	\$9,852,722	\$9,185,248	\$5,503,383	\$7,448,105	\$6,506,054	\$48,752,302
Clinical Neurosciences	\$34,450,237	\$27,706,491	\$22,843,871	\$30,659,740	\$34,038,069	\$34,251,485	\$183,949,893
Community Health Sciences	\$7,833,081	\$6,001,209	\$7,392,991	\$5,130,693	\$9,897,270	\$8,988,487	\$45,243,731
Critical Care Medicine	\$1,906,824	\$2,561,170	\$5,761,479	\$3,051,574	\$2,602,045	\$3,188,572	\$19,071,664
Department of Medicine	\$41,164,663	\$23,508,364	\$32,270,214	\$48,407,185	\$51,091,517	\$50,802,556	\$247,244,501
Emergency Medicine	\$474,595	\$207,356	\$250,657	\$301,187	\$230,483	\$77,905	\$1,542,183
Family Medicine	\$3,554,054	\$3,893,614	\$6,750,050	\$6,893,135	\$4,853,987	\$5,544,486	\$31,489,326
Medical Genetics	\$3,250,447	\$2,965,765	\$4,753,824	\$9,034,323	\$14,387,573	\$15,913,170	\$50,305,102
Microbiology, Immunology, and Infectious Diseases	\$8,535,522	\$7,599,657	\$9,078,801	\$12,279,809	\$11,114,805	\$10,734,877	\$59,343,470
Obstetrics and Gynaecology	\$809,320	\$764,490	\$1,604,286	\$645,785	\$2,607,936	\$2,554,063	\$8,985,882
Oncology	\$3,420,809	\$4,699,519	\$4,374,738	\$4,659,011	\$3,555,309	\$5,083,971	\$25,793,357
Paediatrics	\$20,013,159	\$18,391,170	\$23,533,971	\$21,323,180	\$29,619,809	\$28,485,980	\$141,367,270
Pathology and Laboratory Medicine	\$5,899,790	\$6,291,917	\$6,908,857	\$5,651,102	\$10,724,234	\$14,270,172	\$49,746,072
Physiology and Pharmacology	\$17,633,964	\$15,468,843	\$17,840,203	\$17,131,996	\$22,990,171	\$19,396,906	\$110,462,082
Psychiatry	\$4,463,687	\$3,615,632	\$6,072,018	\$10,016,228	\$9,556,749	\$16,193,903	\$49,918,218
Radiology	\$9,011,860	\$7,415,939	\$5,348,801	\$7,764,884	\$7,299,698	\$12,202,866	\$49,044,048
Surgery	\$2,645,565	\$5,009,590	\$3,662,062	\$5,990,622	\$5,529,572	\$8,571,856	\$31,409,268
Total	\$191,611,079	\$161,553,513	\$186,149,273	\$214,362,339	\$242,422,205	\$262,088,779	\$1,258,187,188

*Data are based on fiscal year and extracted from Cognos in June 2024

4.3 FACULTY MEMBER APPOINTMENTS

A medical school has clear policies and procedures in place for faculty member appointments, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about the faculty member's term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

Requirement 4.3-1

The medical school has clear policies and procedures in place that involve the faculty member, the appropriate department head(s) and the dean when dealing with a faculty member's:

- i. appointment.*
- ii. renewal of appointment*
- iii. promotion*
- iv. granting of tenure*
- v. remediation*
- vi. Dismissal*

A. List each type of faculty member appointment and provide a brief narrative description outlining key features of each appointment type.

