

## AGENDA

2:30 p.m. Thursday, May 17, 2018

Biology 106

*In 1995, the **University of Saskatchewan Act** established a representative Council for the University of Saskatchewan, conferring on Council responsibility and authority “for overseeing and directing the university’s academic affairs.” The 2017/18 academic year marks the 23<sup>rd</sup> year of the representative Council.*

*As Council gathers, we acknowledge that we are on Treaty 6 Territory and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of our gathering place and reaffirm our relationship with one another.*

1. Adoption of the agenda
2. Opening remarks
3. Approval of Minutes of the meeting of April 19, 2018
4. Business Arising from the Minutes
5. Report of the President
6. Report of the Provost
  - Annual Enrolment Report – Patti McDougall
7. Student Societies
  - 7.1 Report from the USSU
  - 7.2 Report from the GSA
8. Nominations Committee
  - 8.1 Request for Decision: Committee Nominations for 2018/19

*It is recommended that Council approve the nominations to University Council committees, Collective Agreement committees, and other committees for 2018-19, as outlined in the attached list.*

9. Governance Committee
  - 9.1 Request for Decision: Nominations to the Nominations Committee for 2018/19

*It is recommended that Council approve the nominations to the nominations committee as outlined in the attachment for three-year terms effective July 1, 2018 to June 30, 2021, and*

*that Pamela Downe be appointed as chair for a one-year term effective July 1, 2018 to June 30, 2019.*

10. Coordinating Committee

10.1 Report for Information: College of Medicine Procedures Manual for Medical Faculty and Standards for Promotion and Tenure

11. International Activities Committee

11.1 Report for Information: International Blueprint

12. Scholarship and Awards Committee

12.1 Report for Information: Annual Report to Council - Undergraduate and Graduate Scholarships and Awards

13. Other business

14. Question period

15. Adjournment

*Next meeting June 21, 2018 – Please send regrets to [barb.welland@usask.ca](mailto:barb.welland@usask.ca)  
Deadline for submission of motions to the coordinating committee: June 4, 2018.*

*Attendance: See Appendix A for listing of members in attendance.*

Chelsea Willness, acting chair of Council, called the meeting to order at 2:30 p.m., observing that quorum had been attained.

President Peter Stoicheff joined the meeting by telephone.

Dr. Ken Sutherland, professor in the College of Dentistry gave a memorial tribute for Dr. Ray McDermott, Dean Emeritus of the College of Dentistry, who passed away March 1, 2018.

Peter Alward, head, Department of Philosophy gave a memorial tribute for Dr. Len Miller, Professor Emeritus, Philosophy who passed away on March 15, 2018.

There was a moment of silence in tribute to Drs. McDermott and Miller and the lives lost in the Humboldt Broncos bus tragedy.

1. Adoption of the agenda

DOBSON/WILSON: *To adopt the agenda as circulated,*

CARRIED

2. Opening remarks

The acting chair reminded members of the usual procedures for debate and reported on the two topics discussed at the most recent meeting of Council chairs with members of the president's executive committee. The first of these involved the implications of the provincial budget relative to the university's growth strategy and constrained resources, and the second involved the possibilities provided by the signed MOU between the university and the City of Saskatoon.

3. Minutes of the meeting of March 15, 2018

DE BOER/GOODRIDGE: That the March 15, 2018 Council minutes be approved.

CARRIED

4. Business Arising from the minutes

There was no business arising from the minutes.

5. Report of the President

Peter Stoicheff, president indicated he was in Ottawa attending meetings of the U15.

The president expressed that the tragedy of the Humboldt Broncos reaches into the heart of the university. He recognized the efforts of the nurses, doctors, and emergency medical teams who responded to the tragedy. The university is currently providing residence space and meal plans to those who need to be near their hospitalized family members. The president conveyed that he sent messages of condolence and support and spoke with the families of those who were students at the university. The flag continues to fly at half mast, campus buildings are illuminated at night in the Humboldt team colours, and a vigil has been held.

President Stoicheff remarked on the recent provincial budget and provided a national context, noting that other institutions across Canada have seen budget decreases of up to 20% over the last ten years. The province has shown confidence in the university in this year's budget, with a 0% reduction and sufficient funding to the College of Medicine; whereas last year, the university faced a 5.6% budget reduction. He referred to the *Vision, Mission and Values* document and the *University Plan* and emphasized the importance of staying dedicated to these plans at this time.

The president closed his remarks by thanking the executive members of the USSU and the GSA for their strong leadership over the past year.

## 6. Report of the Provost

Tony Vannelli, provost and vice-president academic, presented the Provost's Report. Provost Vannelli provided further comments on the budget and commended the province for putting the College of Medicine on stable financial ground. He reported that he would be meeting with deans, executive directors, and financial officers to discuss resource allocations for the 2018/19 year with the goals of fiscal stability and growth.

Although there was a partial restoration of the \$20.0 M taken out of the university's budget last year, in the form of a \$5.0 M funding allocation, the university must still address the \$15.0 M shortfall of the previous year. Provost Vannelli referred to the intent to diversify resources and revenues and to strengthen programming in response to the budget shortfall. A more detailed response to the budget will be given to Council in May.

## 7. Student Societies

### 7.1 Report from the USSU

David D'Eon, president of the University of Saskatchewan Students' Union (USSU) presented the USSU Report. He added his condolences to those already expressed toward the community of Humboldt and thanked senior administration for assisting the USSU in coping with the tragedy on behalf of students.

Mr. D'Eon referred to the USSU elections and noted he would be issuing an apology due to his comments about the elections, which violated USSU policies.

The USSU has not heard from the Indigenous Students' Council (ISC) in response to its invitation to engage in dialogue. Mr. D'Eon encouraged the future executive to maintain an openness toward future dialogue with the ISC.

The USSU is pleased with the provincial budget and the funding provided to the College of Medicine. However, efforts to advocate for adequate funding for students for postsecondary

education in the form of financial support will continue, given decreases in the budget in funding for scholarship, loan, and educational savings programs.

Mr. D'Eon recognized the accomplishments of fellow USSU executive members over the past year and acknowledged the GSA executive, university secretary Beth Bilson, acting chair Chelsea Willness, and the university's senior leadership, with special recognition to Provost Vannelli, and Len Findlay, Council member. In closing, he recognized President Stoicheff, for his leadership and as embodying the reasons he stepped into the role of USSU president to advocate for students.

## 7.2 Report from the GSA

Ziad Ghaith, president of the Graduate Students' Association (GSA) presented the report. He reported that the GSA election results had just been announced and that Naheda Sahtout would be the new GSA president May 1.

In response to the recent announcement about the 2018-19 tuition rates, he reported many graduate students find the higher tuition rates and differential fee increase for international graduate students to be a barrier to their studies and research. The GSA would like to see an increase in financial support and teaching opportunities to offset the tuition increases.

Concluding his remarks, he thanked fellow members of the GSA executive, the university secretary and her staff, Council members and members of Council committees, the USSU executive, and Trever Crowe, interim dean and Ryan Walker, interim associate dean of the College of Graduate and Postdoctoral Studies for their leadership within the college during his term. He also thanked members of senior administration and, in particular, Patti McDougall, vice provost, teaching, learning and student experience.

## 8. Planning and Priorities Committee

Dirk de Boer, chair, planning and priorities committee, presented the committee report.

### 8.1 Request for Decision: Departmental Merger of Biomedical Sciences Departments in the College of Medicine

Professor de Boer reported that the proposed merger will merge the five departments in the Biomedical Sciences into two departments. These are natural groupings of disciplines that will allow for critical mass of faculty within the two departments to support research growth and development. The changes are consistent with changes at other universities across Canada.

DE BOER/WILSON: That Council approve the departmental merger within the Biomedical Sciences to establish two departments: a Department of Biochemistry, Microbiology and Immunology and a Department of Anatomy, Physiology and Pharmacology, effective July 1, 2018, with all records to be updated effective May 1, 2019.

CARRIED

9. Research, Scholarly and Artistic Work Committee

Paul Jones, chair, research, scholarly and artistic work (RSAW) committee, presented the committee report.

9.1 Report for Information: Artistic Discovery Report

Professor Jones reported that the report before Council builds on the committee's former reports to Council of the place of artistic work and discovery at the university and the research funding challenges of the fine arts disciplines.

The Office of the Vice-president Research (OVPR) and the RSAW worked together to prepare an environmental scan of initiatives and activities related to artistic work at the university, which is now presented to Council as the first phase of a four-phase project. The committee will be looking next at celebrating successes among the fine arts disciplines and identifying short, medium, and long-term goals to address any shortcomings.

10. Governance Committee

Jay Wilson, chair, governance committee, presented the committee reports.

Professor Wilson reported that the proposed changes to the terms of reference of the international activities committee and the planning and priorities committee update the resource personnel of both committees. In addition, the vice-provost Indigenous engagement is added as a voting *ex officio* member to the planning and priorities committee.

10.1 Request for Decision – Changes to Council Bylaws Part II Section IV: International Activities Committee Membership

WILSON/WOTHERSPOON: That Council approve the changes to Part II Section IV of the Council Bylaws as shown in the attachment, with the changes to take effect immediately.

CARRIED

10.2 Request for Decision – Changes to Council Bylaws Part II Section VI: Planning and Priorities Committee Membership

WILSON/WOTHERSPOON: That Council approve the changes to Part II Section VI of the Council Bylaws as shown in the attachment, with the changes to take effect immediately.

CARRIED

10.3 Request for Decision – School of Physical Therapy Faculty Council Membership

Professor Wilson indicated the change adds the assistant dean, graduate studies of the College of Medicine to the school's faculty council membership.

WILSON/WOTHERSPOON: That Council approve the membership change to the Faculty Council of the School of Physical Therapy as shown in the attachment, effective immediately

CARRIED

11. Nominations Committee

Jim Greer, chair, nominations committee, presented the committee reports. For each motion, the chair called three times for nominations from the floor.

11.1 Request for Decision – Nominations to the Search Committee of the Vice-Provost Faculty Relations

Motion 1:

GREER/DOWNE: That Council approve the appointment of Mary Buhr, dean of the College of Agriculture and Bioresources, as the senior administrator selected by Council to serve on the search committee of the vice-provost faculty relations

CARRIED

Motion 2:

GREER/DOWNE: That Council approve the appointment of the following GAA members to the search committee of the vice-provost faculty relations:

Jim Waldram, Department of Archaeology and Anthropology  
Anne Leis, Department of Community Health and Epidemiology  
Robert Innes, Department of Indigenous Studies  
Kerry Mansell, College of Pharmacy and Nutrition

CARRIED

11.2 Request for Decision – Nomination to the Review Committee of the Dean of Medicine

GREER/DOWNE: That Council approve the appointment of Keith Willoughby, dean of the Edwards School of Business, as the senior administrator selected by Council to serve on the review committee of the dean of Medicine.

CARRIED

11.3 Request for Decision – Nomination to the Review Committee of the Dean of Education

GREER/DOWNE: That Council approve the appointment of Kent Kowalski, associate dean academic, College of Kinesiology, as the senior administrator selected by Council to serve on the review committee of the dean of Education.

CARRIED

11.4 Request for Decision – Nomination to the Review Committee of the Dean of Pharmacy and Nutrition

GREER/DOWNE: That Council approve the appointment of Douglas Freeman, dean of the Western College of Veterinary Medicine, as the senior administrator selected by Council to serve on the review committee of the dean of Pharmacy and Nutrition.

CARRIED

11.5 Request for Decision – Nominations to the Search Committee of the Associate Provost, Institutional Planning and Assessment

Motion 1:

GREER/DOWNE: That Council approve the appointment of Dirk de Boer, acting vice-dean Indigenous, College of Arts and Science, as the senior administrator selected by Council to serve on the search committee of the associate provost, Institutional Planning and Assessment.

CARRIED

Motion 2:

GREER/DOWNE: That Council approve the appointment of the following GAA members to the search committee of the associate provost, Institutional Planning and Assessment:

Stephen Urquhart, Department of Chemistry  
Liz Harrison, School of Physical Therapy  
Candice Dahl. Library

CARRIED

11.6 Request for Decision – Nominations to the Search Committee of the Chief Executive Officer (CEO) of VIDO-InterVac

Motion 1:

GREER/DOWNE: That Council approve the appointment of Steven Jones, executive director of the School of Public Health, as the senior administrator selected by Council to serve on the search committee of the CEO of VIDO-InterVac

CARRIED

Motion 2:

GREER/DOWNE: That Council approve the appointment of the following GAA members to the search committee of the CEO of VIDO-InterVac:

Janet Hill, Department of Veterinary Microbiology  
Scott Napper, Department of Biochemistry  
Sylvia van den Hurk. Department of Microbiology and Immunology

CARRIED

12. Teaching, Learning and Academic Resources Committee

Alec Aitken, chair, teaching, learning and academic resources committee, presented the committee report.

12.1 Request for Decision: Student Experience of Teaching and Learning Instrument

Professor Aitken commented on the robust discussion at the March meeting of Council about the new student assessment tool and invited vice-provost Patti McDougall to speak to some of the specific questions raised at the March meeting.

Vice-provost McDougall indicated that response to the tool has been positive. The tool provides formative and summative feedback capabilities, as well as a range of tools for assessing teaching quality from the student perspective. The tool limits bias, is mobile compatible, works with both undergraduate and graduate programs, and has been piloted



in nine departments to provide clear evidence of its validity (*slide presentation attached as Appendix B*).

In response to the question asked at the March meeting about whether the new tool increases student response rates, Professor McDougall indicated that the focus of the pilots was to test the system, and that a full quantitative analysis was not undertaken in comparison to SEEQ. However, the pilot results show the response rate as comparable to SEEQ.

In terms of the cost of the new tool, Professor McDougall indicated that SETLQ has an annual cost of about \$100,000 per year, which includes licensing and support. Although there are administrative efficiencies realized in the analyzing of SETLQ results, the overall cost of the SETLQ tool is more than the SEEQ evaluative tool.

In response to the suggestion that the word validated be removed from the motion, Professor McDougall indicated that the word is a technical term with a specific meaning relative to the tool and therefore important to include in the motion.

Motion 1:

AITKEN/BRUNI-BOSSIO: That the SETLQ supplied by eXplorance be designated the validated, institutionally supported student experience of teaching and learning instrument at the University of Saskatchewan;

CARRIED

Motion 2:

AITKEN/BRUNI-BOSSIO: That the approval process for minor modifications to the SETLQ core question set based on validation results or requested by colleges/departments be delegated to TLARC.

CARRIED

The acronym SETLQ is a temporary designator and with the approval of the tool, a descriptive name will be selected in the coming weeks.

### 13. Academic Programs Committee

Terry Wotherspoon, chair, academic programs committee, presented the committee's reports.

#### 13.1 Request for Decision - Changes to Arts and Science Program Templates

Professor Wotherspoon provided the context to the changes to the Arts and Science program templates, noting the distribution requirements have been unchanged for several decades. An initial report with recommendations about the distribution requirements was first submitted approximately ten years ago.

The template outlines the requirements for students to take in the college in addition to those required for their major. Consultation within the college led to a number of foundational goals that were distilled into three foundational requirements: Writing in English, Quantitative Reasoning, and Indigenous Learning. A later start date is identified to allow for transition to the new requirements due to both practical and technical reasons.

WOTHERSPOON/OSGOOD: That Council approve the changes to the Arts and Science program templates for all undergraduate degree programs in the college, effective May 2020.

CARRIED

13.2 Request for Decision - Admissions Qualifications change – English proficiency requirements for graduate programs in Plant Sciences

The College of Graduate and Postdoctoral studies (CGPS) has a general framework for minimum English proficiency requirements. Departments and units are able to adjust these requirements to meet differing programmatic requirements and expectations. The changes provide clear expectations on the admission eligibility to prospective students with respect to the TOEFL and IELTS scores required.

WOTHERSPOON/OSGOOD: That Council approve the changes to the English proficiency requirements for graduate programs in Plant Sciences, effective May 2019.

CARRIED

13.3 Report For Information - Project option for the Master of Arts (M.A.) program in French

The project option augments the existing thesis option within the Department of Languages Literatures and Cultural Studies by allowing a project-based M.A. degree program in French. The requirements are consistent with the cognate M.A. offering in English.

14. Other business

A member commented on the number of male candidates nominated to the search and review committees by the nominations committee of Council, and the number of male committee chairs presenting at the meeting. She asked Council to consider her observations in terms of equity of male and female representation.

15. Question period

There were no questions.

16. Adjournment

The meeting adjourned by motion (GJEVRE/WILSON) at 4:10 pm.

## COUNCIL ATTENDANCE 2017-18

## Voting Participants

Name	Sept 21	Oct 19	Nov 16	Dec 21	Jan 18	Feb 15	Mar 15	Apr 19	May 17	June 21
Abbasi, Aliya	R	A	R	A	A	P	A	A		
Aitken, Alec	P	P	R	R	R	L	P	P		
Bell, Scott	A	A	A	A	P	A	A	P		
Bindle, David	P	P	P	P	P	P	P	P		
Bonham-Smith, Peta	P	R	P	P	P	P	P	P		R
Bowen, Angela	A	P	R	P	R	R	R	R	R	R
Brothwell, Doug	P	P	P	P	P	P	P	R		
Bruni-Bossio, Vince	P	P	P	P	P	P	P	P		
Buhr, Mary	P	R	P	R	P	P	P	P		
Burgess, David	P	P	P	P	P	A	P	P		
Calvert, Lorne	R	P	R	A	P	R	R	A		
Cameron, Mason	A	A	A	A	A	A	A	A		
Card, Claire	R	P	P	P	P	P	P	P		
Carter, Mark	P	R	P	P	P	P	A	P		
Chernoff, Egan	P	P	P	P	R	R	A	P		
Chibbar, Ravindra	P	P	R	P	A	R	A	P		
Crowe, Trever	P	P	P	P	P	P	P	P		
De Boer, Dirk	P	P	P	P	P	P	P	P		
Deters, Ralph	P	P	A	A	P	P	P	A		
Detmer, Susan	P	P	P	R	P	P	P	R		
Dick, Rainer	P	P	P	R	R	P	P	P		
Dobson, Roy	P	P	R	P	P	P	P	P		
Downe, Pamela	P	P	P	P	P	P	P	P	R	
Dumont, Darcy	P	P	R	R	R	R	P	P		
Elias, Lorin	P	P	P	R	P	P	P	P		
Eskiw, Christopher	A	P	A	P	P	A	A	P		
Findlay, Len	P	A	P	R	P	P	P	P		
Flynn, Kevin	P	P	R	R	R	R	R	R		
Freeman, Douglas	P	R	R	R	R	P	P	P		
Gabriel, Andrew	A	A	R	R	A	A	A	A		
Gjevre, John	P	P	P	P	P	P	P	P		
Goodridge, Donna	P	P	P	P	P	P	R	P		
Gordon, John	P	P	R	P	P	R	A	P		
Greer, Jim	P	R	P	P	P	P	P	P		
Grosvenor, Andrew	P	P	P	P	P	P	P	P		
Gyurcsik, Nancy	P	P	R	R	P	P	R	R		
Hamilton, Murray	P	P	P	R	P	R	P	R		
Harrison, William	P	P	P	R	R	A	A	P		
Heintz, Austin James	R	A	R	R	A	R	R	A		
Henry, Carol	R	R	P	P	R	R	P	P		
Honaramooz, Ali	A	P	P	P	P	R	R	R		
Jensen, Gordon	P	P	R	P	P	R	R	P		
Jones, Paul	R	P	R	P	P	R	P	P		
Just, Melissa	P	R	P	P	R	P	P	P	R	
Kalra, Jay	P	P	P	P	P	P	P	R		
Kampman, Courtney	A	A	A	A	A	A	A	A		
Khandelwal, Ramji	P	P	R	P	P	P	R	P		
Kiani, Ali	A	P	P	P	P	P	A	P		
Ko, Seokbum	n/a	P	P	R	P	P	R	R		
Kobes, Brent	P	A	A	A	A	A	A	A		
Koh-Steadman, Noah	A	A	A	A	A	A	A	A		
Kresta, Suzanne	n/a	n/a	n/a	n/a	P	A	A	A		
Kumaran, Arul	P	P	P	A	P	P	P	P		
Lamb, Eric	P	P	P	P	P	P	P	P		
Lane, Jeffrey	P	P	P	P	P	P	A	P		

Name	Sept 21	Oct 19	Nov 16	Dec 21	Jan 18	Feb 15	Mar 15	Apr 19	May 17	June 21
Langhorst, Barbara	P	R	R	A	P	P	R	R		
Lemisko, Lynn	P	P	P	P	R	P	P	P		
Lindemann, Rob	P	A	P	A	P	A	A	A		
London, Chad	P	P	P	P	R	P	R	R		
Luke, Iain	R	R	R	P	R	A	A	R		
Macfarlane, Cal	A	A	A	A	A	A	A	A		
Macnab, Sabrina	A	P	R	A	P	A	A	A		
Mathews, Rosemary	A	A	A	A	A	A	A	A		
McMillan, Alexandria	P	R	R	P	A	R	A	A		
Mousseau, Darrell	P	A	P	A	P	A	P	P		
Muri, Allison	P	R	P	P	P	P	P	P		
Murphy, Aidan	P	P	R	P	P	P	R	A		
Murphy, JoAnn	P	A	R	R	A	A	A	P		
Nagel, Madison	A	A	A	A	A	A	A	A		
Nicol, Jennifer	P	R	P	R	R	R	R	R		
Osgood, Nathaniel	R	R	P	R	P	P	P	P		
Papagerakis, Petros	A	P	P	R	P	P	A	P		
Phillips, Peter	P	P	P	R	P	P	P	R	R	
Phillipson, Martin	R	P	R	A	P	R	P	R		
Pocha, Sheila	R	P	R	A	P	A	A	P		
Poettcker, Grant	A	A	A	A	A	A	A	A		
Prytula, Michelle	R	P	P	P	P	P	A	P		
Racine, Louise	P	R	R	R	R	R	R	R	R	R
Risling, Tracie	P	P	P	P	P	R	P	P		
Roy, Wendy	P	P	R	P	P	R	P	P		
Sarty, Gordon	P	P	P	P	P	P	P	P	R	
Saxena, Anurag	P	A	P	A	P	R	R	A		
Shevyakov, Alexey	P	P	R	R	P	P	P	R	R	R
Smith, Charles	A	P	R	P	P	P	A	P		
Smith, Preston	P	P	P	A	P	P	P	P		
Solose, Kathleen	P	P	R	A	A	P	P	P		
Soltan, Jafar	P	P	P	R	P	P	P	P		
Spurr, Shelley	P	P	P	R	P	R	P	P		
Stoicheff, Peter	P	P	P	P	P	P	P	P		
Swidrovich, Jaris	P	P	P	R	R	P	R	P		
Stone, Scot	P	R	P	P	R	P	A	P		
Tait, Caroline	R	P	P	P	P	P	A	P		
Tyler, Robert	P	R	P	P	R	P	P	P		
Tzeng, Huey-Ming	P	P	P	A	P	P	R	P		
Vannelli, Tony	P	P	P	R	P	P	P	P		
Vargo, Lisa	P	R	P	R	P	P	P	R		
Vassileva, Julita	P	P	R	P	P	A	P	A		
Waldner, Cheryl	n/a	P	R	P	P	P	P	P		
Walker, Keith	R	R	P	P	R	R	P	P		
Walker, Ryan	P	R	P	P	R	R	P	P		
Wasan, Kishor	P	P	P	P	P	P	R	P		
Willness, Chelsea	P	P	P	P	P	P	P	P		
Willoughby, Keith	P	R	P	P	P	P	P	A		
Wilson, Jay	P	P	P	P	P	R	P	P		
Wilson, Ken	P	P	R	P	P	P	P	P		
Wilson, Lee	P	A	P	P	P	A	P	A		
Wotherspoon, Terry	P	P	P	P	P	P	P	P		
Wurzer, Greg	P	P	P	P	P	R	P	P		
Zello, Gordon	P	R	P	P	P	R	P	P		

# Student Experience of Teaching and Learning

University Council

April 19, 2018

# Timeline of Actions

- 2013 to 2018
  - Hearing from people about the SEEQ tool (need for change)
  - Working to understand what is meant by teaching quality
  - Review promising practices – student feedback on teaching
  - Develop principles – instrument + system
  - Review what instruments available – **pick SETLQ**
  - Pilot SETLQ

# Who has been consulted?

March, May, August 2017, January 2018	• Faculty Groups
May 2017	• Students
May and June 2017	• Information + Communications Technology
May 2017	• College Administrators
June 2017, February 2018	• Associate Deans Academic
September 2017, January 2018	• Educational Systems Steering Committee
September 2017	• Vice Provost Faculty Relations
September & November 2017	• University of Saskatchewan Students' Union
October 2017	• Undergrad Chairs College of Arts & Science
October 2017	• University Review Committee
November 2017	• Graduate Students' Association
November 2017	• Joint Committee for Management of Agreement

# SETLQ Principles

## Instrument:

- Experience focused
- Limits bias
- Evidence of Validity
- Flexible configuration
- Modular structure
- Customizable
- Enables student contextualization



# SETLQ Principles

## System:

- Easy to use
- Clear and customizable reports
- Facilitates formative feedback
- Process efficiency
- Mobile compatible
- Access to aggregate data

# 2017/18 Pilot

SETLQ used in:

- 9 colleges/departments
- over 100 courses
- over 200 sections
- a variety of teaching approaches including lecture, online, practicums, labs, tutorials, project based

Has allowed for testing and refinement of the system and instrument

# Pilot outcomes

- Clear evidence of validity and reliability at the U of S, building on strong evidence of validity and reliability from instrument developers
- Faculty valued:
  - Inclusion of college, department and course specific questions
  - Ability to handle complex and diverse course structures
  - That feedback received was of higher quality and more actionable

# Pilot outcomes

- Students valued:
  - ✓ Short instrument
  - ✓ Easy of completion (including on phone)
  - ✓ Specificity of the questions
  - ✓ Ability to answer questions about the instructor and the course as distinct

# SETLQ Questions from March 15

1. Response rates
2. Quality of SETLQ versus SEEQ open-ended responses
3. Costs of the system and instrument

# Questions from March 15

## 1. Response rates

- Overall the response rate across all classes in the SETLQ pilot was 41% in the fall term
- SEEQ overall response rate in the same term was 38%

# Questions from March 15

## **2. Quality of SETLQ versus SEEQ open-ended responses**

- Qualitative analysis of all SETLQ open ended responses from the Fall 2017 term was undertaken.
- Results demonstrate that the questions prompt largely constructive responses from students that answer the specific question asked

# Themes & Tones in SETLQ Open-Ended Core Questions

	Purely Constructive	Positive	Focus
Please comment on any opportunities you had to develop and demonstrate subject-specific skills in this course.	91%	86%	93% about course 2% about instructor
Please comment on the overall quality of your learning experience in this course.	88%	70%	73% about course 12% about instructor
Please comment on the overall quality of the instruction in this course.	95%	83%	3% about course 93% about instructor



# Questions from March 15

## **3. Costs of the system and instrument\***

- SEEQ – home grown application, almost no features
  - Costs of operating SEEQ - \$10,400 annually
- SETLQ – continuous development of system, many desired features
  - Costs of operating SETLQ - estimated to be \$99,500 annually
- Costs associated with the 17/18 to 20/21 period are higher because we are using two instruments

\*costs include technical support and costs for system, license and hosting

# Motion 1

*It is recommended:*

- *That the SETLQ supplied by eXplorance be designated the validated, institutionally supported student experience of teaching and learning instrument at the University of Saskatchewan;*

# Motion 2

*It is recommended:*

- *That the approval process for minor modifications to the SETLQ core question set based on validation results or requested by colleges/departments be delegated to TLARC.*

PRESIDENT'S REPORT TO UNIVERSITY COUNCIL May 2018 

### Steacie Fellowship

I am pleased to report that Dr. Regan Mandryk is among six researchers across Canada who have been awarded the prestigious E.W.R. Steacie Memorial Fellowship by the National Sciences and Engineering Research Council (NSERC). Steacie Fellowships are awarded to outstanding and highly promising university faculty who are earning a strong international reputation for original research.

Dr. Mandryk has been awarded \$250,000 over two years allowing her to advance her research and enabling her to devote time and energy to her work. Working with industry partners, Dr. Mandryk has done pioneering work in using elements of digital games to design interventions in both physical and mental health. During the fellowship she will be working with many of her 15 graduate students on the project and has hired a third-year computer science student as an intern to support the research. As well, she has collaborators around the world who will help in areas such as clinical psychology, game design and player assessment.

### Honorary Degree Recipients

It is my pleasure to report this year's honorary degree recipients. We hold the honorary degree as one of the highest honours the U of S can bestow on an individual. Chosen and approved by our Senate, the degrees recognize individuals who have made outstanding achievements in research, scholarly and artistic works; performed exceptional public service; contributed greatly through their professional or philanthropic activity; and demonstrated great athletic prowess. The 2018 honorary degree recipients are:

***Merlis Belsher:*** An accomplished accountant, lawyer, entrepreneur and philanthropist, Mr. Belsher is committed to building communities. A U of S graduate, Mr. Belsher's leadership was instrumental in the development of the new *Merlis Belsher Place* multisport complex.

***David Carpenter:*** A renowned author, Dr. Carpenter has written five novels, three collections of short stories, four books of non-fiction and a book of poems. He is the editor of the three-volume *Literary History of Saskatchewan*.

***Leonard Edwards:*** A U of S graduate, Mr. Edwards joined the Federal Public Service in the fall of 1969 as a Foreign Service officer. Over the next 32 years, he spent time serving Canada abroad, including posts as Canada's ambassador to the Republic of Korea and to Japan.

***Agnes Herzberg:*** A noted Canadian statistician and U of S grad, Dr. Herzberg researches the statistical design of experiments including contributions to the design of clinical trials in

medicine. Most recently, she co-authored a paper examining the noteworthy properties of Sudoku puzzles, including their potential for data compression.

**Dave King:** A legendary hockey coach, Mr. King is a U of S graduate who has compiled a remarkable record of success spanning five decades in the game nationally and internationally.

**Joni Mitchell:** A generational talent, hailed by *Rolling Stone* magazine as “one of the greatest songwriters ever”, Ms. Mitchell’s musical influence is still widely heard today. Her success took her to cities around the world. Saskatoon—where she grew up and learned to play piano and guitar—is her hometown.

**Ross Petty:** Dr. Petty, a graduate from the U of S College of Medicine, developed a comprehensive clinical, training and research program in pediatric rheumatology at the University of British Columbia. He is author of more than 250 original papers and book chapters.

**Joseph Quwezance:** Mr. Quwezance has dedicated his career to improving the quality of life of First Nations communities in Saskatchewan by influencing public policy on all levels of government. During his three terms as Tribal Chief at Saskatoon Tribal council, he laid the foundation for many community partnerships with business, government and industry. Recipients will receive their degrees at this year’s Spring convocation.

## Board of Governors Appointments

The U of S Senate has elected two members to the university’s Board of Governors for three-year terms:

**Joy Crawford** is returning for her second term on the board. Ms. Crawford is a certified management accountant currently employed at Nutrien. She was a U of S senator and a member of the Alumni Association Board of Directors, including serving as their president. She currently sits as director and treasurer on the Board of Directors for Quint Development Corporation and is an account executive, Business and Industry Committee, for the United Way of Saskatoon and Area.

**Allan Adam**, a U of S senate member since 2015, has extensive experience in government relations federally, provincially and territorially. Currently the CEO of Dene Language Consultants, Mr. Adam provides translation services and strategic advice on Aboriginal governance, Indigenous rights and more. The former Dene vice-chief, FSIN, and Former Chief of Fond du Lac Dene, Mr. Adam has more than 30 years of experience in northern issues. From 1999 to 2012, Mr. Adam was a lecturer at the Northern Teacher Education Program where he taught Dene language skills.

As a reminder to members of Council, the U of S Board of Governors meets five times per year, and is responsible for overseeing and directing all matters respecting the management and administration of the university's property, revenues and financial affairs.

The board consists of 11 members: five appointed by the Government of Saskatchewan (currently Lee Ahenakew, Shelley Brown, Grant Devine, Grant Isaac and Ritu Malhotra), one student member (currently Coden Nikbaht), one faculty member elected by the faculty (currently Dr. Jay Kalra), two members appointed by University Senate (Adam and Crawford), and two ex-officio members (currently President Stoicheff and Chancellor Romanow).

### Saskatchewan Order of Merit Recipients

Recipients of the Saskatchewan Order of Merit (SOM) were announced last month with many U of S connections on the list: **Bob Calder**, a U of S graduate, a professor emeritus in the English department, and nationally known author; **Maurice Delage**, a U of S graduate and one of the preeminent leaders and innovators in agriculture in Saskatchewan; and, posthumously, **Neil Richards**, a community activist and Librarian at the U of S who preserved and documented the heritage of LGBTQ communities.

Other recipients this year include National Chief of the Assembly of First Nations Perry Bellegarde; author Gail Bowen; and photography artist Thelma Pepper.

**PROVOST'S REPORT TO COUNCIL**

**May 2018**

**GENERAL REMARKS**

At this Council meeting, Greg Fowler and I will present the budget allocation process and decisions for 2018-19 to Council. We are finalizing these allocations with Deans, Executive Directors, VPs and other senior leaders subject to Board of Governor's approval. For the purpose of this discussion, we will also review what has occurred in the last two budgets that have led to 2018-19 decisions. More important, I want to talk about the planning and re-investment that we are focusing on in all Colleges, Schools and support units to enable their strategic plans that will be developed over the next 4 years under the auspices of the new University Plan. As I have stated at Council, it is critical to look at planning and budgeting over multiple years to keep our vision for this university in sharp focus.

