Report of the Task Force on Faculty Career Paths (2000-2001)

Valuing our Future

Final Report

Accepted, Faculty Advisory Board

December 04, 2001

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Letter of Introduction, Dean Peter Walker

Dear Members of the Faculty:

It is with pride that I introduce you to the Report of the Task Force on Faculty Career Paths. This report recommends a series of changes and articulates the mutual commitment, on the part of Faculty administration and you, to promoting career development of all members of faculty. The Task Force s diverse and broad membership have done an excellent job in capturing the essence of the feedback it received from you. The Report has been accepted by Faculty Advisory Board and Faculty Council first in its interim form in June 2001. I believe the recommendations will support changes that will enhance the quality of the Faculty s members, while recognizing and valuing a broader range of academic contributions.

The Task Force took on the slogan Valuing our Future ; that means we must value our faculty members and their careers. Nothing is more important to the future of our Faculty than the strength of its members.

The recommendations presented involve all faculty having a defined career path based on their activities, and this will be relevant to annual career reviews, goal-setting and planning with Department Chairs and Divisional Heads. In the case of Department Chairs, this review will be performed with the Dean of the Faculty. The framework and the standards of scholarship presented in the report reflect the importance of different kinds of academic activity and their relationship to the missions of the Faculty and affiliated hospitals.

We want to ensure that the proposed changes encourage and support excellence, albeit in a broad and inclusive manner. As articulated in the report on scholarship, the broad view of scholarship, at our Faculty, does not indicate any lowering of standards for excellence. On the contrary, the articulation and acknowledgment of what constitutes excellence and scholarship in education, clinical care, administration and research should serve to raise the bar in all areas of activity of our medical school.
I believe we need this broader outlook in order to attract and retain the best, the brightest and the most diverse candidates for our Faculty.

I want to take this opportunity to thank all the members of the Task Force on Faculty Career Paths for their insights and hard work. You can be proud of your accomplishments.

This report is just the beginning, a starting point, and it is important to monitor, evaluate and revise this framework on an ongoing basis. We are committed to the challenge. I look forward to continuing to work with you as we strengthen our Faculty for the future.

With best wishes,

Yours sincerely,

Peter Walker, MD, FRCPC
Dean, Faculty of Medicine

Membership of the Task Force

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Kathryn Butler Malette, Principal, Strata Partners Limited, and Claudia Newman, Principal, NCA Associates served, at various times, as consultants to the Task Force.

Preamble

The Task Force on Faculty Career Paths would like to thank all the individuals who contributed to this report, including and not limited to those who advised, listened, answered surveys, commented on drafts of reports, and commented on the work in progress. Our work was greatly assisted by many faculty members who provided feedback and suggestions to our many queries, surveys and draft documents. We hope that we have captured the essence and important issues that we heard, and invite you to continue the conversations that have begun with the work of the Task Force.

Faculty members have a central and critical role to play in the Faculty of Medicine, from the training of physicians and surgeons, linking to the medical community and community in general, making discoveries, promoting wellness and healing the sick, to the day-to-day running of the institutions in which all this occurs. Much of what our faculty members do occurs in the context of complex and loosely defined systems, and the Task Force sought to articulate and give structure to what has largely been unsaid or informal. The Task Force felt that this would serve to clarify the roles of faculty members in our Faculty and hospitals, and lead to an increase in career satisfaction and morale.

We sought to formalize and reward educational leadership and enhance the academic meaning and recognition of scholarship in education, clinical care and administration, in addition to the traditional academic recognition of discovery, or research. We have strived to create new career paths, that include clear expectations for faculty members and provides for systemic recognition of outstanding contributions in all aspects of the Faculty.

The Task Force started its discussions with a basic belief that people work to contribute; to learn; to be with colleagues that they like; to be noticed or visible (adapted from Margaret Wheatley, personal communication). It is critical that the members of the Faculty feel a sense of community and feel truly valued and recognized for all aspects of our mission - that is clinical, educational, administrative and research programs. The Faculty of Medicine is committed to providing the framework and resources to support Faculty members and their work. We strongly believe that Valuing our Future means valuing each and every one of our members in the broadest sense, including those who are full-time, part-time, or affiliated. Faculty members provide the link for the future of health care in our community and beyond. Therefore, the strength of our faculty members is of critical importance not only for our institutions locally, but also for the larger community in which we live.

In its work, the Task Force drew on the work of Boyer (3), Glassick (5) and others in introducing a framework for supporting practice and education oriented scholarship, in addition to the traditional scholarship of discovery, within the Faculty of Medicine. It was Boyer and his colleagues who introduced a new approach which aimed to acknowledge and balance the defining domains of scholarly activity that are essential to the missions of the university.

The Task Force was also influenced by The Special Theme Issue of *Academic Medicine* on Expanding The View of Scholarship , edited by the Council of Academic Societies Task Force on Scholarship and which aimed to ...stimulate continuing discussions that will define equitable methods for the continued assessment of the scholarly accomplishments of medical school faculty (Acad Med 2000; 75: 871-876). The present report reflects our attempt to articulate such an expanded view of scholarship in the context of our medical school and its mission.

The broad definition of scholarship should not be interpreted as suggesting that a faculty member should be narrowly focused on one area of scholarship, nor is it realistic that a faculty member engage in all areas of scholarship, nor does it connote a diminishment of quality. The activities of the medical faculty have fair degrees of overlap and also change over the course of a given career. These realities have been taken into consideration.

Our efforts have not been taken in isolation. The AAMC report on Faculty Appointment, Tenure, and Career Tracks: 1997 Survey of Medical School Policies (www.aamc.org/findinfo/infores/datarsc/facappt/chart.htm) showed that many schools in North America have instituted Career Tracks, and that many institutions are struggling with the implementation of the broad definition of scholarship as it applies to their institution and its mission.

A recent report entitled Recommendations to Senate from the Survey and Colloquium conducted by the Senate Committee on Teaching (University of Ottawa) conducted in 2001 presented as perhaps its most striking result that professors..... feel that teaching is undervalued. This is a sentiment which the Task Force also heard in all of the feedback it received. This report is a partial step towards addressing this fundamental concern of faculty members. We hope our work will be helpful to the work of the other faculties of the university in this regard. The issues are not unique to the Faculty of Medicine and are of central importance because teaching students and service are central components of the University s mission.

The recommendations proposed by the Task Force are consistent with University of Ottawa policies. The Task Force has articulated and made explicit the expectation and support for ongoing scholarship as an essential component of the Faculty. We acknowledge that this is a work in progress , and a full understanding of the meaning of broad view of scholarship and the full implementation of the Career Paths will necessitate further discussion, debate, raising of issues and questions, with resultant revisions and planning. We hope we have provided a strong starting place.