Main Category	Stream	Rank	Brief Description
Academic Staff These individuals are paid a University salary.	Professorial Stream All will be engaged in research & scholarship, teaching and service (including clinical service when relevant). Each member has a unique workload assignment; some may have large research time allocation while others may have large teaching or service allocations.	Assistant Professor	Engaged in research & scholarship, teaching and service (may include clinical service).
		Associate Professor	Engaged in research & scholarship, teaching and service (may include clinical service). At this rank, members will have made high quality and quantity contributions to their fields and likely have a provincial or national reputation and/or recognition.
		Professor	Engaged in research & scholarship, teaching and service (may include clinical service). At this rank, members will have made outstanding quality and quantity contributions to their fields and likely have a national or international reputation and/or recognition.
	Teaching-Focused All will be primarily engaged in scholarly teaching with expectations for scholarship in teaching (education scholarship).	Assistant Professor (Teaching)	Primarily engaged in teaching; some contributions to research & scholarship and service (may include clinical service).
		Associate Professor (Teaching)	Primarily engaged in teaching; some contributions to research & scholarship and service (may include clinical service). At this rank, members will generally have made high quality and quantity teaching contributions including educational scholarship and leadership.
		Professor (Teaching)	Primarily engaged in teaching; some contributions to research & scholarship and service (may include clinical service). At this rank, members will generally have made outstanding quality and quantity teaching contributions including educational scholarship and leadership, and have a national or international reputation and/or recognition.
Clinical / Adjunct /	Clinical Clinicians who do not have an	Clinical Lecturer	Frequently the starting rank for a clinician in the early stages of engaging in clinical teaching. (If an AMHSP member, will also be expected to engage in research & scholarship, teaching and

<p>Adjunct/Research (CAR Appointment)</p> <p>These individuals may receive stipends, honoraria or other non-salary compensation for their University work.</p>	<p>Academic Staff appointment (above) would generally have an appointment in this stream.</p>		service in accordance with their Individual Service Agreement.)	
		Clinical Assistant Professor	Primarily engaged in clinical teaching / CBME supervision. (If an AMHSP member, will also be expected to engage in research & scholarship, teaching and service in accordance with their Individual Service Agreement.)	
		Clinical Associate Professor	Primarily engaged in clinical teaching / CBME supervision with high quality contributions in teaching, research & scholarship and service. At this rank, members will generally have a provincial or national reputation. (If an AMHSP member, will also be expected to engage in research & scholarship, teaching and service in accordance with their Individual Service Agreement.)	
	<p>Some AMHSP members have this appointment and therefore have “protected” (paid) academic time and accountabilities beyond a “regular” Clinical appointee.</p>	Clinical Professor	Primarily engaged in clinical teaching / CBME supervision with high quality contributions in teaching, research & scholarship and service. At this rank, members will generally have a provincial or national reputation. (If an AMHSP member, will also be expected to engage in research & scholarship, teaching and service in accordance with their Individual Service Agreement.)	
		Adjunct Lecturer		
		Adjunct Assistant Professor	Engaged in research & scholarship, teaching and/or service.	
		Adjunct Associate Professor	Engaged in research & scholarship, teaching and/or service. At this rank, members will have made high quality and quantity contributions to their fields and likely have a regional, provincial or national reputation and/or recognition.	
		Adjunct Professor	Engaged in research & scholarship, teaching and/or service. At this rank, members will have made high quality and quantity contributions to their fields and likely have a national or international reputation and/or recognition.	
		<p>Adjunct/Research</p> <p>These members will generally have positions or roles elsewhere in the university or in other institutions. In contrast to cross-appointments, Adjunct faculty members are not expected to fulfill service roles on behalf of the appointing department. The focus of this type of appointment is research.</p>	Assistant Professor	Engaged in research & scholarship.
			Associate Professor	Engaged in research & scholarship. At this rank, members will have made high quality and quantity contributions to their fields and likely have a regional, provincial or national reputation and/or recognition.
	Professor		Engaged in research & scholarship. At this rank, members will have made high quality and quantity contributions to their fields and likely have a national or international reputation and/or recognition.	

- B. For each type of faculty member appointment, provide the medical school or university policies (or equivalent documents) and procedures for appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal. Highlight and label these documents for each type of faculty member appointment and for each item listed (i – vi). (*Appendix 4.3-1 B*)

Required Appendix 4.3-1 B1 – The University of Calgary Faculty Association (TUCFA) Collective Agreement regarding appointment, renewal, promotion, tenure, remediation, and dismissal.