**TEACHING LEARNING, AND STUDENT EXPERIENCE**

**2018 Provost's Outstanding Teaching Award Recipients**

The Provost's Outstanding Teaching Awards recipients are:

Leah Ferguson, College of Kinesiology  
Egan Chernoff, College of Education, Department of Curriculum Studies  
Ed Krol, College of Pharmacy and Nutrition  
Lee Swanson, Edwards School of Business, Department of Management and Marketing  
Amanda Doucette, College of Law  
Natacha Hogan, College of Agriculture and Bioresources, Department of Animal and Poultry Science  
Jim Bugg, College of Engineering, Department of Mechanical Engineering  
Noelle Rohatinsky, College of Nursing  
Allison Muri, College of Arts and Science (Humanities), Department of English  
Art Davis, College of Arts and Science (Science), Department of Biology

Provost Themed Teaching Awards

Provost's Outstanding Teacher Award – Innovation

Colin Laroque, College of Agriculture and Bioresources, Department of Animal and Poultry Science

Provost's Outstanding Graduate Student Teacher Award

Margo Adam, College of Kinesiology

Sylvia Wallace Sessional Lecturer Award

Glorie Tebbutt, College of Arts and Science, Department of English

David Terrance York, College of Arts and Science, Department of Political Studies

2017 Provost's Prize for Innovative Practice in Collaborative Teaching and Learning

Indigenous Student Achievement Program Team

Kristina Bidwell, numerous community partners, and ASAP Team across campus, College of Arts and Science

2017 Provost's Project Grant for Innovative Practice in Collaborative Teaching and Learning

Nunavut JD Program

Martin Phillipson, Doug Surtees, Heather Heavin, Tracey Wray, Bonnie Hughes, Stephen Mansell, Ben Ralston, Wendy Parkes, Aaju Peter, Serena Ableson, College of Law

For more information, visit [teaching.usask.ca/celebration](http://teaching.usask.ca/celebration).

### ***VICE-PROVOST, INDIGENOUS ENGAGEMENT***

Since October 2017, the Vice-Provost, Indigenous Engagement has spent much effort building connections and beginning to inform the University Plan in the areas of Indigenization, decolonization and reconciliation. On April 23, Jackie welcomed Dawn Deguire to her team as executive assistant, and they will welcome an associate director on June 18, 2018. With the start of these positions, they are excited to fully operationalize the office and continue work on an Indigenous engagement strategic plan.

As part of the Indigenous Strategic planning process, an initial meeting took place on March 23 with representatives from all 17 colleges and schools to discuss the overall process for the Indigenous Strategy. A working group and steering committee will be developed with representatives from Indigenous and non-Indigenous representatives from each college. Indigenous leaders and knowledge keepers from the broader community will also inform the strategic plan of their future vision for the university. One key element to the community consultation process will be an Elder summit with representatives from all regions of the province taking place in late November or early December. Another will be an off-campus community gathering. The University of Saskatchewan Indigenous Strategy will form the foundation for this office and provide direction for change for every part of our campus.

### ***INSTITUTIONAL PLANNING AND ASSESSMENT***

#### **Operations Forecast**

The Operations Forecast is the annual funding request to the Province of Saskatchewan outlining the U of S' strategic priorities, projected operational needs, and requirements. In turn this informs the development of the upcoming provincial government budget which determines the size of the university's operating, capital, and targeted funding. The submission for 2019-20 will highlight the university's priorities in alignment with the Province of Saskatchewan's plans and priorities in contributing to the economic vitality of the province. Consultation with campus leaders, including Deans' Council, PPC, PEC, PCIP, VP's, is essential in creating a document that speaks to the needs of the university. The document will be provided in confidential draft form to the Ministry of Advanced Education by June 12, 2018, with the final Board-approved submission provided in October 2018.

#### **Tuition Policy**

The current tuition policy is being updated to add the principles of predictability and transparency in tuition-rate setting and incorporate guiding principles on student consultation. Delegation of approval



authority to PCIP for specific program and course tuition changes subject to the parameters set by the Board is also proposed. Consultations are coming to a close and the updated policy will be presented to University Council for information before the summer break. The policy will be presented to the Board for approval in June. Changes will take place as early as the 2019-20 academic year in parallel with the renewal of a longer-term tuition strategy. A tuition taskforce led by myself has begun this work in alignment with the strategic areas set out in the University Plan: 2025.

## ***COLLEGE AND SCHOOL UPDATES***

### **College of Arts and Science**

- The Gabriel Dumont Research Chair in Métis Studies and the Gabriel Dumont Graduate Scholarships for Métis Students were announced on 26 April. Recruitment for the chair will begin immediately. Graduate student scholarships of \$20,000 over five-years will be awarded annually with preference given to graduate students who self-identify as Métis.
- The Aboriginal Faculty Recruitment Strategy in the College of Arts and Science had a successful first year. Thirty-two self-declared Aboriginal scholars responded to the advertisement. Five scholars were invited for interview and two Indigenous faculty members have been appointed – Cheryl Troupe, Department of History and Colin Sproat, Department of Geological Sciences. They will be joining the college in July and September 2018, respectively.
- In the Consortium for Mathematics and Its Applications – Mathematical Contest in Modeling (COMAP-MCM) 2018 a team from the Colleges of Arts and Science and Engineering were awarded “Meritorius Winner” rank. This placed the team within the top 10% of 10,670 participating teams from around the world and they were one of only two Canadian teams to achieve this rank. Congratulations to these students and to their advisor, Alexey Shevyakov, Professor, department of Mathematics and Statistics.
- The Canadian Space Agency has selected the University of Saskatchewan’s Space Design Team’s (USST) proposal to receive funding through the Canadian CubeSat Project. USST is comprised of students from the Colleges of Engineering and Arts and Science who proposed the development of a small satellite to be launched from the International Space Station in four to five years. Congratulations to all of the students, the faculty advisor, Glenn Hussey (Physics and Engineering Physics), primary investigator, Sean Maw (Engineering), and co-PIs Doug Degenstein (Physics and Engineering Physics) and Jaime Hilts (Saskatchewan Polytechnic).

For more news and events please visit: <http://artsandscience.usask.ca/news/>

### **College of Pharmacy and Nutrition**

Nutrition Research Day and the 60<sup>th</sup> Year Celebration for the Saskatchewan Dietitians Association

The annual Dietitians of Canada Saskatchewan Research Day highlights and celebrates the fourth year nutrition students' practice-based research project presentations.

New this year is the opportunity to showcase a research poster or display resources as part of the dietitian resource tables.

Immediately following Saskatchewan Research Day, everyone is invited to attend a reception to celebrate the Saskatchewan Dietitians Association 60th Anniversary.

**University Council- Report from USSU**  
**May 17th, 2018**

We, the new USSU Executive members, officially took office on Tuesday May 1, 2018. We are excited to continue the USSU's vision of being the recognized leader in enhancing the student experience. As part of our orientation to the USSU we have begun planning the initiatives and events to which we will focus, for the upcoming year.

President Coden Nikbakht has scheduled meetings with university administration, and municipal, provincial, and federal levels of government, as part of his campaign promise to be a well connected and strong advocate for students. With regards to advocating for our students, President Coden Nikbakht has also been in touch with student leaders around the nation to build relationships amongst student leaders. Subsequently, President Nikbakht has been on facility tours, receiving orientations and training, and reviewing policies and amending policies with the executives.

VP Operations and Finance, Brent Kobes plans to continue working with student groups and administration to enhance the student experience and the campus community. Brent hopes to achieve this by developing executive training emphasizing liability, conflict management, and sustainable governance solutions. Vice President Kobes also plans to work with the city in the development and implementation of the bus-rapid-transit system to ensure its accessibility for all University of Saskatchewan students.

VP Academic Affairs, Sheldon Moellenbeck, is planning on increasing consultation with different student societies, to more accurately and transparently represent students on the University level committees on which he sits. He is planning on creating content and videos to

help students navigate Academic Course Policies and Academic Misconduct Policies. Further, he wants to promote scholarship uptake by creating a Scholarship Directory that provides suggestions aimed at improving and increasing scholarship applications.

VP Student Affairs, Rose Wu is planning to bring back the winter biking workshop, implement more bike racks, bike lockers, and bike repair stations. She is also planning to partner more with Peer Health and Protective Services to decrease the stigma of mental health issues by bringing existing services to different colleges, putting more alert buttons in remote areas, and offering more safety workshops. Lastly, Vice President Wu will collaborate with external organizations to bring more community events to campus.

We are excited for all of the hard work ahead that it will take to be the strong advocates and relationship builders our members deserve.

Sincerely,



**Coden Nikbakht**  
President  
University of Saskatchewan Students' Union  
(306) 966-6965 | [president@ussu.ca](mailto:president@ussu.ca) | [ussu.ca](http://ussu.ca)





University of Saskatchewan Graduate Students' Association  
University Council Report – May 2018

With the beginning of a new academic year, the Graduate Students' Association welcomes a new Executive team. It is my pleasure to introduce the 2018 / 2019 GSA Executive team to University Council.

***President:** Naheda Sahtout*

***Vice-President Finance and Operations:** Jesus Corona Gomez*

***Vice-President Student Affairs:** Edgar Martinez-Soberanes*

***Vice-President External:** Somtochukwu Ufondu*

***Indigenous Liaison:** Marie-Eve Presber*

We are deeply humbled to be representing graduate students at this institution. Graduate students make up 17 % of the student population, and play an integral role in leadership, academia and research. The two main priorities that the Graduate Students' Association will advocate for this year are;

**One: Enhancing the resources that support the Student-Supervisor Relationship**

It is often the relationship between the student and the supervisor that dictates the academic experience of graduate students. Students often look up to their supervisors for mentorship, professional development, for advice and for resources. Supervisors often take the role of educator, teacher, mentor and researcher. As such, the success of such a relationship is a vital component to ensuring the success of graduate studies at the University. While it often falls on the supervisor or the student to see a graduate degree to completion, it is a mutual responsibility and it is important for this reciprocity to be recognized. When this shared responsibility is identified, and discussions are in place, success can be guaranteed.

We aim at increasing the available resources that can help in enhancing the unique relationship between students and their supervisors. We plan to work closely with the College of Graduate and Postdoctoral Studies and the Gwenna Moss Centre for Teaching and Learning, as well as all other stakeholders, to develop these resources. Some of these resources, such as the Student-Supervisor Guideline, have already been introduced or are currently available.

### **Two: Graduate Student Representation on the Board of Governors**

The GSA wishes to acknowledge University Council's support and hopes that graduate student representation on the Board is in the near-future. The views, perspectives and unique experiences of graduate students on the Board will be a step in the right direction for this University, being a research-intensive university and a member of U15. Graduate student representation on the Board would reduce the gap in student representation and would ensure that the Board better reflects its stakeholder population. We will build on the success that was achieved last year and we hope to see actual results for this long standing request.

The GSA will continue its efforts to ensure that the graduate student voice is represented on every decision making table in this University. With the graduate student population constantly increasing at this University, it is important that the knowledge and vision of graduate students, who are ultimately the future leaders of academia, is heard, shared and taken into account.

We look forward to working with members of the University throughout our tenure this year. Together, we can enhance the academic experience of students on campus and better prepare our students for a successful future.

UNIVERSITY COUNCIL  
NOMINATIONS COMMITTEE  
REQUEST FOR DECISION

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**PRESENTED BY:** Jim Greer, Chair,  
Nominations committee of Council

**DATE OF MEETING:** May 17, 2018

**SUBJECT:** **Committee Nominations for 2018-19**

**DECISION REQUESTED:**

*It is recommended:*

*That Council approve the nominations to University Council committees, Collective Agreement committees, and other committees for 2018-19, as outlined in the attached list.*

**DISCUSSION SUMMARY:**

Each year, the nominations committee reviews the membership list of Council committees, those committees constituted under the Faculty Association Collective Agreement, and other university-level committees and submits a list of nominees to Council for consideration of appointment. The attached report contains this year's nominees to Council. In addition to meeting throughout the year as required, the committee met on April 3, 9, 17, 24 and 26 specifically to consider membership vacancies due to member rotation at the end of the academic year.

In conducting its work, the committee considers the skills and experience of nominees that in the committee's judgment would best apply to the committee, consulting as necessary. In keeping with its terms of reference to attempt to solicit nominations widely from the Council and the General Academic Assembly, each spring the committee issues a call for nominees to all deans and department heads, and posts an ad in *On Campus News*, inviting volunteers to serve. The committee attempts to include individuals who are broadly representative of disciplines across campus. To the extent possible, the committee considers equity in representation and balance among members. In recommending committee chairs, the committee considers experience, leadership, continuity and commitment as key attributes of chair nominees and equity in gender representation across committee chairs. Council committee chairs are nominated for one-year terms.

**ATTACHED:** 2018-19 List of committees and members

**UNIVERSITY COUNCIL COMMITTEES 2018-19**

**ACADEMIC PROGRAMS COMMITTEE**

- Reviews and approves curriculum changes from all college; recommends major curriculum changes to Council; oversees policies relating to students and academic programs.
- Membership comprises 11 members of the GAA, at least 5 of whom will be elected members of Council; at least 1 member from the GAA is to have some expertise in financial analysis; 1 sessional lecturer

**Nominees**

*For Chair*

**Ken Fox**

*New members (from Council)*

<b>Ryan Brook</b>	<b>Animal and Poultry Science</b>	<b>2021</b>
<b>Lorin Elias</b>	<b>Psychology</b>	<b>2021</b>
<b>Egan Chernoff</b>	<b>Curriculum Studies</b>	<b>2021</b>

*New members (from GAA)*

<b>Jeremy Rayner</b>	<b>Johnson Shoyama Graduate School of Public Policy</b>	<b>2021</b>
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*Sessional*

<b>Barbara Mills Wotherspoon</b>	<b>Educational Foundations</b>	<b>2019</b>
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**Continuing members**

Council Members

<del>Terry Wotherspoon (chair)</del>	<del>Sociology</del>	<del>2020</del>
<del>Tammy Marche</del>	<del>Psychology, STM</del>	<del>2018</del>
<del>Nathaniel Osgood</del>	<del>Computer Science</del>	<del>2018</del>
Susan Detmer	Veterinary Pathology	2020
Shelley Spurr	Nursing	2020
Kathleen Solose	Music	2019

General Academic Assembly Members

<del>Sina Adl</del>	<del>Soil Science</del>	<del>2018</del>
<del>Jeff Park</del>	<del>Curriculum Studies</del>	<del>2018</del>
Longhai Li	Mathematics and Statistics	2019
Angela Kalinowski	History	2020
Michael Cottrell	Educational Administration	2020
Ken Fox	Accounting	2020

Sessional Lecturer

<del>Clayton Beish</del>	<del>Linguistics and Religious Studies</del>	<del>2018</del>
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Other members

Patti McDougall	[Provost designate] Vice-Provost, Teaching and Learning, and Student Experience ( <i>ex officio</i> )
Russell Isinger	University Registrar ( <i>ex officio</i> )
Lucy Vuong	[VP Finance designate] FSD – Budget and Special Projects ( <i>ex officio</i> )
TBD	[USSU designate]
TBD	[GSA designate]

Resource members

Alison Pickrell	Assistant Vice-provost, Strategic Enrolment Management
John Rigby	Associate Provost, Institutional Planning and Assessment
CeCe Baptiste	Financial Analyst, Institutional Planning and Assessment
Amanda Storey	Committee Secretary, Office of the University Secretary



## GOVERNANCE COMMITTEE

- Reviews Council bylaws including committee terms of reference; develops policies relating to student academic appeals and conduct.
- Membership comprises the Council chair, chair of planning and priorities committee, chair of the academic programs committee, to include three elected members of Council; presidents designate.

### Nominees

*For Chair:* **Jay Wilson [reappointment]**

### Continuing members

#### Council Members

Pamela Downe	Archaeology and Anthropology	2020
Jay Wilson	Curriculum Studies	2020
Trever Crowe	Interim dean, College of Graduate and Postdoctoral Studies	2019

#### Ex officio members

Beth Bilson	University Secretary Chair, Planning and Priorities Committee Chair, Academic Programs Committee Chair, Council
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#### Other members

<del>Heather Heavin</del>	<del>President's designate</del>	<del>2018</del>
Tamara Larre	President's designate	2019

#### Resource members:

Sandra Calver	Committee Secretary, Office of the University Secretary
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## INTERNATIONAL ACTIVITIES COMMITTEE

- Develops and reviews the policies, programming and strategic directions for international activities and programs.
- Membership comprises 9 members of the GAA; at least three of whom are elected members of Council

### Nominees

*For Chair:* **Martha Smith-Norris**

*New members (from Council)*

<b>Martha Smith-Norris</b>	<b>History</b>	<b>2021</b>
<b>Seok Bum-Ko</b>	<b>Electrical and Computer Engineering</b>	<b>2021</b>

*New members (from GAA)*

<b>Punam Pahwa</b>	<b>Community Health and Epidemiology</b>	<b>2021</b>
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### Continuing members

#### Council Members

<del>Gord Zello (Chair)</del>	<del>Nutrition</del>	<del>2018</del>
<del>Jafar Soltan</del>	<del>Chemical and Biological Engineering</del>	<del>2018</del>
Keith Walker	Educational Administration	2020

#### General Academic Assembly Members

<del>Vikram Misra</del>	<del>Veterinary Microbiology</del>	<del>2018</del>
Mirela David	History	2019
Nazmi Sari	Economics	2020
Karsten Liber	Toxicology/SENS	2020
Paul Orłowski	Educational Foundations	2020
Li Zhang	Library	2020

#### Other members

Patti McDougall	[Provost designate] Vice-Provost, Teaching, Learning and Student Experience ( <i>ex officio</i> )
Jim Lee	[Vice-President Research designate] Executive Director, International ( <i>ex officio</i> )
TBD	[USSU designate]
TBD	[GSA designate]

#### Resource members

Alison Pickrell	Assistant Vice-provost, Strategic Enrolment Management
Roxanne Craig	Committee Secretary, International Office

## PLANNING AND PRIORITIES COMMITTEE

- Reviewing and advising Council and the university administration on planning, budgeting, and academic priorities.
- Membership comprises 11 members of the GAA, at least 6 of whom will be elected members of Council; at least 1 member from the GAA is to have some expertise in financial analysis; 1 sessional lecturer; 1 dean

### Nominees

*For Chair:* **Dirk de Boer [reappointment]**

#### *New members (from Council)*

<b>Ken Wilson</b>	<b>Biology</b>	<b>2021 [reappointment]</b>
<b>Andrew Grosvenor</b>	<b>Chemistry</b>	<b>2021</b>
<b>Lynn Lemisko</b>	<b>Educational Foundations</b>	<b>2021</b>

#### *New members (from GAA)*

<b>Marie Lovrod</b>	<b>English</b>	<b>2021</b>
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#### *Sessional*

<b>Meera Kachroo</b>	<b>Linguistics and Religious Studies</b>	<b>2019 [reappointment]</b>
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### Continuing members

#### Council Members

<del>Dirk de Boer (Chair)</del>	<del>Geography and Planning</del>	<del>2019</del>
<del>Ralph Deters</del>	<del>Computer Science</del>	<del>2018</del>
<del>Veronika Makarova</del>	<del>Linguistics and Religious Studies</del>	<del>2018</del>
<del>Ken Wilson</del>	<del>Biology</del>	<del>2018</del>
Peter Phillips	Johnson Shoyama Graduate School of Public Policy	2019
Darrell Mousseau	Psychiatry	2020
Louise Racine	Nursing	2020

#### General Academic Assembly Members

<del>Karen Lawson</del>	<del>Psychology</del>	<del>2018</del>
Norman Sheehan	Accounting	2019
Angela Bedard-Haughn	Soil Science	2020
Maxym Chaban	Economics	2020

#### Dean

Keith Willoughby	Dean, Edwards School of Business	2020
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#### Sessional Lecturer

<del>Meera Kachroo</del>	<del>Linguistics and Religious Studies</del>	<del>2018</del>
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#### Other members

Greg Fowler	Vice-president Finance and Resources ( <i>ex officio</i> )
Kevin Schneider	[VP Research representative] Interim Associate Vice-President Research ( <i>ex officio</i> )
Tony Vannelli	Provost and Vice-President Academic ( <i>ex officio</i> )
Jacqueline Ottmann	Vice-provost Indigenous Engagement ( <i>ex officio</i> )
TBD	[USSU designate]

TBD

[GSA designate]

Resource members

John Rigby

Associate Provost, Institutional Planning and Assessment (IPA)

Jacque Thomarat

Director, Resource Allocation and Planning, IPA

Troy Harkot

Director, Institutional Effectiveness, IPA

Shari Baraniuk

Chief Information Officer (CIO), Information and Communications  
Technology

Sandra Calver

Committee Secretary, Office of the University Secretary

## **RESEARCH SCHOLARLY AND ARTISTIC WORK COMMITTEE**

- Reviews and advises Council on issues related to research, scholarly and artistic work including advising on research grant policies and the establishment of research centres.
- Memberships comprises 9 members of the GAA, at least 3 of whom will be elected members of Council; 2 of the 9 members will be assistant or associate deans with responsibility for research

### **Nominees**

*For Chair:* **Julita Vassileva**

*New members (from Council)*

**Cheryl Waldner**                      **Large Animal Clinical Sciences**                      **2021**

*New members (from GAA)*

**Jane Alcorn**                      **Associate Dean, Research,**                      **2021**  
**Pharmacy and Nutrition**

**Sarah Buhler**                      **Law**                      **2021**

**Jon Bath**                      **Art and Art History**                      **2021**

### **Continuing members**

#### **Council Members**

~~Paul Jones (Chair)~~                      ~~School of Environment and Sustainability~~                      ~~2019~~

~~Julita Vassileva~~                      ~~Computer Science~~                      ~~2019~~

~~Rainer Dick~~                      ~~Physics and Engineering Physics~~                      ~~2020~~

~~Bob Tyler~~                      ~~Associate Dean (Research and Graduate~~                      ~~2019~~  
~~Studies) Agriculture and Bioresources~~

~~John Gordon~~                      ~~Medicine~~                      ~~2018~~

#### **General Academic Assembly Members**

~~Garry Gable~~                      ~~Music~~                      ~~2018~~

~~Virginia Wilson~~                      ~~Library~~                      ~~2018~~

~~David Burgess~~                      ~~Associate Dean (Research, Graduate support~~                      ~~2020~~  
~~and International Activities) College of Education~~

~~Jon Farthing~~                      ~~Kinesiology~~                      ~~2020~~

#### **Other members**

~~Karen Chad~~                      ~~Vice-President Research (*ex officio*)~~

~~Trever Crowe~~                      ~~Interim Dean, College of Graduate and Postdoctoral Studies (*ex officio*)~~

~~TBD~~                      ~~[USSU designate]~~

~~TBD~~                      ~~[GSA designate]~~

#### **Resource members**

~~Dena McMartin~~                      ~~Director of Research Services and Assistant Vice-president Research~~

~~Laura Zink~~                      ~~Director, Strategic Research Initiatives~~

~~Amanda Storey~~                      ~~Committee Secretary, Office of the University Secretary~~

## SCHOLARSHIPS AND AWARDS COMMITTEE

- Grants awards, scholarships and bursaries which are open to students of more than one college or school, advises Council on scholarship and awards policies and issues.
- Membership comprises 9 members of the GAA, at least 3 of whom are elected members of Council

### Nominees

*For Chair:* **Donna Goodridge [reappointment]**

*New members (from Council)*

<b>Ramji Khandelwal</b>	<b>Biochemistry</b>	<b>2021</b>
<b>Donna Goodridge</b>	<b>Medicine</b>	<b>2021 [reappointment]</b>

*New members (from GAA)*

<b>Emer O'Hagan</b>	<b>Philosophy</b>	<b>2021</b>
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### Continuing members

#### Council Members

<del>Donna Goodridge (Chair)</del>	<del>Medicine</del>	<del>2018</del>
<del>Ali Honaramooz</del>	<del>Veterinary Biomedical Sciences</del>	<del>2018</del>
Tracie Risling	Nursing	2020

#### General Academic Assembly Members

<del>Anh Dinh</del>	<del>Electrical and Computer Engineering</del>	<del>2018</del>
Carin Holroyd	Political Studies	2019
Louise Humbert	Kinesiology	2019
Michael MacGregor	Psychology	2020
Kaori Tanaka	Physics & Engineering Physics	2019
Alexandria Wilson	Educational Foundations	2019

#### Other members

Alison Pickrell	[Provost designate] Assistant Vice-provost, Strategic Enrolment Management ( <i>ex officio</i> )
Trever Crowe	Interim Dean, College of Graduate and Postdoctoral Studies
Debra Pozega Osburn	Vice-President University Relations ( <i>ex officio non-voting</i> )
Graeme Joseph	Team Leader, First Nations, Métis and Inuit Student Success, Aboriginal Students' Centre
TBD	[USSU designate]
TBD	[GSA designate]

#### Resource members

Heather Lukey	Director, Graduate Awards and Scholarships
Shandi Boser	Manager, Donation and Trusts Services
Russell Isinger	Registrar
Wendy Klingenberg	Committee Secretary, Student Finance and Awards

## **TEACHING, LEARNING AND ACADEMIC RESOURCES COMMITTEE**

- Reviews and advises on pedagogical issues, support services for teaching and learning, Aboriginal teaching and learning, and policy issues on teaching, learning and academic resources.
- Membership comprises 11 members of the GAA, at least 5 of whom will be members of Council; includes 1 sessional lecturer.

### **Nominees**

*For Chair:* **Vince Bruni-Bossio**

*New members (from Council)*

**Jaris Swidrovich**                      **Pharmacy and Nutrition**                      **2021**

*New members (from GAA)*

**Jorden Cummings**                      **Psychology**                      **2021**

**Gail MacKay**                      **Curriculum Studies**                      **2021**

*Sessional*

**Darrell Bueckert**                      **Music**                      **2019 [reappointment]**

### **Continuing Members**

#### Council Members

~~Alec Aitken (Chair)~~                      ~~Geography and Planning~~                      ~~2018~~

~~Tamara Larre~~                      ~~Law~~                      ~~2018~~

Vince Bruni-Bossio                      Management and Marketing                      2020

Petros Papagerakis                      Dentistry                      2020

Len Findlay                      English                      2019

John Gjevre                      Medicine                      2019

#### General Academic Assembly Members

~~Michel Gravel~~                      ~~Chemistry~~                      ~~2018~~

Marie Battiste                      Educational Foundations                      2019

Sean Maw                      Ron and Jane Graham School of  
Professional Development                      2020

Eric Micheels                      Agricultural and Resource Economics                      2020

Jo-Ann Murphy                      Library                      2020

#### Sessional

~~Darrell Bueckert~~                      ~~Music~~                      ~~2018~~

#### Other members

Patti McDougall                      Vice-Provost, Teaching, Learning and Student Experience  
Shari Baraniuk                      Chief Information Officer (CIO), Information and Communications  
Technologies

Melissa Just                      Dean, University Library

Cheri Spooner                      Director, Distance Education Unit

Nancy Turner                      Director, Teaching and Learning Enhancement

Chad Coller                      Director, ICT Academic and Research Technologies

Candace Wasacase-Lafferty                      Director, Indigenous Initiatives

TBD                      [USSU designate]

TBD  
Coral Sawchyn

[GSA designate]  
Committee Secretary, Office of the Vice-provost, Teaching, Learning  
and Student Experience



## COLLECTIVE AGREEMENT COMMITTEES 2018-19

### UNIVERSITY REVIEW COMMITTEE

Reviews college recommendations for awards of tenure, renewals of probation, and promotions to professor; reviews and approves college standards for promotion and tenure. This committee is mandated by the **Collective Agreement (15.8.4)**:

- 15.8.4 University Review Committee.** The University shall have a review committee to consider tenure and other matters specifically assigned to this committee in the Agreement. The University Review Committee shall be made up of nine tenured or continuing employees plus the Vice-President Academic and Provost who shall be chair. The nine employees shall be nominated to this committee by the Nominations Committee of Council and approved by Council with the length of their term specified so as to ensure a reasonable turnover of membership. Employees shall not be nominated for membership if they have served on the University Review Committee in the previous three years or if they have agreed to serve on a College review committee in that academic year. In addition to those members mentioned above, two nominees of the Association shall serve as observers on the University Review Committee with voice, but without vote.

#### New members

Lorraine Holtslander	Nursing	2021
Louise Humbert	Kinesiology	2021
Michael Bradley	Physics & Engineering Physics	2021
Dwight Makaroff	Computer Science	2021

#### Continuing members

Marv Painter	Management and Marketing	2018
Niek Ovsenek	Anatomy and Cell Biology	2018
Alexander Koustov	Physics & Engineering Physics	2018
Erika Dyck	History	2019
Shawna Berenbaum	Pharmacy and Nutrition	2020
Mark Carter	Law	2020
Ravindra Chibbar	Plant Sciences	2020
Laurie Hellsten	Educational Psychology & Special Education	2020
Kalyani Premkumar	Community Health & Epidemiology	2020
Chair: Jim Germida	Vice-Provost, Faculty Relations	
Jacque Zinkowski	Faculty Relations Officer	

## **PROMOTIONS APPEAL PANEL**

From this roster, the members are chosen for Promotion Appeal Committees (promotion appeals), Sabbatical Leave Appeal Committee (sabbatical appeals), and for the President's Review Committee (salary review appeals). This panel is mandated by Collective Agreement (16.3.5.1):

**16.3.5.1 Appeal Panel. An Appeal Panel of forty-eight employees drawn from the membership of the General Academic Assembly shall be named by the Nominations Committee of Council and approved by Council, with length of term specified so as to ensure a reasonable turnover of membership. Additional members may be chosen, if necessary, to staff appeal committees. Membership shall be restricted to tenured faculty who are not members of the University Review Committee and who have not served on the University Review Committee in the previous three years. The following criteria shall govern the selection of the Panel:**

- a) **The Nominations Committee of Council shall strive to achieve a gender balance based on the overall membership of the General Academic Assembly;**
- b) **The Nominations Committee of Council shall strive to achieve representation from a wide range of disciplinary areas based on the faculty complement in each College.**

**Members of the Appeal Panel shall not serve on more than one of the committees hearing appeals promotion (Article 16.3.5), sabbatical leaves (Article 20.3) or salary review (Article 17.3.5).**

**16.3.5.2 Promotions Appeal Panel. The Promotions Appeals Panel shall consist of those members of the Appeal Panel who hold the rank of Professor.**

### **To June 30, 2021**

<b>Rob Pywell</b>	<b>Physics and Engineering Physics</b>
<b>Jennifer Nicol</b>	<b>Educational Psychology and Special Education</b>
<b>Angela Bowen</b>	<b>Nursing</b>
<b>Ralph Deters</b>	<b>Computer Science</b>
<b>Marcel D'Eon</b>	<b>Community Health and Epidemiology</b>
<b>Sabine Banniza</b>	<b>Plant Sciences</b>
<b>Ekaterina Dadachova</b>	<b>Pharmacy and Nutrition</b>
<b>Stephen Foley</b>	<b>Chemistry</b>
<b>Anh Dinh</b>	<b>Electrical and Computer Engineering</b>
<b>Chris Zhang</b>	<b>Mechanical Engineering</b>
<b>Yvonne Shevchuk</b>	<b>Pharmacy and Nutrition</b>
<b>Emer O'Hagan</b>	<b>Philosophy</b>
<b>John Gordon</b>	<b>Medicine</b>
<b>Margaret Kovach</b>	<b>Educational Foundations</b>

### **To June 30, 2020**

<b>Cindy Peterjnelj-Taylor</b>	<b>Nursing</b>
<b>Janet Hill</b>	<b>Veterinary Microbiology</b>
<b>Claire Card</b>	<b>Large Animal Clinical Sciences</b>
<b>Marcus Hecker</b>	<b>School of Environment and Sustainability</b>
<b>Vikram Misra</b>	<b>Veterinary Microbiology</b>
<b>Murray Fulton</b>	<b>Johnson Shoyama Graduate School of Public Policy</b>
<b>Moira Day</b>	<b>Drama</b>
<b>Dwayne Brenna</b>	<b>Drama</b>
<b>Scott Bell</b>	<b>Geography and Planning</b>
<b>Bev Brenna</b>	<b>Curriculum Studies</b>
<b>Valery Chirkov</b>	<b>Psychology</b>

Jerzy Szpunar	Mechanical Engineering
Michael Plaxton	Law
Barb Phillips	Management and Marketing
Peter Phillips	Johnson Shoyama Graduate School of Public Policy
Jeremy Rayner	Johnson Shoyama Graduate School of Public Policy
Verna St. Denis	Educational Foundations

**To June 30, 2019**

Bram Noble	Geography and Planning
Rob Flannigan	Law
Jaswant Singh	<del>Veterinary Biomedical Sciences</del>
Keith Walker	Educational Administration
Suresh Tikoo	Veterinary Microbiology/VIDO-InterVac
Barbara von Tigerstrom	Law
Gord Zello	Nutrition
Linda McMullen	Psychology
Helen Nichol	Anatomy and Cell Biology
Joanne Dillon	Microbiology and Immunology/VIDO-InterVac
Jeff McDonnell	School of Environment and Sustainability
Alexander Ervin	Anthropology
Steve Wormith	Psychology
Tony Kusalik	Computer Science
David Janz	Veterinary Biomedical Sciences
Keith Carlson	History
James Kells	Civil and Geological Engineering
Diane Knight	Soil Science

**To June 30, 2018**

Alex Moewes	<del>Physics and Engineering Physics</del>
Phil Chilibeck	<del>Kinesiology</del>
Cathy Arnold	<del>School of Rehabilitation Science</del>
Gary Entwistle	<del>Accounting</del>
Erin Watson	<del>Library</del>
Doug Degenstein	<del>Physics and Engineering Physics</del>
Daniel Chen	<del>Mechanical Engineering</del>
Lisa Vargo	<del>English</del>
Linda Wason Ellam	<del>Curriculum Studies</del>
Greg Wurzer	<del>Library</del>
Carin Holroyd	<del>Political Studies</del>
Daniel Beland	<del>Johnson Shoyama Graduate School of Public Policy</del>
Lee Barbour	<del>Civil and Geological Engineering</del>

## RENEWALS AND TENURE APPEAL COMMITTEE

15.8.5.2 The committee shall consist of twelve tenured or continuing status faculty members: nine employees and three senior administrators, selected from amongst Associate Deans, Vice-Deans, Deans, Executive Directors, and/or vice-Provosts. Members will be selected by the Nominations Committee of Council and will serve a three year term. The Nominations Committee of Council shall strive to achieve a gender balance based on the overall membership of the General Academic assembly, and representation from a wide range of disciplinary areas based on the faculty complement in each College. Each year three new employees and one new senior administrator will be appointed to serve on the committee. Each year the chair of the committee shall be selected by mutual agreement between the Association and the Employer from amongst the committee members. Members may not serve as members of the University Review Committee during their term. A vacancy created by the resignation of a member will be filled by the Nominations Committee of Council for the remaining period of the term of that membe.