All Task Force members and numerous other members of Faculty contributed meaningfully to this report. As Chair of the Task Force, I am grateful to them all. I want to especially acknowledge the leaders of the working groups, who took responsibility for distinct reports incorporated here: Donna Maziak, Department of Surgery (Faculty Career Paths), Meridith Marks, Department of Medicine (Report on Scholarship),

Mark Walker, Department of Obstetrics and Gynecology (Qualitative Standards and Evaluation) and Sharon Whiting, Department of Paediatrics.

The Task Force members have worked conscientiously and diligently. I am proud to respectfully submit this report on their behalf.

Rose Goldstein, MD, CM, FRCPC
Chair
Assistant Dean, Faculty Affairs

1. Background

1.1 Introduction

The Task Force was struck by the Dean of the Faculty in Fall 2000[1]. The Task Force was advisory to the Dean, and reported to the Dean, Faculty Advisory Board and Faculty Council. The Task Force instructions were to review current career paths within the Faculty of Medicine and, if necessary, to create new career path structures for faculty members in the clinical departments of the Faculty of Medicine. The plan was developed to promote on-going career development for faculty members. The work of the Task Force and the present report does not apply to members of the Association of Professor of the University of Ottawa (APUO).

The Task Force took into consideration three major issues: changing view of scholarship in medical schools; recruitment and retention issues; and factors influencing low faculty morale. In addition, the plan aligned itself with the educational, research and patient care mission of the Faculty of Medicine and affiliated hospitals.

The Dean appointed a 21 member Task Force, chaired by the Assistant Dean, Faculty Affairs, which included representation from Chairs of departments, affiliated teaching hospitals, and broad representation from VPT (voluntary part-time) and GFT (geographic full-time) members of the Faculty. The diversity of the membership combined with the members broad professional experience strengthened the work of the Task Force.

Beginning its work in October 2000, the Task Force submitted an interim report in June 2001[2]. At that time, the Faculty Advisory Board and Faculty Council accepted the 6 Career Paths and their underlying principles included in the interim report. In the Fall 2001 with this report, the Task Force submitted its final recommendations.

1.2 Goals

The following goals were agreed upon by the Task Force in October 2000, and modified in March 2001 as follows:

- Develop new career path names and career path structures for clinical faculty members.

- Develop principles of evaluation and recognition of faculty career paths.

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[1] Terms of Reference- Appendix 1

[2] Interim report- Appendix 2

Important outcomes of the Task Force work are the on-going and regular promotion of faculty members career development, in alignment with the educational, research and patient care mission of the Faculty and affiliated hospitals.
The Task Force developed principles of accountability for the implementation and maintenance of the above career paths throughout the Faculty structure, including recruitment of clinical faculty members. The career path structures were developed to provide broad, over-riding mission-based principles, to be considered in the development and implementation of departmental practice plans.

1.3 Vision and Values

The following are the vision and values underlying the career paths decided upon by the Task Force and accepted March 5, 2001:

Vision
Faculty Career Paths

Our ***vision*** is to attract and retain a diverse, high-performing and well-balanced faculty. These faculty willingly and continuously hone their knowledge, skills and attitudes; excel in their areas of expertise; collectively fulfill the mission of the Faculty of Medicine and affiliated hospitals; contribute to the community.

Values
Faculty Career Paths

In achieving our vision, we ***value***:

- an atmosphere of openness, trust and collaboration
- equal opportunity for recognition of excellence for those involved primarily as clinicians, teachers, administrators and researchers;
- the significant and diverse contributions of faculty members toward the enhancement of the health of patients in our community and more generally, to the ongoing education and professional development of health care professionals, and to life-long learning and self-improvement;
- an ability to change career goals and directions

Faculty members work toward the vision and mission of the Faculty through the clinical, research, teaching and administrative functions that are carried out as an integral part of a faculty member s career. The strength of the Faculty depends on the strength and wellness of its faculty members.

To ensure that all faculty members have the opportunity to develop meaningful and productive careers, the Faculty of Medicine commits to ensuring that the individual faculty member is able to choose and determine a career path that meets his/her needs

as a professional and contributes to the academic excellence and innovative work of the Faculty. The Faculty of Medicine commits to provide faculty members with ongoing guidance, evaluation and feedback as their careers evolve.

2. Faculty Career Paths

Broadly disseminated in the Faculty and discussed in detail with Department Chairs, the career paths developed are defined below. [3] Incorporated into this report is the input received. The Task Force accepted the career path definitions and names on May 7, 2001.

2.1 Career Path Principles:

The following principles are critically important to the career paths. These principles must be incorporated into implementation of the career paths in the Faculty.

- There is no hierarchy of the pathways inferred or implied.
- There is flexibility between pathways.
- Collaboration is encouraged.
- Faculty members may fit into more than one career path. The decision will be based on the best fit , based on discussion between the Department Chair and faculty member.
- All missions of the Faculty are valued equitably - excellence, development and growth are an integral feature of all career paths. All faculty members are encouraged to engage in scholarly activities, both MDs and PhDs.
- Full-time, part-time, and major part-time faculty members may have any of these career paths. All career paths may be undertaken in University/teaching hospital and/or community-based settings.
- Clear and specific expectations for faculty members in different career paths will be developed. The Faculty of Medicine will develop basic principles and the Departments will have to individualize.
- There is acknowledgment of the developmental stages of career.

[3] Interim Report - Appendix 2

2.2 Career Path Names and Descriptions:

The 6 career paths described here are to be used for career development planning and in setting goals in discussion with Division and Department Chairs on an annual basis. The examples of workload distribution are illustrations only, not restrictions.

Clinician-Teacher

Primary commitment is to clinical service. There is significant contribution to the delivery of service teaching and to promoting and advancing excellence in clinical care. They may serve as clinical preceptors and have varying levels of involvement in providing the core curriculum of undergraduate and post-graduate programs.

For example, this individual may perform 70-90% clinical time with the remainder of time spent in teaching activities, research or administration, 10-30%.

Clinician-Educator

Primary commitment to clinical service and education, educational administration and activities related to education, such as the development and implementation of the academic program or educational research. They may take on roles such as preceptor, lecturer, or mentor.

For example, this individual may perform 25-75% clinical, 15-50% education, 10-30% research and related administrative activities.

Clinician-Investigator

Primary commitment is to clinical service and research. Research may include basic, clinical, translational and they may be cross-appointed to a Research Institute or basic science department.

For example, this individual may perform 15-50% clinical, 30-70% research, 10-20% education and/or administration.

Clinician-Scientist

Primary commitment is to research and clinical service. Research may include basic, clinical, translational and they are cross-appointed to a Research Institute or basic science department.

For example, this individual may perform 70-80% research, 10-15% clinical, 10-15% education and/or administration.

Scientist

Primary commitment is to research, which may be basic science, translational or educational, with no clinical responsibilities and spend most of their time in research. Educational and/or administrative involvement only as it relates to educational research or scholarly activity.

For example, this individual may perform 75-80% research with the remainder of the time spent in service teaching (e.g. preceptor, tutor, lecturer, mentor) and/or administration, 10-25%.