This addresses Academic Staff at all levels (Assistant, Associate and Full Professor levels, Senior Instructor, Instructor, Teaching Professor, Lecturer) regarding:

- i. appointment.
- ii. renewal of appointment
- iii. promotion
- iv. granting of tenure
- v. remediation
- vi. dismissal

Required Appendix 4.3-1 B2 – GFC Academic Staff Criteria & Processes Handbook

This addresses Academic Staff at all levels (Assistant, Associate and Full Professor levels, Senior Instructor, Instructor, Teaching Professor, Lecturer) regarding:

- i. appointment
- ii. renewal
- iii. promotion
- iv. granting of tenure

Required Appendix 4.3-1 B3 – CSM Faculty Guidelines 2023

This is a companion document to the GFC Academic Staff Criteria & Processes Handbook and addresses Academic Staff at all levels (Assistant, Associate and Full Professor, Senior Instructor, Instructor, Teaching Professor, Lecturer) regarding:

- i. appointment
- ii. renewal
- iii. promotion
- iv. granting of tenure

Required Appendix 4.3-1 B4 – Criteria for Appointment, Promotion and Assessment of Clinical & Adjunct Faculty

This applies to clinical and adjunct faculty only regarding:

- i. appointment
- iii. promotion

Note that remediation (v) is addressed on a case-by-case basis with Department Heads or UME leadership (if the concern is related to education).

Requirement 4.3-2

The medical school provides each faculty member with written information about the faculty member's:

- i. term of appointment
- ii. responsibilities
- iii. lines of communication
- iv. privileges and benefits

- v. *performance evaluation and remediation*
- vi. *terms of dismissal*
- vii. *the policy on practice earnings (if relevant)*

A. For each type of faculty member appointment, provide templates that show how each of the items listed (i – vii) are communicated in writing to faculty members. Highlight and label these documents for each faculty member appointment type and item listed (i – vii). (**Appendix 4.3-2 A**)

All faculty appointments receive the UCalgary Appointment Cover Letter (Required Appendix 4.3-2 A1) and one of the following offer letters (Required Appendices 4.3-2 A2-A6) according to their appointment type. Items i. through vi are addressed by referring the recipient to the policies noted in B above.

Required Appendix 4.3-2 A1 – UCalgary Appointment Cover Letter

Refers to the Collective Agreement and the GFC Academic Staff Criteria & Processes Handbook which collectively address i through vi.

Required Appendix 4.3-2 A2 – Clinical or Adjunct Appointment Offer Letter

Refers to the Criteria for Appointment, Promotion and Assessment of Clinical, Adjunct and Adjunct/Research Faculty document which addresses i. and iii.

Required Appendix 4.3-2 A3 – Contingent Term Appointment Offer Letter

Refers to the Collective Agreement which addresses i through vi.

Required Appendix 4.3-2 A4 – Pre-Tenure Track Appointment Offer Letter

Refers to the Collective Agreement which addresses i through vi.

Required Appendix 4.3-2 A5 – Tenure Track Appointment Offer Letter

Refers to the Collective Agreement which addresses i through vi.

Required Appendix 4.3-2 A6 – Tenure Appointment Offer Letter

Refers to the Collective Agreement which addresses i through vi.

4.4 FEEDBACK TO FACULTY MEMBERS

A medical school faculty member, consistent with the terms of the faculty member’s appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

Requirement 4.4-1

A medical school faculty member, consistent with the terms of the faculty member’s appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

- A. Describe how medical school faculty members, consistent with their terms of appointment, receive regular and timely feedback from departmental and/or other educational program or university leaders on their academic performance, and, when applicable, progress toward promotion or tenure.

Academic staff faculty members receive feedback from their respective Department Heads every 2 years as part of the Academic Performance Report (APR) process. AMHSP members receive feedback annually as part of the AMHSP Individual Report process. Faculty members holding specific named positions (such as Course Chair, Program Director, Assistant Dean, Director, etc.) will receive more regular feedback as part of the specific organizational processes relevant to these positions. The UME office provides a report annually to all faculty members copied to their respective Department Heads. This report details their teaching hours and ratings from the students. Any problematic comments are generally discussed with the faculty member by a member of the UME leadership team.