### New Members

#### *GAA members*

<b>Kathryn McWilliams</b>	<b>Physics and Engineering Physics</b>	<b>2019</b>
<b>Karen Wiebe</b>	<b>Biology</b>	<b>2019</b>
<b>Roy Dobson</b>	<b>Pharmacy and Nutrition</b>	<b>2021</b>
<b>Ralph Deters</b>	<b>Computer Science</b>	<b>2021</b>
<b>Maureen Reed</b>	<b>School of Environment and Sustainability</b>	<b>2021</b>

### New Members

#### *Senior Administrator*

<b>Jack Gray</b>	<b>Vice Dean, Research, Scholarly, and Artistic Work College of Arts and Science</b>	<b>2021</b>
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### Continuing Members

#### *GAA members*

<del>Alexander Moewes</del>	<del>Physics and Engineering Physics</del>	<del>2018</del>
<del>Cheryl Avery</del>	<del>Library</del>	<del>2018</del>
<del>Stephen Foley</del>	<del>Chemistry</del>	<del>2018</del>
<del>Jim Greer</del>	<del>Computer Science</del>	<del>2019</del>
<del>Jaswant Singh</del>	<del>Veterinary Biomedical Sciences</del>	<del>2019</del>
Julio Torres	Linguistics and Religious Studies	2019
Sherif Faried	Electrical and Computer Engineering	2020
Alison Norlen	Art and Art History	2020
Xulin Guo	Geography and Planning	2020

#### Senior Administrators

<del>Yvonne Shevehuk</del>	<del>Associate Dean, Pharmacy and Nutrition</del>	<del>2018</del>
Hope Bilinski	Associate Dean, Central Saskatchewan Saskatoon Campus & Academic Health Sciences, College of Nursing	2019
Chad London	Dean, College of Kinesiology	2020

## OTHER COMMITTEES 2018-19

### RECREATION AND ATHLETICS ADVISORY COUNCIL

- Recommends on the recreation and athletic fees charged to students and reviews reports on expenditures. Committee includes 3 faculty members (at least 2 of whom are not members of the College of Kinesiology). Members may serve a maximum of two consecutive terms.

#### Nominees

*New members (from GAA)*

<b>Dwight Makaroff</b>	<b>Computer Science</b>	<b>2021</b>
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#### Continuing members

<del>John Hansen</del>	<del>Sociology</del>	<del>2018</del>
Angela Lieverse	Archaeology and Anthropology	2020
Noelle Rohatinsky	Nursing	2020

### JOINT COMMITTEE ON CHAIRS AND PROFESSORSHIPS

Brings the approving bodies of Council and the Board of Governors to a joint table to ensure the academic and financial concerns regarding chairs and professorships can be addressed simultaneously.

#### Nominees

*New members (from Council)*

<b>Scott Bell</b>	<b>Geography and Planning</b>	<b>2019 [reappointment]</b>
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#### Continuing members

Jim Germida (Chair)	Vice-provost Faculty Relations
<del>Scott Bell</del>	<del>Geography and Planning</del> , Council member
Kevin Schneider	[VP Research designate] Interim Associate Vice-president Research
<del>John Gordon</del>	Research, scholarly and artistic work committee designate (committee terms ends in 2018; new designate to be named)
Sandra Calver	[University Secretary designate] Associate Secretary, Academic Governance
Lucy Vuong	[Financial Services designate] Program and Planning Officer, Institutional Planning and Assessment
Shandi Boser	[Vice-president, University Relations designate] Manager, Donation and Trust Services
Daphne Arnason	Board of Governors representative
Jacque Zinkowski	Committee Secretary, Faculty Relations Officer

### POLICY OVERSIGHT COMMITTEE

- Advises on the development and approval of university-level policies and procedures

<b>Charles Smith</b>	<b>STM</b>	<b>2020</b>
<b>Marcel D'Eon</b>	<b>Community Health and Epidemiology</b>	<b>2020</b>
Allison Muri	English	2018
Roy Dobson	Pharmacy and Nutrition	2018

**UNIVERSITY COUNCIL  
GOVERNANCE COMMITTEE  
REQUEST FOR DECISION**

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**PRESENTED BY:** Heather Heavin, vice-chair  
Governance committee

**DATE OF MEETING:** May 17, 2018

**SUBJECT:** **Nominations to the Nominations Committee for 2018-19**

**DECISION REQUESTED:**

*It is recommended*

*That Council approve the nominations to the nominations committee as outlined in the attachment for three-year terms effective July 1, 2018 to June 30, 2021, and that Pamela Downe be appointed as chair for a one-year term effective July 1, 2018 to June 30, 2019.*

**PURPOSE:**

The governance committee of Council is responsible for nominating the members and chair of the nominations committee of Council.

**ATTACHMENT:** Proposed membership of the nominations committee for 2018-19

## PROPOSED MEMBERSHIP OF THE NOMINATIONS COMMITTEE FOR 2018-19

- Recommends nominations for Council committees and panels, search and review committees, some collective agreement committees and panels, and other vacancies.
- Membership restricted to members of Council (9 members), with no more than 3 members from the College of Arts and Science and no more than 2 members from any other college.

### Proposed Nominees

*For chair: Pamela Downe*

#### *Council members*

<u>Name</u>	<u>College/Department</u>	<u>Term Expiring</u>
Stephen Urquhart	Chemistry	2021
Eric Lamb	Plant Sciences	2021
Phil Woods	Nursing	2021
Greg Wurzer	Library	2021
Vicki Squires	Educational Administration	2021

#### Continuing Members

<u>Name</u>	<u>College/Department</u>	<u>Term Expiring</u>
Roy Dobson	Pharmacy and Nutrition	2020
Pamela Downe	Anthropology and Archaeology	2020
Donna Goodridge	Medicine	2019
Ryan Walker	Geography and Planning	2019
<del>Jim Greer (chair)</del>	<del>Computer Science</del>	<del>2018</del>
<del>Angela Bowen</del>	<del>Nursing</del>	<del>2019 (Council term ends 2018)</del>
<del>Ali Honaramooz</del>	<del>Veterinary Biomedical Sciences</del>	<del>2019 (Council term ends 2018)</del>
<del>David Bindle</del>	<del>Library</del>	<del>2019 (Council term ends 2018)</del>
<del>Jennifer Nicol</del>	<del>Educational Psych. &amp; Special Education</del>	<del>2020 (Council term ends 2018)</del>

#### Resource Members

Sandra Calver                      Committee Secretary, Office of the University Secretary

UNIVERSITY COUNCIL  
**COORDINATING COMMITTEE**  
**FOR INFORMATION ONLY**

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**PRESENTED BY:** Chelsea Willness, acting chair,  
Coordinating committee of Council

**DATE OF MEETING:** May 17, 2018

**SUBJECT:** **College of Medicine Procedures Manual for Medical Faculty  
and College Standards for Promotion and Tenure**

**COUNCIL ACTION:** For information only

**CONTEXT AND BACKGROUND:**

At the April 20, 2017 Council meeting, Council reviewed a draft of the Policy for Medical Faculty submitted by the planning and priorities committee with a request for input. At the May 18, 2017 Council meeting, Dirk de Boer, committee chair reported back to Council on the responses received and concerns raised. These concerns were about the distinction between medical faculty and other faculty at the university, the standards that define the appointment and review of medical faculty, and whether the change would achieve the desired outcomes and engagement of the medical faculty.

In response, Lisa Kalynchuk, then chair of Council, wrote on behalf of coordinating committee members to Lee Ahenakew, chair of the university's Board of Governors and to Preston Smith, dean of Medicine. Copies of these memos were provided to Council under Business Arising at the June 22, 2017 Council meeting and are attached again for reference.

In the letter to Dean Smith, the coordinating committee requested that Council be provided with the procedures manual when approved, a copy of the accreditation standards and a memo from Dean Smith explaining how the policy and procedures will aid the college in meeting accreditation standards.

Michael Atkinson, then interim provost and vice-president academic, further committed to providing Council for its information a copy of the revised College of Medicine Standards for Promotion and Tenure, when approved by the university review committee.

**DISCUSSION SUMMARY:**

The coordinating committee reviewed the documents received from Dean Smith at its meetings on October 5 and November 2, 2017. As the questions that arose in response related more to the standards that would apply to the medical faculty, rather than the procedures, the committee requested a copy of the *College of Medicine Standards for Promotion and Tenure* once approved. On April 5, 2018, the committee met with



Jim Germida, vice-provost faculty relations and chair of the university review committee to discuss the approved standards.

The committee perceived the standards to clearly articulate the requirements by which the faculty within the College of Medicine, which include the medical faculty, will be assessed for promotion and tenure.

The attached documents are provided to Council for members' information.

**ATTACHMENTS:**

1. Memo from Lisa Kalynchuk, Council chair to Preston Smith, dean of Medicine, dated June 7, 2017
2. Response of Preston Smith, dean of Medicine to Kevin Flynn, Council chair, dated September 14, 2017
3. Memo from Michael Atkinson approving the *Procedures Manual for Medical Faculty*, dated July 20, 2017.
4. Approved *Procedures Manual for Medical Faculty*, dated June 20, 2017
5. *College of Medicine Strategic Plan 2017-2022*
6. *Committee on Accreditation of Canadian Medical Schools (CACMS) Standards*
7. *Policy for Medical Faculty* approved by the Board of Governors on June 20, 2017

**MEMORANDUM**

TO: Preston Smith, dean, College of Medicine

FROM: Lisa Kalynchuk, chair of Council

DATE: June 7, 2017

RE: **Request for submission of College of Medicine Procedures Manual for Medical Faculty to Council**

---

I am writing on behalf of members of the coordinating committee of Council about the procedures manual that will accompany the proposed new policy for medical faculty.

The coordinating committee discussed the policy and the procedures manual at its meeting on June 2, 2017, in response to the discussion of the draft policy at the April and May meetings of Council. Members of the coordinating committee appreciate your willingness to engage Council on this topic. As you know, University Council has supported the College of Medicine through several years of change. We will endeavor to continue to work collaboratively with the college to ensure that medical faculty are committed to academic work and that their role in our academic community is appropriately defined.

The policy indicates that medical faculty will be recognized as university faculty with appropriate rights and responsibilities because of the benefits this will bring to the college and the university. Given Council's oversight of the M.D. program, the status of its accreditation, and the ongoing efforts to build research intensity in the college, Council has a responsibility to ensure that the college realizes the benefits it foresees from the new policy. As the procedures enact the policy, coordinating committee members carried a motion at the June 2<sup>nd</sup> meeting to request that Council be provided with the procedures manual when approved by the college, a copy of the relevant accreditation standards, and a covering memo from you that explains how the policy and procedures will aid the college in meeting those standards. This will help reassure Council that the policy on medical faculty and accompanying procedures, which represent a significant change in the nature of faculty appointments at the University of Saskatchewan, will achieve desired outcomes, and put the college on the road to success.

Please feel free to contact me if you have any questions or concerns about this request.

Sincerely,



Lisa Kalynchuk  
Chair of Council

c Beth Bilson, university secretary  
Kevin Flynn, incoming Council chair  
Michael Atkinson, interim provost and vice-president academic  
Tony Vannelli, incoming provost and vice-president academic  
Members of Council



September 14, 2017

Kevin Flynn  
Chair, University Council  
[kevin.flynn@usask.ca](mailto:kevin.flynn@usask.ca)

Dear Kevin,

I am pleased to respond to the request from Lisa Kalynchuk as Chair of Council of June 7, 2017 to provide a copy of the Procedures Manual for Medical Faculty, the relevant Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards, and this covering memo.

The Procedures Manual for Medical Faculty was formally approved by the Interim Provost, Dr. Michael Atkinson, on July 20, 2017. This approval was timely as it allowed inclusion of this documentation as an appendix to the Data Collection Instrument (DCI) submitted to the CACMS. Intense effort by a highly effective accreditation team resulted in a superbly completed DCI that was formally submitted on July 21, 2017, eight days earlier than the required deadline of July 29th. The full accreditation visit will take place October 29 – November 1, 2017. Extensive preparations are underway to ensure a highly successful visit.

The accreditation of the UGME program is based on 12 standards that are subdivided into 93 elements. The standards, all of the accompanying documentation and the policy and procedures are available at <https://cacms-cafmc.ca/accreditation-documents> and the standards are appended to this letter. While Standard 4 (Faculty Preparation, Productivity, Participation, and Policies) is the most directly relevant standard it would be a mistake to look only at this standard as accreditation is an integrated process and many of the other standards would also directly or indirectly concern faculty and, in particular, the adequacy of faculty resources.

Review of the accreditation standards must be seen through the lens of several additional factors. The first is that the previous probationary status was in large part due to inadequate MD faculty resources. In fact, the PGME accreditation of 2015 (overall only a “pass”), also highlighted inadequate MD faculty resources. The second is that with only 17 medical schools and approximately 100 people in Canada qualified to do accreditation, the country is small and our history is well known. The third is, like most accreditation processes, failure to correct a previously identified weakness is very much a red flag. The fourth point is that when we were taken off probation in 2015 we were actually scheduled for a full accreditation in 2016. CACMS took the unprecedented step to provide us a 1-year extension given the “magnitude of the changes required” (informal communication). Finally given that accreditation is a peer review process the underlying dynamic is always one of comparison to the other 16 schools. We believe our current Policy and Procedures for Medical faculty are aligned with the current status and/or the direction in which other Canadian medical schools are moving.

The Way Forward documents that the previous faculty structure for physicians contributed to a larger than normal “town/gown divide” which caused considerable ambivalence or disengagement by a large part of the medical community towards the College of Medicine. In 2014, a physician



human resources planning initiative by the Ministry of Health demonstrated that less than 50 full-time equivalents (FTE's) of physician time was spent on academic matters in Saskatchewan. Comparison to similar sized, small city medical schools (Dalhousie, Queen's, Western) revealed that they had in excess of 100 FTE's of physician time directed to academic work. In fact, in those cities all of the specialists and many family doctors are actively engaged with their medical school. To compete, the USask CoM needed a similar structure for MD faculty that would attract broad physician engagement in the academic mission throughout the province and most critically in Saskatoon and Regina.

Since 2014 we have been promoting the "One Faculty" model and on that basis actively recruiting physicians to be engaged in the CoM. In comparison to the visit of 2013, we now have no problem filling all the lectures and tutorials and providing clinical placements for our students and residents. We currently have 250 physicians providing substantial commitment to the CoM and over 800 faculty providing contributions to the UGME program. From our perspective, this engagement is the evidence for our accreditors that we have made the structural changes necessary to meet the standards.

However, meeting the CACMS accreditation standards is simply a minimal bar that really only looks at UGME. To be the medical school that the USask and Saskatchewan deserves we must advance our research productivity, engage in a nationwide program of PGME renewal known as Competency By Design (CBD), expand Distributed Medical Education (DME) to serve rural and remote Saskatchewan, continue our excellent reputation in Social Accountability, enhance community engagement and help address the tremendous health disparities suffered by our Indigenous peoples. These are all highlighted in our new strategic plan, which is also appended.

We must continue to grow the engagement of Saskatchewan physicians in our academic mandate while also supporting our biomedical and population health scientists. Our philosophy of "One Faculty" with the supporting "Policy and Procedures for Medical Faculty" are essential to continue on this journey. For this reason, the CoM, and myself personally are deeply indebted to University Council and its leaders for the support we have received navigating what has been a very complex change process.

I would be happy to provide any further information requested and of course directly address University Council and its committees as required.

Kind regards,

Preston Smith, MD, MEd, CCFP, FCFP, CCPE  
Dean

c: Sandra Calver, Associate Secretary, Academic Governance

# Memo

---

**To:** Preston Smith, Dean, College of Medicine  
**From:** Michael Atkinson, Interim Provost and Vice-President Academic  
**Date:** July 20, 2017  
**Subject:** Policy for Medical Faculty

I am writing in follow-up to the Board of Governor's June 20, 2017 approval of the Policy for Medical Faculty. A next step in the implementation of that policy is my office approval of the Procedures Manual for Medical Faculty. Extensive discussion and feedback on the Manual was received from University Council and changes incorporated into a version dated June 20, 2017.

On behalf of the university, I am pleased to approve the June 20 Procedures Manual for Medical Faculty. My office looks forward to working with the college to implement the Policy and Manual.

Any future proposed changes to the procedures manual require review and approval by the provost's office.

Sincerely,



Michael Atkinson  
Interim Provost and Vice-President Academic

MMA/lma

c: Kevin Flynn, Chair, University Council



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

# Procedures Manual

for

# Medical Faculty

Please note: These procedures apply to all medical faculty, regardless of external clinical income source. They do not apply to faculty members in scope of the University of Saskatchewan Faculty Association (USFA)

June 20, 2017

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## Message from the College of Medicine Dean

June 20, 2017

I wish to thank all of our medical faculty for your ongoing commitment to clinical care, education and research. You represent the College of Medicine's key resource: without your willing participation, we would not be able to achieve and fulfill our mandate, vision, mission, and values. I also thank our clinical partners. Without the support and willing cooperation of hospital, institutional and health authority administrators and staff, medical education and clinical research would not occur. As we enter an exciting new era of academic-clinical integration and collaboration, I hope we can remain focussed on the reason the college exists: improving health. I hope we can do so through innovative and interdisciplinary research and education, leadership, community engagement, and the development of competent skilled clinicians and scientists, while working collaboratively with indigenous peoples and communities.

There has been a longstanding relationship between the University of Saskatchewan and its medical faculty, but that relationship has now been formalized and authorized by the university's Board of Governors with the approval of the *Policy for Medical Faculty* June 19, 2017. The procedures associated with the *Policy* are overseen by a new Academic Clinical Relations Committee, having representation from the university, the College of Medicine, the provincial health authority, medical organizations, provincial regulators, and the medical faculty community. This broad membership is intended to provide accountability and transparency for academic relations amongst the university, clinical leaders, and medical faculty appointees.

The college's One Faculty model represents a flexible, evolving, and exciting new way for faculty from a variety of geographic locations, practice settings, specialties and health service delivery models to engage in and contribute to the college's mission. The overall aim of the new *Policy for Medical Faculty* is to ensure that all medical faculty appointments have equal legitimacy and academic recognition and equal opportunity for academic engagement, irrespective of payment modality. We hope that this move towards a unified medical faculty in the College of Medicine will contribute to improved ability to satisfy future accreditation requirements (we are currently fully accredited), broader participation in clinical research, improved medical teaching capacity, and vastly improved levels of personal satisfaction for our medical faculty.

Increasing our teaching capacity has become very important. Achieving ongoing success with accreditation requires a critical mass of clinical teachers and a standardized approach to faculty appointment and curriculum delivery. Our student admission numbers rose to 100 students annually by 2012 and as of this year, we have 440 residents enrolled in our postgraduate clinical programs. These students require point-of-practice learning opportunities in different settings, including rural and remote training sites, to ensure that they are well prepared to offer exemplary care to a diverse Saskatchewan population. They also require broad exposure to a full range of clinical specialties.

As we develop and implement our 2017 strategic plan:

(<https://medicine.usask.ca/documents/stratplan/Medicine-Strategic-Plan.pdf>) and achieve consistency and synergy with the new University of Saskatchewan mission, vision and values:

(<https://www.usask.ca/leadershipteam/documents/president/MissionVisionValues.pdf> ), we are excited to engage with new medical faculty and renew our relationships with current medical faculty.

I hope you will share my view that these procedures are structured around principles of clarity and transparency. I hope you will find them practical, easy to interpret, and fair. I hope you will share in my enthusiasm about an evolving College of Medicine and join with me in its restructuring, its decision-making and its many future successes. We welcome feedback from all medical faculty appointees and encourage full participation in helping to shape the ways in which the college and its clinical partners can optimize future health care for all Saskatchewan citizens.

# 1. Introduction

## 1.1 Rationale for the Policy for Medical Faculty:

The *Policy* is a university policy, administered by the College of Medicine. Its purpose is to formalize the academic status and recognition of medical faculty by the University of Saskatchewan (U of S), outline a framework for the governance of medical faculty relations with the university, authorize a process for addressing academic complaints from, or about individual medical faculty regarding university matters, and to confirm the protection of academic freedom for medical faculty regarding their academic work in clinical/academic settings.

Unlike most university faculty, medical faculty have significant responsibilities in two overlapping professional domains: health care and academia. Each of these autonomous domains has its own set of values, priorities, rules and procedures. For instance, all academically-engaged physicians have at least two professional appointments: a health authority appointment in their primary clinical department and an academic appointment in their primary university/CoM department.

Both professional domains have their own standards of the profession: at times, these standards can generate competing priorities. Medical faculty have become adept at juggling these priorities and arriving at compromise solutions that protect and serve their patients, their learners, and their personal academic and medical professional rights.

Adding to the complexity, medical faculty receive professional income from a multitude of sources. For the large majority, most of this income is received through professional self-employment or by way of contract with one or several clinical payers (e.g. health ministry's Medical Services Branch (MSB), provincial health region(s), hospitals, Workers' Compensation Board (WCB), private clinics, etc.). Academic services form an additional income component for some medical faculty appointees, increasingly so with the ongoing implementation of new Academic Clinical Funding Plans (ACFPs) and formal academic service agreements. For those medical faculty who remain university employees, increasing demands for clarity around the separation of clinical income from academic income is being required by funding agencies.

Clearly, over-attention to remuneration heterogeneity and the complexities of coexisting governance models cannot be allowed to undermine a fundamental understanding: while medical faculty are not employees of the U of S and differ significantly from their faculty member colleagues, they remain essential to the university's academic mission. In Canada, medical degrees must be conferred only by accredited university programs and post-graduate medical residency training programs must also be university-based.

Public funding of both education and health care imposes a social contract on medical practitioners and their governing institutions. While there is significant professional autonomy with respect to choice and location of clinical practice and mode of reimbursement, there is a coexisting public expectation that the CoM will produce highly competent and caring medical practitioners dedicated to serving the health care needs of the province. These are lofty but attainable goals; however, they

can only be realized through explicit, well-defined avenues of cooperation and bi-directional support between the university and provincial or local health care institutions or administrative bodies. While some of these avenues are best represented in current or evolving affiliation agreements between the CoM and various provincial health regions,<sup>1</sup> the need for an academic governance model specifically designed for medical practitioners has become evident.

The *Policy for Medical Faculty* and its *Procedures Manual* have been written to fill that need. The aim is to formalize, support and enhance the relationship between medical faculty and the university, while recognizing and respecting the complexities of providing quality medical education in clinical settings.

## 1.2 Purpose and content of the *Procedures Manual*:

This procedures manual describes rules, guidelines and procedures for medical faculty appointments, rank, credentials, appointment review, termination of appointments, and quality complaint resolution. It explicitly excludes matters of established clinical governance and matters of payment for clinical and academic services. It is intended to augment but not replace existing university policies governing all faculty and existing standards of the profession such as codes of ethics, or existing professional guidelines, bylaws and regulations governing medical faculty activities.

Part 2 provides key definitions, abbreviations and acronyms. Part 3 contains remarks on discrimination and harassment prevention. Part 4 draws attention to the appropriate use of social media and online networking forums, while Part 5 outlines the college's expectations regarding professionalism. Part 6 outlines the role of the Academic Clinical Relations Committee. Part 7 describes medical faculty appointment structures and processes and Part 8 deals with maintenance of quality control, including procedures to address unsatisfactory academic performance. Part 9 comments briefly on promotion considerations.

## 1.3 University context:

Under The University of Saskatchewan Act, 1995, authority is granted to the university's board of governors, senate and council to determine the manner in which the university fulfills its primary role. The board has responsibility for the appointments in academic units including the College of Medicine and its departments. The *Policy for Medical Faculty* was approved by the board June 19, 2017, granting authorities described in these procedures to the Dean of the College of Medicine.

Medical faculty appointed to the College of Medicine are subject to the rules and procedures described in this manual, but are also subject to established university and college policies, where applicable. Given the unique characteristics of this particular university faculty cohort, the Academic-Clinical Relations Committee (ACRC) has an ongoing responsibility to receive and carry

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<sup>1</sup> With provincial health region restructuring, historic affiliation agreements with health regions will be replaced by an equivalent agreement with the provincial health authority or other duly authorized organization(s).

forward concerns from medical faculty regarding the applicability and interpretation of existing university policies, with a focus on suggesting revisions that promote inclusiveness across multiple modes of clinical/academic engagement.

Medical faculty appointments are made by the Vice-Provost, Faculty Relations, upon the recommendation of the Dean of Medicine. University rules, procedures and agreements will continue to govern the appointment of college senior administrators as applicable:

[http://www.usask.ca/vpacademic/quicklinks/pdf/Senior\\_Administrator\\_Appointment\\_and\\_Resignation\\_Guidelines.pdf](http://www.usask.ca/vpacademic/quicklinks/pdf/Senior_Administrator_Appointment_and_Resignation_Guidelines.pdf)

#### 1.4 Research and graduate student supervision:

A medical faculty appointment with the university, College of Medicine, confers eligibility to conduct independent research for the CoM, with funding eligibility subject to the requirements of various funding agencies. These requirements vary from agency to agency: the office of the Vice Dean Research, CoM, will work with medical faculty to maximize funding eligibility. Ongoing dialogue will occur between the college and the university with respect to optimizing university research policy governing medical faculty and clinical research. Graduate student teaching and supervision are subject to rules and procedures set by the College of Graduate and Postdoctoral Studies (CGPS): medical faculty are subject to those requirements, including approval for membership in that college, as described in section 7 of this manual.

## 2. Key definitions, abbreviations and acronyms

**Academic activities** are activities that involve teaching (including provision of clinical care that may involve supervision of students, postgraduate MD or other clinical trainees), medical education administration or other college-sanctioned administrative work directly related to the academic mission, and any college-related research activities.

**Academic administrators** are individuals appointed by the university as administrative leaders in the College of Medicine.

**Academic appointments** are appointments to university faculty.

**Academic freedom** is the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the university and society at large. Academic freedom does not require neutrality on the part of the individual, but makes commitment possible. Academic freedom carries with it the duty to use that freedom in a manner consistent with the scholarly obligation to base teaching and research on an honest search for knowledge. Without limiting the above definition, academic freedom allows medical faculty appointees to:

- have university protection of this freedom in carrying out their academic activities
- have university protection of this freedom in pursuing research and scholarship
- have university protection of this freedom in publishing or making public the results of research or scholarly work
- have freedom from institutional censorship

**Affiliated site** is a clinical/academic setting (e.g. health authority, hospital, clinic) that has entered into an affiliation agreement with the University of Saskatchewan.

**Board** refers to the University of Saskatchewan Board of Governors.

**Clinical/academic setting** is a clinical setting or academic setting or combined clinical-academic setting in which academic work is undertaken by medical faculty.

**Medical faculty**, or medical faculty appointees, are licensed Saskatchewan physicians (MD or equivalent) or Clinical PhDs, holding clinical appointments in their respective health regions<sup>2</sup> as well as academic appointments in departments or divisions within the College of Medicine, University of Saskatchewan.<sup>3</sup>

**College** refers to the College of Medicine, a departmentalized college of the U of S, unless otherwise specified in the text of the document.

**Complaint** involves an allegation of a breach of policy or procedure made against an official of the university or College of Medicine, by a faculty appointee, when that official or administrator was acting in his or her official university or college capacity. *Complaint* might also refer to a complaint concerning a medical faculty member with respect to the performance of his/her academic activities.

**Dean** refers to the Dean of the College of Medicine.

**Department** refers to an academic department of the College of Medicine.

**Department Head** means academic/clinical Unified Department Heads and/or academic Department Heads in departments having at least one medical faculty appointee.

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<sup>2</sup> With provincial health region restructuring, jurisdictional authority for clinical appointments may rest with a provincial health authority or other legislated body.

<sup>3</sup> A few medical faculty appointees might have purely administrative clinical/organizational responsibilities without being personally responsible for the care or shared care of an identifiable patient. See explanations under sections 5.1 and 7.5.1 for other minor exceptions to this definition.

**Immediate Faculty Supervisor**, also known as the Most Responsible Planner, is the College of Medicine faculty with the most direct responsibility for a specific set of academic activities performed by a particular medical faculty appointee at a specific academic or academic/clinical site or group of sites.

**One Faculty** refers to the inclusive cohort of all CoM faculty, including biomedical and population health sciences faculty, School of Physical Therapy faculty, medical faculty, and other faculty.

**Ongoing appointment** refers to the duration of most medical faculty appointments and means that the appointment will continue for as long as the appointee is actively engaged with the College of Medicine, subject to the terms of the appointment and satisfactory periodic review.

**Policy** refers to the University of Saskatchewan Board of Governors' *Policy for Medical Faculty*, administered by the College of Medicine.

**Procedures Manual** refers to the *Procedures Manual for Medical Faculty*

**Qualified** means that a prospective medical faculty appointee is qualified for university appointment based on satisfaction of credential requirements as set out in section 7.2 of these *Procedures*.

**Senate** means the University of Saskatchewan Senate.

**University** means University of Saskatchewan unless otherwise specified.

**ACFP** – Academic Clinical Funding Plan

**ACRC** – Academic Clinical Relations Committee

**AFP** – Alternate Funding Plan

**CFPC** – College of Family Physicians of Canada

**CCFP** – Certificant of the College of Family Physicians

**CGPS** – College of Graduate and Postdoctoral Studies (renamed Jan. 1/17; previously known as CGSR)

**CMQ** – Collège des Médecins du Québec

**CoM** – College of Medicine

**CRC** – College Review Committee

**DH** – Department Head (see definition above)

**DME** – Distributed Medical Education

**FD** – faculty development

**FFS** – fee for service

**HR** – Health Region (in future revisions, will be replaced by HA = Health Authority)

**MD** – medical doctor

**PGME** – postgraduate medical education

**RCPSC** – Royal College of Physicians and Surgeons of Canada

**RHA** – regional health authority

**RQHR** – Regina Qu'Appelle Health Region

**SHR** – Saskatoon Health Region

**SMA** – Saskatchewan Medical Association

**UDH** – Unified Department Head (see definition for Department Head, above)

**U of S** – University of Saskatchewan

**UGME** – undergraduate medical education

**URC** – University Review Committee

**USFA** – University of Saskatchewan Faculty Association

**VP** – U of S Vice-Provost, Faculty Relations.

### 3. Discrimination and harassment prevention

While medical faculty are subject to all applicable university policies, rules and procedures, the College of Medicine particularly wishes to acknowledge the definitions and commits to upholding the purpose and principles of the university's policy on *Discrimination and Harassment Prevention*. This policy, approved by the Board of Governors, applies to "all members of the university community", which includes medical faculty. Although medical faculty appointees are not specifically mentioned, the CoM will respond to reports of discrimination and harassment as promptly and effectively as possible and will take appropriate action to prevent and correct behaviour that violates this policy. Medical faculty are encouraged to access the policy at:

<http://policies.usask.ca/policies/health-safety-and-environment/discrimination-and-harassment-prevention-.php>



## 4. Appropriate use of social media and online networking forums

The College of Medicine's Postgraduate Medical Education office has created a policy called *Appropriate Use of Social Media and Online Networking Forums*. While this policy is primarily directed at resident trainees, the CoM believes all medical faculty appointees have a collective professional duty to model appropriate behaviour and to assure their students behave appropriately, particularly in matters of privacy and confidentiality. If medical faculty appointees witness inappropriate or unprofessional behaviour involving the use of social media or online forums, it is their responsibility to take immediate measures to address or prevent any further possible breaches of privacy or confidentiality. Depending upon the nature of the case, this might involve reporting the breach to the resident's Program Director, training site coordinator, UG or PG Medical Education Dean, or the College of Physicians and Surgeons of Saskatchewan. Medical faculty are encouraged to review the contents of this policy and the university's Social Media guidelines at:

<http://medicine.usask.ca/policies/policy-for-appropriate-use-of-social-media-and-online-networking-forums.php>

<http://www.usask.ca/socialmedia/guidelines.php>

Further information: the Saskatchewan Information and Privacy Commissioner's Guide to HIPA (the Health Information Privacy Act): <http://www.oipc.sk.ca/Resources/2016-2017/IPC%20Guide%20to%20HIPA.pdf>

## 5. Professionalism

Medical faculty in the College of Medicine, along with learners and educational support personnel, are held to the highest standards of professionalism. The College's policy *Ethics and Professionalism* applies in all relevant aspects to medical faculty as well as to learners:

*"We, as teachers, learners and educational support personnel of the College of Medicine, University of Saskatchewan have a responsibility to ourselves as individuals, to each other, and to patients and society as a whole, to understand and exhibit the highest standards of personal, interpersonal, and public professionalism."*

Medical faculty receive a brief information package along with their medical faculty appointment letters. Acceptance of a medical faculty appointment indicates that this information has been read and understood:

*"... there is an expectation that all medical faculty appointees adhere to the accepted standards of the profession, including but not limited to those involving medical competence, academic integrity and professional behavior."*

The CoM takes this obligation very seriously and encourages all medical faculty to carefully review the policy *Ethics and Professionalism* at:

<http://medicine.usask.ca/policies/ethics-professionalism.php>

All students in the CoM, including resident trainees, are to abide by the college's policy on *Breach of Professionalism*. It is the college's expectation that medical faculty be aware of the contents of this policy and in particular, their own responsibilities with respect to the procedures for dealing with suspected breaches. The policy's first two paragraphs read as follows:

*"In the teaching and learning of Medicine, professionalism is a core academic competency. The primary intention of this policy is to provide an effective mechanism for the early identification of students who need assistance with their professional development so that appropriate remediation can be implemented in support of their successful completion of the program. The secondary intention of this policy is to assist with crucial academic decisions when remediation is unsuccessful or inappropriate.*

*This policy is not intended for application to incidents of formative feedback that are normative to the education and enculturation of a medical student. It is intended for those circumstances in which a student comes to attention because of conduct that is outside the recognized norms within that student's cohort. Professionalism issues may also be addressed in the objectives and evaluation mechanisms of specific courses."*

The policy *Breach of Professionalism* can be reviewed in detail at:

<http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php>

Finally, all MD faculty are required to abide by the standards, policies, bylaws, regulations and codes of the College of Physicians and Surgeons of Saskatchewan as well as any applicable provincial legislation:

[https://www.cps.sk.ca/imis/CPSS/Legislation\\_ByLaws\\_Policies\\_and\\_Guidelines/Legislation\\_and\\_Bylaws.aspx?Legislation\\_BylawsCCO=1#Legislation\\_BylawsCCO](https://www.cps.sk.ca/imis/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_and_Bylaws.aspx?Legislation_BylawsCCO=1#Legislation_BylawsCCO)

## 5.1 Self-reporting:

Medical faculty are obliged to report to their Department Head in a timely manner any information that might be relevant to their ongoing faculty appointment, including but not limited to: conviction of a criminal offence, having been found guilty of academic misconduct, incompetence, negligence or any form of professional misconduct by a court or by the College of Physicians and Surgeons of Saskatchewan or any of its committees. With respect to investigations underway by discipline committees or competence committees or their equivalents in any jurisdiction, medical faculty are expected to conform to self-reporting requirements as set out in applicable policies and procedures.