Clinician-Administrator

Primary commitment is to administration. This may include a leadership role, involvement in innovation regarding the management of the department, advancements for patients and hospital (e.g. organizing a screening program).

For example, this individual may perform >50% in administration and the rest of the time divided between education, clinical service and research.

3. The Process: Developing the Faculty Career Paths

3.1 Introduction

The Task Force on Faculty Career Paths met monthly from October 2000 to June 2001, In addition, it held a retreat in January 2001. Goals and draft documents of the Task Force have been discussed at Dean s Group, Faculty Advisory Board, Faculty Council and were broadly disseminated by regular mail and electronic mail to all members of the Faculty of Medicine. Presentations and discussions were held by Task Force members across many committees, departmental and divisional business meetings throughout the Faculty. Comments and suggestions were received from all sites and institutions affiliated with the Faculty of Medicine. The feedback received by Task Force members and its Chair were shared with the Task Force.

In December 2000/January 2001, The Task Force conducted a survey of Chairs in the Faculty to gather information on the current status of programs and career paths in the Faculty and on current documents and processes of annual review, contract of expectations and standardized CVs in the Faculty. The Task Force also surveyed the Chairs for their views on scholarship, promotion and career development, as well as soliciting feedback re: Task Force draft documents describing possible career path structure. Results of this survey were collated and distributed widely in the Faculty for feedback and discussion[4]

The Task Force consulted the AAMC report on Faculty Appointment, Tenure, and Career Tracks: 1997 Survey of Medical School Policies (www.aamc.org/findinfo/infores/datarsc/facappt/chart.htm) and the AAMC Faculty Affairs listserv to gather data from the experiences in career path structure and definitions of scholarship of other North American schools of medicine. Many background documents and references were consulted in detail by the Task Force and the insights gained are summarized in this report.

The above were all used to frame discussions and assist in the achievement of the goals of the Task Force. The majority of feedback and comments received indicated solid faculty support for the career path structure outlined in the present report. Most welcomed the broad definition of scholarship and wide recognition of achievement called for in this report.

3.2 Summary: Faculty Comments

Below is a brief summary of the main categories of comments and concerns expressed to the Task Force from members of faculty. These are grouped into categories representing the most commonly expressed of these concerns. The comments received by the Task Force are summarized.

[4]Survey report - Appendix 3

Broad Definition of Scholarship

All career paths are academic and all faculty members should be encouraged to be engaged in scholarly work.
Evaluating the clinical component of scholarship is the biggest challenge.
Must be taken into consideration that scholarship where there is less protected time and more clinical service may take a longer time to complete.
Will this be lip service or will activities other than grants and publications really be valued?
Peer review of scholarship was widely felt to be key.
Public communication of meaningful results in all areas of our mission are important.
There was general support for the broad and inclusive definition of scholarship, as articulated by Glassick and others.

Task Force response: The Task Force embraced the broad definition of scholarship and the Faculty is committed to improving the evaluation of all the categories of scholarship. Recognition of activities and accomplishments beyond grants and publications is an integral component of the Career Path structure, and includes the importance of peer review in evaluation.

Career Path Names and Definitions

Please don t arrange these career paths in hierarchal fashion.
Faculty members mustn t be pigeon-holed, need flexibility.
Faculty do not want to see a return to the Clinical stream for promotions. This was abandoned in 1993 because it was felt to denote a 2nd class type of faculty appointment.

Task Force response: The Task Force agreed with this feedback and created 6 Career Paths that are not to be hierarchal and have ensured flexibility between pathways. The Career Paths are to be used for faculty career planning and development, however they are not meant to be prefixes or qualifiers for academic ranks. The Task Force heard loud and clear that we were to be careful not to create a new structure that would reinforce the historical 2nd class citizen .

Evaluation

There must be room for all career paths, with recognition and rewards for all career paths if they are to be viable and sustainable. Fairness and objectivity in review of activities is important, and peer review should be a cornerstone of any evaluation system put into place.

Task Force response: Evaluation is also meant to be largely formative and supportive, with opportunity for response and growth.

Recognition of Clinician Teachers and Other Non-research Career Paths

The vast majority of faculty members are Clinician Teachers, so it is extremely important to define the academic aspect and value of this career path. Many faculty asked How will these faculty members be promoted?
With hospital restructuring, more clinicians are in our system and we are going to have to recruit and grow superb clinicians to provide tertiary care, they need and deserve Faculty recognition. This must be more than lip service
How will we recognize those MDs who spend all or most of their time providing patient care? It is very important for clinicians to be promoted academically; however other means of recognition also need to be improved as promotion may not be appropriate or sufficient for some activities.
All levels of teaching, undergraduate, postgraduate, graduate and continuing professional education must be valued.

Task Force response: We have strived to articulate and support the high value of Clinician Teachers. . The Task Force felt that faculty members engaged in clinical work primarily were also clinical teachers, and that ideally they would be involved in scholarship in their clinical work. These values are incorporated in our definition and standards of scholarship outlined in the present report. In other words, in this structure, the outstanding clinician/craftsman is doing scholarly work at the local level. This should translate to promotion to the Associate Professor level. To the extent that the Clinician Teacher takes this scholarship to the next step, which generally includes peer assessment or review and dissemination of knowledge and results beyond the local level, promotion to Full Professor is also attainable.
Other forms of recognition, besides promotion, need to be increased for non-scholarly or indirect contributions to the academic mission. This may take many forms, from access to library and e-mail accounts, to remuneration patterns in practice plans.
All levels of education have been included in the definition of scholarship outlined.
Excellence in clinicial care must be recognized and valued. The Task Force acknowledged and was concerned with the situation where clinical service pressures are overwhelming, making it difficult for the faculty to engage in scholarly activity. The Task Force felt that this can be handled proactively at the departmental level, with the support of the hospitals and Faculty, with career planning and recruitment.
The excellent clinical bedside teacher, who we all recognize as our teachers early in our careers, must be supported and encouraged.

Linkage of Career Paths Structure to Academic Promotion

Linkage of the career path structure to academic promotion is key. The Task Force heard this from all levels of feedback, loud and clear.
Faculty need more support for promotion. Chairs want to be involved in the promotion process for their faculty in a positive manner, acting as mentors and promoting mentoring in the clinical promotions process.

Despite the presence of such statements as The main function of a Faculty of Medicine is the undergraduate and postgraduate education of students..... and there should be equal opportunity for recognition of excellence and promotion of .... Clinical Faculty who are considered primarily to be clinical teachers... in the promotion policy (1993) much of the feedback we heard from faculty members and Chairs indicated their impression that this was not indeed the reality in our environment. The Task Force heard that these documents and policies do not clearly articulate what is required of faculty to achieve such excellence and promotion. Clear examples and requirements are needed.
Many faculty felt the majority of members should be able to achieve the academic rank of Associate Professor; they agreed the majority of faculty members might not reach the level of Full Professor. This should be articulated and understood.
Promotion committees need training and support to implement the Career Paths and recommendations.