B. Table 4.4-1 B

Table 4.4-1 B | Feedback to Full-time Faculty Members (Core Appendix)

Source: School-reported

Provide the number and percent of full-time faculty members who, in the most recently completed academic year, received feedback from departmental and/or other educational program or university leaders on their academic performance, and, when applicable, progress toward promotion or tenure. Add rows as needed for each campus and department.		
Campus	Department (GFTs*)	Number (%)
	Anesthesiology, Perioperative & Pain Medicine (4)	100%
	Biochemistry & Molecular Biology (27)	100%
	Cardiac Sciences (14)	100%
	Cell Biology & Anatomy	100%
	Clinical Neurosciences (53)	100%
	Community Health Sciences (37)	100%
	Critical Care Medicine (8)	100%
	Emergency Medicine (3)	100%
	Family Medicine (17)	100%
	Medical Genetics (9)	100%
	Medicine (78)	100%
	Microbiology, Immunology & Infectious Diseases (18)	100%
	Obstetrics & Gynecology (10)	100%
	Oncology (20)	100%
	Pediatrics (51)	100%
	Pathology & Laboratory Medicine (24)	100%
	Physiology & Pharmacology (34)	100%
	Psychiatry (13)	100%
	Radiology (17)	100%
	Surgery (24)	100%

* Excludes any on long term disability, sick leaves, or who have declared their resignation or retirement as they were not assessed

C. With reference to data reported in Table 4.4-1 B, explain the circumstances for any department where the percent of full-time faculty members receiving feedback is less than 100%.

All faculty members who teach in UME receive feedback.

All full-time faculty members receive feedback on their overall academic contributions every two years through the Academic Performance Report Process. All GFT faculty were reviewed in 2023 as it was a “merit” year.

4.5 FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or the university provides opportunities for professional development in those areas needed to fulfill faculty members' obligations to the medical education program and to enhance faculty member's skills and leadership abilities.

Requirement 4.5-1

A medical school and/or the university provides opportunities for professional development in those areas needed to fulfill faculty members' obligations to the medical education program and to enhance faculty member's skills and leadership abilities.

- A. Describe how the medical school or the university provides opportunities for professional development to each faculty member to enhance the faculty member's skills and leadership abilities. Include in the description how and by whom, these opportunities are developed, provided, and evaluated.

Faculty members have multiple opportunities to access professional development:

i. 1. The Office of Faculty Development and Performance (OFDP)

The OFDP is the designated CSM unit primarily responsible for faculty development.

The Office sits within the Health Equity and Systems Transformation (HEST) portfolio. The OFDP develops, provides, evaluates, and revises a variety of programming within career, teacher and leadership development themes. Programming varies from stand-alone events (often provided at the request of departments, divisions, etc. or in response to new needs, such as pivoting to online teaching during the early part of the COVID-19 pandemic) to modular/longitudinal programs as well as on-line resources.

The OFDP uses a variety of needs assessment methodologies including its approved whole-CSM survey (every 5 years), CSM and UCalgary strategic plans, requests from departments and other units, findings from accreditation surveys, trends in governing bodies (such as CanMEDS2025), as well as OFDP team members' awareness and anticipation of emerging important topics.

The majority of the OFDP programming is virtual, which has resulted in significant increases in faculty engagement, with a growing number of in-person options.

CSM has regularly run a longitudinal executive leadership program through a partnership with the UC Haskayne School of Business; the OFDP serves as the CSM contact for this program. This program is undergoing renewal with a likely launch in Fall 2024.

The OFDP also offers a customized Precision Faculty Development program through which faculty members can get individual consultations on initiatives they seek help with. The individualized support the OFDP provides is directly related to the issues brought forward by faculty members. It can range from connecting people with the right resource to providing specific OFDP workshops related to their issue or other supportive resources. The OFDP may also play a major role in developing and facilitating an event, such as a customized teacher development event or a strategic planning workshop for their team.

Programming offered by the OFDP is generally free of charge to faculty members. In-person events may have a small catering and/or materials charge.