Some medical faculty are retired or, for other reasons, no longer have direct or indirect patient contact. These individuals still might contribute significantly to the teaching mission through participation in activities such as small-group leadership, clinical skills teaching using standardized patients, lectures, or seminars. Normal provincial licensure or health authority requirements for self-reporting might not apply to these medical faculty. At their discretion, the UG and PG medical education offices may require medical faculty to complete self-disclosure forms on a periodic basis.

## 6. Academic Clinical Relations Committee

### 6.1 Roles and responsibilities:

The ACRC is a university-approved and CoM-administered committee established to provide administrative oversight for the *Policy for Medical Faculty* and its associated procedures. Because medical faculty perform their duties in a large variety of academic/clinical settings province-wide, committee membership is also broad: there will be representation from the university, the CoM, the provincial health authority, medical organizations, and the medical faculty community. This broad membership is intended to provide accountability and transparency for academic relations amongst the university, clinical leaders, and medical faculty appointees.

Without limiting its scope, the ACRC's responsibilities include:

- a) Subject to other requirements in this section of the manual, establishing detailed terms of reference, if desired
- b) Periodic review of the *Policy for Medical Faculty*, with any suggestions for revision carried forward to the university
- c) Periodic review and revision, as necessary, of this *Procedures Manual*<sup>4</sup>
- d) Clarification, explanation and revision of terms, definitions and procedures found in the *Procedures Manual*
- e) Review of medical faculty appointment procedures, as necessary
- f) Creation of a Complaints and Appeals Subcommittee (see 6.4, below)
- g) Creation of other ACRC subcommittees, as necessary
- h) Timely communication of new academic or clinical developments affecting medical faculty working in either environment
- i) Periodic review and revision, as necessary, of ACRC membership and main responsibilities

Any medical faculty appointee may submit suggestions for revision of the *Policy for Medical Faculty* or this *Procedures Manual* to a member of the ACRC. Any member of the ACRC may bring forward a proposal for revision to the *Policy* or this *Procedures Manual*, but ratification requires the approval of a two-thirds majority of the members of the ACRC, including the Chair. Prior to implementation, ratified changes to this *Procedures Manual* must be reported as information to faculty Council of the College of Medicine by the Dean of Medicine. Changes applying to appointments, titles, review processes and career advancement must be approved by the Provost's Office and made available to members of university council. Proposed revisions to the *Policy* must be carried forward to the university for approval.

### 6.2 Meetings and membership:

The ACRC will meet at least four times yearly and at the call of the Chair. Normally, ACRC meetings will be open to all medical faculty but the ACRC may elect to designate certain meetings or portions

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<sup>4</sup> Any suggested revisions to the Policy and revisions to the Procedures Manual must be consistent with the original intents and purposes of both documents.

thereof as closed. Generally, closed meetings will only be held in the context of complaints review or appeals.

Membership for the ACRC will consist of:

- a) the Vice-Provost, Faculty Relations (Chair)
- b) the Dean, CoM (Vice-Chair – to carry out the duties of the Chair if, for any reason, the Chair is unable to discharge these duties)
- c) the Vice Deans of Education and Faculty Engagement, CoM
- d) the Associate Deans for Regina, Saskatoon and DME, CoM
- e) three Department Heads, appointed on a two-year rotating basis by the Dean
- f) three medical faculty appointees, appointed on a three-year rotating basis, as elected by their departments (one from Saskatoon, one from Regina, one from elsewhere in the province)
- g) the CEOs (or their delegates) of Saskatoon Health Region (SHR) and Regina-Qu'Appelle Health Region (RQHR), or provincial health authority administrative equivalents<sup>5</sup>
- h) the CEOs (or their delegates) of two other Saskatchewan health regions or geographic clinical service areas, by invitation of the Committee Chair, serving two-year terms<sup>6</sup>
- i) the CEO of the Saskatchewan Medical Association (or his/her delegate)
- j) the Registrar of the College of Physicians and Surgeons of Saskatchewan (or his/her designate)

As representatives of various organizations and institutions, committee members participate as collaborators and information providers rather than as advocates. The spirit and intent of member contributions will be to advance the academic mission in all areas of clinical service, province-wide. All members of the ACRC are voting members, including the Chair. Quorum is set at thirteen members, of which at least nine must be from the group that includes the CoM Dean, the CoM Vice Deans, the CoM Associate Deans, the three medical faculty appointees, and the three Department Heads. This quorum requirement exists so as to ensure ACRC-ratified decisions remain consistent with other university and college policies and procedures.

### 6.3 Conflict of interest:

ACRC members may occasionally find themselves in positions of conflict of interest. At such times, they will state their position to the Chair and offer to remove themselves from committee deliberations. A conflict of interest exists for a member of ACRC when, with respect to a matter being considered by ACRC or one of its subcommittees:

- (a) the decision being made is such that the member could not reasonably be expected to exercise independent judgment because of the effect the decision would or would be likely to have on the member or a person or organization closely related to or closely associated with the member; or

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<sup>5</sup> These committee members are tentatively identified, pending the outcome of provincial deliberations regarding health system restructuring.

<sup>6</sup> As per preceding footnote.

(b) as a result of occupying a position or holding an office in an organization, the person would be legally obligated to subordinate the interests of the university to the interests of the organization when dealing with the matter.

ACRC members are required, when applicable, to adhere to the university's Conflict of Interest Policy.<sup>7</sup>

#### 6.4 Complaints and Appeals Subcommittee:

The ACRC will establish a Complaints and Appeals Subcommittee from within its own membership and from the broader medical faculty community, each of these two groups supplying one-half of the subcommittee's total membership. The subcommittee will include at least four members. None of these members will be college Deans, Vice Deans, Associate Deans, or the DH of the department in which the complaint originates. The subcommittee's primary role is to hear and consider medical faculty complaints and appeals that remain unresolved through the use of standard CoM or university processes. The ACRC's role and the subcommittee's role in resolving complaints is described in detail in section 8.2.2, below.

#### 6.5 Protection of academic freedom:

*The University of Saskatchewan Act, 1995*, provides that the university's academic role must be carried out having regard to the principles of academic freedom.<sup>8</sup> Academic freedom is defined on page 6 of these procedures. The university, and where applicable its institutional or health authority affiliate(s) confirm that medical faculty have academic freedom with respect to all academic activities and scholarly pursuits, while remaining subject to applicable ethical and clinical standards, guidelines, laws, regulations, rules and procedures governing the practice of medicine, whether site-specific, institutional, local, regional, provincial, or national.

The university's fundamental role and the ACRC's responsibility in protecting the academic freedom of medical faculty appointees include:

- a) Department Heads acting as advocates on behalf of the academic freedom of medical faculty when issues of academic freedom arise in the clinical setting
- b) Providing medical faculty with a complaints and appeal process to adjudicate disputes involving possible breaches of academic freedom in the clinical setting (see section 8.2.4)
- c) public release by the ACRC of the Complaints and Appeals Subcommittee's findings, with the complainant's consent, if, in the opinion of the ACRC, there has been a breach of academic freedom that remains unresolved or inadequately addressed by the relevant academic/clinical entities and/or their administrative structures
- d) escalation of the complaint by the ACRC to the office of the university President if the complaint remains unresolved or does not lead to any remedial action by the affiliated institution or health authority or relevant academic/clinical site

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<sup>7</sup> <http://policies.usask.ca/policies/operations-and-general-administration/conflict-of-interest.php>

<sup>8</sup> Section 4(2)(b)

Medical faculty must remain aware that, like all university faculty, they have reciprocal obligations and responsibilities relating to academic freedom: they are responsible for maintaining appropriate relationships with other faculty and with students, and for complying with all applicable university policies, rules and procedures.

## 7. Medical faculty appointments and review

### 7.1 General principles:

Medical faculty are required to comply with applicable departmental, college, or university policies as amended from time to time. There is an additional expectation for reasonable participation in the collegial affairs of the department and the college when requested, whether such participation is contractually reimbursed or not.

The processes, criteria and conditions of medical faculty appointments in the CoM relate only to the university authorizing an appointee to perform an academic role. They bear no relation to payment source, mode of payment, physician financial status (i.e. corporate or private individual), or other matters involving contractual deliverables. A medical faculty appointment does not create an employment or other legal relationship with the college or the university. Payment for any educational, research, or other services medical faculty appointees provide to the college is solely governed by the service agreement(s) they may enter into with the college and/or health authority, which are separately authorized by the Dean and the Department Head. This procedures manual does not override the contractual provisions in the service agreements that medical faculty may enter into with the university.

Medical faculty appointments are granted on the basis of a mutual understanding between the university and the appointee. It is understood that the appointee wishes to engage in the academic mission of the CoM and wishes to receive the university's support and authorization to do so. Similarly, it is understood that the university desires this engagement and is willing to offer its authorization and support, subject to the terms and conditions of appointment. Medical faculty appointments are based on the promise of academic engagement rather than any guaranteed minimum level of contribution, with the provision that the appointee's contributions remain desired by the CoM and are consistently provided in a satisfactory manner. Diminished, absent or unsatisfactory commitment to teaching, research or administrative activities may result in termination of the medical faculty appointment, subject to ACRC recommendation and university authorization.

In the course of contributing to academic programming, medical faculty appointees will encounter many opportunities for scholarly development. Participation in scholarly activities such as medical knowledge translation and clinical research are strongly encouraged by the CoM. Satisfactory scholarly advancement and professional career development are recognized by the university with promotion in rank: all medical faculty are entitled and encouraged to seek promotion during the course of their academic careers, subject to the requirements laid out in applicable standards for promotion in the CoM.

It is recognized that medical faculty appointees accept the university's role in academic governance and protection of academic freedom in clinical/academic settings. It is acknowledged that medical faculty appointees in good standing have a right to academic freedom and that the university has well defined obligations with respect to protecting that freedom.



## 7.2 Appointment duration:

All medical faculty appointments are either **temporary** or **ongoing**. The vast majority of medical faculty appointments in the CoM are **ongoing appointments** in a primary academic unit (see section 7.3, below) in the College of Medicine. The designation **ongoing** means that the appointment will continue for as long as the appointee is actively engaged with the College of Medicine, subject to the terms of the appointment and satisfactory periodic review.

The designation **temporary** refers simply to the appointment having a defined term (see section 7.4, below). Apart from visiting professor appointments (section 7.4.4), temporary appointments are usually renewable. If one of the purposes of such appointments is the instruction or supervision of graduate students, or if that role is desired at any point during the course of an ongoing appointment, the primary unit must nominate such individuals for temporary (renewable) appointment by the College of Graduate and Postdoctoral Studies (CGPS), as members in that college. This requirement does not apply to adjunct professors as these individuals are appointed by the CGPS and automatically gain membership in that college at the time of appointment.

## 7.3 Appointment type:

There are two types of appointment: **primary** and **secondary**. All ongoing medical faculty have primary appointments in a college department or division known as their **primary unit**. For most ongoing appointees this will be their initial and only appointment.

In certain instances, ongoing medical faculty may also be granted temporary appointments in another college, department or division (known as their **secondary unit**). Secondary appointments, either **associate** or **joint**, are appropriate for those medical faculty who make significant academic contributions to the academic work of both their primary unit and another college, department or division.

## 7.4 Temporary Appointment categories:

Temporary appointments are categorized as **associate, joint, adjunct** or **visiting professor**. Determining whether to recommend associate or joint appointments and choosing the appropriate category for these secondary appointments is a responsibility that rests with the respective DHs and in the case of joint appointments, is made in conjunction with the secondary unit's Department Head or Dean.

### 7.4.1 Secondary associate appointments:

Generally speaking, **secondary associate appointments** are appropriate for medical faculty who make the majority of their academic contributions in their primary units, but also provide certain academic services to another college, department or division on a consistent basis. Associate memberships in secondary units are temporary insofar as they are typically three to five year appointments, subject to renewal.

Although medical faculty with associate memberships in another department, college or division generally report to their primary unit DH with respect to academic matters, it is understood that their academic roles will be determined in consultation and discussion with the secondary unit Department Head or Dean.

Examples of secondary unit services include graduate student supervision, undergraduate or postgraduate course delivery, clinical activities involving teaching secondary unit students, research activities, or other academic services deemed advantageous by the respective DHs. In the case of graduate student teaching and supervision, the associate member must also be nominated by the primary unit for membership in the CGPS, subject to that college's appointment criteria and approval processes.

#### 7.4.2 Secondary joint appointments:

**Secondary joint appointments** are appropriate for medical faculty who contribute in equal or nearly equal parts to the academic work of both primary and secondary units. Joint memberships are temporary, insofar as they are typically three to five year appointments, subject to renewal.

Academic contributions made by joint members are usually continuous, extensive, and integral to fulfilling the academic responsibilities of both academic units. They are determined in joint consultation with both DHs. In the case of graduate student teaching and supervision, the associate member must also be nominated by the primary unit for membership in the CGPS, subject to their appointment criteria and approval processes.

The main characteristic differentiating joint members from associate members is the degree of involvement in the secondary unit. Joint members tend to have greater responsibilities in the secondary unit and as such, their respective DHs and/or Deans have greater involvement in determining their academic roles and responsibilities, along with their reporting and review structures.

#### 7.4.3 Adjunct appointments:

Primary units in the CoM may occasionally nominate individuals for **adjunct appointments** in the College of Graduate and Postdoctoral Studies, allowing them to participate in CoM graduate student instruction and supervision.<sup>9</sup> Qualifications, experience and credentials for adjunct appointments are determined by the CGPS. Such appointments are temporary, usually for a five year term, but are renewable subject to policy as specified by the CGPS.

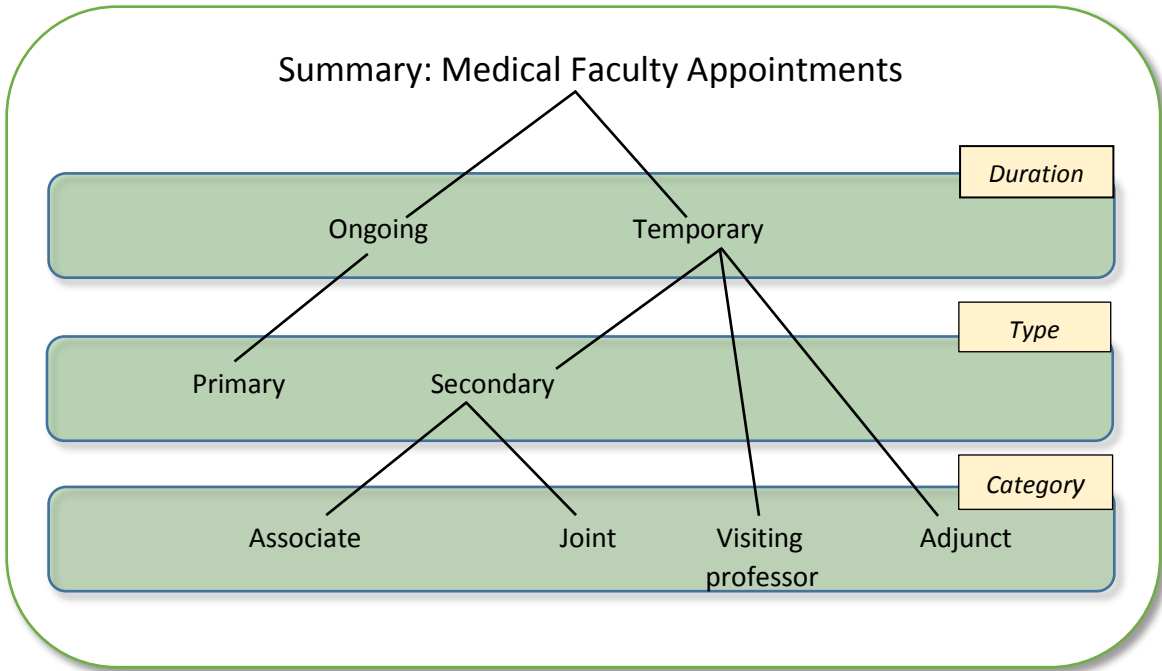
#### 7.4.4 Visiting professor appointments:

Occasionally, a need will arise for the temporary appointment of a visiting clinical professor holding an academic appointment in another university. Such appointments will have a defined

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<sup>9</sup> Normally, prospective adjunct appointees do not hold academic appointments at the U of S, but have knowledge, expertise and skills that will contribute to an academic unit's research, supervision or teaching functions with respect to CoM graduate students. Typically, although not necessarily, such individuals are members or appointees of external organizations but they may also be independent medical scholars.

term based on DH recommendations, usually no more than one year, and are designated as **visiting professor** appointments.



## 7.5 Appointment credentials:

**Note:** At the DH’s request, whether prior to appointment or at any time following appointment, a Certificate of Professional Conduct, issued by the CPSS must be supplied by any MD medical faculty appointee, regardless of appointment duration, type or category. Alternatively, the UG or PG offices may request on a periodic basis, completion of a standardized self-declaration form relating to professionalism.

### 7.5.1 Appointment credentials for ongoing appointees:

If their academic services are to be provided in conjunction with patient care, it is generally desirable for ongoing MD medical faculty appointees to hold Regular Licensure with the College of Physicians and Surgeons of Saskatchewan, indicating authorization to practise independently and without supervision.<sup>10</sup> Where applicable, health authority appointment requirements must also be met.

In a narrowly defined set of circumstances, medical faculty appointees may be unlicensed *and* without health authority clinical appointments, provided the following circumstances pertain:

<sup>10</sup> At the time of this writing, Saskatchewan MDs holding Provisional Licensure may not qualify for medical faculty appointments in the CoM, this decision being based upon the nature of the restrictions imposed by the CPSS combined with a consideration of the nature of the academic need and the broad availability of the relevant specialty expertise. Appointment requirements regarding CPSS licensure categories and restrictions will be reviewed and revised from time to time.

- academic (UG or PG) services are provided in non-clinical settings, with no patient contact or involvement
- academic services are provided under supervision of a course, module or event-based medical faculty director or supervisor (see definition for ‘immediate faculty supervisor’ on page 6)

### 7.5.2 Appointment credentials for temporary appointees:

In a very small number of cases, as described in section 7.4.4 above, the college may recommend a temporary medical faculty appointment for a visiting (i.e. out-of-province) MD holding a current faculty appointment at another Canadian university. Temporary appointees of less than 30 days duration must meet CPSS requirements for licensure *exemption* as they apply to ‘Visiting Medical Instructors’ or other applicable CPSS licensure requirements in place at the time of appointment. Temporary appointees of 30 days duration or more, will be required to obtain Regular Licensure prior to appointment if their academic contributions involve any clinical work or patient care, whether direct or indirect, in addition to satisfying any applicable health authority requirements for such participation.

### 7.5.3 Remarks on certification:

From the standpoint of providing credible medical education, particularly at the postgraduate level, the CoM recommends that all MD medical faculty obtain certification with either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. In some cases specialty certification from foreign jurisdictions will similarly satisfy this recommendation. The college’s rationale is that Canadian residency programs are designed, in part, to allow residents to qualify for certification examinations as residency-eligible candidates. It logically follows that residency training should be primarily provided by individuals who are themselves certified.

**For family physicians:** The current CFPC *Specific Standards for Family Medicine Residency Programs Accredited by the College of Family Physicians of Canada (The Red Book)*<sup>i</sup> state that residency program directors must hold certification in Family Medicine (CCFP). For other family medicine teachers, the Red Book states:

*All family physician teachers who have a major responsibility in the teaching and assessment of residents must hold Certification in Family Medicine (CCFP) or hold a specialist certificate in family medicine from the CMQ, and hold academic appointments in the university’s department of family medicine.*

*This does not preclude the appointment of family physicians with other or equivalent qualifications. However, any family physician teacher who has an important responsibility in the teaching and assessment of residents who is appointed to a university department of family medicine but who does not hold certification in family medicine with the CFPC should seek certification within four years of appointment.*

Left to interpretation by programs and medical schools are the terms “major responsibility”, “other or equivalent qualifications” and “important responsibility.” In practical terms, the CoM recognizes that many valuable teaching contributions have been made in the past and are still being made by non-certified MD medical faculty in Saskatchewan, and that the college’s total teaching needs cannot be easily supplied by certified family physicians. It is also recognized that the CPSS does not require all regularly licensed family physicians in Saskatchewan to be certified.<sup>ii</sup> Therefore, at this time, the CoM accepts that some MD medical faculty appointees will not have national certification (CCFP) or equivalent, but for Family Medicine residency programs, any national accreditation requirements regarding certification within the teaching complement must be met.

**For specialists:** The RCPSC, in combination with the CFPC and the CMQ, have agreed to *General Standards of Accreditation – The Descriptors (Blue Book)*<sup>iii</sup>. With respect to RCPSC residency programs, the general standards state:

*For the Royal College, the program director should be certified by the Royal College in the discipline concerned. . .*

The national colleges offer further clarification regarding their choice of language, and in particular, their recommendations regarding the words “must” and “should”:

*In this document, the words “must” and “should” have been chosen with care. The use of the word “must” indicates that meeting the standard is absolutely necessary. The use of the word “should” indicates that meeting the standard is an attribute to be highly desirable and an evaluation will be made as to whether or not its absence may compromise substantial compliance with all of the requirements for accreditation.*

However, depending upon the specialty, the *specific* RCPSC accreditation standards for residency programs have varying requirements with respect to program director certification, insofar as specifying whether they *must* or *should* be certified. The RCPSC’s discipline-specific standards do not mention any certification requirements for other teaching faculty in specialty programs, apart from the need for adequate or sufficient numbers of “qualified” faculty.

As with family physicians, the CoM recognizes that many valuable teaching contributions have been made in the past and are still being made by non-certified MD specialists in Saskatchewan, and that projected teaching needs cannot be easily met by certified specialists. It is also recognized that the CPSS does not require all regularly licensed specialists to be certified. Therefore, at this time, the CoM accepts that some MD medical faculty appointees will not have national specialist certification or equivalent, but for Royal College residency programs, any national accreditation requirements regarding certification within the teaching complement must be met.

## 7.6 Appointment rank:

New medical faculty appointees will normally be appointed at the Assistant Professor rank; however, some flexibility in initial appointment rank may be exercised by the Dean in exceptional circumstances. Unlike previous “community faculty” appointments, the new appointment rank assigned will not be preceded by the word “Clinical.”

Former “community faculty” appointment ranks “Clinical Instructor”, “Clinical Lecturer” and “Preceptor” have been discontinued for all new medical faculty appointments. Former medical faculty appointees holding these ranks are to be offered new ongoing appointments at the Assistant Professor rank, provided they are still actively engaged with academic work. Similarly, former Clinical Assistant Professors are to be offered new ongoing appointments at the Assistant Professor rank (i.e. effectively re-appointed at the same rank but without the word “Clinical” in their rank titles).

Previous medical faculty appointees holding the rank “Clinical Associate Professor” will retain that title until they successfully achieve a promotion in rank to Professor. Previous “Clinical Professors” will retain that title until they retire or otherwise discontinue their engagement with the College of Medicine. Consideration will be given to requests from Clinical Professors for “promotion” to Professor, such promotion being subject to satisfaction of the requirements set out in the CoM’s Standards for Promotion.

Previous “community faculty” appointees were appointed on a defined 5-year term basis, with renewal appointments offered at the end of each term, provided they remained actively engaged with the College of Medicine. While their rank titles will remain the same for Clinical Associate Professors and Clinical Professors, the duration of their appointments will be converted from 5-year terms to ongoing status at the time of their next scheduled appointment renewal. New Assistant Professor appointees will be offered ongoing appointments only.

## 7.7 Appointments committees:

Each clinical department in the CoM will establish a standing appointments committee to oversee and approve appointment recommendations going forward to the DH. Appointments committee recommendations will be advisory to the DH, whose recommendation will in turn be advisory to the Dean. Historically, the work of a departmental appointments committee involved the simultaneous recommendation of a candidate for both a faculty appointment and a job as a university employee in the CoM. In these *Procedures*, the committee’s role is confined to recommending an academic appointment only. As such, the committee must be familiar with the department’s academic needs and its recommendations must be consistent with the CoM’s academic needs and overall mission.

The composition of appointments committees will be decided by the department as a whole following open discussion at a meeting of the department. This decision should be documented in departmental meeting minutes and made available to the CoM on request. Committee composition and procedures will vary from department to department, but consistency with the principles of

inclusiveness, transparency and democracy must be achieved. In widely-distributed departments, consideration should be given to establishing rural or regionally-based appointment committees authorized to make appointment recommendations to the DH.

#### **7.7.1 Appointments committee composition and process guidelines:**

- a) No geographic site, academic unit, specialty or sub-specialty should be over-represented or under-represented.
- b) Urban and rural representation should be balanced to reflect the department's current or anticipated faculty complement distribution.
- c) Mode of payment for academic services should not be considered a relevant factor in determining committee composition.
- d) Committee discussion may be conducted electronically rather than in-person, to achieve broad-based representation and timely appointment recommendations.
- e) Decisions regarding recommendation for appointment should be made by consensus whenever possible, but failing consensus, by majority vote.
- f) Committee members are responsible for providing an opinion about the advisability of any prospective appointment, based upon a review of the candidate's CV, qualifications, credentials, interest level, expected academic contributions, and any other relevant information specific to the suggested appointment.
- g) The content of the committee's deliberations should be held confidential but made available to the DH and to the CoM on request.
- h) If a decision is made to recommend against appointment, the applicant should be provided, by the DH, with an accurate summary of the committee's discussion and should be advised of his/her right to appeal the decision to the ACRC's Complaints and Appeals Subcommittee.

### **7.8 Appointment procedures:**

#### **7.8.1 Overview:**

Normally, either the DH or a current medical faculty appointee in his/her clinical department will become aware of an interested candidate, whose name will then be forwarded to the departmental appointments committee for consideration. Frequently, such candidates express personal interest to other medical faculty working in their clinical departments or at their clinical sites. Less commonly, the CoM will receive an expression of interest, or will become aware of an evolving academic need at a particular site, in which case communication will occur with the appropriate DH who should then, in turn, advise the departmental appointments committee.

The CoM will not unilaterally recommend medical faculty appointments to the university without first receiving a department's consent or recommendation. At times, the DH might disagree with the CoM with respect to the appropriateness of a suggested appointment. Timely communication, negotiation and cooperation is expected in such instances. The DH is encouraged to recognize and support larger CoM goals with respect to faculty complement and urgent academic need fulfillment. Normally, the Dean will concur with a department's recommendation for appointment, but reserves the right to make a final decision in that regard.

### 7.8.2 Process:

- a) By a variety of ways (see preceding paragraphs), an interested candidate's name is provided to the department's appointments committee for consideration.
- b) The appointments committee reviews the candidate's CV<sup>11</sup>, credentials, qualifications (see 7.5) and appropriateness for appointment in light of the department's/CoM's academic needs.
- c) The DH may request to speak in support of the candidate's recommendation.
- d) The appointments committee makes a recommendation to the DH.
- e) The DH decides upon the appointment's duration, type, category and rank (see 7.2, 7.3, 7.4, 7.6) and carries the recommendation forward to the Dean, or in the case of certain temporary appointments to the CGPS, after advising the candidate of the decision.
- f) The Dean either rejects the recommendation, providing the DH with his/her rationale, or approves it and carries it forward to the Vice-Provost Faculty Relations, or in the case of some temporary appointments, to the CGPS.
- g) The Vice-Provost either rejects the recommendation, providing the Dean with his/her rationale, or approves it and advises the CoM of his/her decision.
- h) If a medical faculty appointment has been approved by the Vice-Provost, the CoM sends out the VP's appointment letter, the Dean's letter of confirmation, a new appointee information package and an appointment acceptance form.
- i) The candidate reviews the offer of appointment and the attached information, and if in agreement, signs the acceptance form and returns it to the CoM.
- j) The CoM advises university and CoM administrators of the new medical faculty appointee's name and department, thereby enabling access to university IT and library systems, and enabling development of a contract or agreement for academic services, as applicable.
- k) The DH or his/her delegate contacts the new appointee to welcome him/her to the department, and in consultation with the CoM academic, financial, or other general administrators, discusses expected academic contributions and FD participation. The DH also uses this opportunity to enlist participation in departmental affairs, and to discuss ongoing academic review processes.

## 7.9 Medical faculty periodic appointment review:

### 7.9.1 Overview:

The CoM is committed to the effective monitoring and quality control of academic service provision. Together with the DH, it is the CoM's responsibility to ensure that each medical faculty appointee continues to meet appointment criteria during the course of their academic career, and contributes academically in a manner that is consistent with departmental expectations, CoM needs, and the standards of the profession. To monitor these contributions and to assist medical faculty in achieving academic career progression, each department must ensure that there are reliable processes in place for periodic performance review.

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<sup>11</sup> CVs are to be provided in a format acceptable to the CoM; current example at: [http://www.usask.ca/vpfaculty/documents/Guidelines\\_UofS\\_Standardized\\_CV.pdf](http://www.usask.ca/vpfaculty/documents/Guidelines_UofS_Standardized_CV.pdf)



### 7.9.2 Review process guidelines:

It is recognized that to some extent, review processes will be department-specific and will vary according to each department's administrative structure, geographic distribution, and overall scope of academic contributions. It is also recognized that there are policies and procedures already in place with respect to periodic review of contractual arrangements between academic physicians and representatives of their respective funding agencies (typically undertaken by DHs, UG/PG Deans, or designated CoM administrators). Such contractual arrangements include but are not limited to AFPs, ACFPs, and group or individual contracts with the CoM. Established review processes will necessarily include both academic and clinical review when contract funding covers both types of deliverables, as is the case with ACFPs.

The process and content guidelines discussed in these *Procedures* are not intended to supplant or supersede other established review processes. However, they may be used to enhance existing protocols, or guide the process where established protocols do not exist. Such is the case for the majority of medical faculty whose *clinical* income is not contractually negotiated (i.e. fee-for-service physicians). At a minimum, the academic review process should:

- a) be consistently administered with respect to content and documentation.
- b) be conducted by the DH (or delegate, or departmental academic review committee, where appropriate, such as might be the case in a broadly distributed department).<sup>12</sup>
- c) be offered at least once every three years, and preferably annually for medical faculty during their first six years as medical faculty appointees.
- d) occur at least once every five years beginning after year six for experienced medical faculty appointees, with opportunity provided for more frequent review, as necessary.
- e) be used by DHs as an opportunity to discuss, balance and adjust individual academic contributions in light of evolving departmental obligations and in consultation with departmental and CoM programming administrators.
- f) be used by DHs to identify exemplary and exceptional academic performance, and to gather information relevant to academic award consideration.
- g) be used by DHs for purposes of academic mentoring and career planning.
- h) be used by DHs to discuss support for academic promotion as applicable.
- i) include, following the review, provision of a brief summary to the medical faculty being reviewed.