Task Force response: The conclusions of the Task Force agreed with the above. In reviewing recent Faculty of Medicine promotions and current Promotion policy, the Task Force concluded that the Career Path structure recommended is in keeping with the written policies and could therefore be implemented quickly in the Faculty. The Task Force is recommending education and support of promotion committees at all levels to implement the Career Paths and related recommendations. We have articulated examples to aid in the full comprehension of the vision of scholarship proposed. Chairs will be accountable for progress, including promotion, of their faculty members, and will have the support of the Faculty in these responsibilities.
The Task Force agreed that it is important to present this report and its recommendations to Central Administration of the University of Ottawa, so that the vision of career development planning and the realities of our Faculty be articulated at that level.

Career Paths Relationship to Recruitment of Members of Clinical faculty

Will the Departments and Divisions use this structure to decide on the types of faculty members they will recruit?

Task Force response: Yes. The Task Force felt that in combination with a clear undergraduate and postgraduate medical education business plan and hospital medical human resource plan, the career paths would provide a framework for recruitment. This will be more strongly aligned to Faculty, Departmental, Hospital missions and need, to include attention to issues such as gender and language. The recommendations include a linkage of the Career Paths and annual review to hospital appointment and reappointment processes.

Structure and Practice Plan Issues

Consider moving faculty from VPT to GFT or replacing VPT/GFT with the Career Path Structure.

Career Path structure could be used in negotiating alternate funding plans.
Point-determined ceiling (PDC) not used or not meaningful in most of the Faculty and should be replaced with Career Path and its evaluation annually.
The question of how to pay for research and education - clinical earnings are not the best source - was raised often to the Task Force. As long as we fund the academic mission with fee for service it is difficult to have meaningful career paths. We need a new model.
VPT status does not reflect diversity or similarity of academic activities and contributions, only office geography.

Task Force response: The PDC and VPT/GFT structures no longer fulfil their original purposes in the Faculty. The Task Force agreed that consideration be given to replacing these, and the Career Path structure be a starting place for these considerations. Monetary issues will need to be addressed as defining job descriptions and career paths will not work if we continue to fund clinical work and not have a source of funds for research and teaching, for example. The Task Force felt that this was best addressed departmentally, with support from the Faculty, with departmental practice plans working out plans to best achieve this in their area. This already occurs to some extent in several departments, including Department of Medicine. The Task Force felt a reasonable solution to this implementation challenge is to negotiate Alternative Funding Plans that incorporate the principles of the Career Paths in its approach to funding the academic mission.
The Task Force agreed that the realities of clinical pressures and heavy clinical load may preclude the ability to engage optimally in scholarly activities and this needs to be acknowledged.

General Comments

Recommendations need to be piloted before final implementation.
The majority of Chairs and faculty members feedback saw the idea of career paths and structure as positive and needed.
One department chair relayed an anecdote: That the career path concept had already had an impact in the department. When a mid-career faculty member declined to take on a significant administrative role, the Clinician Administrator career path helped this faculty member take on this position. The clinician indicated that the clear expectations of this career path made it more tenable and manageable to take on this new role.
The Career Paths would be helpful for shaping departmental vision, recruitment, promotion and productivity. Provides faculty with a roadmap with signposts .
Fear that, after all this work, little will change and/or we will achieve a level playing field of mediocrity
The Faculty as a whole, needs to balance all aspects of its mission, not each individual faculty member. The latter can no longer be expected to be the triple threat - excellent in research, education and clinical care. This model for the academic clinician is no longer tenable.
Cynicism about this initiative translating to real action.
Mentoring is important and should be supported.
Standardized CV could be useful.

Task Force response: A pilot project is planned in the Department of Paediatrics in Fall 2001 with further pilots in 2002 before full impementation. The Task Force is entering the implementation phase, with the creation of a new committee, the Faculty Career Development Implementation Team which is committed to real and meaningful action. A very important aspect of its work is that the Task Force was solid in its quest for excellence and raising the bar for faculty members in all roles. The Task Force designed the Career Path structure to be practical and realistic, and to articulate that actually most faculty members will concentrate on 1 or 2 areas and that this is acceptable. At the same time, faculty members need to be evaluated and rewarded in all areas of activity, even if they concentrate on one area. For example, a Clinician-Scientist may only teach a few hours a year, however if the teaching is excellent, innovative etc. this should be included in annual review, promotion considerations and the like. This concept forms part of the backbone of the present report.

3.3 Review : Questionnaire Survey of Department and Division Chairs[5]

Please see the summary pages (pp 12-13) of the Report of Questionnaire Survey of Department and Division Chairs, January 2001[4] for comments from the Chairs. The Task Force took these results into account in the recommendations and structure in this report.

The Task Force learned from this survey that Career Paths and their support, annual review documents and process for all levels of faculty (members to Department Chairs), clear expectations of new faculty members, standardized CV forms, mentoring programs (informal and formal) are in place in various sectors of the Faculty to variable degrees. The Task Force felt we can learn from the processes which are working well in order to facilitate their establishment more broadly in the Faculty.

Chairs generally embraced, as did members of faculty, the meaning of a broad view of scholarship and the Task Force agreed that important aspects are: excellence, developing a field in a new direction, putting accomplishments in the public arena, and incorporating the principles of peer review.

Some Chairs identified that they had faculty members who did not fit into any academic career path because they did not teach at all. The Task Force felt that, in general, all clinical members of the Faculty of Medicine should be involved in teaching. The career path proposed recommends a minimum 10% commitment to teaching which, in a teaching environment, is minimal. The final career path designation of each faculty member will be up to agreement between the Chair and faculty member, and there is room in the structure for flexibility and exceptions, however the Task Force felt that there should be a minimum expectation for teaching in the Faculty of Medicine.

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[5] Survey report - Appendix 3

It was felt that, for example, an excellent and scholarly clinician would serve as a role model for medical trainees while performing their clinical service, and that this would qualify for academic activity.

The Task Force also heard and agreed that Department and Division Chairs as well as faculty members need to be actively involved in the implementation of the Career Path structure and process.

3.4 Review: Documents

Copies of documents mentioned below are available upon request from the Office of Faculty Affairs and Equity.

During the time the Task Force worked, the Dean presented a proposal for a revised process for promotions in the Faculty of Medicine to the Joint Committee of the University of Ottawa Executive and Senate. This document was reviewed and distributed for feedback broadly in the Faculty. In this document, one of the main concerns addressed was the disquiet at the level of Joint Committee with respect to the quality of the oversight provided by the Faculty of Medicine in respect of the promotions process. Dr. Walker continues: Some of this disquiet apparently lies with the implementation of the new assessment of scholarly productivity of clinical professors that was passed by the Senate and the Board in 1993, with regard to the stringency of the application of the recommendations . The Task Force felt that part of its work is to articulate and provide recommendations for a framework whereby the Faculty could assure high levels of scholarship are not only maintained but actually encouraged. It is important that the contents and recommendations of this report be presented to the Joint Committee of the Executive and Senate.