Evaluation has been primarily focused on self-efficacy surveys completed by participants.

2. The Office of Continuing Medical Education and Professional Development

This unit within the Education portfolio provides many development opportunities. While largely focused on clinical themes, CME/PD programming often includes training relevant to leadership and other academic themes.

3. The Office of Indigenous, Local and Global Health Office

This unit sits in the Health Equity and System Transformation (HEST) portfolio and provides development programming related to Reconciliation and decolonization, social and community engagement. Every two weeks the Office offers the opportunity to participate in “Pathways to Healing”, a sharing circle with Indigenous scholars to discuss education research, capacity building and offers seed grants to faculty and students.

4. Departments and Institutes

Units within CSM frequently include development opportunities within their programming, including at retreats, conferences and other common events.

5. The Taylor Institute for Teaching and Learning (TI)

This is a campus-wide unit located on main campus. All CSM faculty members are able to access programming and supports at the TI. Programming is broad, including designing experiential learning, curriculum development support, teaching consultations, open-access educational resources, and aligning assessment with program objectives.

- B. Describe how all full- and part-time faculty members are informed about the availability of faculty development activities. Include in the description the steps taken to ensure that faculty development opportunities are accessible to all faculty members.

The OFDP opportunities are shared with all faculty members in many ways: on the website, on digital sign-boards on CSM premises, within whole-CSM communications from the Dean’s Office and Communications Team, re-shared by Departments and Institutes in their newsletters, and through its Twitter/X account, @myfacdev. Individuals who have participated in an OFDP event can opt-in to receive direct communications about upcoming events.

With the transition of most programming shifting to on-line there has been an increase in faculty engagement by a factor of 8.5, increasing participation from faculty members throughout Southern Alberta and beyond. The Precision Faculty Development (Fac Dev) program ensures anyone seeking faculty development can be guided to solid opportunities or receive personalized consultation/development. The Fac Dev team member responsible for on-line resources is trained and proficient in ensuring OFDP’s on-line resources meet appropriate visual disability standards.

- C. Provide a list by campus, of the faculty development programs/activities offered during the most recent academic year to assist faculty members in developing their skills and leadership in areas of academic responsibility. Include information on the general topic, number of attendees, and where these programs were offered. (*Appendix 4.5-1 C*)

Required Appendix 4.5-1 C - 2023-24 OFDP Teaching Sessions

4.6 GOVERNANCE AND POLICY-MAKING PROCEDURES

The dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.

Requirement 4.6-1

The dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.

- A. Describe how the dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.

There are several senior committees within the Faculty that determine governance and policy-making procedures of the medical education program:

- CSM Faculty Council is a CSM-wide committee, chaired by the Dean. Membership includes all full-time CSM academic staff. The majority of members are faculty members. The Council serves as the senior academic governing body on the academic affairs of the Faculty and is responsible to the University's General Faculties Council (GFC). This committee meets regularly and is responsible for determining programs of study, defining conditions under which a student must withdraw from or may continue the student's program of studies in the Faculty, determining admission requirements to CSM education programs, authorizing the granting of degrees, and other activities that may be delegated or assigned by GFC or brought to it by the Chair. This is the highest curriculum governance committee of CSM.

Much of Faculty Council's curricular authority regarding UME is delegated to the Strategic Education Council and, through it, to the Undergraduate Medical Education Committee (UMEC) (both described below). There is a separate committee that reports directly to Faculty Council and functions in accordance with Terms of Reference set by Faculty Council. The Student Academic Review Committee (SARC) is responsible for the review of UME students in academic difficulty or unusual circumstances. SARC does not have autonomy over its Terms – it acts at the direction of Faculty Council to manage individual academic scenarios.