### 7.9.3 Review content guidelines:

Depending upon the number of medical faculty involved and the frequency with which reviews are conducted, the review process has the potential of becoming onerous for DHs. In the interests of efficiency and consistency, development of a department-specific standardized review content form is encouraged. Review discussion content will minimally include:

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<sup>12</sup> In some departments, particularly those with large numbers of faculty, it might be preferable to establish departmental academic review committees that report to the DH. Existing policies for annual review of medical faculty who have negotiated ACFPs or similar contracts will generally require the DH to perform the annual reviews, precluding the use of departmental academic review committees. There would be little point in duplicating existing processes for academic review, providing such processes are sufficiently rigorous with respect to evaluating academic performance.

- a) Maintenance of certification where applicable
- b) Maintenance of licensure and health region privileges where applicable
- c) Maintenance of CME credits and participation in continuing professional development
- d) Participation in FD activities; personal FD needs review
- e) Participation in the administrative affairs of the department/college
- f) Student and peer teaching evaluations<sup>13</sup>
- g) Academic career development and progress towards promotion, if desired
- h) Participation in research activities, if desired
- i) Academic deliverables, with attention to any desired changes
- j) Contractual matters, as specified in contracts or other agreements

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<sup>13</sup> Existing CoM UGME policy governing the evaluation of instructors might preclude automatic DH access to teaching evaluations performed by students. Such policies are subject to ongoing revision. In such instances, medical faculty appointees are strongly encouraged to voluntarily provide their DHs/delegates with relevant student feedback on teaching prior to each review.

## 8. Quality complaint resolution for medical faculty

### 8.1 Overview and general principles:

As indicated earlier, the CoM is obliged to provide high quality academic services, contributing to the well-being of learners, faculty and Saskatchewan citizens. One of the major purposes of the periodic medical faculty review process described in section 7.9 is maintenance of quality control. Infrequently, academic services provided by some medical faculty may not meet expectations. In such circumstances, the CoM must have a variety of means to address deficits, provide remediation and prevent similar problems in the future. The medical faculty who enter into service agreements with the university are expected to carry out the specific academic services set out in the service agreements. The following is not intended to override any such contractual commitments, but to provide a procedural framework to help address situations where the academic services are not meeting expectations.

In more serious clinical/academic circumstances such as those involving possible breaches of professionalism, potential patient safety issues, or learner safety while being supervised by medical faculty, there is a clear recognition that the CoM must act swiftly to prevent further harm. Such actions could include the immediate suspension of academic responsibilities while investigation occurs and could also include health region administrator or regulatory agency notification when patient safety issues are evident.

Relevant principles that must guide all complaint interactions with medical faculty and the employment of existing policies or any of the procedures noted below include:

- a) fairness
- b) clarity regarding process
- c) timeliness
- d) confidentiality<sup>14</sup>
- e) transparent discussion regarding the circumstances of the complaint
- f) protection of learner or patient safety
- g) prevention of possible future harm
- h) maintenance of high quality educational experience
- i) right to appeal any decisions made regarding complaints

Generally, complaints involving the provision of academic services by medical faculty can be categorized as one of three types:<sup>15</sup>

- 1) Single-issue or single-report complaints with no obvious evidence or suggestion of problematic behaviour patterns or chronic teaching deficits

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<sup>14</sup> In discussing the complaint with the medical faculty, investigating the complaint further when necessary, and resolving the complaint in accordance with existing policy, CoM administrators will attempt to respect medical faculty privacy as much as possible. However, the extent to which confidentiality can be maintained will depend upon the nature of the complaint and the possible duty to report safety issues to other applicable authorities. Additionally, existing policy may preclude identification of students making the complaints, as some faculty evaluations are provided by students with the promise of anonymity.

<sup>15</sup> Occasionally, complaints may involve a combination of types 2) and 3).

- 2) Repetitive complaints received in summary form or over a period of time, describing problematic behaviour patterns or chronic teaching deficits
- 3) Complaints involving harassment, intimidation, discrimination, patient safety in the academic context, or any other apparent breach of professionalism

## 8.2 Complaint resolution guidelines:

### 8.2.1 Complaints regarding academic performance:

None of the procedures described here are intended to supplant or supersede applicable university or CoM policies and frameworks for dealing with complaints about medical faculty. It is recognized, however, that some existing procedures predate the period during which a large proportion of clinical academic service provision transitioned from university-employed physicians to self-employed (i.e. contracted) physicians. As such, gaps and uncertainties may exist and the following guidelines can be used to supplement existing procedures.

### 8.2.2 ACRC role in complaints and appeals process:

Normally, complaints *about* medical faculty providing academic services will be addressed by CoM administrators as part of their usual administrative functions. The ACRC and its subcommittees will not interfere with such established functions and will redirect complaints, as appropriate, to relevant CoM administrators. Similarly, complaints *from* medical faculty regarding perceived misapplications or misinterpretations of the *Policy* and/or *Procedures* can usually be resolved at the CoM administrative level, preferably following initial discussion with the Vice Dean Faculty Engagement.

Complaints regarding the interpretation, application or alleged violation of any part of the *Policy* or this *Procedures Manual* can be received by the Vice Dean Faculty Engagement or the Complaints and Appeals Subcommittee for consideration and recommendation. If the complaint involves interpretation or application, any recommendations the Vice Dean or the subcommittee make will have general applicability to all medical faculty and may result in a recommendation being submitted to the ACRC for review or revision of the *Procedures Manual*. In matters involving alleged violation of the policy or procedures, the subcommittee will forward its deliberations to the ACRC for further consideration. If policy matters are involved, the ACRC will forward any recommendations for revision to the appropriate university administrators.

The Complaints and Appeals Subcommittee may, on occasion, receive information associated with complaints about medical faculty that has not been made available to the CoM or clinical administrators normally tasked with addressing such complaints. Depending upon the nature of the information, the subcommittee must advise its provider that the particulars will be turned over to the appropriate administrators, whether academic or clinical or both.

In rare circumstances, the subcommittee may receive information that leads to a conclusion that certain complaints have not been, or cannot be, dealt with adequately through usual college processes. This conclusion will have been reached through discussion with the involved

individual, or as a result of a request for an opinion regarding the complaint, brought by CoM administrators.

The subcommittee may review such complaints and after due consideration, submit its recommendation regarding resolution to the ACRC, which will in turn inform the CoM and the individual involved. College administrators will accept this recommendation as information and use it in making their final decisions. Any decision recommending termination of academic appointment must be submitted to the university for final decision.

Any medical faculty appointee is entitled to appeal to the subcommittee for review of a CoM decision regarding temporary suspension or termination of academic privileges. In the event of subcommittee *agreement* with a CoM decision to suspend or terminate academic privileges, medical faculty may appeal the subcommittee's decisions directly to the ACRC. The ACRC, by way of majority vote, may affirm or overturn the subcommittee's recommendation. In either case, the ACRC's opinion in this regard will be provided to CoM administrators as information. Temporary suspensions remain in effect during the appeal process.

In the event of subcommittee *disagreement* with CoM administrative decisions regarding suspension or termination of academic privileges, the subcommittee's opinion will be provided to the ACRC for further discussion and a recommendation will be provided, as information, to the applicable CoM administrators.

### 8.2.3 CoM role in complaints process:

Complaints of type 1 or 2 (see section 8.1, above) can often be addressed and resolved through the use of existing university and CoM policies and frameworks, as applicable. These should be applied in accordance with the principles outlined in section 8.1. Generally, the CoM faculty administrator most immediately responsible for supervising the academic work of the medical faculty about whom complaints have been made will be the first person involved. This involvement can have several possible outcomes:

- a) The immediate faculty supervisor determines the complaint is of a relatively minor nature and no significant changes to teaching practices are required:
  - i. faculty is provided with the complaint information and a meeting is arranged
  - ii. complaint is discussed
  - iii. faculty is provided with constructive feedback and encouraged to stay aware of any related issues that might compromise teaching performance
  - iv. faculty is encouraged to pursue FD opportunities as applicable
- b) The complaint is determined to be representative of a pattern of behaviour or has been previously recognized or thought to have been addressed, or is thought to reflect medical inadequacies or issues involving knowledge of the discipline:
  - i. immediate faculty supervisor informs the relevant Associate Dean (exact administrative role will depend upon factors such as location, course, and whether complaint relates to PG or UG education, etc.)

- ii. decision is made by Associate Dean(s) regarding who should be involved in the discussion (will vary with nature of complaint)
  - iii. faculty is provided with complaint information and a meeting is arranged
  - iv. complaint is discussed
  - v. faculty acknowledges change in teaching practise is necessary
  - vi. faculty is offered and consents to remediation, possibly being asked to refrain from learner contact until remediation process is completed
  - vii. where faculty does not acknowledge that a change is necessary and does not consent to remediation, he or she may appeal the matter in accordance with the procedures set out in section 8.2.4 but shall cooperate with the remediation process pending the outcome of the appeal
  - viii. immediate faculty supervisor, in consultation with Associate Dean and other CoM administrators as necessary, devises remediation plan
  - ix. faculty's DH is notified of plan
  - x. second meeting is held to review completed remediation and evaluate readiness to return to academic service provision
  - xi. faculty is required to pursue annual FD opportunities
  - xii. faculty is encouraged to discuss any future academic issues and challenges with DH as they arise
- c) The complaint is determined to be one involving possible harassment<sup>16</sup>, intimidation, discrimination, patient safety in the academic context<sup>17</sup>, or any other serious breach of professionalism:
- i. immediate faculty supervisor, upon receiving complaint, brings it to the attention of the relevant Associate Dean(s) or delegate within 24 hours
  - ii. if problem is observed, recorded by or otherwise brought to the attention of any other medical faculty, CoM administrator or health authority administrator, complaint should be immediately redirected to relevant Associate Dean(s)
  - iii. Associate Dean determines whether complaint can be safely, swiftly and comprehensively managed using pre-existing university or CoM policies and frameworks
  - iv. if not, Associate Dean contacts faculty to advise him/her that complaint has been received, that it is serious in nature, and that DH will be contacted
  - v. Associate Dean contacts DH, discusses complaint, and requests assistance in meeting with faculty as soon as possible
  - vi. DH decides whether, on the basis of preliminary information, faculty should immediately refrain from academic work or both academic and clinical work. In the latter case, DH contacts appropriate clinical health authority administrators as per applicable practitioner regulations, protocols or bylaws
  - vii. DH decides whether complaint warrants advising CPSS administrators

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<sup>16</sup> In the circumstances where the complaint relates to discrimination and/or harassment, these procedures will need to be applied in a manner that does not conflict with the investigative processes required by the university-level Discrimination and Harassment Prevention Policy, which is referenced in section 3 above.

<sup>17</sup> In some instances where a complaint overlaps in both the clinical and the academic realms, a joint investigation with the appropriate clinical jurisdiction or health authority will occur.

- viii. DH advises faculty of any decision made and arranges for meeting as soon as possible, with meeting to include Associate Dean and if applicable, health authority personnel, and if desired, any representative of the faculty's choosing
  - ix. faculty is interviewed and a decision is made regarding what DH will recommend to CoM as appropriate next steps regarding academic matters, issuing such decision in writing to faculty within 24 hours following meeting. (Clinical recommendations are made independently of academic recommendation and in consultation with appropriate clinical health authority personnel)
  - x. After all appropriate investigatory procedures are completed in accordance with any applicable policies, the Associate Dean advises Vice Dean Education and/or Vice Dean Faculty Engagement of the recommendation
  - xi. Vice Dean makes recommendation to Dean regarding appointment termination or alternate next steps
  - xii. Dean's decision is provided, in writing, to the individual involved and as advice or recommendation to the Vice-Provost Faculty Relations. The Dean will advise the individual of his/her rights of appeal under section 8.2.4.
  - xiii. If individual is asked to refrain from academic or clinical work, either temporarily (such as when in-depth investigation needs to occur or when remediation along with no learner contact is thought to be necessary or when the faculty's license to practice medicine or health authority privileges have been temporarily suspended) or permanently (such as when there is a decision to permanently rescind medical faculty appointment, or when the faculty's license to practice medicine or health authority privileges have been permanently withdrawn), he/she is advised of the right to appeal.
- d) On occasion, CoM administrators may request the opinion of the ACRC's Complaints and Appeals Subcommittee in managing certain complaints. Usually, these will be of the type that might benefit from broader input in their resolution. While the college is not bound by the subcommittee's recommendations, any advice provided should bear considerable weight in arriving at a final resolution.

#### **8.2.4 Appeals:**

Medical faculty are entitled to appeal any CoM decisions regarding the temporary suspension of academic responsibilities, the need for academic remediation or faculty development interventions, or the recommended permanent termination of medical faculty appointments due to the circumstances set out in section 8.1. They are also entitled to lodge a complaint regarding any alleged breach of academic freedom or any interpretation, application or alleged violation of any part of the *Policy for Medical Faculty* or these *Procedures*. The ACRC's role in considering these appeals and complaints is described in section 8.2.2.

Procedural guidelines for initiating appeals and complaints are as follows:

- a) Medical faculty are expected to discuss their concerns initially with their DHs and/or applicable immediate faculty supervisors.

- b) If their concerns relate specifically to their DH or immediate faculty supervisor, they are expected to discuss their concerns with the most appropriate decanal administrator in the CoM.
- c) If they feel their concerns are not being adequately addressed, or are dissatisfied with the response received or any decisions made by the CoM, medical faculty are entitled to submit their concerns in writing to the ACRC's Complaints and Appeals Subcommittee.
- d) Such concerns should be submitted no later than 3 months following the contentious decision/recommendation, alleged breach of academic freedom, or recorded difference in opinion regarding the interpretation, application or violation of any part of the *Policy* or *Procedures*.
- e) Having submitted their concerns in writing, medical faculty are entitled to be offered an opportunity to present their concerns in person to the Complaints and Appeals Subcommittee and at that time, may be accompanied by another individual of their choosing. The Complaints and Appeals Subcommittee will develop rules for the hearing and determination of complaints and appeals.



## 9. Promotion of academic rank

These *Procedures* do not attempt to set out the applicable standards medical faculty appointees must meet to achieve promotion in academic rank. Promotion standards are determined independently by the academic departments, the CoM, and the U of S. However, there is need for a recognized application and review process for medical faculty seeking promotion. While it is acknowledged that the process and the promotions committee composition might vary from department to department, the aim should be to achieve consistency with the following guidelines.

### 9.1 Promotion application guidelines:

Medical faculty appointees may apply for promotion at any time and should express their interests in this regard to their respective Department Heads. DHs are responsible for establishing and maintaining clear departmental processes to receive and evaluate applicant case files. These processes should be communicated clearly to all medical faculty within the department. Applicants are responsible for assembling their promotion case files for consideration by the department's promotions committee. Assistance should be provided to applicants by departmental administrators and the DH, as necessary, including advice on the appropriate content and format for case files.

The university has requirements regarding how and when case files are assembled and presented for consideration at the University Review Committee level, although only some of these requirements might be applicable to medical faculty.<sup>18</sup> At the CoM level, the College Review Committee has responsibility for making a college recommendation regarding requests for promotion. The format and content of their recommendation is usually expected to conform to URC requirements. Similarly, the CoM will establish the format and content requirements for case files submitted to the CRC by departmental promotions committees.

### 9.2 Promotions committee guidelines:

The role of a departmental promotions committee is to evaluate a colleague's readiness to be granted a promotion in academic rank. As such, committee members must be familiar with the departmental/college promotion standards and must have attained an academic rank above that of the applicant seeking promotion.<sup>19</sup> In addition to meeting the requirements and performing those roles required for medical faculty seeking promotion, the departmental promotions committees should:

- a) evaluate the readiness for promotion of any interested medical faculty appointee
- b) be chaired by the DH, irrespective of the DH's academic rank
- c) have at least five members in addition to the chair

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<sup>18</sup> University-required or college-required processes, forms and timelines are subject to periodic revision

<sup>19</sup> Apart from the chair, the committee assessing an Assistant Professor's readiness for promotion should be made up of Associate Professors and Professors only. The committee assessing an Associate Professor's or Professor's readiness for promotion should be made up of Professors only. When there are fewer than five members of the department with ranks suitable for committee participation, the DH must request assistance from other academic departments for service on the departmental promotions committee.

- d) be composed of members holding rank as described in footnote 15, above
- e) not include the DH if it is the DH seeking promotion, in which case the committee should be chaired by a committee member elected by his/her peers
- f) not include the Dean of Medicine, the VP Academic, the Provost, the President, or any person currently serving as a member of the CRC or the URC
- g) make their recommendations according to majority view
- h) document the rationale for both majority and minority views<sup>20</sup>
- i) provide the rationale for their decision to the applicant, via the committee chair
- j) advise the applicant of their right to appeal to the CRC if the department's recommendation is to deny the application for promotion
- k) structure and submit their recommendation to the CRC in a manner expediting CRC review, as may be required and revised by the CRC from time to time

### 9.3 College review committee role:

The CRC will receive, review and affirm recommendations made by departmental promotions committees unless those recommendations depart significantly from the CRC's usual interpretation of the promotion standards. CRC recommendations are forwarded to the URC for review by that committee. The CRC is also responsible for:

- a) receiving and reviewing departmental criteria and standards for promotion
- b) approving such standards if they are not inconsistent with the criteria and standards of the college and the university
- c) formulating college-wide standards in the absence of department-based standards
- d) submitting college standards to the URC for approval
- e) hearing and considering written appeals from medical faculty applicants when the departmental recommendation is against promotion

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<sup>20</sup> Readiness for promotion is determined by comparing the applicant's academic productivity, service and accomplishments to those required by current and approved departmental standards for promotion (where applicable) or current CoM standards for promotion. College standards must receive approval from the URC and must be consistent with the intent and framework of the university standards. The university acknowledges that given the broad array of colleges and disciplines represented, there will be considerable differences from department to department and from college to college with respect to specific standards. For that reason, department promotions committees have been historically permitted to compose their own departmental standards for submission to their respective CRC's for approval. More common, however, are college-wide standards that attempt to accommodate discipline-specific differences while maintaining academic rigour and consistency with university standards.

## 10. References and links:

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<sup>i</sup><http://www.cfpc.ca/uploadedFiles/Red%20Book%20English.pdf>

<sup>ii</sup><https://www.cps.sk.ca/imis/cpsc/registration/Licensure.aspx?LicensureCCO=Licensure%20Overview>

<sup>iii</sup>[http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/descriptors\\_blue\\_book\\_2009\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/descriptors_blue_book_2009_e.pdf)



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**20  
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**STRATEGIC PLAN**







**VISION**

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**We are leaders in improving the health and well-being of the people of Saskatchewan and the world.**

**MISSION**

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**As a socially accountable organization, we improve health through innovative and interdisciplinary research and education, leadership, community engagement, and the development of culturally competent, skilled clinicians and scientists. Collaborative and mutually beneficial partnerships with Indigenous peoples and communities are central to our mission.**

## VALUES AND PRINCIPLES

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**The College of Medicine community is committed to acting in accordance with the following values:**

- collegiality;
- fairness and equitable treatment;
- inclusiveness;
- integrity, honesty and ethical behaviour; and
- respect.

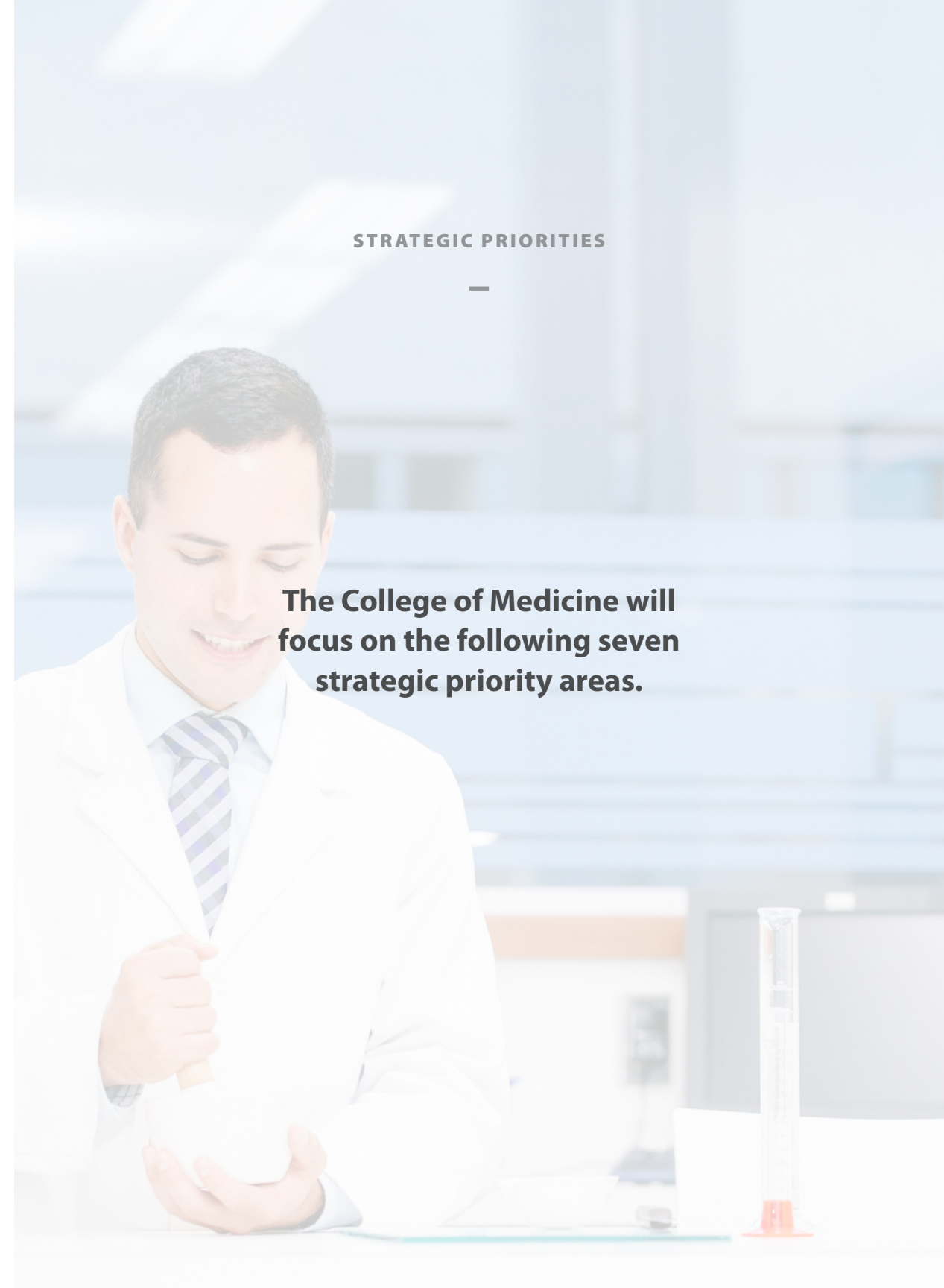
**The College of Medicine believes in the following principles:**

- academic freedom;
- collaboration;
- commitment to community;
- different ways of knowing, learning and being;
  - diversity, equality and human dignity;
  - excellence;
- a healthy work and learning environment;
  - innovation, curiosity and creativity;
- openness, transparency and accountability;
  - reconciliation; and
  - sustainability.

## STRATEGIC PRIORITIES

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**The College of Medicine will focus on the following seven strategic priority areas.**





### Strengthen research capacity

Leverage expertise and opportunities while performing research across the breadth of biomedical sciences, clinical medicine, health systems, and health of populations to create an environment where research can excel.



### Education

Enhance quality and methods of teaching, learning and scholarship.

Focus education and training to develop clinicians that excel at meeting the needs of the province, are culturally competent, and are imparted with leadership ability to drive health system transformation.



### Social accountability and community engagement

Address the priority health concerns of the communities the college is mandated to serve, incorporating authentic community engagement and mutually beneficial partnerships.

Focus on equity and community engagement by interweaving social accountability throughout the college's operations.



### Indigenous health

Respond to the Calls to Action in the Truth and Reconciliation Report and work in a mutually beneficial and collaborative manner with the Indigenous peoples of Saskatchewan to define and address the present and emerging health needs in Indigenous communities.



### Empower and engage faculty

Focus on support, development and engagement of all faculty members to foster mutually beneficial relationships and empower faculty members as role models for future clinicians and scientists.



### Distributed medical education

Foster a province wide college.

Implement a sustainable, well-resourced framework across the continuum that will result in quality community partnerships, successful and comparable students across all sites, elevated community health, and better graduate retention in communities.



### Integration and alignment with the health system

Focus on aligning our strategic and operational plans with Saskatchewan health system strategies and plans to enhance integration between the clinical environment and the college.

## ENABLERS

The following three enablers are instrumental to advancing the College of Medicine strategic plan.

### People

The recruitment and retention of strong leadership, faculty, students, management and support staff are integral to the success of the College of Medicine.

### Partnerships and relationships

The College of Medicine's internal and external partnerships and relationships that enable the College of Medicine to more rapidly and effectively achieve its objectives.

### Organizational capacity

#### Information management

The capacity of information systems to support the education and training, research and clinical activities of the College of Medicine.

#### Financial

The financial resources available to support the research, education and training, and clinical activities of the College of Medicine.

#### Process

The internal processes that allow for delivery of the most appropriate and efficient education and training, research and clinical care services of the College of Medicine.

[medicine.usask.ca](https://medicine.usask.ca)



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College of Medicine  
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Committee on Accreditation of Canadian Medical Schools  
Comité d'agrément des facultés de médecine du Canada

## **CACMS STANDARDS AND ELEMENTS**

**Standards for Accreditation of  
Medical Education Programs Leading to the M.D. Degree**

**Standards and Elements Effective July 1, 2017  
For Site Visits Scheduled in the 2017-2018 Academic Year  
(Published February 2016)**

CACMS Standards and Elements  
Standards for Accreditation of Medical Education  
Programs Leading to the M.D. Degree

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## **Introduction to the first edition of the CACMS *Standards and Elements***

The Committee on the Accreditation of Canadian Medical Schools (CACMS) *Standards and Elements* provide the basis by which the quality of Canadian medical education programs leading to the M.D. degree will be judged in the peer-review process of accreditation. The procedures governing the accreditation process appear in a separate document entitled: The CACMS *Rules of Procedure*.

These CACMS *Standards and Elements* resulted from a Canada-wide consultative process and a collaboration between the CACMS and the Liaison Committee for Medical Education (LCME). This document replaces the LCME *Functions and Structure of a Medical School* document with respect to accreditation of Canadian medical education programs beginning with accreditation activities conducted in 2015-2016.

Both this CACMS *Standards and Elements* document and the current LCME *Functions and Structure of a Medical School* edition published in March 2014 share a new, but common format. The twelve accreditation standards are identical in the two documents. Each standard is numbered and is followed by its title and a general statement of principle, which is the *de facto* standard. Each standard is followed by a series of associated elements. The elements within a given standard identify the attributes that will be examined to determine compliance with the standard.

The CACMS *Standards and Elements* document differs from the LCME *Functions and Structure of a Medical School* as the wording of some elements have been modified to reflect the context in which Canadian medical schools are situated, and the current expectations of the CACMS. The majority of elements, however, are identical between the two documents.

The CACMS *Standards and Elements* document also includes a lexicon of selected terms as well as a Table of Contents in addition to this Introduction.

The CACMS regularly reviews the standards and elements and consults with its sponsor organizations and members of the medical education community. Changes may arise as a result of the review or consultative processes that modify, eliminate or impose new or additional accreditation requirements. Before their adoption by the CACMS, opinions on the proposed changes are requested from the Association of Faculties of Medicine of Canada, the Canadian Medical Association, the LCME and from the public through a consultative process in Canada. Once approved by the CACMS, new standards or new or revised elements are published in a subsequent edition of the CACMS *Standards and Elements*.

More information about the standards and elements, procedural rules or the accreditation process in general can be obtained by contacting the CACMS Secretariat using the information below.

### **The CACMS Secretariat**

The Association of Faculties of Medicine of Canada (AFMC)  
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Email: [cacms@afmc.ca](mailto:cacms@afmc.ca)  
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## Lexicon

The following table is a lexicon of terms used in this document and is essential for accurate interpretation of the standards and elements.

Academic schedule <i>(Found in element 10.6)</i>	The academic schedule indicates dates when classes start and end, and timing of breaks and vacations.
Calendar <i>(Found in element 10.6)</i>	The calendar is the university's official listing of admission procedures and deadlines, academic regulations, programs of study, academic standards, degree requirements and general university policies and codes.
Comparable <i>(Found in elements 8.7, 10.7, 10.9)</i>	Very similar, like, commensurate, close.
Equivalent <i>(Found in element 8.7)</i>	Essentially equal, identical, same
Geographically distributed campus <i>(Found in elements 2.5, 2.6, 5.12)</i>	An instructional site that is located at a distance from the main campus of the medical school where daily commuting is not feasible and at which students complete a significant portion of the educational program (i.e., at least six months or a complete year, or more). A geographically distributed campus generally has, or is assured the use of, "bricks and mortar" facilities with educational and administrative space. Medical schools with geographically distributed campuses receive student performance reports from the Medical Council of Canada for each campus.
Learning objectives <i>(Found in elements 6.1, 8.2, 8.3, 8.7, 9.1)</i>	Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).
Medical education program objectives <i>(Found in elements 6.1, 8.2, 8.3, 8.4, 9.4, 10.6)</i>	Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.
Medical school	The Faculty of Medicine, Faculty of Medicine and Dentistry, Faculty of Health Sciences, School of Medicine, School of Medicine and Dentistry or College of Medicine that provides the education program leading to the degree of Doctor of Medicine in Canada
Narrative assessment <i>(Found in element 9.5)</i>	A written description of a student's performance that is provided in addition to a grade (e.g., pass/fail, letter or number) to help guide learning.

Required clinical learning experience <i>(Found in elements 1.4, 3.1, 5.6, 8.8, 9.2, 11.2)</i>	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.
Required learning experience <i>(Found in elements 6.1, 6.5, 7.4, 8.2, 8.3, 8.5, 8.7, 9.1, 9.5, 9.6, 9.7, 9.8, 10.6, 10.7, 11.1, 12.4)</i>	An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.
Senior Administrative Staff <i>(Found in elements 1.5, 2.1, 2.4)</i>	Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.
Senior Academic and Educational Leadership <i>(Found in elements 3.3, 4.4)</i>	Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences.
Service-learning <i>(Found in element 6.6)</i>	A structured learning experience that combines community service with preparation and reflection.
Translational research <i>(Found in element 7.3)</i>	Studies or investigations aimed at finding solutions to clinical problems such as those: applying discoveries generated in the laboratory or through preclinical studies to the development of trials and studies in humans; promoting the adoption of best practices in the community or targeting cost-effectiveness of prevention and treatment strategies.
University <i>(Found in elements 1.6, 2.1, 2.3, 4.4, 4.5)</i>	The university or universities of which the medical school is a part.

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## **Standard 1: Mission, Planning, Organization, and Integrity**

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

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### **1.1 Strategic Planning and Continuous Quality Improvement**

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

#### **1.1.1 Social Accountability**

A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school's social accountability is:

- a) articulated in its mission statement;
- b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;
- c) evidenced by specific outcome measures.

### **1.2 Conflict of Interest Policies**

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any individuals with responsibility for the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

### **1.3 Mechanisms for Faculty Participation**

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

#### **1.4 Affiliation Agreements**

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

- a) the assurance of medical student and faculty access to appropriate resources for medical student education
- b) the primacy of the medical school's authority over academic affairs and the education/assessment of medical students
- c) the role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- e) the shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students

#### **1.5 Bylaws**

A medical school has and publicizes bylaws or similar policy documents that describe the responsibilities and privileges of its dean and those to whom he or she delegates authority (e.g., vice, associate, assistant deans), department heads, senior administrative staff, faculty, medical students, and committees.

#### **1.6 Eligibility Requirements**

A medical school ensures that its medical education program meets all eligibility requirements of the CACMS for initial and continuing accreditation and is either part of, or affiliated with, a university that has legal authority to grant the degree of Doctor of Medicine.



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## **Standard 2: Leadership and Administration**

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

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### **2.1 Senior Leadership, Senior Administrative Staff and Faculty Appointments**

The dean and those to whom he or she delegates authority (e.g. vice, associate, assistant deans), department heads, and senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the university.

### **2.2 Dean's Qualifications**

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

### **2.3 Access and Authority of the Dean**

The dean of a medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill his or her responsibilities. The dean's authority and responsibility for the medical education program are defined in clear terms.

### **2.4 Sufficiency of Administrative Staff**

A medical school has in place a sufficient number of vice, associate, assistant deans, or positions of an equivalent nature; leaders of organizational units; and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

### **2.5 Responsibility of and to the Dean**

The dean of a medical school with one or more geographically distributed campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus (e.g., regional/vice/associate/assistant dean or site director) is administratively responsible to the dean.

## **2.6 Functional Integration of the Faculty**

At a medical school with one or more geographically distributed campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., participation in shared governance; regular minuted meetings and/or communication; periodic visits; review of student clinical learning experiences, performance, and evaluation data; and review of faculty performance data related to their educational responsibilities).

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## **Standard 3: Academic and Learning Environments**

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

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### **3.1 Resident Participation in Medical Student Education**

Each medical student in a medical education program participates in at least one required clinical learning experience conducted in a health care setting in which he or she works with a resident currently enrolled in an accredited program of postgraduate medical education.

### **3.2 Community of Scholars/Research Opportunities**

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

### **3.3 Diversity/Pipeline Programs and Partnerships**

A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policy and practices, program or partnership outcomes.

### **3.4 Anti-Discrimination Policy**

A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of documented incidents with a view to preventing their repetition.

### **3.5 Learning Environment/Professionalism**

A medical school ensures that the learning environment of its medical education program is:

- a) conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations;
- b) one in which all individuals are treated with respect.