In 1998, the Faculty Task Force on Physician Wellness co-chaired by Dr. Noni MacDonald and Dr. Simon Davidson, in conjunction with Dr. Linda Duxbury, Carleton University, carried out a detailed survey of faculty wellness in 5 departments of the Faculty. The survey highlighted low faculty morale, with, among other factors, low job satisfaction and feeling undervalued for clinical and educational service and activities playing an important role. In general, responding faculty perceived insufficient support and lack of appropriate recognition for productivity and excellence. Duxbury concluded unless the University and medical community at the University of Ottawa took a pro-active stance in this area they will have difficulty attracting and retaining the kinds of doctors they want in this profession .

The Task Force reviewed many references related to the broad definition of scholarship; AAMC survey on career paths; as well, several relevant Faculty of Medicine documents were reviewed in detail, and these are listed below for information:

1. A Review and Recommendations Concerning the Point Determined Ceiling Process dated March 4, 2000 written by the Faculty Advisory Finance Committee.

2. The report: Recruitment of Faculty in the Clinical and Research Departments and Research Institutes from the Advisory Committee on Gender and Equity Issues which was approved by Faculty Advisory Board and Faculty Council in 1999.

3. Report of the Ad Hoc Committee on Promotion of Clinical Faculty, April 1992, which led to the revision of the Standards and Procedures for Promotion of Clinical Faculty, accepted by the Joint Committee in 1993. This report and revised promotion policy support the promotion of clinical faculty based on excellent scholarship in education.

4. The Vision for Medical Education: Our challenges and potential solutions , March 2000, Dr. J. Turnbull, Vice-Dean, Education.

The Task Force s opinion is that many of the recommendations made in these reports and documents overlap or are strongly related and supportive of the finding of the Task Force. In particular, the recommendations and career paths recommended here are all in keeping with the promotion policy of the Faculty, and therefore can be implemented without major change in policy.

The Task Force was impressed that many of the opinions expressed by faculty members, Chairs of Departments and Divisions and members of the Task Force have been well-articulated in many of the Faculty documents and promotion policy. It is therefore clear that the thorough communication and understanding of these policies and documents is of fundamental importance in the Faculty, and beyond. Further, a permanent structure is needed in the Faculty to implement, support and maintain these recommendations.

3.5 Career Development Plan - Career Paths Structure

The career paths are intended to be supportive, developmental and non-judgmental, forming the basis of career development planning for faculty members. The career paths apply to all members of the Faculty of Medicine, except APUO members who are governed by the Collective Agreement. The career paths are to serve as a guide to meaningful recruitment and faculty development. The structure provides a framework to assist in mutual and clear understanding of the expectations of a faculty member by the Faculty and hospitals, and vice versa, clear understanding of what the Faculty and hospitals are expected to provide to support the faculty members role(s) and career development.
The principles set out in the report will lead logically to role descriptions which include goals, expectations and relationship to academic promotion.

4. Report: Scholarship

4.1 Definition of Scholarship

The definition of scholarship outlined is based on Boyer s work (3).
This definition is more inclusive than the traditional definition of scholarship which focused primarily on research activities.
We aim to demonstrate that a range of activities can be scholarly if approached appropriately. Boyer s work has been well disseminated and is being adopted by a number of other Faculties and Universities in North America (1,4,5).

The Faculty of Medicine recognizes the four categories of scholarship, as identified by Boyer, as having equal importance. These four components of scholarship include:

1. Discovery and advancement of knowledge - This component in the health sciences has traditionally been related to original biomedical research, including basic, clinical and translational research activities.

2. Integration of knowledge - Knowledge can be synthesized and reintegrated, revealing new patterns of meaning and new relationships between individual parts and the whole. This type of scholarship gives meaning to isolated facts and puts them into perspective. These activities have also been traditionally associated with academic life.

3. Application of knowledge - This component of scholarship refers to professional practice directly related to an individual s scholarly specialization.

4. Transformation and transmission of knowledge - The scholarship of teaching recognizes that the work of a scholar only becomes consequential if it is shared with others. This component includes pedagogical content knowledge and discipline-specific education theory.

The Faculty attributes equal importance to each of these components of scholarship. The value of the basic science researcher, the clinical researcher and the teacher are all considered to be equivalent. However, teaching, practice and research activities must meet specific criteria to be considered as scholarly activities.

Scholarly activities, be they discovery, integration, application, or teaching, will be assessed by the six qualitative standards as suggested by Glassick (4). These standards include:

Clear goals - Scholarly work must have goals which are clearly defined, realistic, practical and defensible.

Adequate preparation - Scholarly work depends on an adequate understanding of subject matter and mastery of necessary skills. Preparation also involves accessing the appropriate resources for any project.

Appropriate Methods - The choice of methods is very important as it will influence the success of the project. The choice of methods will also influence colleagues understanding and acceptance of the project. The methods must be justifiable and appropriate for the intended goals of the project. There must be some flexibility evident in the methods to allow the scholar to respond to change.

Significant results - For any scholarly work to have significance it must meet its own goals and make a contribution to the field. Specific to education, a new way of teaching a course may be a model for colleagues to use with other courses or disciplines.

Effective Presentation - It is essential that scholarly work be made available to others: to students, clients, the public and colleagues. The work must be presented in a manner that the intended audience will understand it. Sharing of information may occur through publication, formal presentations, conferences, and seminars. Teaching and applied scholarship can remain incomplete acts unless presentation reaches beyond students and clients, to connect with colleagues.

Reflective critique - For a scholar to be successful he or she must evaluate and reflect on their work, seek the opinions of others and learn from the process. Carrying out a recurring task according to a prescribed protocol is not considered scholarly. One s work becomes scholarly when each task is approached as a novel situation.

Table 1 provides an outline of recommended questions to ask when assessing a work for its level of scholarship. These questions will allow faculty members, peer reviewers, and promotion committees to determine if the six standards of scholarship have been met when specific activities are assessed. It is clear when the specific criteria for the qualitative standards of scholarship are reviewed that the act of providing excellent clinical care or outstanding teaching, in and of itself, will not necessarily be sufficient to be considered scholarly work. Only when the six standards are met, will the work be considered scholarly. Additionally, means of recognizing faculty member s contributions to the academic mission of the Faculty, other than promotion, must also be developed.

4.2 Setting the Bar

The academic activities of individual faculty members will relate to their choice of career path. The direction they ultimately choose should be a joint decision between the individual and their academic Department. Only when the career path and associated activities have been agreed upon can expected achievement levels for each core activity be determined. Evaluation of achievement can then be undertaken with consideration of the individual faculty member s career path. The evaluation must be regular, formal and largely formative, with provision and time for change in behaviour and activities.

We chose to outline specific criteria for the qualitative standards of scholarship, for each core activity that faculty members might be expected to participate in, and these are shown in tables 2-5. Although there is overlap in the criteria between roles, there is also significant variation. For example, while the clinician scientist may be assessed on the effective presentation standard by the number and type of journal articles published, a more appropriate measure of this standard for a clinician educator might be number and types of presentations at education meetings.

