

# The Clinical Faculty Advocate

## History

In 2005 the Policy for Clinical Faculty,<sup>1</sup> with its associated Procedures Manual,<sup>2</sup> was adopted. This defined the relationship between physician clinical faculty (in university affiliated hospitals) and the Faculty of Medicine/University of Toronto. This policy is administered by the Clinical Relations Committee (CRC) and the Executive Committee of the CRC.<sup>3</sup> Among other things, this policy defines processes for dispute resolution and grievances that physician clinical faculty might have in University/academic matters, and provides an advocacy process to support physicians involved in (potential) disputes and grievance processes. The position of Clinical Faculty Advocate (CFA) was created to provide an advisor and advocate for clinical faculty. When this position was created, the expectation was that it would be filled by someone well acquainted with clinical faculty matters.

## Rationale for Role

Prior to the adoption of this policy, the relationship between the University of Toronto and the physician clinical faculty in the teaching hospitals was not well defined. Any such relationship must protect all parties in the relationship, and such protection involves robust dispute resolution and grievance procedures. These procedures must be fair and transparent. When dealing with large institutions such as academic hospitals and universities, individual physicians could well find themselves at a disadvantage, hence the need for an advocate for the physicians. Although the CFA role is solely to advise and advocate for physician clinical faculty, one third of his/her financial support comes from the University of Toronto and one third from the Hospitals of the Toronto Academic Health Science Network (TAHSN<sup>4</sup>). The remaining third is paid for by the physician clinical faculty in TAHSN hospitals, via their respective Medical Staff Associations.

## Physician access to the CFA

All full-time clinical academic and part-time clinical academic physician faculty members<sup>5</sup> may use the services of the CFA, irrespective of their Hospital or practice site. Adjunct clinical academic physician faculty normally do not have access to the CFA. Contact information for the CFA is distributed to all clinical faculty in TAHSN hospitals by their Medical Staff Association (MSA) annually. His/her contact information can be obtained from your MSA, or from the Sunnybrook Health Sciences Centre Medical Dental Midwifery Staff Association administrative assistant (Kory McGrath: 416-480-6100 ext. 2994; [kory.mcgrath@sunnybrook.ca](mailto:kory.mcgrath@sunnybrook.ca)).

## Administration

The MSA estate of the CRC is responsible for all administrative matters relating to the CFA. The MSA estate is also responsible to ensure succession for the roles of CFA and Administrative Coordinator (described below). The CFA advocates for physician clinical faculty, and is responsible to the MSA estate of the CRC, though he/she also presents an annual report of his/her activities to the CRC.

The Toronto Clinical Faculty MD Collective (TCFMDC), a loose association of Medical Staff Associations of the full and community affiliates of TAHSN, was set up for the purpose of administering this arrangement. The TCFMDC administers all the financial and contractual matters for the Clinical Faculty Advocate role. To facilitate this, the role of Administrative Coordinator has been established. The Administrative Coordinator administers and oversees all legal, contractual, and financial matters associated with the CFA. The Sunnybrook Health Sciences Centre Medical Dental Midwifery Staff Association (Sunnybrook MDMSA) acts as agent for the MSA presidents in these matters. The Administrative Coordinator is appointed by the Sunnybrook MDMSA. The MSAs of TAHSN Full Member and TAHSN Associate Member hospitals are involved in supporting the CFA at present. In the future, should physicians from non- TAHSN hospitals require significant amounts of time investment by the CFA, then the MSAs from these hospitals may become involved in the TCFMDC.

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Although the University and TAHSN Hospitals contribute financially to the support of the CFA, they have no part whatsoever in overseeing this role. The CFA functions entirely independently, so that the privacy of the physicians is protected. Though he/she reports to the TCFMDC (and thus indirectly to the physician clinical faculty for whom he/she advocates) and the CRC, the report protects the identities of the physicians concerned. This arrangement provides for independent and unbiased physician advocacy in any dispute resolution or grievance process.

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<sup>1</sup> <http://www.governingcouncil.utoronto.ca/policies/clinical.htm>

<sup>2</sup> <http://medicine.utoronto.ca/sites/default/files/ProceduresManualClinicalFaculty.pdf>

<sup>3</sup> CRC is comprised of representatives of the University of Toronto, its Hospital affiliates, Medical Advisory Committees of the full affiliates (see footnote 4 below) and Medical Staff Association presidents of the full affiliates.

<sup>4</sup> TAHSN is comprised of nine UofT full affiliates (Baycrest Health Sciences, Centre for Addiction and Mental Health, Holland Bloorview Kids Rehabilitation Hospital, The Hospital for Sick Children, Sinai Health System, St. Michael's Hospital, Sunnybrook Health Sciences Centre, University Health Network, Women's College Hospital) and four community affiliates (North York General/Branson Hospital, St. Joseph's Health Centre, The Toronto East General Hospital, and Trillium Health Partners).

<sup>5</sup> UofT physician appointment categories are described in the Procedures Manual for the Policy for Clinical Faculty