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to:

- a) identify positive and negative influences on the maintenance of professional standards
- b) implement appropriate strategies to enhance positive and mitigate negative influences
- c) identify and promptly correct violations of professional standards

### **3.6 Student Mistreatment**

A medical school defines and publicizes its code of conduct for the faculty-student relationship in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting violations of the code of conduct (e.g., incidents of harassment or abuse) are understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

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## **Standard 4: Faculty Preparation, Productivity, Participation, and Policies**

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

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### **4.1 Sufficiency of Faculty**

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

### **4.2 Scholarly Productivity**

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

### **4.3 Faculty Appointment Policies**

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

### **4.4 Feedback to Faculty**

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

### **4.5 Faculty Professional Development**

A medical school and/or the university provides opportunities for professional development to each faculty member (e.g., in the areas of teaching and student assessment, curricular design, instructional methods, program evaluation or research) to enhance his or her skills and leadership abilities in these areas.

#### **4.6 Governance and Policy-Making Procedures**

The dean and a committee of the faculty at a medical school determine the governance and policy-making procedures of the medical education program.

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## **Standard 5: Educational Resources and Infrastructure**

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

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### **5.1 Adequacy of Financial Resources**

The present and anticipated financial resources of a medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school.

### **5.2 Dean's Authority/Resources**

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

### **5.3 Pressures for Self-Financing**

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

### **5.4 Sufficiency of Buildings and Equipment**

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

### **5.5 Resources for Clinical Instruction**

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

### **5.6 Clinical Instructional Facilities/Information Resources**

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

### **5.7 Security, Student Safety, and Disaster Preparedness**

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

### **5.8 Library Resources/Staff**

A medical school ensures access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

### **5.9 Information Technology Resources/Staff**

A medical school ensures access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

### **5.10 Resources Used by Transfer/Visiting Students**

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

### **5.11 Study/Lounge/Storage Space/Call Rooms**

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

### **5.12 Required Notifications to the CACMS**

A medical school notifies\* the CACMS of a substantial change in any of the following:

- a) plans for an increase in entering medical student enrollment on the main campus and/or in existing geographically distributed campuses above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years;
- b) decreases in resources available to the medical school in the areas of faculty, physical facilities, or finances;



- c) plans for a major reorganization of one or more years of the program, the program as whole, or the introduction of a new educational track;
- d) loss of a clinical facility that was affiliated with the medical school;
- e) plans for creation of a new geographically distributed campus, or expansion of the program at an existing distributed campus.

\*Details regarding the notification are found in the CACMS Rules of Procedure.

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## **Standard 6: Competencies, Curricular Objectives, and Curricular Design**

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enables its medical students to achieve those competencies and objectives. The medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

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### **6.1 Program and Learning Objectives**

The faculty of a medical school define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician. The medical school makes these medical education program objectives known to all medical students and faculty members with leadership roles in the medical education program, and others with substantial responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

### **6.2 Required Clinical Learning Experiences**

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

### **6.3 Self-Directed and Life-Long Learning**

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

#### **6.4 Inpatient/Outpatient Experiences**

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

#### **6.5 Elective Opportunities**

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

#### **6.6 Service-Learning**

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in a service-learning activity.

#### **6.7 Academic Environments**

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs, and opportunities to interact with residents in clinical environments and with physicians in continuing medical education activities.

#### **6.8 Education Program Duration**

A medical education program includes at least 130 weeks of instruction.

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## **Standard 7: Curricular Content**

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

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### **7.1 Biomedical, Behavioral, Social Sciences**

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

### **7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors**

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- a) recognize wellness, determinants of health, and opportunities for health promotion and illness prevention;
- b) recognize and interpret symptoms and signs of disease;
- c) develop differential diagnoses and treatment plans;
- d) recognize the potential health-related impact on patients of behavioral and socioeconomic factors;
- e) assist patients in addressing health-related issues involving all organ systems.

### **7.3 Scientific Method/Clinical/Translational Research**

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

### **7.4 Critical Judgment/Problem-Solving Skills**

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to

develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.

### **7.5 Societal Problems**

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

### **7.6 Culture and Health Care Disparities**

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- a) the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments;
- b) the basic principles of culturally competent health care;
- c) the recognition and development of solutions for health care disparities;
- d) the importance of meeting the health care needs of medically underserved populations;
- e) the development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society.

### **7.7 Medical Ethics**

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

### **7.8 Communication Skills**

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

### **7.9 Interprofessional Collaborative Skills**

The faculty of a medical school ensure that the core curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These required curricular experiences include practitioners and/or students from the other health professions.

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## **Standard 8: Curricular Management, Evaluation, and Enhancement**

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that the medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

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### **8.1 Curricular Management**

The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees, or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

### **8.2 Use of Medical Educational Program Objectives**

The faculty of a medical school, through the curriculum committee, ensure that the formally adopted medical education program objectives are used to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating program effectiveness. The learning objectives of each required learning experience are linked to the medical education program objectives.

### **8.3 Curricular Design, Review, Revision/Content Monitoring**

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.

#### **8.4 Program Evaluation**

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.

#### **8.5 Medical Student Feedback**

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.

#### **8.6 Monitoring of Completion of Required Clinical Learning Experiences**

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

#### **8.7 Comparability of Education/Assessment**

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

#### **8.8 Monitoring Time Spent in Educational and Clinical Activities**

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

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## **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

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### **9.1 Preparation of Resident and Non-Faculty Instructors**

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

### **9.2 Faculty Appointments**

A medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by members of the medical school's faculty.

### **9.3 Clinical Supervision of Medical Students**

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the delegated activities supervised by the health professional are within his or her scope of practice.

### **9.4 Assessment System**

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.



### **9.5 Narrative Assessment**

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

### **9.6 Setting Standards of Achievement**

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

### **9.7 Timely Formative Assessment and Feedback**

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.

### **9.8 Fair and Timely Summative Assessment**

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

### **9.9 Student Advancement and Appeal Process**

A medical school ensures that the medical education program has a single standard for the advancement and graduation of medical students across all locations. The medical school has a fair and formal process for taking any action that may affect the status of a medical student, including:

- a) timely notice of the impending action,
- b) disclosure of the evidence on which the action would be based,
- c) an opportunity for the medical student to respond,
- d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

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## **Standard 10: Medical Student Selection, Assignment, and Progress**

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

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### **10.1 Premedical Education/Required Coursework**

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

### **10.2 Final Authority of Admission Committee**

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

### **10.3 Policies Regarding Student Selection/Advancement and their Dissemination**

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

### **10.4 Characteristics of Accepted Applicants**

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

### **10.5 Technical Standards**

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students with disabilities, in accordance with legal requirements.

## **10.6 Content of Informational Materials**

A medical school's calendar and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the degree of Doctor of Medicine and all associated joint degree programs, provide the most recent academic schedule for each curricular option, and describe all required learning experiences in the medical education program.

## **10.7 Transfer Students**

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

**10.8** *Currently, there is no element 10.8.*

## **10.9 Visiting Students**

A medical school oversees, manages and ensures the following:

- a) verification of the credentials of each visiting medical student
- b) each visiting medical student demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- c) maintenance of a complete roster of visiting medical students
- d) approval of each visiting medical student's assignments
- e) provision of a performance assessment for each visiting medical student
- f) establishment of health-related protocols for visiting medical students

**10.10** *Currently, there is no element 10.10.*

## **10.11 Student Assignment**

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility. The medical school considers the preferences of students and uses a fair process in determining the initial placement. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

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## **Standard 11: Medical Student Academic Support, Career Advising, and Educational Records**

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

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### **11.1 Academic Advising**

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.

### **11.2 Career Advising**

A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

### **11.3 Oversight of Extramural Electives**

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- a) potential risks to the health and safety of patients, students, and the community;
- b) the availability of emergency care;
- c) the possibility of natural disasters, political instability, and exposure to disease;
- d) the need for additional preparation prior to, support during, and follow-up after the elective;
- e) the level and quality of supervision;
- f) any potential challenges to the code of medical ethics adopted by the home school.

#### **11.4 Provision of the Medical Student Performance Record**

A medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

#### **11.5 Confidentiality of Student Educational Records**

At a medical school, student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by relevant legislation. A medical school follows policy for the collection, storage, disclosure and retrieval of student records that is in compliance with relevant privacy legislation.

#### **11.6 Student Access to Educational Records**

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Record, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

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## **Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services**

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

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### **12.1 Financial Aid/Debt Management Counseling/ Student Educational Debt**

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

### **12.2 Tuition Refund Policy**

A medical school has clear, reasonable, and fair policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

### **12.3 Personal Counseling/Well-Being Programs**

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

### **12.4 Student Access to Health Care Services**

A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

### **12.5 Providers of Student Health Services/Location of Student Health Records**

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or

advancement of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

### **12.6 Student Access to Health and Disability Insurance**

A medical school ensures that health insurance is available to each medical student and his or her dependents and that each medical student has access to disability insurance.

### **12.7 Immunization Requirements and Monitoring**

A medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these requirements.

### **12.8 Student Exposure Policies/Procedures**

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- a) the education of medical students about methods of prevention;
- b) the procedures for care and treatment after exposure, including a definition of financial responsibility;
- c) the effects of infectious and environmental disease or disability on medical student learning activities.

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

## Medical Faculty Policy

### Academic Affairs

**Responsibility:** Dean, College of Medicine / Vice-Dean Faculty Engagement, College of Medicine

**Authorization:** Board of Governors

**Approval Date:** Jun 20, 2017

### Purpose

The purpose of this policy is to provide institutional recognition and formally define the academic relationship medical faculty have with the university and establish a framework for the governance of medical faculty relations with the university. The Dean, College of Medicine, has or may delegate responsibility for implementing this policy, as well as developing and maintaining its associated procedures.

### Scope of this Policy

This policy applies to all medical faculty, regardless of external clinical income source. It does not apply to faculty members in scope of the USFA.

### Definitions

#### *Medical faculty*

With a few minor exceptions as outlined in the Procedures Manual for Medical Faculty, medical faculty are defined as licensed Saskatchewan physicians (MD or equivalent), or Clinical PhDs, holding clinical appointments in their respective health regions<sup>[1]</sup> as well as academic appointments in departments or divisions within the College of Medicine, University of Saskatchewan.

#### *Clinical/academic setting*

A *clinical/academic setting* is defined as a clinical site or academic environment or combined clinical-academic setting in which academic work is undertaken by medical faculty.

#### *Academic Freedom*

Academic freedom is defined as the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the University and society at large. Academic freedom does not require neutrality on the part of the individual, but makes commitment possible. Academic freedom carries with it the duty to use that freedom in a manner consistent with the scholarly obligation to base teaching and research on an honest search for knowledge.

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<sup>[1]</sup> With provincial health region restructuring, jurisdictional authority for clinical appointments may rest with a provincial health authority or other legislated body



## Policy

Medical faculty provide important services to their communities and patients in their clinical practices. They also deliver essential academic services to the university through their academic appointments.

While medical faculty are not employees of the university and are distinct from their faculty member colleagues, the academic contributions of medical faculty are as important to the academic mission of the university as those made by any other faculty members.

Medical faculty are legitimate academic appointees and hold legitimate university academic appointments conferred with the academic rights, freedoms and responsibilities similar to those held by all university faculty members. This policy recognizes that medical faculty, through their academic appointments, are engaged in valued academic work and have accepted the university's role in academic governance and protection of academic freedom in clinical/academic settings. Normally such settings, if primarily clinical, have university – health region affiliation agreements in place, but this policy does not require the existence of such affiliation agreements. [2]

Notwithstanding their academic appointments, medical faculty do not hold tenurable appointments and are subject to the limitations outlined by *The University of Saskatchewan Act* with respect to the statutory definition of faculty member. In recognition of their non-employment status, medical faculty are not members of the General Academic Assembly and are not eligible to serve on University Council.

This policy recognizes and confirms that the academic appointments of medical faculty and payment for their services, whether clinical or academic, are two distinct and separate matters. The specific academic services provided by a medical faculty appointee and the payment for those services are contractually negotiated with the individual medical faculty appointees. The medical faculty appointment and this policy do not address payment of medical faculty, or matters of clinical governance.

This policy confirms that medical faculty appointees in good standing have a right to academic freedom. Without limiting the previous definition, the university's fundamental role in protecting the academic freedom of medical faculty appointees includes Department Heads acting as advocates on behalf of medical faculty when issues of academic freedom arise in the academic/clinical setting. The Dean or his/her delegate(s), as described in procedures associated with this policy, will promptly investigate all allegations of breach of academic freedom.

This policy affirms the establishment of a College of Medicine administrative and governance committee, the Academic-Clinical Relations Committee (ACRC).

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[2] With provincial health region restructuring, historic affiliation agreements with health regions may be replaced by an equivalent agreement with the provincial health authority or other duly authorized organization(s).

## Responsibilities

The university community recognizes medical faculty appointees as academic colleagues and partners in supporting, advancing, and respecting the university's academic mission, vision and values. In support of the intent of this policy, university officials and administrators will strive to facilitate meaningful collegial participation of medical faculty through review and revision of university policies, practices and procedures affecting medical faculty, when appropriate and relevant.

While the university confirms that medical faculty have academic freedom with respect to all academic activities and scholarly pursuits, it is recognized that medical faculty also remain subject to applicable ethical and clinical standards, guidelines, laws, regulations, rules and procedures governing the practice of medicine, whether site-specific, institutional, local, regional, provincial, or national. In addition, medical faculty have reciprocal obligations and responsibilities to the university and must comply with required academic guidelines as well as all applicable university policies, rules and procedures.

The Dean, College of Medicine, has or may delegate responsibility for implementing and disseminating this policy and for ensuring the ACRC develops and maintains necessary associated procedures. The ACRC will provide administrative and procedural oversight for the procedures governing the relations between medical faculty and the university. The college is authorized to determine the committee's membership, roles and responsibilities.

## Procedures

The *Procedures Manual for Medical Faculty* contains procedures governing the academic relationship medical faculty appointees have with the university and the college. The ACRC is responsible for the maintenance and administration of the procedures, as described in detail in the *Procedure Manual*, which can be found here: ([website for Procedures Manual](#)). Changes to the Procedures, as these apply to appointments, titles, review processes, and career advancement must be approved by the Provost's Office and made available to members of council.

## Related Documents

There are no other documents associated with this policy.

## Contact Information

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**UNIVERSITY OF SASKATCHEWAN  
STANDARDS FOR PROMOTION AND TENURE**

**COLLEGE OF MEDICINE  
STANDARDS FOR PROMOTION AND TENURE**

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**A. PRINCIPLES**

The award of tenure represents a long-term commitment of the University to a faculty member. It is a status granted as a result of judgement, by one's peers, on both the performance of academic duties and the expectation of future accomplishments. Promotion of colleagues involves an assessment of their success in performing their academic duties and an evaluation of the likelihood of future accomplishments.

Tenure and promotion both take place against a background of values most recently articulated in *A Framework for Planning at the University of Saskatchewan*, adopted by University Council in 1998. This document guides all of our decisions at the University of Saskatchewan including the collegial decisions of tenure and promotion, which are essential for the University's standing within the academic community. This document identified four major goals for the University.

- At the University of Saskatchewan, we have affirmed our intention to improve the quality of the instructional programs offered to students. This requires that considerable attention be paid to the evaluation of teaching to ensure that the instruction provided is, and continues to be, of high quality.
- At the University of Saskatchewan, we have affirmed that the "teacher-scholar" will be our adopted model for faculty development. This model builds on the principle that universities acquire their distinctive character through their capacity to unite scholarship with teaching. This capacity can only be realized by appropriate faculty personnel strategies, including those associated with tenure and promotion decisions.
- At the University of Saskatchewan, we have also affirmed that we will increase our research efforts. *A Framework for Planning* makes the following judgement: "At the University of Saskatchewan the commitment to research and scholarship needs to be intensified." To achieve this goal, we must ensure that our hopes are reflected in the standards that we set for ourselves.
- At the University of Saskatchewan, we have signaled our intention to respond to the needs of Aboriginal peoples. *A Framework for Planning* indicates that: "In Saskatchewan, the task of responding to specific, local needs and, simultaneously opening doors to the world, is particularly pressing in the context of Aboriginal peoples." To achieve this goal, we must ensure that the standards we adopt encourage the recruitment of Aboriginal peoples into academic positions and their successful career development.

In addition to these four broad goals, *A Framework for Planning* identifies three principles by which we must govern ourselves: autonomy, quality and accountability. At the University of Saskatchewan we believe that all of our decisions, including our collegial decisions, must take these principles into account. Finally, the University of Saskatchewan's Mission Statement indicates that we value interdisciplinary research and teaching and we should foster it within our institution. The Mission Statement highlights the four scholarships of teaching, discovery, integration, and application. This inclusive approach to scholarship is intended, among other things, to ensure that faculty who have interdisciplinary interests will be encouraged to pursue them and they will be taken into account and valued in the context of tenure and promotion considerations.

**B. AUTHORITY**

This document contains standards defining the expectations of performance for the award of tenure and promotion at the University of Saskatchewan.<sup>1</sup> The University Review Committee establishes the University's criteria and standards for renewal of probation, tenure, and promotion. Given the broad array of colleges and

**A. PRINCIPLES**

**B. AUTHORITY**

College of Medicine Standards for Promotion and Tenure **include and supplement** the University of Saskatchewan Standards for Promotion and Tenure for tenure-track, continuing status, with term, without term, and clinical faculty in the

disciplines represented at the University of Saskatchewan, differences will exist from department to department and from college to college. Colleges and departments will propose their own standards and these must be consistent with the intent and the framework of the University standards. All college standards must be approved by the University Review Committee before implementation at the college level. All department standards must be approved by the College Review Committee before implementation at the department level.

**C. CATEGORIES OF EVALUATION**

There are seven categories under which a candidate for tenure or promotion may be evaluated. These categories are:

1. Academic Credentials
2. Teaching Ability and Performance
3. Knowledge of Discipline and Field of Specialization
4. Research, Scholarly and Artistic Work
5. Practice of Professional Skills
6. (a) Contributions to Administrative Responsibilities of the Department, College or University  
(b) Contributions to the Extension Responsibilities of the Department, College or University
7. Public Service and Contributions to Academic and Professional Bodies

Standards of performance are established for each category in Section D below. All faculty are assessed under category four unless the letter of appointment states category five.

The categories in which candidates must meet the standards for tenure in the professorial ranks and for promotion to Associate Professor and Professor are shown in Table I. Each candidate will be evaluated for all categories that are applicable to the candidate's position and to the tenure or promotion decision under consideration. For a candidate to be awarded an overall rating of "meets the standard" for tenure and promotion they must have an overall rating of "meets the standard" in each and every category under consideration. If a department or college committee rates a candidate as "does not meet the standard" in any category they must vote no to the question "shall tenure or promotion be recommended". If there is *superior* performance in a category, or if there is a contribution where there is no requirement for one, this fact is seen as positive but does not compensate for failure to meet the standard in a required category.

Tenure will be awarded on the basis of three primary categories: academic credentials (Category One); effectiveness in teaching (Category Two); and, achievements in either research, scholarly and/or artistic work (Category Four) or practice of professional skills (Category Five). If faculty are being assessed in Category Five it will be stated in their letter of appointment. The promise of future development as a teacher, scholar and professional, achievement in scholarly activity beyond that demonstrated at appointment, and the attainment of a national or international reputation in the discipline, will be important criteria in the evaluation process.

Promotion through the ranks requires a judgement of performance against increasing expectations for effectiveness in teaching, significance of the scholarly or creative work, practice of a profession, and

College of Medicine. The college standards must be read in conjunction with the University Standards for Promotion and Tenure.

The college's Academic Programming Appointment Standards for Promotion and Tenure (approved June 29, 2011) and the college's School of Rehabilitation Science Standards for Promotion and Tenure (2011) are separate documents from these standards.

In these standards, the term 'Department Head' (DH) is understood to include, where applicable, those individuals named 'Provincial Heads' in the restructured Saskatchewan Health Authority. The abbreviation 'CoM' refers to the 'College of Medicine.'

In these standards, the term 'clinical faculty' refers to faculty appointees in the College of Medicine who are either MDs (or accepted equivalent) or clinical PhDs having direct or indirect responsibility for patient care. Academic appointment credentials may vary and are set by departments and/or the college, independent of these standards.

**C. CATEGORIES OF EVALUATION**

Consistent with the university's *teacher-scholar* model of faculty development, eligibility for tenure and promotion will require faculty to do teaching and scholarly work. Specific duties are determined at the time of appointment in discussion with the Department Head and are subject to approval by the Dean. Academic duties will naturally lie in the areas of expertise of the appointee and hence may change from time to time.

In compiling case files for review by departmental renewals and tenure committees, promotions committees, and the College Review Committee, it is essential that college faculty clearly state in their case files the relative emphasis placed on each of these activities, particularly in terms of time dedicated to each type of activity during the review period.

*TABLE A: Required Evaluation Categories \**

Evaluation Category	Required For:
Category 1: Academic and Professional Credentials	all faculty
Category 2: Teaching	all faculty
Category 3: Knowledge of the Discipline	all faculty
Category 4: Research and Scholarly Work	faculty primarily involved in research
Category 5.1a: Practice of Professional Skills: Clinical Practice	clinical faculty

contributions to service within and outside the University community. With respect to teaching, research, scholarly and/or artistic work or practice of professional skills, candidates for promotion must have maintained and extended their knowledge of the discipline or field. In some cases, additional training and academic/professional credentials may be pre-requisites for promotion.

The standard for renewal of probationary appointments will be satisfactory progress towards meeting the tenure standards for the appropriate rank in all relevant categories. For this purpose, 'satisfactory progress' will be taken to mean that the candidate's teaching and research and scholarly activities indicate a reasonable likelihood that the tenure standards can be met within the allotted timeframe. If renewal of probation is not recommended, the Department Head or Dean (in non-departmentalized colleges) must demonstrate that the candidate has not made satisfactory progress towards the tenure standards for the appropriate rank.

In this document, the term college is understood to include both Graduate Schools and the University Library. Standards of performance and details of all categories for Librarian ranks are described in the University Library Standards; and, for Assistant Professors (Crop Development Centre – CDC), Associate Professors (CDC) and Professors (CDC) in the College of Agriculture and Bioresources standards. It is expected that these standards will parallel the progressive requirements of other members of faculty.

The requirements listed in Table I are considered a minimum. If a College Review Committee identifies more demanding requirements as appropriate for that college, it will submit a proposal to the University Review Committee. Because Table I does not provide requirements for tenure as Instructor, Lecturer or for promotion to Assistant Professor, in colleges where such appointments are common, the college standards will specify the minimum requirements. In other cases, the requirements for specific appointments should be established by the Search and Appointment Committees at the time of appointment.

These standards introduce a **requirement** for the creation of a **tenure or promotion case file** which describes the candidate's philosophy, activities, achievements, and plans in the categories of teaching, research and/or scholarly work or practice of professional skills, and other relevant categories (i.e., administration, extension and public service) and which describes the committees' evaluation, both qualitative and quantitative, of the candidate. One tenure or promotion case file will be submitted for each candidate under consideration. See Section E for a description of the required documentation.

<b>Category 5.2a:</b> Scholarly Work associated with Clinical Practice	clinical faculty
<b>Category 5.1b:</b> Practice of Professional Skills: Educational Practice	faculty primarily involved in the theory and practice of medical education
<b>Category 5.2b:</b> Scholarly Work associated with Educational Practice	faculty undertaking scholarly work in medical education
<b>Category 6:</b> Administration	all faculty
<b>Category 7:</b> Public Service and Service to Professional Bodies	all faculty for promotion; none for tenure as assistant professor
<i>* further explanations for required evaluation categories are provided for Categories 4 and 5 in those sections of these standards</i>	

**NOTE:**

For faculty with allocated time dedicated to specific activities (e.g. research, teaching, administration, clinical activity), the allocated Percentage Full Time Equivalent (% FTE) for each activity should be clearly stated on the candidate's cover page.

TABLE I- REQUIRED CATEGORIES

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Academic/ Professional Credentials	Teach- ing	Knowledge of Discipline	Research, Scholarly and Artistic Work	Practice of Professional Skills	(a) Admini- stration (b) Extension	Public Service And Service to Professional Bodies
Tenure as Assistant Professor	X	X	X	X	or	X	NR**
Tenure as or Promotion to Associate Professor	X	X	X	X	or	X	(a) X (b) NR**
Tenure as or Promotion to Professor	X	X	X	X	or	X	(a) X (b) NR**

Candidates must demonstrate willingness to participate

Candidates must demonstrate willingness to participate

X = Candidate is required to meet the standard in this category.

NR = Candidate is not required to meet the standard in this category for promotion or tenure.

\* Candidate is required to meet the standard in research, scholarly or artistic work except where the approved college standards state that practice of professional skills is an acceptable alternative for a department or other unit.

\*\* For all ranks, candidate is required to meet the standard in extension service only if part of assigned duties of position.

Note: The table should not be considered in isolation, but only in conjunction with the text as a whole, in particular Section D where the standards (for promotion and tenure) in each category are described.

**D. STANDARDS FOR EACH CATEGORY OF EVALUATION**

The minimum acceptable standards for tenure and promotion at the University of Saskatchewan are described below.

**1. ACADEMIC AND/OR PROFESSIONAL CREDENTIALS**

Academic credentials will be reviewed as part of tenure and promotion decisions, but they are of particular importance in tenure considerations. Expectations regarding credentials and qualifications will be included in the candidate's letter of appointment.

The required academic credential for tenure and promotion is a Ph.D., or its discipline-specific counterpart, from a university/institution recognized by the University of Saskatchewan. Colleges will indicate in their standards which qualifications constitute the acceptable counterpart for the discipline in question. Each college will specify whether additional expectations will be required, e.g. professional credentials (such as specialty certification,

**D. STANDARDS FOR EACH CATEGORY OF EVALUATION**

The minimum acceptable standards for tenure and promotion in the College of Medicine are described below.

**1. ACADEMIC CREDENTIALS**

To be appointed to faculty in the CoM, candidates must have a PhD and/or MD, and/or a comparable degree (e.g. MBChB) from a recognized university as minimum academic credentials. Alternative credentials may be accepted in exceptional circumstances, such as in a meritorious record of scholarship or significant professional experience related to the assigned academic duties. While faculty seeking promotion or tenure must meet these minimum credentialing standards, additional required credentials for appointment are determined by the departments in consultation with the Dean and may vary by department.

registration or licensure in the profession). In cases where the Ph.D. or other qualifying credentials are not completed at the time of appointment, the letter of appointment will indicate that tenure cannot be awarded without the required credentials as specified in this section.

In exceptional cases, alternative qualifications will be accepted when such qualifications are deemed to be equivalent to the academic credentials typically expected in the discipline. The acceptability of these alternative qualifications must be explained and stipulated in the candidate's letter of appointment.

## 2. TEACHING ABILITY AND PERFORMANCE

Good teaching is expected of all faculty and evaluation of teaching will form an essential component of tenure and promotion considerations. University teaching requires more than classroom performance. Candidates will be expected to demonstrate mastery of their subject area(s) or discipline(s), to make thorough preparation for their classes, to communicate effectively with their students, to show a willingness to respond to students' questions and concerns, and to exhibit fairness in evaluating students<sup>1</sup>.

Both before and after tenure is awarded, faculty are expected to remain committed to improving/enhancing their teaching performance and to remedy problems identified with their teaching. As faculty progress through the ranks, they will be expected to extend their knowledge of their field(s) or discipline(s), i.e. with respect to classes, currency of the material presented, and new teaching methods.

For tenure and promotion, assessment of teaching performance will be based on *a series of evaluations* of a candidate's teaching performance and teaching materials *over a period of time*. The assessment will involve both peer and student evaluation of aspects of teaching and evidence of performance described in Table II. Evaluations, both peer and student, will be obtained on an *ongoing basis* and should be shared with candidates for formative purposes.

College standards may specify which of the various teaching roles and aspects identified in Table II are to be evaluated and how the overall assessment of teaching performance is to be made, i.e., what items or activities are to be reviewed and by whom. College standards will specify those situations in which candidates must demonstrate satisfactory performance in specific teaching roles or aspects of teaching in order to receive an overall assessment of meeting the standard in this category. When evaluating a candidate's teaching performance, it may be appropriate in some cases to consider aspects and review items other than those listed in Table II; however, any additional elements must be included in the college standards and must be approved by the University Review Committee.

## 2. TEACHING ABILITY AND PERFORMANCE

As indicated in Part C, above, all college faculty seeking promotion or tenure should participate in teaching activity. Teaching responsibilities are determined at the time of appointment or thereafter at each periodic academic review, in discussion with the Department Head. It is not expected that all faculty must be involved in all of the teaching roles listed in Table II of the university standards, but only those roles set out for that faculty member in discussion with the Department Head or as determined according to applicable university processes, including the assignment of duties. Department Heads must remain mindful of achieving a balance of activities that, in total, facilitates rather than impedes progress towards promotion.

To be granted tenure or promotion, there must be compelling evidence of consistent improvement in teaching beyond that initially expected following appointment.

All faculty with teaching responsibilities are strongly encouraged to pursue teaching excellence by at least once-yearly attendance at a course or workshop designed to improve their teaching abilities. The appropriateness and applicability of courses or workshops aimed at teaching improvement will be determined by the Department Head in discussion with the candidate, utilizing advice available from faculty development leaders in the College of Medicine.

Teaching duties in the CoM range from supervision of graduate students and postdoctoral fellows to the teaching of undergraduate students and postgraduate medical residents. Teaching may include participation in undergraduate and graduate courses, teaching and/or supervision of students performing clinical work, teaching courses in certificate programs (e.g. ACLS, PALS, ALARM, ATLS), inter-professional teaching, teaching in courses provided by Continuing Medical Education (CME), teaching at a distance and teaching in faculty development workshops. The preceding list of teaching activities is not necessarily exhaustive.

The college recognizes that the amount of teaching performed will vary considerably from one individual to the next. Because of inter-department variability, the acceptable amount of teaching with respect to tenure or promotion will be discussed as the case is being evaluated, and in accordance with departmental norms and agreed upon assignment of duties.

To meet the standard for teaching in the CoM, peer evaluations and student evaluations must be collected every year and must be consistently satisfactory or show satisfactory evidence of ongoing improvement. While departments and/or the college may have processes in place to assist with this requirement, individual faculty have a responsibility to work with their Department Heads to ensure that teaching evaluations occur.

Table B is to be used to evaluate teaching participation and teaching quality. Scholarly work associated with teaching will be evaluated separately, in Categories 4, 5.2a, or 5.2b, as applicable.

### TABLE B application:

Level 1: for use in evaluating teaching at the Assistant Professor level, renewal of probation as Assistant Professor, or tenure as Assistant Professor

Level 2: for use in evaluating tenure as or promotion to Associate Professor

Level 3: for use in evaluating tenure as or promotion to Professor



TABLE II - EVALUATION OF TEACHING

Teaching Roles	Aspects to be assessed	Items and Activities to be reviewed
<ul style="list-style-type: none"> <li>teaching in introductory undergraduate courses</li> <li>teaching in advanced undergraduate courses</li> <li>teaching in graduate courses</li> <li>clinical teaching in undergraduate or graduate courses</li> <li>teaching and/or supervision of students performing clinical work, practica or other types of field work, study-abroad or international exchange programs</li> <li>supervising honours students</li> <li>advising and supervising graduate students, post-doctoral fellows</li> <li>teaching courses in certificate or diploma programs</li> <li>co-ordination or administration of multiple section or multiple instructor courses</li> <li>contributions to internationalization of educational experience</li> <li>teaching at a distance</li> </ul>	<ul style="list-style-type: none"> <li>organization of class/course preparation for classes</li> <li>appropriateness of material presented: i.e., volume, level, currency</li> <li>clarity of communication</li> <li>ability to stimulate students' interest</li> <li>responsiveness to students' questions and concerns</li> <li>fairness and adequacy of evaluation of students' performance</li> <li>willingness to try different or new teaching methods and technologies</li> <li>availability for students outside of class time</li> <li>adequacy of support and direction provided to graduate students</li> <li>fairness in dealing with students</li> <li>teaching innovation in curricular design</li> <li>incorporation of teaching innovations into teaching pedagogy</li> <li>extent to which scholarly work is brought into the classroom</li> </ul>	<ul style="list-style-type: none"> <li>teaching in the classroom</li> <li>teaching in clinical or laboratory settings</li> <li>course outlines/syllabi</li> <li>instructional materials -- written course materials, laboratory manuals, audio-visual resources, computer programs</li> <li>examinations</li> <li>involvement on graduate advisory and/or examination committees</li> <li>supervision of undergraduate and graduate student work</li> <li>progress/success of graduate students</li> <li>supervised teaching dossier</li> <li>development and supervision of academic exchange and/or study abroad programs</li> <li>pedagogical research, publications and presentations</li> </ul>

- a) **Evaluation by Peers:** Peer evaluation will embrace the various aspects of teaching described in Table II; e.g., classroom performance, the quality of examinations, course outlines and course materials, syllabi, reading materials, reading lists, laboratory manuals, workbooks, and classroom assignments. All peer evaluations will culminate in a written assessment. If senior colleagues make visitations to classrooms as part of the determination of a colleague's delivery, rapport, attentiveness and responsiveness to students, the written assessment will specify the teaching roles being performed.
- b) **Evaluation by Students:** The following methods of undergraduate and graduate student evaluation will be acceptable:
- written appraisals, obtained by the Department Head or Dean, and signed by students. If based on a specific course, the number of students enrolled in that course will be provided.
  - Questionnaires, approved at the department or college level, administered by a college or department official (other than the instructor) appointed for this purpose, and completed by students. A summary, including an interpretation, of the numeric results and any qualitative comments will be provided by the department or college at the time of tenure or promotion. Results of the questionnaire will include the enrolment in the course and the number of completed evaluations received.