The specific criteria outlined are not meant to reflect specific achievements that one must make to qualify for promotion within the university.
Rather, these criteria are meant to provide faculty members, peer reviewers, and promotion committees with guidelines by which to demonstrate and evaluate faculty performance in their academic activities. These criteria may also be used to guide remuneration and non-financial rewards within Clinical Practice Plans and Departmental reward systems.

Individual faculty members should identify which core activities they participate in and assess their level of achievement in each. It is expected that the bulk of an individual s activities will focus on one of the core areas, with lesser involvement in the other core activities identified. For example a clinical researcher might demonstrate category II & III activities in research and category I activities in patient care and pedagogy. This profile indicates the range of activities the Clinician Researcher is involved with, but identifies his/her academic focus as being in research. Note that this individual is not expected to participate in category III activities in each of the core areas.

Some faculty members may choose to participate only in category I activities. Such decisions should be made in conjunction with one s academic Department when identifying a career path. However, this decision should be made with the understanding that category II and III activities are usually required to demonstrate the scholarly aspects of ones work.

4.3 Infrastructure Requirements

Researchers have a well established peer review and support mechanisms in place within the University to assess research quality. Similar supports and peer review mechanisms will need to be established for all scholarly activities. For example, in addition to providing Faculty members with a forum to demonstrate the scholarship of their teaching activities, the Faculty must also have a system to evaluate educational activities, provide feedback to teachers, and recognize excellence in education. Similarly the Faculty must institute means of evaluating and rewarding scholarly clinical and administrative activities. Although the formal evaluation of all scholarly activities may seem like a daunting task, it is essential. A common comment is that we do not have the time or resources to undertake such assessment and peer review for all academic activities. Yet we spend hours reviewing research activities. Why should scholarly activities related to pedagogy, clinical care and administrative activities be viewed as less deserving of our time and resources?

Many faculty members will make their professional activities, including program development and teaching, scholarly works. However, the majority will expend a significant amount of time providing service to their department in the form of teaching, curriculum development, and clinical service, never taking these activities to the point of being scholarly works. Although not considered scholarship, based on the qualitative standards previously outlined, these activities are extremely important and must be recognized as contributing to the success of the Faculty. This report stresses that reward structures, other than the traditional promotions and tenure systems, are essential if individuals who provide service teaching and clinical service are to be acknowledged for their contributions to the Faculty.

4.4 Evaluation: Faculty Performance

Faculty members will be evaluated on activities related to their chosen career path. In general, the area of endeavor with the greatest work effort will be the most important area of evaluation for that faculty member. All areas of a faculty members work will, however, be evaluated. All faculty members, including department chairs and deans will undergo formative evaluation on an annual basis.

A ***formative*** evaluation process should be established in each department, allowing for an annual review of progress in one s career path. The purpose is to give the scholar feedback on their level of expertise as well as to provide direction and focus for improvement. This review may be completed by the department head, departmental committee, and/or peers. The specific career path, expectations and workload effort of the individual faculty member is also discussed and may be adjusted each year as part of this review.

Evaluation Process

The evaluation process will include the faculty member compiling, on an annual basis, all documentation relevant to their career path to the Department of Division Chair, as determined by the Department. This will consist of their curriculum vitae, student evaluations, teaching portfolio and other pertinent documents. For example in the case of a Clinician Investigator a large part of the evaluation would be based on publications, grants and presentations. For the Clinician Teacher teaching and clinical evaluations will be important. Notwithstanding the different areas of emphasis depending on areas of concentration, all faculty members are encouraged to reflect and obtain feedback on all aspects of their activities, so that contributions in all areas of endeavor are evaluated.

When individual faculty members scholarly activities are being assessed, they should be evaluated using Glassick s criteria of scholarship (5) as previously outlined.
The evaluation documents attached[5], and examples of activities which fulfil these criteria[6] have been developed by the Task Force to facilitate use of these criteria.

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[5]Qualitative Standards of Scholarship - Appendix 4

[6]Examples of scholarship - Appendix 5

These forms remain drafts, however the Faculty will strive to revise and make available such forms and other tools to facilitate the implementation of the career path evaluation process. Glassick s criteria address the quality of the scholar s work.

The quantity and complexity of the scholar s work must also be considered. The use of strategies such as 360 degree feedback will also be very important in the assessment of some activities, e.g. some administrative and clinical roles.

Following the review process, the reviewers or designated individual will meet with the scholar, review the evaluation, and give feedback and direction for progress. Future expectations of the scholar should be clearly articulated and agreed upon at the time of this meeting. Again we emphasize that all faculty members are not expected to pursue category III activities, and definitely not in all areas of endeavour.
The expectations of individual faculty members should be determined by considering their chosen career path and their job description within that career path.

Advantages of this process

1. This is a peer-reviewed process.
2. Assessment of a scholar s performance along their career path is evaluated.
3. There are clear goals for the scholar to aspire to so that they can reach the next tier in performance.

Limitations of this process

1. It is impossible for such a system to capture all of the features of an individual s career path.

2. Care must be taken to ensure that evaluation of an individual who has expertise in many domains is not overly limited by this process. For example, some outstanding clinician investigators are also very good teachers and have contributed significantly to pedagogy in a scholarly way. This contribution may not receive appropriate accommodation. However, this process may identify individuals who are not focused and need to become more concentrated in their career path to reach higher levels of scholarship.

3. There are no negative categories to indicate that an individual is below the standard of which they would expect to be achieving. For example there is no level 0 on the scale. However less than expected performance should be identified in the process of the formative evaluation.

4. There are only three levels to the scale. It will take varying amounts of time for individual faculty to participate in category II and III activities. Some may view lack of progression from category I activities to Category II & III activities as discouraging, interpreting this as being below average performance. However if the purpose, process and expectations are clearly explained the scholar should be recognized for achieving excellence in category I activities, as well as excellence in category II and III activities.

5. Recommendations

The following are the Task Force s recommendations for implementing the career paths:

5.1 Mutual Responsibilities - Faculty of Medicine and Members of Faculty

The Faculty and Faculty Members must articulate the mutual roles and responsibilities of the Faculty of Medicine and its faculty members. These roles and responsibilities include:

1. The Faculty is responsible for ensuring that infrastructure is in place to evaluate faculty member s teaching, administrative and clinical activities in a timely and appropriate manner.

2. The Faculty is responsible for articulating clearly to each department chair the roles and responsibilities expected from his/her department in all aspects of academic work.

3. The Faculty establish a clearly defined teaching requirement for all faculty members, with guidelines for its application. All faculty members teach.

4. Department chairs are responsible for ensuring that the department fulfil its roles and responsibilities, and its mission, in keeping with the missions of the Faculty and hospitals. This may, for example, result in minimum teaching time requirements per faculty member, however, there are other methods that departments could institute to meet their responsibilities and fulfil their mission.