- Strategic Education Council (SEC) meets monthly. It has delegated authority from Faculty Council for overall governance of educational programming at CSM. It is chaired by the Senior Associate Dean Education. The majority of members are faculty members and includes the Associate Deans of educational portfolios (Undergraduate Medical Education, Postgraduate Medical Education, Continuing Medical Education, Undergraduate Health and Science Education, Graduate Science Education), Directors (Distributed Learning and Rural Initiatives, Office of Health and Medical Education Scholarship, Advanced Technical Skills Simulation Laboratory, Master of Physician Assistant Studies (MPAS) program), Executive Director of the Alberta International Medical Graduate Program, and the Director of Educational Operations (as ex-officio). SEC manages the operational aspects of the education portfolios and determines strategic educational priorities in CSM.

SEC is the body within CSM that authorizes the granting of degrees in the UME program. SEC is also the body within CSM which approves UME course changes within the Calendar of the University of Calgary.

- Undergraduate Medical Education Committee (UMEC) is a committee which reports to Strategic Education Council and, through it, to Faculty Council. UMEC is the central/direct governance and policy-making body for the undergraduate medical program. UMEC is chaired by the Associate Dean, UME. The majority of members are faculty members. UMEC meets at least quarterly, with additional meetings scheduled as required. Within its governance and policy-making mandates, UMEC has several committees reporting to it which govern portions of the UME curriculum. These committees are:
 1. Pre-Clerkship Committee (chaired by the Assistant Dean, UME – Pre-Clerkship)
 2. Clerkship Committee (chaired by the Assistant Dean, UME – Clerkship)
 3. Student Evaluation Committee (chaired by the Assistant Dean, UME – Research & Evaluation)
 4. Curriculum Innovation & Oversight Committee (chaired by the Assistant Dean, UME - Program Evaluation)
 5. Competency Committee (chaired by the Assistant Dean, UME – Research & Evaluation)

UMEC may strike task forces or working groups to explore key topics and make recommendations to UMEC as needed. The findings of such bodies are solely advisory to UMEC – UMEC has the final authority to make curricular decisions.

RIME Curriculum

There are two new curriculum-related committees that have been established under UMEC to govern the RIME curriculum:

RIME Pre-Clerkship Committee (RPCC) is chaired by the Assistant Dean, UME- Pre-Clerkship and replaced PCC after the final March 15, 2024 PCC meeting.

Curriculum Innovation & Oversight Committee (CIOC) is chaired by the Assistant Dean, UME, Program Evaluation. The CIOC is responsible for managing all content within the UME program curriculum in keeping with the goals, objectives and philosophy of the CSM, in a manner that meets or exceeds accreditation standards. Membership includes UME leadership (pre-clerkship and clerkship, Block leads, Course directors, students, residents, and a patient advocate.

Additional CSM Major Committees (without direct curriculum governance, but with relevance to education)

- Dean's Executive Committee (DEC) meets weekly to review the business of the Faculty and advise the Dean. It is composed of the Dean, Vice Dean, Senior Associate Deans (Education, Research, Health Research, Faculty Affairs, and Health Equity & Systems Transformation), Director of Communications and the CSM Senior Director. Discussions focus on all aspects of CSM, particularly those that impact on finances, IT work, relationships with internal/external organizations (e.g. Provost/President's Office, AMHSP, AHS, AH), Cumming Research Fund, and priorities of the CSM. The committee's focus is high level operational activities and the majority of members are faculty members.
- Planning and Priorities Committee meets every month, is Chaired by the Vice Dean and has membership from the Senior Associate Deans, 2 Associate Dean members of the Strategic Education Council, 4 Department Heads, 2 Institute Directors, the CSM Senior Director and Fund Development Partner. The group (1) determines whether applications for faculty appointments can proceed, (2) identifies the priorities for Faculty spending (e.g. spending of the contingency fund), and (3) is the steward of the Strategic Plan and key performance indicators, the latter requiring a significant amount of the committee's time. The committee drives key policy across the CSM and the majority of members are faculty members.
- Leadership Forum meets monthly, and is composed of the Dean, Vice-Dean, Senior Associate Deans, Institute Directors, Department Heads, Executive Directors, and Business Partners. The majority of members are faculty members. The group's purpose is to enable communication on education, research, faculty affairs, operations, and other faculty news. The members can then inform other stakeholders within the CSM community of new information as needed.