TABLE B: Evaluation of Teaching

Expectations for all levels of evaluation:

Using student or peer teaching evaluations, faculty will provide evidence of:

- uniformly satisfactory teaching or satisfactory improvement of teaching
- willingness to accept feedback
- being well prepared for teaching
- being well organized while teaching
- using course materials appropriate for learner level
- the ability to communicate well with learners
- incorporating evidence from published scholarly work or recent research into all teaching activities
- use of innovative teaching methods or technologies when appropriate
- willingness to provide teaching to all levels of learners, as requested or assigned
- being a good role model or mentor for learners
- providing both formative and summative feedback to learners
- incorporating peer and student feedback into teaching practices
- fair and thorough evaluation of student performance, as per course director/organizer commentary
- using up-to-date and curriculum-relevant teaching material, as per course director/organizer commentary

Required Activities and Progress Indicators

Level 1	Level 2	Level 3
<p><b>Required:</b> All of the following, as applicable:</p> <ul style="list-style-type: none"> <li>teaching in undergraduate or graduate courses as assigned</li> <li>advising or supervising graduate students and/or postdoctoral fellows</li> </ul> <p><b>For clinical teaching, at least 3 of the following:</b></p> <ul style="list-style-type: none"> <li>small-group leader, co-leader or facilitator for any level of learner(s)</li> <li>teaching on ward rounds in any clinical setting (e.g. hospital, nursing homes)</li> <li>teaching at inpatient or ambulatory care clinics in hospitals, health centres, etc.</li> <li>emergency room teaching</li> <li>operating room teaching</li> </ul>	<p><b>Required:</b> All applicable Level 1 requirements, plus:</p> <p><b>For clinical teaching, at least 3 of the following:</b></p> <ul style="list-style-type: none"> <li>regular teaching for pre-clerkship students, clinical clerks, or residents</li> <li>teaching at local (department, college, health authority) CME events</li> <li>teaching as content expert at local faculty development events</li> <li>teaching in group clinical education (e.g. grand rounds, mortality rounds, sign-in or sign-out rounds)</li> </ul>	<p><b>Required:</b> All applicable Level 1 and 2 requirements, plus:</p> <p><b>For clinical teaching, at least 3 of the following:</b></p> <ul style="list-style-type: none"> <li>teaching as course coordinator/leader, main instructor or frequent contributor in UG or PG event-based teaching (e.g. classroom, small-group, tutorial, academic half-day)</li> <li>frequent participant in UG event-based teaching</li> <li>teaching as content expert at faculty development events more frequently than demonstrated for Level 2</li> </ul>

Peer and student evaluations will be coordinated by the Dean or Department Head (or designates) and will require consultation with the candidate to ensure that all committees have the necessary information upon which to base a decision. The Dean or Department Head may request written comments from the coordinator of multiple section or multiple instructor courses or other instructors of the course as part of the assessment.

<ul style="list-style-type: none"> <li>teaching provided while on-call, any setting</li> <li>teaching provided in clinical laboratories</li> <li>communications skills teaching</li> <li>clinical skills teaching for pre-clerkship students</li> <li>other event-based teaching (e.g. lectures, seminars, tutorials, academic half-days)</li> </ul>	<ul style="list-style-type: none"> <li>participant in PG event-based teaching (e.g. academic half-days)</li> <li>participant in UG event-based teaching (e.g. classroom lectures, small-group facilitation, tutorials)</li> <li>participation in remedial teaching, as requested by UG or PG offices</li> <li>level of participation in department-based teaching increased over Level 1 expectations</li> <li>health care teaching using social media or other digital platforms – must be validated or authorized by department or college academic administrators</li> <li>regular participant in faculty development focusing on teaching improvement</li> <li>volunteering to teach without being requested (provide examples)</li> <li>recipient of teaching awards or other special recognition as a teacher*</li> </ul>	<ul style="list-style-type: none"> <li>identification as local faculty development leader at DME sites</li> <li>invited teaching at provincial, national or international CME events or conferences</li> <li>invited teaching at interdisciplinary continuing education or clinical in-service events</li> <li>participation in organized counseling or mentorship programs for students</li> <li>frequent teaching of multiple levels of learners</li> <li>health care teaching for students, patients, institutions and peers using social media and/or other digital platforms – must be validated or authorized by department or college academic administrators</li> <li>recipient of teaching awards or other special recognition as a teacher*</li> </ul>
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\*Awards are not a requirement for consideration of tenure or promotion; however, receipt of an award at any level is an indicator of excellence.

### 3. KNOWLEDGE OF THE DISCIPLINE AND FIELD OF SPECIALIZATION

Candidates for tenure and promotion will have developed an academic field of specialization and/or an area of focus and will demonstrate knowledge of the field of specialization and its relation to the discipline. Evidence to be used to evaluate performance in this category will primarily focus on the breadth of the candidate's work and its relationship to the discipline. Evidence used to evaluate the candidate's knowledge of the discipline will include either:

- a written statement by the candidate, submitted in either Category 4 (Research, Scholarly and/or Artistic Work) or Category 5 (Practice of Professional Skills), outlining the candidate's research program and its relationship to the discipline.

AND/OR

- a seminar to colleagues at the University of Saskatchewan, at tenure, or at each rank for promotion, outlining the candidate's research program and its relationship to the discipline.

Additional evidence may be considered in this category, including peer-reviewed grants, peer-review activity for journals in the discipline, invited lectures and presentations at conferences directly relevant to the field of specialization.

### 3. KNOWLEDGE OF THE DISCIPLINE AND FIELD OF SPECIALIZATION

In the College of Medicine, the term 'knowledge of the discipline' refers to the knowledge of a field of specialization within health care disciplines and/or health care research-related disciplines.

It is not the purpose of this evaluation category to duplicate the curriculum vitae or the information that will be summarized in Categories 4 or 5. Instead, faculty are asked to submit a list of examples of work-related activities, contributions and collegial recognition that serve to illustrate and confirm knowledge of the discipline and chosen field of specialization. Where relevant the field(s) of specialization should be clearly identified. It is recognized that there will be considerable overlap amongst the groups of examples shown below and that some examples will be noted again in Categories 6 and 7.

TABLE C application:

In Category 3, the acceptable and required standard will be the same for each level of evaluation (renewal of probation or tenure at any rank, and for promotion to associate professor or professor). Bulleted lists are provided as examples only.

To assess this category, Department and College Review Committees must indicate the evidence used in making the evaluation.

*TABLE C: Evaluation of Knowledge of the Discipline*

***Clinical faculty: examples of personal clinical knowledge and expertise demonstrating recognition within the clinical community:***

- participation on clinical guideline committees or clinical quality improvement programs or initiatives
- participation on clinical care delivery initiatives, quality assurance committees, or other clinical service committees
- participation in developing new clinical programs, therapies, treatment methods, investigations
- leadership and supervisory roles related to the organization or provision of clinical services
- clinically-related presentations, lectures, seminars or in-services provided to colleagues
- provision of clinical consultation services, or consultations to governments or health authorities
- participation as a committee member or chair for clinical professional bodies or associations

***Science/research faculty: examples of personal scientific knowledge and expertise demonstrating recognition within the scientific community:***

- participation on research grant review committees for any agency, institution or other body
- participation as a committee member or chair for scientific professional bodies or associations
- participation in interdisciplinary scientific and research collaboration, demonstrating leadership with advancing academic rank
- provision of scientific expertise or opinion to government, industry or the media
- membership on editorial boards for publishers of scientific journals, books, etc.
- member, chair or supervisor on research advisory committees for graduate or postgraduate students, or postdoctoral fellows

***Medical educator/teacher faculty: examples of personal educational or teaching knowledge and expertise demonstrating recognition within the educator/teacher community:***

- participation in or leadership of departmental, college or university educational committees
- membership on editorial boards for publishers of educational journals, books, etc.
- leadership or supervisory roles related to the provision or development of educational programming
- participation on local, national, or international medical education committees, boards or organizations
- participation on local, national, or international medical education examination, evaluation or assessment committees
- supervisor or member or chair on a supervisory committee for graduate or postgraduate students, or postdoctoral fellows

In addition to providing the information outlined above, faculty are encouraged to provide an open seminar to departmental and college colleagues prior to case file review. This seminar will focus on the chosen field of specialization and it will emphasize, in particular, the ways in which that field of specialization has relevance for and adds value to the applicable discipline. Peer evaluations of the seminar must be submitted with the case file.

**PREAMBLE TO CATEGORIES 4 AND 5:**

In the College of Medicine, research and scholarly work will be evaluated under either Category 4 or under one or both Category 5 subcategories (5.2a and 5.2b). The category used will be addressed in the letter of appointment or in

<p>4. RESEARCH, SCHOLARLY AND/OR ARTISTIC WORK</p> <p>Research, scholarly and/or artistic work is expected of all faculty. For the purposes of this document, and for faculty evaluated under this category, <b>research, scholarly and/or artistic work is creative, intellectual work which is in the public realm and which has been subjected to external peer-review.</b> This includes, in the case of artistic work, exhibitions and performances.</p> <p>Although academic disciplines may differ in the avenues for publication or presentation of scholarly activity, the <b>primary and essential evidence</b> in this category is publication in reputable peer-reviewed outlets or, in the case of performance or artistic work, presentation in reputable peer-reviewed venues.</p> <p>Evaluation of research, scholarly and/or artistic work for tenure and promotion at all ranks will address the <b>quality and significance of the work.</b> Evidence will include the peer-reviewed publications and presentations referenced above, but may also include other works (e.g. artistic works, performances, research related patents, copyrighted software and audio-visual materials).</p> <p>In some disciplines the award of research funding from provincial, national or international granting councils or agencies that employ a process of peer evaluation is also a significant indication of a candidate's performance. Colleges may specify the type and weighting of the contributions to be assessed in this category.</p> <p><b>Specific Requirements by Rank:</b> In addition to the above general requirements, the following will form the basis of the recommendation:</p> <p><b>Tenure as Assistant Professor:</b> For tenure to be recommended, there must be compelling evidence that a body of high quality scholarly work has been completed beyond that demonstrated at appointment. There must also be evidence of the promise of future development as a scholar, including the presence of a defined program of research or scholarship. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards.</p> <p>The quality of research, scholarly and/or artistic work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics<sup>iii</sup> drawn from comparable institutions.</p>	<p>discussion with the Department Head, and must be supported by the Dean, followed by submission to the Vice Provost Faculty Relations for approval, consistent with standard collegial practices.</p> <p>Category 4 is used for evaluating faculty whose major obligations involve medical or health-related research, while subcategory 5.2a is used for evaluating research and scholarly work performed by faculty whose major obligations are clinical. Subcategory 5.2b is reserved for evaluating the research and scholarly work performed by those whose major roles involve pedagogy and research in medical education.</p> <p>Rarely, and depending upon the nature of their academic contributions, clinical faculty might request that their research and scholarly work be evaluated according to criteria appearing in <i>both</i> subcategories 5.2a and 5.2b. Alternatively, a few clinical faculty may request that their research be evaluated using Category 4, rather than 5.2a (as might be appropriate for a CIHR Chair of clinical research). Requests made by clinical faculty to be evaluated in Category 4 are uncommon and require prior discussion and approval from the Department Head, Dean and Vice Provost Faculty Relations as applicable.</p> <p>Irrespective of the research evaluation category used, all clinical faculty are required to have their clinical practices evaluated under subcategory 5.1a (Practice of Professional Skills – Clinical Practice). Similarly, all faculty whose primary academic contributions involve pedagogy and medical education are required to have their educational practices evaluated under subcategory 5.1b (Practice of Professional Skills – Educational Practice).</p> <p>4. RESEARCH AND SCHOLARLY WORK</p> <p>For faculty being evaluated using Category 4, the College of Medicine requires compelling evidence of an active research program and/or program of scholarship, combined with evidence of adequate research funding. Primary and essential evidence in this category is publication in reputable peer-reviewed outlets. Research for consideration must have been undertaken following appointment at the University of Saskatchewan and during the period under review.</p> <p>The chosen publication outlet, including traditional formats, digital platforms and novel or innovative venues, must be acceptable to the departmental renewal, tenure or promotions committees, as articulated in departmental standards. To provide evidence of an increasingly productive and significant research program, an ongoing publication record is essential. In evaluating research productivity, the volume of published work will be judged in accordance with its impact, quality and significance. Applicable metrics will necessarily vary from specialty to specialty: if used, their relevance should be identified and explained in the case file.</p> <p>Ongoing, sustainable research funding will be taken as evidence of a promising upwards trajectory, but normally should be combined with a record of publication that meets or exceeds the expectations laid out in Table D. Departmental renewal, tenure and promotion committees have some flexibility in this regard: however, clear explanations must be provided by both the faculty and the Department Head in cases that might appear to fall short of the usual expectations described in Table D.</p> <p>Table D is to be used for evaluating research and scholarly work. The recognition of discipline-specific expertise one receives as a result of one's research activities is evaluated under Category 3, Knowledge of the Discipline.</p> <p><u>TABLE D application:</u></p> <p>Level 1: for use in renewal of probation as Assistant Professor or tenure as Assistant Professor  Level 2: for use in evaluating tenure as or promotion to Associate Professor  Level 3: for use in evaluating tenure as or promotion to Professor</p>
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**Tenure as or Promotion to Associate Professor:** For the award of tenure or promotion to be recommended, there must be compelling evidence of significant achievement in scholarly activity beyond that demonstrated at appointment and beyond that expected for the rank of Assistant Professor. Candidates will demonstrate through refereed publications or performances or exhibitions that the results of their research, scholarly or artistic work have made a contribution sufficient to be recognized by colleagues in their field in other parts of Canada or internationally. There must also be evidence of a program of research or scholarship, clearly defined and executed by the candidate, and a positive indication that the candidate will maintain activity in research and scholarly work. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards.

For tenure at the Associate rank (unless tenure is a condition of appointment), the quality of research, scholarly and/or artistic work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics drawn from comparable institutions.

For promotion to the Associate rank, the candidate will be evaluated by colleagues in the candidate's department or college (in the case of non-departmentalized colleges). The candidate will provide an up-to-date *curriculum vitae* and, in collaboration with the Department Head/Dean, will provide a case file, and other relevant evidence for the purposes of this assessment.

**Tenure as or Promotion to Professor:** For the award of tenure or promotion to be recommended, there must be compelling evidence of significant achievement in scholarly activity beyond that demonstrated at appointment and beyond that expected for the rank of Associate Professor. Candidates will demonstrate, through publications in reputable, peer-reviewed outlets or through peer-reviewed performances or exhibitions, that the results of their research have made a contribution to the field of specialization, sufficient for this contribution to be recognized as substantial by authorities in the field in other parts of Canada and other countries as appropriate. There must also be evidence of leadership in the establishment and execution of a clearly defined program of research or scholarship and a positive indication that the candidate will maintain activity in research and scholarly work. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards. Candidates will also be expected to participate in the supervision of graduate students in departments or colleges that offer graduate programs.

For tenure (unless tenure is a condition of appointment) and/or promotion, the quality of research, scholarly and/or artistic work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics drawn from comparable institutions.

TABLE D: Evaluation of Research

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>research for level 1 must be independent of former supervisors</li> </ul>	<ul style="list-style-type: none"> <li>research for level 2 must be independent of former supervisors</li> </ul>	
<p><b>For renewal of probation:</b></p> <p>There must be evidence of the <u>development</u> of a program of independent research with identifiable area(s) of major focus. Evidence should include but is not limited to:</p> <ul style="list-style-type: none"> <li>local, provincial, or national peer-reviewed funding applied for or obtained, or industry-sponsored funding obtained</li> <li>author, co-author or contributing author of at least one peer-reviewed publication (accepted or published)</li> <li>author of at least one abstract in peer-reviewed conference proceedings</li> </ul> <p><b>For tenure:</b></p> <p>There must be evidence of <u>establishment</u> of an independent research program. Evidence should include but is not limited to:</p> <ul style="list-style-type: none"> <li>corresponding author of at least two peer-reviewed publications during the period since appointment</li> <li>author or co-author of at least one additional publication (e.g. peer-reviewed review article, clinical report, technical report, book chapter, etc.), which may be in alternate venues acceptable to the department</li> <li>primary supervision of a graduate student(s) and/or senior trainee(s)</li> <li>at least one presentation at a national or international scientific meeting</li> </ul>	<p>There must be evidence of the <u>growth</u> of a productive, nationally recognized research program. Evidence should include but is not limited to:</p> <ul style="list-style-type: none"> <li>corresponding author or co-author of at least five peer-reviewed publications, published during the period since appointment</li> <li>author or co-author of at least two additional publications (e.g. peer-reviewed review articles, clinical reports, technical reports, book chapters, etc.), including those published in alternate venues acceptable to the department, during the period since appointment</li> <li>at least two presentations at national or international scientific meetings during the period since appointment</li> <li>provincial or national peer-reviewed funding obtained as principal or co-principal investigator, at a level adequate to support research undertaken in the identified area(s) of focus</li> <li>primary supervision of graduate students and/or senior trainees</li> <li>participation as a reviewer in at least one regional or national peer-review program</li> </ul>	<p>There must be evidence that the candidate <u>leads</u> a nationally and internationally recognized research and HQP training program. Evidence should include but is not limited to:</p> <ul style="list-style-type: none"> <li>stable national or international ongoing funding obtained to fully support a recognized individual or collaborative research program</li> <li>corresponding author of at least five peer-reviewed publications since previous promotion</li> <li>author or co-author of at least three additional publications (e.g. peer-reviewed review articles, clinical reports, technical reports, chapters in texts, etc.), including those published in alternate venues acceptable to the department, since previous promotion</li> <li>one presentation per year, on average, since last promotion, as an invited/selected speaker at national or international scientific meetings, or at other universities or similar institutes</li> <li>primary supervisor of at least one successful completion of graduate student or postdoctoral fellow since previous promotion</li> <li>at least two of: <ul style="list-style-type: none"> <li>service on editorial board of a scholarly or scientific journal acceptable to the department</li> <li>principal investigator in an industry-sponsored trial</li> <li>author/co-author of a report to a scholarly society</li> </ul> </li> </ul>

<p>5. PRACTICE OF PROFESSIONAL SKILLS</p> <p>Candidates considered for promotion and tenure under this category will, as a major part of their assigned duties, engage in a professional practice which involves a significant and continuing commitment of time. Research and scholarly work linked to their professional practice is expected of all faculty evaluated under this category of assessment.</p> <p>Professional practice means mastery of the professional skills associated with the discipline, and their effective use in a discipline-appropriate practice setting. <b>Research and scholarly work is creative, intellectual work which is in the public realm and which has been subjected to external peer-review.</b></p> <p>Both the professional practice and the research and scholarly work components of this category of assessment will be taken into account in the overall evaluation of the candidate's performance. The evaluation should reflect the balance between the practice of professional skills and the research and scholarly work in which the candidate is engaged.</p> <p><b>5.1 Professional Practice</b> Colleges will define professional practice in the context of their particular disciplines. Two examples are provided for illustrative purposes.</p> <p><i>Clinical Practice</i> applies to faculty members in one of the health science professions, and faculty members from other disciplines who engage in testing, diagnosis, remediation, coaching, counselling and similar activities. College standards will refer to some or all of the standards for practice identified in the list below and outline expectations.</p> <p><i>Educational Practice</i> applies to faculty members engaged in a professional practice in educational program development and delivery, and/or in instructional design. College standards will outline expectations ensuring that the practice is grounded in a conceptual framework that is supported by contemporary literature, and that there is evidence of results achieved.</p> <p>In colleges where this category of assessment is employed, colleges will provide definitions of professional practice similar to those provided above and will identify the elements of practice to be evaluated. College standards will include some or all of the following:</p>	<ul style="list-style-type: none"> <li>provincial or national peer-reviewed funding obtained as collaborator, PI, or co-PI for research undertaken in the identified area(s) of focus</li> </ul>		<ul style="list-style-type: none"> <li>leadership service on a national professional or scholarly society</li> <li>leadership service as primary organizer of a national conference, symposium or meeting</li> </ul>
	<ul style="list-style-type: none"> <li>for tenure at this rank, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>	<ul style="list-style-type: none"> <li>for tenure at this rank, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>	<ul style="list-style-type: none"> <li>for tenure at this rank, or for promotion to professor, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>
	<p>5. PRACTICE OF PROFESSIONAL SKILLS</p> <p>All clinical faculty, as defined in Section 1 of these standards, will have their clinical practices evaluated according to the standards described in subcategory 5.1a. The scholarly work they undertake in association with their clinical practices will usually be evaluated according to the standards described in subcategory 5.2a. Additional details were provided in the preamble to categories 4 and 5, above.</p> <p>Faculty with professional educational practices as defined in Section 5.1b, below, will have their professional educational practices evaluated according to the standards described in subcategory 5.1b. The scholarly work they undertake in association with their clinical practices will be evaluated according to the standards described in subcategory 5.2b.</p> <p><b>5.1a Clinical Practice:</b></p> <p>Clinical practice involves investigation, diagnostics and therapeutic/treatment decision-making in the provision of overall care and management of patients, families, communities and populations. Clinician faculty will be personally responsible for patient care as the MRP (most responsible physician) and/or the consulting clinician and/or the clinician responsible for producing or interpreting test results. The volume of clinical service provided will vary within specialties, subspecialties and departments, and depends in part upon the volume of related academic services provided. A satisfactory volume of clinical service, sufficient for evaluation under this subcategory, will be determined by the Department Head in discussion with the faculty. Satisfaction of the requirements for this subcategory are the same for all levels of evaluation.</p> <p><u>TABLE E Application:</u></p> <p>In Subcategory 5.1a, the acceptable and required standard will be the same for all CoM clinical faculty, at all levels of evaluation (renewal of probation and tenure at any rank, if applicable, and promotion to associate professor or professor).</p>		

- performance of professional skills (e.g., clinical management, counselling, program design and evaluation, diagnosis, systems analysis, applied government and/or private sector technical and policy reports)
- peer recognition (e.g., referrals and requests for services, provision of expert advice, testimonials from client organizations, professional association recognition)
- delivery of health care, technical or professional services
- completeness and accuracy of investigations, procedures, reports, case records, policy analyses, etc.
- effectiveness as a professional role model (for students and other trainees)
- willingness to accept and perform duties out of regular working hours and in emergencies where this is an integral part of professional practice
- adequacy and diversity of the service load where this is an integral part of professional practice
- communication with colleagues and clients
- evidence of the ability to organize and manage complex multi-faceted and large-scale programs
- evidence of the ability to establish effective relationships with professional colleagues, resource persons, clients and collaborators
- success in obtaining external funding
- leadership in the discipline with respect to the profession

In assembling evidence of professional practice, college standards will ensure that a broad-based consultative process is in place for tenure or promotion considerations. Following consultation with the candidate, the Department Head and/or Dean will request confidential, written evaluations from clients, client agencies or colleagues who are familiar with the technical and/or professional aspects of practice. Candidates may also provide letters of support (placed in the case file, see Section E). College standards may refer to standards/codes adopted by appropriate professional organizations as a guide for evaluation of practice of the profession.

## 5.2 Scholarly Work

Candidates for tenure or promotion will engage in scholarly work appropriate to the profession or discipline with the fundamental expectation that the results of scholarly work will be shared with other members of the profession and the academic community. Publication in reputable peer-reviewed outlets is the *primary* evidence in this category.

Evaluation of scholarly work for tenure and promotion at all ranks will address the *quality and significance of the work*. There must be a positive indication of involvement in scholarly work with research funding at levels appropriate to the discipline.

College standards will indicate the appropriate vehicles for dissemination or publication of scholarly work (e.g., publication of refereed articles, s; preparation of technical reports, reports to agencies; presentations at academic, scientific or professional meetings, dissemination of scholarly work to community organizations). College standards must make a case for standards of quality and significance equivalent to peer-reviewed publications if vehicles other than these are used as a basis for the assessment.

**Specific Requirements for Each Rank:** In addition to the above general requirements, the following will form the basis of the recommendation:

TABLE E (5.1a): Evaluation of Clinical Practice

**Note:** Relevant documentation for each bullet point, below, to be included with case file

**Required:**

- current appointment / privileges to health jurisdiction's practitioner staff
- current Regular license to practice medicine in Saskatchewan, if applicable
- current Certificate of Professional Conduct, or equivalent, from applicable provincial licensing/regulatory body
- current record of participation in required continuing professional learning activities (e.g. CFPC Mainpro+, RCPSC MOC)
- three confidential letters of recommendation, solicited by the Department Head, from local colleagues having regular clinical contact with the faculty being evaluated, addressing clinical competence (see first 4 requirements in Level 1, Table F) and professional collegiality
- a statement of recommendation from the Department Head or designated committee, addressing all of the following requirements:
  - confirmation of clinical competence, to the extent known through reputation
  - confirmation of timely and accurate clinical record-keeping, provision of expert advice, to the extent known
  - department head has not been made aware of professionalism concerns regarding clinical practice performance
  - skilled communication in the clinical context (patients, colleagues, learners, other health professionals, staff)
  - willingness to assume responsibility for fair share of clinical workload, given other professional commitments
  - willingness to accept and perform clinical duties out of regular work hours or in emergencies, as applicable
  - willingness to participate in health jurisdiction- or clinical department-required meetings, audits and activities
  - mindful and efficient use of health care resources; good stewardship of resources

### 5.2a Scholarly Work associated with Clinical Practice:

Clinical faculty seeking promotion are expected to adopt a scholarly approach in the practice of their professional skills. The CoM recognizes and values the scholarly work undertaken by clinical faculty in conjunction with the performance of clinical duties and clinical teaching. While participation in original research is encouraged and supported, the CoM recognizes that the mindful application, translation and teaching of new scientific knowledge in the clinical context merits acknowledgement and support, and qualifies as scholarly work.

Therefore, scholarly contributions evaluated using this subcategory include those made through scholarly clinical teaching and those made through the application of scholarly work in the organization, delivery and evaluation of clinical services, as well as those made through participation in clinical or discipline-specific scientific research.

**TABLE F application:**

Level 1: for use in renewal of probation as Assistant Professor or tenure as Assistant Professor

Level 2: for use in evaluating tenure as or promotion to Associate Professor

Level 3: for use in evaluating tenure as or promotion to Professor



**For Tenure as Assistant Professor:** There must be compelling evidence, beyond that demonstrated at appointment, that: 1) the candidate is developing a leadership role in the field of specialization with provision for further development; and, 2) the candidate is contributing to the creation and dissemination of knowledge through scholarly work. There must also be evidence of the promise of future development as a practitioner and scholar, including the presence of a defined professional practice and a defined program of scholarship. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards.

The quality of the candidate's professional practice and scholarly work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics<sup>iv</sup> drawn from comparable institutions.

**For Tenure as or Promotion to Associate Professor:** There must be compelling evidence, beyond that demonstrated for the rank of Assistant Professor, that: 1) the candidate has established a significant leadership role in the field of specialization and demonstrated exemplary standards of client service; and, 2) the candidate has contributed to the creation and dissemination of knowledge through scholarly work. There must also be evidence of continuing development as a practicing professional and as a scholar, including the presence of a clearly defined professional practice and a clearly defined program of scholarship. The results of significant investigations, such as experimental studies or clinical observations, must have been published in reputable peer-reviewed publications. This work must have made a contribution sufficient to be recognized by colleagues in their field in other parts of Canada or internationally. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards.

For tenure at the Associate rank (unless tenure is a condition of appointment), the quality of the candidate's professional practice and scholarly work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics drawn from comparable institutions.

For promotion to the Associate rank, the candidate will be evaluated by colleagues in the candidate's department or college (in the case of non-departmentalized colleges). The candidate will provide an up-to-date *curriculum vitae* and, in collaboration with the Department Head/Dean, will provide a case file, and other relevant evidence for the purposes of this assessment.

**For Tenure as or Promotion to Professor:** There must be compelling evidence, beyond that demonstrated for the rank of Associate Professor, that: 1) the candidate has demonstrated a sustained high level of performance in the practice of the profession and established a reputation for expertise in the field among colleagues and, where appropriate, clients or client agencies; and, 2) the candidate has made a significant contribution to the creation and dissemination of knowledge through scholarly work. There must also be evidence of leadership in the establishment and execution of a clearly defined program of scholarship and a positive indication that the candidate will maintain activity in scholarly work as well as in professional practice. The candidate will have played a leading role in scholarly investigations and published the results in reputable peer-reviewed publications. The candidate will have made a contribution sufficient to be recognized by colleagues in their field in other parts of Canada and in other countries. In cases where the opportunity exists to supervise graduate students, candidates for Professor will have actively pursued these opportunities. Evidence of the ability to obtain adequate research funding will be required if specified in college or department standards.

For tenure (unless tenure is a condition of appointment) and/or promotion, the quality of the candidate's scholarly work will be assessed, using the tenure and promotion standards of the University of Saskatchewan, by at least three senior academics drawn from comparable institutions.

TABLE F (5.2a): Evaluation of Scholarly Work associated with Clinical Practice

Level 1	Level 2	Level 3
<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>consistent use of evidence-based clinical decision-making (colleagues' letters of recommendation – see Table E, above)</li> <li>consistent use of clinical practice guidelines and current scientific research in teaching (as confirmed by teaching evaluations and colleagues' letters of recommendation - see Table E, above)</li> <li>demonstration of willingness to seek clinical and instructional guidance from established senior academics (colleagues' letters of recommendation – see Table E, above)</li> <li>consistent use of current evidence while participating in analysis and discussion of cases and conditions (as confirmed by teaching evaluations and colleagues' letters of recommendation - see Table E, above)</li> <li>contributor, co-author or author of at least one peer reviewed publication, webinar, podcast, video or other digital conveyance</li> </ul> <p><b>And, at least three of:</b></p> <ul style="list-style-type: none"> <li>participation in faculty development events centered on effective knowledge translation for learners in the clinical workplace</li> <li>participation in quality improvement activities in clinical care that result in new evidence-based standards of care or local/regional best practices</li> <li>participation in self-</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>all Level 1 requirements</li> <li>during review period, principal investigator, co-PI or corresponding author of one or more peer-reviewed publications (e.g. case review, analytic study, book chapter, original research, webinars, podcasts, videos or other department-approved digital conveyance)</li> </ul> <p><b>And, at least four of:</b></p> <ul style="list-style-type: none"> <li>participation on organizing committee for clinical/scientific conference</li> <li>participation on review committee for poster selection for clinical/scientific conference</li> <li>peer-reviewed poster presentation or lecture at meeting or conference with published abstracts</li> <li>presentation of latest evidence or current best practices as invited expert at local/provincial clinical/scientific meeting or conference</li> <li>author or coauthor of technical report or clinical report or tool for improving health care delivery, health care quality, or patient safety in local health jurisdiction, area, division or department</li> <li>contributor of clinical expertise to the development of curricula, courses or lectures</li> <li>contributing author in clinical trial(s) resulting in peer-reviewed publication(s)</li> <li>participation as a reviewer of manuscript submissions for a peer-reviewed clinical/scientific journal</li> <li>regular participation in group-based teaching (e.g. grand</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>all Level 1 and 2 requirements</li> </ul> <p><b>And, at least four of:</b></p> <ul style="list-style-type: none"> <li>presentation of latest evidence or current best practices as invited expert at national or international clinical/scientific meeting or conference</li> <li>coauthor or principal investigator and corresponding author of at least one peer-reviewed publication, clinically relevant to the discipline</li> <li>contributing author of book chapter</li> <li>publication of peer-reviewed webinars, podcasts, videos, or other department-approved digital conveyances for teaching purposes, directed to any learner group</li> <li>increasing contribution to curricular development through course development, manual development, etc.</li> <li>member, chair or supervisor on research advisory committee for postgraduate students or postdoctoral fellows, based on expertise in field of specialization</li> <li>invited provider of scientific or clinical care advice to government or major health care organizations</li> <li>invited or elected leadership roles within national or international academic organizations (e.g. CFPC, RCPSC) due to recognized clinical expertise in an academic setting</li> <li>participation on an examination committee for a national academic organization</li> <li>recipient of peer-reviewed research funding for research</li> </ul>



<p>improvement or CPL/CME activities involving critical appraisal of the medical literature and subsequent clinical practice renewal</p> <ul style="list-style-type: none"> <li>• participation in the organization of or maintenance of standards for multidisciplinary care delivery</li> <li>• demonstrates willingness to participate in research through the recruitment of patient subjects in own practice, if requested</li> <li>• participation in systematic patient safety initiatives as a planner, developer or recognized leader in the integration, application or teaching of patient safety</li> </ul>	<p>rounds, academic half-days, undergraduate courses, faculty development events)</p> <ul style="list-style-type: none"> <li>• supervisor or advisor for medical student or resident research project(s)</li> <li>• committee member, chair or supervisor for research advisory committee for graduate student(s) or postdoctoral fellow(s), based on expertise in clinical field of specialization</li> <li>• applicant, as collaborator, co-PI or PI for research funding from any funding agency, with personal involvement in writing the grant request</li> <li>• contribution to curricular development through course development, manual development, etc.</li> </ul>	<p>or innovation in clinical education</p> <ul style="list-style-type: none"> <li>• recipient of industry sponsorship for research, including clinical trials, resulting in peer-reviewed dissemination of results</li> <li>• collaborator as a clinical member of a research cluster or interdisciplinary research team</li> <li>• invitation for visiting professorship</li> <li>• develop or apply and teach new techniques or new clinical approaches to patient care</li> <li>• significant progress in the undertaking of an advanced degree in research, or completion of same</li> <li>• national or international leadership role in health care quality improvement and/or patient safety</li> </ul>
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**5.1b Educational Practice:**

Educational practice is defined as program and curriculum design, development, implementation and evaluation; educational program administration and leadership; and faculty development (such as the teaching/mentoring of others in these skills).