5. Department chairs key responsibilities will be evaluated annually by the Dean including:
   The success of junior faculty, including promotion in a timely fashion
   Annual reviews of departmental members
   Mentoring of departmental members

6. Each department in the Faculty will consistently evaluate all aspects of academic work of its faculty members, i.e. education, research, clinical care, and administration. The evaluations will be in keeping with the principles set out in this report and may be modified by departments to suit their particular domain.

7. Each faculty member is responsible for maintaining a dossier of information on his/her accomplishments and activities, to include updated C.V., teaching portfolio, including administrative and clinical activities.

8. Each faculty member will have a formative annual review with the department chair (and/or divisional chair or appropriate delegate) which is signed by all parties to indicate their agreement.
   This review includes the career path the faculty member is on and any change in career path, specific goals and objectives for the coming year, and the plans for promotion.

The annual review and agreement should respect both the faculty member s career path and the missions of the department and the Faculty of Medicine. The annual review and agreement will be copied to the Dean s office. Department chairs will take part in a formative annual review by the Dean.

5.2 Faculty Appointments and Related Issues

The importance of scholarship must be affirmed by the structure and leadership of the Faculty of Medicine, and affiliated teaching hospitals, and reflected in the recruitment and appointment process, including the following:

9. VPT and GFT categories be phased out and replaced with career path work plans for all faculty members.

10. Practice plans set up in the Faculty will incorporate the principles and career paths into their business plans.

11. Each Department develop clear and specific work plan descriptions for each of the 6 Career Paths which are specific to the specialty or area.

12. All recruitment in the Clinical departments will involve a formal process, including appropriate advertisement and selection committees, and will fit into a formal physician human resources plan in conjunction with the affiliated teaching hospitals.

13. New faculty members will receive clear appointment letters which include initial career path, institutional and faculty member responsibilities and expectations.

14. The Faculty work with affiliated hospitals to have career paths and annual review linked to appointment and re-appointment processes.

15. The Point Determined Ceiling (PDC) no longer be imposed on members of the Faculty, in keeping with the recommendation of the March 2000 Committee review of the Point Determined Ceiling (PDC) process.

5.3 Career Path Structure, Recognition and Academic Promotion

16. Work to formally link the Career Paths to academic promotion. Promotion committees at all levels need to understand and incorporate this report and its recommendations.

17. Strengthen programs where Faculty members achievements and activities are acknowledged through written communication, awards and other media and forums.

18. For all areas of scholarship, local opinions of peers, co-workers, and service recipients should be sought and given appropriate weight.

19. Criteria for academic promotion should be reviewed and the criteria of assessing and evaluating scholarship in each of the domains of the Faculty s work clarified and disseminated widely.

20. Reward structures, other than promotion, be developed to recognize faculty activities which are not considered scholarship. In particular, this refers to service teaching and clinical care, significant and important activities which contribute to the Faculty s success.

5.4 Implementation of Task Force on Faculty Career Path Report

21. The Faculty form an Implementation Team to implement the recommendations of this report, under the leadership of the Assistant Dean, Faculty Affairs.

22. The Career Path structure and review process be implemented in a series of at least 2 pilot projects in the Faculty of Medicine, with evaluation of the process and in-depth revision over the academic year 2001-2002.

23. This report be presented to Central Administration.

5.5 Evaluation and Follow-up

24. The Faculty embark on Mission-based Management as a way to link contributions and funding in the Faculty of medicine. The goal of such management is to provide faculty with adequate resources and compensation for all of their academic activities.

25. The Faculty commits to evaluate the success of the Task Force on Faculty Career Paths in achieving its goals[7].

[7] Evaluation of the Task Force on Faculty Career Paths - Appendix 6

6. The Next Steps

6.1 Implementing the Career Path Development Plan

An implementation committee The Faculty Career Development Implementation Team (FCDIT) has been formed, chaired by the Assistant Dean, Faculty Affairs, with membership from all clinical departments and affiliated teaching institutions. The Team has begun a pilot project looking at the process of annual review and qualitative standards of scholarship in the Department in Paediatrics, which will report early in 2002. A second pilot project is planned in 2002 to fine-tune the process.

The FCDIT will advise the Office of Faculty Affairs in the implementation of the recommendations of the Task Force on Faculty Career Paths and will report to the Dean, Faculty Advisory Board and Faculty Council. The main goal of the FCDIT will be to implement the recommendations of this report.

6.2 How You Can Participate

All members of faculty are encouraged to address themselves to the Assistant Dean, Faculty Affairs, or to any member of the FCDIT (membership available from Office of Faculty Affairs). Comments, suggestions and anyone interesting in working on the pilot projects or in implementing any of the recommendations are welcome.

The FCDIT will be communicating the results of pilot projects and implementation plans broadly, including written reports and consultations with faculty members and Chairs. All comments we receive will be given careful consideration. This may be time-consuming, however we believe it is essential to take the time needed to develop the best possible career development plans, working together with interested faculty members.

We remain committed to maintaining an open, participatory process through ongoing dialogue with faculty members.

A copy of this report can be accessed at
http:// www.medicine.uottawa.ca/eng/index/html or you can contact us directly if you wish to be provided with hard copies of this report.

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Tables

Table 1: Standards of scholarly work

Qualitative Standards	Questions reflecting the qualitative standards
Clear goals	. Does the scholar state the basic purposes of his or her work clearly? . Does the scholar define objectives that are realistic and achievable? . Does the scholar identify important questions in the field?
Adequate preparation	. Does the scholar show an understanding of existing scholarship in the field? . Does the scholar bring the necessary skills to his or her work? . Does the scholar bring together the resources necessary to move the project forward?
Appropriate Methods	. Does the scholar use methods appropriately to the goals? . Does the scholar apply effectively the methods selected? . Does the scholar modify procedures in response to changing circumstances?
Significant results	. Does the scholar achieve the goals? . Does the scholar's work add consequentially to the field? . Does the scholar's work open additional areas for further exploration?
Effective Presentation	. Does the scholar use a suitable style and effective organization to present his or her work? . Does the scholar use appropriate forums for communicating work to its intended audience? . Does the scholar present his or her message with clarity and integrity?
Reflective critique	. Does the scholar critically evaluate his or her own work? . Does the scholar bring an appropriate breadth of evidence to his or her critique? . Does the scholar use evaluation to improve the quality of future work?

