

# The Clinical Faculty Advocate

## Background

Academic physicians appointed as clinical MD faculty (“clinical faculty”) at the University of Toronto are governed under the Policy for Clinical Faculty<sup>1</sup>, adopted in 2005, and its Procedures Manual<sup>2</sup>, which was revised most recently in 2021. These documents, overseen by the Clinical Relations Committee (CRC)<sup>3</sup>, describe the relationships, dispute resolution and grievance processes between clinical faculty and their practice plans, university-affiliated hospitals, and the University. As part of these processes, clinical faculty are entitled to access the services of an advocate who will advise and support them, the Clinical Faculty Advocate (CFA). There is also a Clinical Faculty Advocate Alternate (Alternate) who shares the workload with the CFA. Their function is identical to the following description of the role of the CFA.

## Purpose of the CFA

The CFA has been appointed to help individual physicians interact with administrative and academic leaders, hospitals and the University, in difficult situations. Whether in informal discussions about mild conflicts or when facing serious allegations or other challenges, physicians may feel disadvantaged by inexperience, lack of system knowledge, time constraints, emotional pressures etc. The CFA can listen, provide information and advice, help with written submissions, and accompany physicians to meetings. The CFA is not expected to be impartial, and as appropriate, will argue for and act on behalf of the physician.

The CFA deals with matters related to work in the clinical academic environment, including clinical issues that intersect with hospital privileges, hospital or university appointments, compensation, etc. The CFA does not assist clinical faculty on strictly clinical matters, does not adjudicate disputes, and does not offer client privilege (protection from discovery in court) as would legal counsel. The CFA will work with the physician as needed to obtain expert advice including through the Canadian Medical Protective Association, Ontario Medical Association, or independent counsel.

## How to access to the CFA

All full-time clinical faculty and part-time clinical faculty<sup>4</sup> may use the services of the CFA without cost, irrespective of hospital site, or academic rank. Contact information is distributed annually by the Medical Staff Associations (MSAs) of the affiliated hospitals<sup>5</sup>, and can be obtained from your MSA or from the Sunnybrook MDMSA administrative assistant (Kelly McClatchey: 416-480-6100 ext. 2994; c/o Sunnybrook Health Sciences Centre, 2075 Bayview Avenue Rm H216, Toronto, Ontario M4N 3M5 or [kelly.mcclatchey@sunnybrook.ca](mailto:kelly.mcclatchey@sunnybrook.ca)).

## Who chooses and sponsors the CFA?

Under the Procedures Manual for Policy for Clinical Faculty, the MSA presidents (who form one of the estates of the Clinical Relations Committee) choose the CFA - someone who does not hold an office that could place him/her in a conflict of interest in a dispute. One third of the CFA’s salary comes from the University, one third from the TAHSN hospitals<sup>5</sup> and one third is paid for by clinical faculty via their respective MSAs.

## Accountability of the CFA

This is described more fully in the Procedures Manual<sup>2</sup>. The CFA functions entirely independently, so that the privacy of the physicians is protected. The MSA estate is responsible for administrative matters relating to the CFA, including payment and succession planning. The CFA presents an annual report to the MSA presidents, including case volumes and general themes, omitting details and possible identifiers. This report is shared with the Clinical Relations Committee.

## Q and A

Q: What can the CFA not do?

A: The CFA cannot offer client privilege; charge you for time spent; or adjudicate disputes

Q: Is the CFA “part of the system”, or on my side?

A: The CFA’s job is to advocate for physicians seeking help, without consideration as to whether this could disadvantage the CFA in some way. If the CFA feels that he/she is conflicted in a particular case, the Procedures Manual<sup>2</sup> makes provision for appointment of an alternate CFA. After his/her experienced assessment of the possible outcomes, and with the physician’s best interests at heart, in some situations the CFA may advise that a physician should accept an outcome that is not entirely to the satisfaction of the physician.

Q. What if I am not satisfied with the outcome of the process?

A. Your matter can be taken to the Clinical Faculty Grievance Review Panel or Clinical Faculty Academic Clinical Tribunal (see Procedures Manual<sup>2</sup> for further information), or you can pursue the matter through the legal system.

Q: Can the CFA reject my request for assistance?

A: As long as the issues are within the CFA’s scope of authority, generally the CFA would not decline a request to assist. E.g. the CFA may refer a physician to the CMPA for a clinical or legal issue. Technically, adjunct clinical faculty would not have access to the CFA, but the workload has been manageable so far, and the CFA has been available to all clinical faculty.

<sup>1</sup> <https://governingcouncil.utoronto.ca/secretariat/policies/clinical-faculty-policy-december-16-2004>

<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 TAHSN full members (see footnote 5 below) and Medical Staff Association presidents of the TAHSN full members. Its purpose includes oversight of dispute resolution for clinical faculty; see procedures manual for more information.

<sup>4</sup> U of T physician appointment categories are described in the Procedures Manual for the Policy for Clinical Faculty

<sup>5</sup> University of Toronto affiliated hospitals are comprised of: 1) Toronto Academic Health Sciences Network (TAHSN) fully affiliated teaching hospitals (Baycrest Centre for Geriatric Care, Centre for Addiction and Mental Health, Holland Bloorview Kids Rehabilitation Hospital, The Hospital for Sick Children, Sinai Health System, Sunnybrook Health Sciences Centre, Unity Health Toronto – St. Michael’s, University Health Network, Women’s College Hospital) 2) TAHSN associate member affiliated teaching hospitals (North York General Hospital, The Michael Garron Hospital, Unity Health Toronto – St. Joseph’s, and Trillium Health Partners) and 3) community affiliates not in TAHSN (George Hull Centre, Humber River Hospital, Lakeridge Health Network, Markham-Stouffville Hospital, Ontario Shores Centre for Mental Health Sciences, Rouge Valley Health-Centenary Site, Royal Victoria Hospital, Southlake Regional Health Centre, Surrey Place Centre, The Scarborough Hospital, Unity Health Toronto-Providence, Waypoint Centre for Mental Health Care, West Park Healthcare Centre, and William Osler Health Centre).