Appendix – Academic Plan for Full Time Clinical Faculty

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***LAUNCHING YOUR ACADEMIC CAREER IN MEDICINE***

**The Academic Plan**

Completion of an **Academic Plan (AP)** is required for all appointments to the Department of Medicine at the University of Toronto.

**Objectives of the Academic Planning Process**:

The intent of the academic planning process is to provide a means for reflection on what a new recruit wishes to accomplish in their academic career – both in the short and longer term. In so doing, the department and hospital leadership (chair, vice chairs, PIC, hospital division head, DDD) can ensure that resources and support are in place to enable the faculty member to achieve these goals.

The AP is not so much a contractual agreement as a ‘planning document’ for the recruit and key stakeholders. We recognize that even the best laid plans may change. Opportunities may arise that just cannot be missed; alternatively, some things that were anticipated just may not work out. For this reason, new faculty members are expected to arrange to meet with their formal mentor at least three-four times per year, with their vice chair at 1.5 years, and with all relevant stakeholders (PIC, DDD, hospital division head, other stakeholders, including possible one or more external stakeholders for clinician-scientists) annually, for the first five years of their appointment. At these meetings, the AP should be reviewed to ensure it still makes sense and to identify barriers/threats to successful achievement of the goals laid out. If substantive changes are made, a revised AP should be submitted so that it is available at the time of Continuing Faculty Appointment Review, which initially occurs three years from the initial appointment.

The AP requires careful reflection on the following:

* Academic position description
* Overarching (long-term) career goals
* Short term career goals (first three to five years)
* Key stakeholders – individuals who need to support the recruit to ensure success
* Strategies for ensuring success
  + What are the necessary resources (opportunities to acquire new knowledge or skills, salary support, clinical resources, administrative support, etc.) to ensure the plan laid out is achievable? Are they available?
  + Does the faculty member have potential collaborators/colleagues with similar interests with whom to develop their career?
  + Are the career goals aligned around a common theme/clear focus as opposed to unconnected projects or activities?
* Name and commitment of formal mentor

**Requirements of the Academic Plan:**

1. Selection of the [Academic Position Description](http://live-deptmed.pantheonsite.io/academic-position-descriptions) that best aligns with the recruit’s passions, training, and career goals. Acknowledgement by the recruit of the expectations of faculty in the chosen APD with respect to formal and informal teaching, scholarship and administrative activities.
2. Elucidation of the specifics regarding clinical activities (to ensure alignment with APD).
3. Identification of a formal mentor. If a mentor cannot be identified at the time of recruitment, divisional leadership will work with the recruit to identify a longer-term ‘best fit’ for this role – to be named by the end of year one. It is expected that mentees will arrange to meet with their formal mentor at least three - four times annually.
4. Signatures of all relevant stakeholders, including but not limited to the hospital PIC/chief of medicine, DDD, hospital division head and formal mentor.
   1. For all clinician-scientist recruits, the signature of the affiliated research institute (e.g. hospital research institute, extra-departmental unit, hospital-based research program) AND the vice chair of research are also required.
   2. For all clinicians in quality and innovation recruits, the signature of the vice chair of quality and innovation is also required.

**Additional required documents at appointment:**

1. Indication that the recruit has read and agrees to comply with faculty policies regarding code of conduct/professionalism, industry relationships, conflict of interest, and ethical conduct of research (scholarly work); and
2. Completion and submission of a Disclosure of Relationships statement.

**Department of Medicine Academic Plan**

*Required for all full-time clinical faculty recruits and part-time clinical faculty recruits as requested by the DoM appointments committee*

**Date:**

**Name of Faculty Member:**

**Hospital:**

**Clinical Division:**

**Proposed Rank:**

**Proposed Academic Position Description:**

***The remainder of this document must comply with the expectations for the proposed Academic Position Description***

**Please briefly explain why you have chosen an academic career in medicine.**

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| --- |
|  |

**Proposed Time Spent in Clinical Activities**

It is understood that there is substantial variability in the total hours per week that faculty members spend engaged in academic activities. We also recognize that the level of stress or demand on the faculty member will differ depending on the nature of their clinical and academic activities. However, the goal of laying out how a new faculty member will spend their time is to ensure that the proposed allocation of time aligns with, and is consistent with, their short term and longer term academic and personal goals.

For the purposes of this document, please make the following assumptions:

* one half day (ambulatory clinic; in-patient attending; consult service) = four - five hours
* one week is comprised of 14 half days (including weekends)
* one week = 40-60 hours; one year = 44-48 weeks
* one ER shift = eight hours

**Scholarly Activities**

**Please provide 3-5 realistic and measurable goals for all categories that apply.**

|  |  |  |
| --- | --- | --- |
|  | **Short Term Goals (3-5 years)** | **Long Term Goals** |
| **Creative Professional Activity** |  |  |
| **Research (all types)** |  |  |
| **Teaching & Education** |  |  |

**Clinical Activities**

|  |  |
| --- | --- |
| **Types of clinical activities** | ***Estimated* number and frequency of the activity** |
| Half day ambulatory clinics per week (each half day = four - five hours) |  |
| Weeks per year senior in-patient attending as *most responsible physician* |  |
| Weeks per year senior in-patient attending on a consult service |  |
| Emergency Medicine shifts |  |
| Half days of procedural time, e.g. endoscopy, cardiac catheterization, echocardiography, etc. |  |
| Other (specify), e.g. unique or highly specialized clinical focus |  |

**Resources**

Outline resources which are **necessary** to ensure your goals are achievable?(opportunities to acquire new knowledge or skills, salary support, clinical resources, administrative support, etc.)

|  |  |
| --- | --- |
| **Please list required resources** | **Check if this resource been confirmed to be available** |
|  | [ ] |
|  | [ ] |
|  | [ ] |
|  | [ ] |
|  | [ ] |
|  | [ ] |

**The following must be answered by all Clinician Scientists:**

1. Do you have an appointment in your hospital research institute? Choose an item.

*Research Institute you will be/are affiliated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***When clear Research Institute (RI) resources are identified/required,*** *the RI Lead is required to sign off on this Academic Plan.* ***When RI resources are not required*** *as per recruit negotiations, no RI sign off on this Academic Plan is required.*

1. Will you be seeking a Graduate appointment through SGS? Choose an item.

*Graduate department you will be/are appointed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Resources for CS/CI recruits**

Outline resources which are **necessary** to ensure your goals are achievable?(wet lab, protected time, salary support etc.)

|  |  |
| --- | --- |
| **Please list required resources** | **Check if this resource been confirmed to be available** |
|  | [ ] |
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**Mentorship**

Formal Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Mentors (if relevant):

**Signatures**

**I have reviewed, approved, and commit to the success of this academic plan.**

|  |  |  |
| --- | --- | --- |
| **DATE** | | **SIGNATURE** |
| **Faculty Member:** |  |  |
| **Physician in Chief of Medicine:** |  |  |
| **Hospital Division Head:** |  |  |
| **DATE** | | **SIGNATURE** |
| **Department of Medicine Division Director** |  |  |
| **Department of Medicine Vice-Chair of Research**  **\***For all CS recruits |  |  |
| **Department of Medicine Vice-Chair of Quality & Innovation**  **\***For all CQI recruits |  |  |
| **Formal Mentor:** |  |  |
| **Research institute lead:** |  |  |

**FOR DEPARTMENTAL OFFICE USE ONLY**

**Department Appointments Committee Recommendation**

Approve

Approve with minor revisions – specify:

Requires major revisions and re-review:

**Chair’s Approval**

|  |  |
| --- | --- |
| **DATE** | **SIGNATURE** |