Table 2: Specific criteria for qualitative standards of scholarship for Pedagogy

Glassick's Criteria	Application to teaching	Category I	Category II	Category III
Clear goals	Clear, achievable, measurable objectives	Develop clear goals and objectives that are realistic and achievable		
Adequate preparation	Up-to-date knowledge; appropriate quantity and level of material specific to the objectives	Enhance teaching skills through faculty development	Acquires new or advanced skills which can be implemented in the Faculty	Develops new methods of teaching that are adopted by others
Appropriate methods	Appropriate teaching methods Appropriate assessment of the objectives	Establishing and improving effective teaching skills	Consistently demonstrates effective teaching skills	Consistently demonstrates outstanding teaching skills
Significant results	Quality/effectiveness of intervention Demonstration of learners accomplishment of objectives	Positive impact on learning at local sphere of influence Increasing load and complexity of assignments	Positive impact on learners outside local sphere of influence (Faculty level) Recognition by frequent invitations to teach	Positive impact on learners at national level Recognized as an expert teacher for all levels of learners
Effective presentation	Make results/process available to colleagues	Participates in: Curricular development evaluation methods teaching strategies faculty development	Recognized at Faculty level for leadership role in: Curricular development evaluation methods teaching strategies faculty development Presents work locally and at provincial level meetings	Recognized nationally for leadership and innovation in: Curricular development evaluation methods teaching strategies faculty development Presents work at national and international meetings Published innovations
Reflective critique	Critical analysis of teaching activity with changes to improve	Seek and respond to feedback regarding teaching skills	Actively seeks feedback from students and peers Revise educational programs based on feedback	Actively seeks feedback from students and peers Use feedback to develop and implement strategies for ongoing assessment (CQI)

Table 3: Specific criteria for qualitative standards of scholarship for Research, including basic, clinical and translational research activities

Glassick's Criteria	Application to research	Category I	Category II	Category III
Clear goals	clarity of hypotheses; importance of questions	Hypotheses and importance of work clearly stated		
Adequate preparation	Appropriate knowledge; ability to assemble necessary resources	Involved in application for extramural grants	Hold competitive grants	Holds competitive national grants Develops group grants
Appropriate methods	Proposed study will answer question; appropriate statistical analysis	Involved in the development of detailed research protocols	Develops complex trails that answer important research questions	Develops complex, multi-disciplinary/multi-centre trails
Significant results	Hypothesis tested and proved or disproved	Establishes research	National, emerging international program	Internationally recognized research program Exemplary investigator
Effective presentation	Publication or presentation in public domain	Presents at national or international meetings Prepares and submits first authorship publications	Invited speaker at national or international meetings Regular invited contributor to textbooks, journal articles.	Organizes international research meetings, symposia. Senior corresponding author High impact in field
Reflective critique	Critical reflection on results to guide direction of relevant additional research	Supportive of students and trainees pursuing research Participates in peer review of research	Mentor role for junior researchers established Regularly invited to review grants and publications	Outstanding mentor for other researchers Organizes the review and allocation of grant funds Contributes to editorial input of scientific publications.

Table 4: Specific criteria for qualitative standards of scholarship for Clinical Care

Glassick's Criteria	Application to research	Category I	Category II	Category III
Clear goals	Clear, achievable, objectives for the provision of patient care	Develop clear goals that are realistic and achievable		
Adequate preparation	Up-to-date knowledge	Developing or building on clinical expertise	Acquires new or advance clinical expertise which can be utilized to promote clinical care locally	Acquires new or advance clinical expertise which promotes clinical care nationally
Appropriate methods	Appropriate methods of providing clinical care in discipline	Assumes appropriate responsibility for clinical care Collaborates in refining care	Exemplary clinical skills acknowledged by Faculty peers Recognized as a team leader; facilitates local collaboration.	Exemplary and well rounded clinician Recognized leader with consistent, durable career pattern of continuous high standard of patient care Facilitates collaboration at a provincial and national level
Significant results	Quality/effectiveness of intervention. Demonstration of high standard of patient care	Brings new clinical techniques Participates in scholarly application of knowledge to practice (EBM)	Applies or develops new clinical techniques or programs Application of evaluative methods to clinical practice with demonstrated impact	Leads in application and development new clinical techniques or programs that are adopted by others Application of evaluative methods to clinical practice with demonstrated impact

Effective presentation	Make results available to student and colleagues	Shares expertise with colleagues and students through local education initiatives	Recognized by colleagues and students in Faculty for expertise in subject area. Frequent invitations to present work locally. Presents work at provincial meetings	National or international presence Publish innovations, case reports and reviews Presents work at national level meetings
Reflective critique	Critical analysis of clinical care with changes to improve	Initiates or seeks guidance in evaluation of clinical practice	Critical reviews of clinical practices; demonstrates impact/change in practice patterns	Leadership in the development of clinical standards

Table 5: Specific criteria for qualitative standards of scholarship for Administration

Glassick's Criteria	Application to research	Category I	Category II	Category III
Clear goals	Clear, achievable, measurable objectives	Develop clear goals and objectives that are realistic and achievable		
Adequate preparation	Up-to-date knowledge; Recognizes possibilities for improvement	Enhance leadership and administration skills through professional development activities	Acquires new or advanced skills which can be implemented in a health care facility or the Faculty	Develops new administrative methods that are adopted by others.
Appropriate methods	Appropriate leadership and administrative methods. Appropriate assessment of objectives	Establishing and improving effective leadership and administrative skills	Consistently demonstrates effective leadership and administrative skills	Consistently demonstrates outstanding leadership and administrative skills
Significant results	Quality and effectiveness of interventions	Positive impact at local sphere of influence Increasing load and complexity of assignments	Positive impact on administrative activities outside local sphere of influence (Faculty or regional level) Implements new structures or programs to facilitate clinical, educational or research activities Recognition by frequent invitations to present ideas, contribute to decision making task forces	Positive impact on administrative activities at a national level Innovates and implements new structures and programs to facilitate clinical, educational or research activities Leads in strategic development programs at organizational and national or international levels.

Effective presentation	Make results/process available to colleagues	Assists in initiatives to improve operational efficiencies, resource management in division, cluster, or department	Recognized regionally for leadership role in: Program development; Improving systems, services, and operational efficiencies; Resource management Asked to review and provide opinion/ consultation regarding programs at local and provincial level Presents work locally and at provincial level meetings	Recognized nationally for leadership and innovation in: Program development; Improving systems, services, and operational efficiencies; Resource management Asked to review and provide opinion/ consultation regarding programs at national and international level Presents work at national and international meetings Publishes innovative ideas related to administration
Reflective critique	Critical analysis of administrative activity with changes to improve skills	Seek and respond to feedback regarding administration and leadership skills	Actively seeks feedback from staff and peers. Revise administrative activities based on feedback	Actively seeks feedback from staff and peers. Use feedback to develop and implement strategies for ongoing assessment (CQI)

APPENDICES

Appendix #1 Terms of Reference of the Task Force on Faculty Career Paths

Appendix #2 Task Force on Faculty Career Paths Interim report to Faculty Advisory Board and Faculty Council, accepted June 2001

Appendix #3 Report of Questionnaire Survey of Department and Division Chairs, January 2001

Appendix #4 Draft forms: Qualitative Standards of Scholarship

Appendix #5 Examples of Scholarship in the areas of Education, Research, Clinical Service and Administration

Appendix #6 Evaluation of the Task Force on Faculty Career Paths - Strategy to look at the success of the Task Force at achieving its goals