TABLE G application:

- Level 1: for use in renewal of probation as Assistant Professor or tenure as Assistant Professor
- Level 2: for use in evaluating tenure as or promotion to Associate Professor
- Level 3: for use in evaluating tenure as or promotion to Professor

<i>TABLE G (5.1b): Evaluation of Educational Practice</i>		
Level 1	Level 2	Level 3
<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• contributes to program and curriculum design and development (e.g. part of a course/module/rotation/CME event development team, etc.)</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• all Level 1 requirements</li> <li>• leads program or curriculum design or development (at any level of medical education including faculty development)</li> </ul>	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• all Level 1 and 2 requirements</li> <li>• contributes to program or curriculum design and development at a regional/national/international level. (e.g. AFMC network,</li> </ul>

<ul style="list-style-type: none"> <li>participates in leadership activities at introductory levels (e.g. member of curriculum sub-committee, Residency Program Committee, CME advisory or program committee, etc.)</li> <li>contributes to faculty development* (co-facilitates or helps in development, etc.)</li> <li>participates in at least 2 professional development activities per year, in medical education</li> </ul>	<ul style="list-style-type: none"> <li>takes leadership roles as appropriate (e.g. chair of curricular sub-committee, ad hoc curricular committee, module lead, etc.) at local and regional/ national level</li> <li>primary facilitator/moderator for workshops and other faculty development activities at local and national levels</li> <li>mentors other educators and teachers</li> </ul>	<p>CFPC, RCPSC, MCC, CACMS, consultant/external reviewer, etc.)</p> <ul style="list-style-type: none"> <li>takes leadership role at the national/international level (e.g. chief or section editor of journal, chair of national medical education group or committee, etc.)</li> <li>contributes to the development and improvement of collegial mentoring processes and content</li> </ul>
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\* For some, faculty development may become their venue for teaching as in Category 2.

**5.2b Scholarly Work associated with Educational Practice:**

TABLE H application:

Level 1: for use in renewal of probation as Assistant Professor or tenure as Assistant Professor

Level 2: for use in evaluating tenure as or promotion to Associate Professor

Level 3: for use in evaluating tenure as or promotion to Professor

TABLE H (5.2b): Evaluation of Scholarly Work associated with Educational Practice		
Level 1	Level 2	Level 3
<p><b>Required:</b> Clear documentation of consistent and appropriate engagement in educational scholarship* as evidenced through all of:</p> <ul style="list-style-type: none"> <li>development/co-development of educational resources (includes creation of instructional documents, educational policies or technical reports, computer programs, A/V resources, innovation, invention), reviewed, implemented, adopted, and/or disseminated at a <b>local level</b></li> <li>responsiveness to constructive feedback from course/workshop evaluations</li> <li>at least 3 authored or co-authored peer-reviewed publications in medical education (e.g. journals or peer-</li> </ul>	<p><b>Required:</b> Clear documentation of consistent and appropriate engagement in educational scholarship* as evidenced through all of:</p> <ul style="list-style-type: none"> <li>curriculum development, innovation, research, or evaluation as a lead/collaborator or consultant at a <i>regional or national level</i></li> <li>one peer-reviewed publication as PI, co-PI or corresponding author per year, on average, in medical education (e.g. journals or peer-reviewed repositories) during the period since appointment</li> <li>obtains external funding as principal or co-principal investigator or co-applicant for scholarship, research, or innovation in medical education</li> </ul>	<p><b>Required:</b> Clear documentation of consistent and appropriate engagement in educational scholarship* as evidenced through all of:</p> <ul style="list-style-type: none"> <li>curriculum development, innovation, research, or evaluation as a lead/collaborator or consultant at a <i>national or international level</i></li> <li>more than one peer-reviewed publication as PI, co-PI or corresponding author per year, on average, in medical education (e.g. journals or peer-reviewed repositories) during the period since previous promotion</li> </ul>

	<ul style="list-style-type: none"> <li>reviewed repositories) during the period since appointment</li> <li>obtains internal or external funding as principal investigator or collaborator for scholarship, research, or innovation in medical education</li> <li>presentation of medical education scholarship at local/regional conferences</li> <li>documentation of learner or peer mentoring (in any of the medical educator domains)</li> <li>contributes as peer-reviewer (e.g. journal, scholarly conference or research funding competition) at local or regional level</li> <li>award related to medical education scholarship**</li> </ul>	<ul style="list-style-type: none"> <li>presentation of medical education scholarship at national conferences</li> <li>supervision of undergraduate and/or graduate students, as appropriate, in medical education scholarship</li> <li>documentation of success of learner and/or peer mentoring (e.g. mentee awards, high-level success/recognition that can be linked to mentoring role)</li> <li>regular peer-review (e.g. journal, scholarly conference, or research funding competition) at local, regional or national level</li> <li>if invited, contributes as member on research advisory committee for postgraduate students or postdoctoral fellows, based on expertise in field of educational specialization</li> <li>award related to medical education scholarship**</li> </ul>	<ul style="list-style-type: none"> <li>leadership in education scholarship (e.g. journal editorial board, national committee or organization, conference planning committee, grant review committee) at any level</li> <li>supervision of undergraduate and/or graduate students, as appropriate, in medical education scholarship</li> <li>contributes as chair or member on research advisory committee for postgraduate students or postdoctoral fellows, based on expertise in field of educational specialization</li> <li>award related to medical education scholarship**</li> </ul>
<p><b>6. CONTRIBUTIONS TO THE ADMINISTRATIVE OR EXTENSION RESPONSIBILITIES OF THE DEPARTMENT, COLLEGE, UNIVERSITY</b></p> <p>This category describes the candidate's commitment to the collegium and reflects "service" within and outside the university community. Faculty are expected to be actively engaged in the collegial decision-making processes, to participate in administrative work, and are encouraged to be involved in the activities of academic and professional organizations and, in some colleges, in extension work. Faculty should use good judgment in balancing their activities in this category with those in other categories of assessment.</p> <p>Candidates for tenure as Assistant Professor are not required to meet any requirements in this category unless such duties are specified on appointment. Candidates for tenure and promotion to higher ranks are required to meet the standard in category 6(a). Meeting the standard in category 6(b) will be a requirement for only certain departments/colleges (as specified in their respective standards) or positions (to be specified on appointment or in an amended letter of appointment).</p>	<ul style="list-style-type: none"> <li>for tenure at this rank, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>	<ul style="list-style-type: none"> <li>for tenure at this rank, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>	<ul style="list-style-type: none"> <li>for tenure at this rank, or for promotion to professor, three external reviews provided by senior colleagues in other comparable institutions, within the same or another relevant discipline</li> </ul>
<p>*References and rationale available at: <a href="https://medicine.usask.ca/faculty/promotion-tenure.php#PromotionandTenureforUSFAFaculty">https://medicine.usask.ca/faculty/promotion-tenure.php#PromotionandTenureforUSFAFaculty</a></p> <p>**Awards are not a requirement for consideration of tenure or promotion; however, receipt of an award at any level is an indicator of excellence.</p>			
<p><b>6. CONTRIBUTIONS TO THE ADMINISTRATIVE RESPONSIBILITIES OF THE DEPARTMENT, COLLEGE, UNIVERSITY OR HEALTH AUTHORITY</b></p> <p>Faculty in the College of Medicine will be evaluated only in part (a) of this category (Administration). Although extension work (service to a community outside the university) is a valued contribution, many college faculty provide such services as part of their clinical activities, while others provide these services as recognized experts in a particular scientific field. Hence, their contributions will have been noted in earlier evaluation categories (Categories 2 – 5) or will be noted as a public service in Category 7. (Documentation of these activities need not be duplicated if previously evaluated or if they will be evaluated in Category 7, but their location in the file can be referenced).</p> <p>Similarly, many faculty are involved in medical or academic administrative work that is more accurately classified as contributions to external academic or professional organizations (Category 7). Again, these activities should not be recorded and evaluated in this category.</p> <p>Departmental tenure and promotions committees in the College of Medicine will be responsible for determining whether faculty seeking tenure or promotion have met the university's requirement regarding carrying one's 'share of</p>			

**(a) Administration**

Faculty are expected to carry their share of administrative work. Aspects to be evaluated include quality and impact of the candidate's contribution and the amount of time and/or effort involved.

**Tenure as or Promotion to Associate Professor** A fair and reasonable contribution to the administrative work of the Department, or College, or University is required.

**Tenure as or Promotion to Professor** A fair and reasonable contribution to the administrative work of the Department and College or University is required.

**(b) Extension**

Extension work (outreach and engagement) is defined as extending the University to the community through the provision of a service to the community outside of the University. It is expected that such service will be sponsored or sanctioned by the department and/or college in which the faculty member resides.

In the case of extension specialists and faculty for whom extension is a specific requirement of their position, these activities will usually be evaluated within categories 2 and 5. A candidate must have satisfactorily performed extension duties specified in their letter of appointment. College standards will specify which factors are to be considered and the methods by which information will be gathered and evaluated. Factors to be considered when assessing this category may include: the response of clients/audiences; the number and magnitude of undertakings; requests for services; the value of the contribution to the University; and the impact of the work. Statements from individuals who have personally observed the work performed by the candidate will be provided to review committees.

administrative work.' While the amount of work constituting a 'fair share' will naturally vary from department to department and from year to year, at least some administrative work is required from any faculty being evaluated in this category. In assigning administrative duties within departments and especially with respect to more junior faculty, Department Heads must remain mindful of achieving a balance of activities that, in total, facilitates rather than impedes progress towards promotion.

Faculty with significant academic administrative roles must provide documentation of satisfactory performance such as leadership survey results, annual performance feedback summaries, other representative assessments of administrative productivity and quality, or letters of support from senior colleagues, university or health authority administrators. Additionally, such faculty are expected to supply an up-to-date administrative dossier. The file should describe managerial contributions to sustained or new programming (academic and/or clinical), as applicable.

Note: the term 'academic' is used in the following table to signify administrative work primarily related to research or education. The term 'clinical' signifies administrative work primarily related to patient care. Some activities listed in the main organizational categories in Table I involve a large degree of academic/clinical overlap. 'Contributions to' is taken to include both chairing committees and membership on committees, as applicable.

TABLE I application:

In Category 6, the acceptable and required standard will be the same for all CoM clinical faculty, at all levels of evaluation, with the following 2 exceptions:

- 1) evaluation in this category is NOT REQUIRED for faculty seeking renewal of probation or tenure as Assistant Professor
- 2) clinician-administrators and scientist-administrators are expected to make contributions in senior leadership roles

*TABLE I: Evaluation of Administrative Contributions to the Department, College, University or Health Authority*

Typical Administrative Categories and Activities (list not exhaustive)

**Departmental Administrative Work:**

- Contributions to any departmental academic committee
- Contributions to any departmental academic task force or project management team
- Contributions to any departmental committee, team or project related to departmental operations, restructuring, management, efficiency, quality control
- Contributions to academic inter-departmental committees, teams, or projects
- Contribution as a Department Head, program director, or other department-based academic or administrative leadership role

**College Administrative Work:**

- Contribution to any college committee as a departmental representative
- Contribution to any college committee as a volunteer or following request from the college
- Contribution to any college project team, task force, or other college-sanctioned activity requiring ongoing faculty representation
- Contribution as a member of Faculty Council and any of its subcommittees
- Contribution to accreditation administrative activities
- Contribution as director, assistant dean, associate dean, vice dean, dean, or other college-based administrative leadership role

**7. PUBLIC SERVICE AND CONTRIBUTIONS TO ACADEMIC AND PROFESSIONAL BODIES**

This category describes the candidate's commitment to the broader university community and to the general public. Meeting the standards in this category will be a requirement for only certain colleges and departments (as specified in their respective standards). In such cases, college standards will specify which factors are to be considered and the methods by which information will be gathered and evaluated.

Candidates for tenure as Assistant Professor are not required to meet any requirements in this category unless such duties are specified on appointment.

**(a) Public Service**

Public service is normally defined as the faculty member's provision of expertise to the outside community and will be accorded recognition insofar as the activities entail application of expertise associated with the candidate's position in the university.

**(b) Service to Academic, Professional or Scientific Organizations**

To be recognized within this category, service to academic and/or professional organizations must go beyond membership in an organization and focus on active participation. Such activities might include: service on the committees or executives of academic or professional organizations; service on selection committees for provincial, national or international granting organizations; or service on the editorial board for academic, professional or scientific journals.

**University Administrative Work:**

- Contribution as a departmental or college representative on any university committee, project team, task force, or other university-sanctioned activity requiring college or departmental representation
- Contribution to any university committee as a volunteer or following request from the university
- Contribution to any university project team, task force, or other university-sanctioned activity requiring ongoing faculty representation
- Contribution as a member of University Council and any of its subcommittees

**Health Authority Administrative Work:** Note – Clinical administrative work that has already been documented and/or evaluated in Categories 3 or 5 should not be duplicated in this category.

- Contribution to health authority committees, task forces, projects, quality improvement interventions
- Contribution as a health authority-appointed clinical leader, organizer, manager, or supervisor
- Contribution as a departmental, college, or university representative on a health authority committee, task force, project, or ongoing quality improvement intervention
- Contribution to health authority accreditation or credentialing administrative activities

**7. PUBLIC SERVICE AND CONTRIBUTIONS TO ACADEMIC AND PROFESSIONAL BODIES**

Public service is defined as the provision of professional expertise to the community outside the university. To be recognized in this category, the activities must entail application of expertise associated with the faculty member's position in the university or in the academic/clinical setting.

Service to academic, professional or scientific organizations, must go beyond simple membership in the organization and must involve active contribution. If the activities have been documented earlier in the case file and evaluated in Categories 2 – 6, they need not be repeated here but their location in the file can be referenced.

The university standards for promotion require faculty to "demonstrate willingness to participate" in public service and service to academic, professional or scientific organizations. In the College of Medicine, actual contributions such as those specified in Table J are required.

TABLE J application:

In Category 7, the acceptable and required standard will be the same for all CoM clinical faculty, at all levels of evaluation, as applicable, with the following exception: evaluation in this category is NOT REQUIRED for faculty seeking renewal of probation or tenure as Assistant Professor.

TABLE J: Evaluation of Public Service Contributions and Contributions to Academic and Professional Bodies

Public Service Activities: (list not exhaustive)	Service to Academic and Professional Bodies: (list not exhaustive)
<ul style="list-style-type: none"> <li>• provision of medical/scientific information in a media interview</li> <li>• provision of written medical/scientific information in contribution to a publication intended for use by the general public</li> <li>• provision of medical/scientific information at the request of a provincial/national government agency or international NGO</li> <li>• membership on the boards or committees of government agencies or NGO's as a contributor of medical/scientific expertise</li> <li>• provision of volunteer medical or scientific services to a charitable or humanitarian organization</li> <li>• provision of volunteer medical supervisory, assessment or diagnostic services to a sports team or organization</li> <li>• provision of public presentations on health or science related topics associated with one's field of expertise</li> <li>• provision of medical/scientific presentations, interactive learning activities, seminars, etc. to a public education body at the primary or secondary educational level</li> <li>• provision of volunteer medical/scientific advice or education to municipal, provincial or national community groups</li> </ul>	<ul style="list-style-type: none"> <li>• scientific publication editor, editorial reviewer, journal manuscript reviewer</li> <li>• member of an editorial board for a peer-reviewed journal or scientific publisher</li> <li>• committee member for a provincial or national or international academic association (e.g. RCPSC, CFPC, AAMC, CAME, AFMC)</li> <li>• lead organizer for a provincial or national professional association's annual or special conference</li> <li>• committee member for a provincial or national professional (clinical) organization (e.g. SMA, CMA, HQC)</li> <li>• participation as a team member on national or international academic or clinical accreditation bodies</li> <li>• contribution as a team member on accreditation preparation committees or accreditation teams external to the CoM</li> </ul>

**E. PROCESS OF EVALUATION**

The Dean, Executive Director or Department Head shall review the University, College and Department Standards with every faculty member as part of the annual review for faculty members who are candidates for promotion and tenure.

Evaluation of faculty for tenure and promotion will take place within a process that is open and accountable. Both the committee chairs and the candidates are expected to share information about the evaluation process and to contribute to the collection of appropriate documentation for the consideration of all committees. Committee chairs are expected to provide opportunities for committee members to review the documentation, including the statement of rationale, prior to its submission to senior collegial committees.

Departments will consider eligible candidates for tenure and promotion according to their eligibility, unless a request for a deferral has been received. The candidate will confirm with the Department Head or Dean his/her desire to be considered for tenure or promotion and will supply the documents listed in tenure and promotion case files (identified below).

**E. PROCESS OF EVALUATION**

Faculty are encouraged to provide a well-organized case file and supporting documentation, such that review committees can easily access and evaluate all necessary materials. The case file should be organized in a manner consistent with the categories of evaluation outlined in these standards, preceded by a letter of self-assessment that is intended to direct the reviewers' attention to the most relevant parts of the file. The letter should be a general statement regarding progress in each category; it should not duplicate all of the particulars submitted for each category of the file.

The CV is intended to be a reference document for review committees. Faculty are expected to identify, in their letters of self assessment, the relevant sections in their CV that correspond with each evaluation category, so as to direct the attention of the review committee accordingly. Where supporting documentation is available, this should be placed appropriately in the case file. If the documentation is thought to be relevant for more than one evaluation category, its original location in the file can be referenced.

Faculty seeking tenure or promotion are responsible for providing some of the materials for the case file, while other documentation is provided by the Department Head. A final recommendation regarding tenure and/or promotion is provided to the university by the Dean, as chair of the College Review Committee. The table shown below summarizes required information, as applicable, for each category of evaluation.

**Tenure and Promotion Case Files:** Case files will provide the basic evidence used to assess the candidate's case for tenure or promotion. Case files will include the following items:

1. *Provided by the Candidate:*
  - An up-to-date *curriculum vitae*.
  - A self-assessment of the candidate's progress towards tenure or promotion.
  - Evidence pertaining to teaching, including: a statement of the candidate's philosophy of teaching and an explanation of its application, student and peer evaluations (if provided to the candidate), a record of teaching roles (including time commitments and method of delivery) in undergraduate and graduate courses, teaching and/or supervision of students performing clinical work, undertaking *practica* or other types of field work, and advising and supervising graduate students.
  - Evidence pertaining to research and scholarly work including a statement on the nature of the candidate's research and future research plans, the candidate's contribution to joint publications and research grants, examples of published works, performances, manuscript materials, on the adequacy of the candidate's research funding support (where required in college/department standards), and other relevant evidence for the purposes of establishing research direction and accomplishment.
  - For candidates considered under Category 5 only, evidence pertaining to practice of professional skills including a statement on the nature and scope of the candidate's practice, a discussion of various leadership activities associated with the candidate's role in professional service whether delivered to a professional audience, individuals, groups, organizations, institutions, or the community.
  - Examples of materials pertaining to administration, extension and public service including a statement on the role of the candidate in service to academic and/or professional organizations, on the nature and extent of the candidate's contributions in these areas and statements from individuals (e.g. chairs, other committee members) who have personally observed the work and/or contributions the candidate has performed on committees, or as part of their administrative responsibilities.
2. *Provided by the Department Head or Dean (as committee chair) in addition to the documents listed under item 3 below:*
  - *For departmentalized colleges:* A Statement of Rationale from the college, signed by the Dean as Chair of the College Review Committee, explaining the decision at the college level and including both majority and minority views of committee members. This statement will be made available to committee members for review prior to submission to the senior committees. The statement of rationale must include:
    - An indication of the quality and significance of the candidate's work and how it was assessed
    - An indication of the committee's discussion of the evidence and the relative weighting of this evidence in the overall decision of the committee
    - Where required in the college standards, a statement of the adequacy of research funding support
    - A list of the College Review Committee members
  - *For non-departmentalized colleges:* A Statement of Rationale from the college, signed by the Dean as Chair of the College Review Committee, explaining the decision and including both majority and minority views of committee members. This statement will be made available to committee members for review prior to submission to the senior committees. The statement of rationale must include:
    - An indication of the quality and significance of the candidate's work and how it was assessed
    - An indication and assessment of the quality of the candidate's teaching

TABLE K: Case File Check List

Category		Required Documents	Provided By Faculty	Provided By D. Head
	Case File	<ul style="list-style-type: none"> <li>• Self assessment letter</li> <li>• Curriculum Vitae (format as specified by college or university)</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> </ul>	
1	Academic and Professional Credentials	<ul style="list-style-type: none"> <li>• Proof of credentials, if required by Department Head</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> </ul>	
2	Teaching	<ul style="list-style-type: none"> <li>• Written statement on philosophy of teaching</li> <li>• Teaching dossier (optional, but strongly recommended – if no teaching dossier provided, must provide complete summary of all teaching done during review period)</li> <li>• Student evaluations of teaching, both qualitative and quantitative, from throughout the review period</li> <li>• Peer evaluations of teaching from throughout the review period</li> <li>• Written statements from course coordinators or other course instructors (optional)</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> </ul>
3	Knowledge of the Discipline	<ul style="list-style-type: none"> <li>• Proof of activities confirming knowledge of the discipline (letters from chairs or senior administrators, schedules, agendas, invitations to provide expertise, etc.) relevant to examples outlined in Table C, and/or:</li> <li>• Peer evaluations of open seminar presentation</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>and/or</li> <li>✓</li> </ul>
4	Research and Scholarly Work	<ul style="list-style-type: none"> <li>• Statement on program of research, addressing its nature and scope</li> <li>• Relevant sections extracted from CV</li> <li>• Three external assessments for tenure at any rank and for promotion to Professor, as per university requirements</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> </ul>
5.1a	Practice of Professional Skills: Clinical Practice	<ul style="list-style-type: none"> <li>• Statement on nature and scope of clinical practice</li> <li>• Copies of documents specified in Table E</li> <li>• Three letters of recommendation from the faculty's colleagues</li> <li>• Statement of recommendation from the Department Head addressing each of the requirements listed in Table E</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> </ul>
5.2a	Scholarly Work associated with Clinical Practice	<ul style="list-style-type: none"> <li>• Letters from at least 3 colleagues addressing factors identified in Table F</li> <li>• Letters from external organizations (e.g. health authority senior administrators) addressing factors identified in Table F (optional)</li> <li>• Identification by faculty of portions of student and peer teaching evaluations relevant to factors identified in Table F</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> </ul>

<ul style="list-style-type: none"> <li>○ An explanation on how the student and peer evaluations were conducted, a summary of their contents and their interpretation by the college committee, and an indication of the types of courses evaluated</li> <li>○ An indication and assessment of the quality of the candidate's research productivity within the context of the discipline including an indication of the quality of journals and other publications</li> <li>○ An assessment of the candidate's current and potential program of research and scholarship within the context of the discipline</li> <li>○ An assessment of, where required in college standards, the adequacy of research funding support</li> <li>○ An explanation of the candidate's role in joint publications, presentations, or research grants, including a statement of confirmation by collaborators.</li> <li>○ An indication of the committee's discussion of the evidence and the relative weighting of this evidence in the overall decision of the committee</li> <li>○ A list of the College Review Committee members</li> </ul> <ul style="list-style-type: none"> <li>● <i>For departments:</i> A Statement of Rationale from the department, signed by the Department Head as chair of the department committee, explaining the decision at the department level and including both majority and minority views of committee members. This statement will be made available to committee members for review prior to submission to the senior committees. The statement of rationale must include: <ul style="list-style-type: none"> <li>○ An indication of the quality and significance of the candidate's work and how it was assessed</li> <li>○ An indication and assessment of the quality of the candidate's teaching</li> <li>○ An explanation on how the student and peer evaluations were conducted, a summary of their contents and their interpretation by the department committee, and an indication of the types of courses evaluated</li> <li>○ An assessment of the candidate's current and potential program of research and scholarship within the context of the discipline</li> <li>○ An assessment of, where required in department standards, the adequacy of research funding support</li> <li>○ An indication and assessment of the quality of the candidate's research productivity within the context of the discipline including an indication of the quality of journals and other publications</li> <li>○ An explanation of the candidate's role in joint publications, presentations, or research grants, including a statement of confirmation by collaborators</li> <li>○ An indication of the committee's discussion of the evidence and the relative weighting of this evidence in the overall decision of the committee</li> <li>○ A list of the department committee members</li> </ul> </li> </ul> <p>3. <i>Provided by the Department Head or Dean (as committee chair) in addition to the documents listed under item 2 above relating to the recommendations of the tenure or promotion committee:</i></p> <ul style="list-style-type: none"> <li>● Forms (T1/P1 and T2/P2).</li> <li>● A copy of the letter sent by the department (or college in the case of non-departmentalized colleges) to external referees.</li> <li>● A list of the persons identified as external referees and shown to the candidate.</li> <li>● A list of the persons selected as external referees, including a brief description of their areas and accomplishments.</li> <li>● The letters of evaluation submitted by the external referees with an indication of the role they played in the evaluation process.</li> <li>● A complete list of persons consulted in the evaluation process (e.g. co-authors, other departments in the case of joint appointments, client organizations).</li> <li>● In cases of associate memberships, comments on all categories relevant to the duties of the candidate will be solicited by the Dean or Department Head from all units with which a faculty member is associated. Individuals solicited for comments will be provided with copies of the</li> </ul>			<ul style="list-style-type: none"> <li>● Identification by faculty of portions of teaching dossier relevant to factors identified in Table F</li> <li>● Examples of original teaching materials, developed by the faculty in accordance with current evidence (optional)</li> <li>● Three external assessments for tenure at any rank, if applicable, and for promotion to Professor, as per university requirements</li> </ul>	✓	✓	✓
	5.1b	Practice of Professional Skills: Educational Practice	<ul style="list-style-type: none"> <li>● Statement on nature and scope of educational practice</li> <li>● Peer evaluations addressing factors identified in Table G</li> <li>● Identification by faculty of relevant portions of teaching dossier that document activities identified in Table G</li> <li>● Documentation confirming participation in and assessment of any activities or roles identified in Table G</li> </ul>	✓	✓	✓
	5.2b	Scholarly Work associated with Educational Practice	<ul style="list-style-type: none"> <li>● Examples of original scholarly work products identified in Table H (e.g. learner assessment techniques, course contents)</li> <li>● Identification by faculty of relevant portions of CV documenting requirements identified in Table H</li> <li>● Three external assessments for tenure at any rank and for promotion to Professor, as per university requirements</li> </ul>	✓	✓	✓
	6	Administration	<ul style="list-style-type: none"> <li>● Letter(s) from organizations, health authorities, committee chairs, senior administrators, etc. attesting to quantity and quality of administrative work performed by faculty</li> <li>● For clinician-administrators or scientist-administrators, letter(s) from senior clinical, college or university administrator colleagues attesting to value and impact of faculty's leadership contributions</li> <li>● Personal leadership evaluations from faculty or staff (optional)</li> </ul>	✓	✓	✓
	7	Public Service and Service to Professional Bodies	<ul style="list-style-type: none"> <li>● Documentation confirming contributions to public service</li> <li>● Documentation confirming contributions to academic and professional bodies</li> </ul>	✓	✓	
		Case File	<ul style="list-style-type: none"> <li>● Statement of Rationale for departmental review committee decision; contents as per university requirements</li> <li>● Statement of Rationale for college review committee decision (provided by Dean on behalf of CRC), contents as per university requirements</li> </ul>			✓



candidate's *curriculum vitae* and supporting documentation. The candidate will be informed that such information has been solicited.

- Any additional documents collected by the college committee, (in addition to those submitted by the department). These are to be identified as additional material available to the College Review Committee (e.g. letters or minority reports from members of the department committee).
- Any other information on the specific case that the University Review Committee should be aware of (e.g. sabbatical and other leaves, academic credentials verification).

In conducting their evaluation, department, college and university-level committees will be able to access progress reports, theses and other information internal to the University.

**Senior Academics:** For the purposes of external assessment in either Category 4 (Research, Scholarly and/or Artistic Work) or Category 5 (Practice of Professional Skills), a senior academic is a colleague holding an academic or research appointment at a comparable institution. In the case of tenure as Assistant Professor, one of the three senior academics may be at the Associate Professor level; two must be Full Professors or equivalent. In the case of tenure as Associate Professor or Professor, the three senior academics must be Full Professors or equivalent. In the case of promotion to Professor, the three senior academics must be Full Professors or equivalent. For candidates considered under Category 5 (Practice of Professional Skills) only, in some cases identified by the Dean, a non-academic may be appropriate to act as a referee but only one such person will act as a referee in any given case.

**External Referees:** Processes constructed for the selection of the external referees will ensure that the candidate has an opportunity to put forward names for consideration and to identify potential referees with a perceived personal bias. The University expects that this aspect of the process will be conducted in a fair and open manner and that it will protect the confidentiality of the external reviewers. The University recommends the following process:

- Normally, the Department Head or Dean of a non-departmentalized college will prepare a list of at least six qualified external referees. These external referees will have established national or international reputations in their field and will be able to judge whether the candidate's work is of the required standard. They must be sufficiently 'at arm's length' from the candidate so as to provide an objective assessment of performance; i.e., must not have been the candidate's colleagues, former supervisors (within the past ten years), or co-investigators. The candidate may suggest some names, but the Department Head or Dean (of a non-departmentalized college), in consultation with committee members, should provide at least half of the names on the list. The candidate will be permitted to ask that particular referees be dropped on grounds such as suspected personal prejudice, but may in turn be asked to provide an explanation of why a name should be dropped. When names are dropped, others will be added so that a minimum of five names is available to the Dean. The Dean will approve the final list and a description of the credentials/background of the external referees will be provided to the review committees for information.
- The Department Head, or Dean of a non-departmentalized college, will select at least three (usually four) external referees from this list and write letters requesting an assessment of the candidate's research, scholarly and/or artistic work. The candidate will **not** be informed of the referees selected. The letters to external referees should indicate that comments are sought only on the research, scholarly and/or artistic work of the candidate, or in the case of consideration under Category 5 (Practice of Professional Skills), on the professional practice in addition to the research, scholarly or artistic work of the candidate. External referees should be informed that their reply will be considered **confidential** and will be seen only by the committees and not by the candidate. Enclosed with the letter should be the candidate's *curriculum vitae*, the relevant approved standards, and appropriate sections of the case file including all materials germane to the category of evaluation [either Category 4 (Research and Scholarly Work) or Category 5 (Practice of Professional Skills)].

**Part-time Appointments/Reduced Time Appointments.** In cases of tenurable part-time appointments or in cases of reduced time appointments, individual letters of appointment will reflect expectations regarding the

appropriate timeframe in which to evaluate progress towards both tenure and promotion. Normally such candidates will be provided with extended periods of time in which to meet the standards commensurate with the precise nature of their appointment.

**Category of Assessment:** The Department Head and/or Dean will determine at the time of appointment, through discussion with the faculty member, whether assigned duties will be evaluated under Category 4 (Research, Scholarly and/or Artistic Work) or Category 5 (Practice of Professional Skills) and this agreement will be included in the letter of offer to the candidate. This determination will remain in effect until written confirmation from the Department Head and/or Dean indicates a change in category because of new or different assigned duties. Any change must be discussed with, and agreed to in writing by, the faculty member and approved by the Office of the Provost and Vice-President Academic. All work completed under the original category of assessment will be reassessed under the new category at the time tenure or promotion decisions are made.

**Timelines:** Determinations at the department, college and university levels should be made in an expeditious fashion, mindful of collegial deadlines, but committee chairs should take the time required to prepare a comprehensive case for the consideration of senior committees.

#### F. DEFINITIONS

The University Standards refer specifically to the academic ranks of Assistant Professor, Associate Professor and Professor. However, the intent of the standards should also be read as applying to Librarian ranks, as well as Assistant Professors (CDC), Associate Professors (CDC) and Professors (CDC). In the case of the Crop Development Centre (CDC) and clinical faculty in the College of Medicine the appropriate terminology is continuing status.

(The preceding will need modification)

For clarity of communication in tenure and promotion proceedings throughout the University, the following standard terminology is to be used when assessing a candidate's performance in each of the appropriate categories:

- Does not meet the standard for (promotion or tenure)
- Meets the standard for (promotion or tenure)
- Exceeds the standard for (promotion or tenure) i.e., a superior performance

In most cases it is only necessary to determine whether a candidate meets the standard or not. However, in some cases it will be desirable to identify those who have made an unusually significant contribution and whose performance markedly exceeds the standards for a given rank. For this purpose the term *superior* should be used. The standards to be met, as well as the performance expectation for an assessment of superior, will vary with academic rank: e.g., an assessment of superior for promotion to professor implies a higher level of performance than for tenure as an assistant professor.<sup>v</sup>

With reference to scholarly work, the term "published" means having appeared in print or having been accepted for publication. The latter (accepted for publication) means that a decision to publish a manuscript in present form (or with such minor revisions as to not require re-submission and a second review) has been made and communicated in writing to the author.

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<sup>1</sup>This document replaces the standards for promotion and tenure adopted by the University Review Committee February 1989, 2002. It also replaces the preliminary standards adopted by the University Review Committee in June, 2000.

<sup>2</sup> Readers are referred to the University Council *Guidelines for Academic Conduct*, approved in June 1999.

<sup>3</sup> The definition of “senior academic” and the process for solicitation of letters from external referees is described in Section E.

<sup>4</sup> The definition of senior academic and the process for solicitation of letters from external referees is described in Section E. In some cases, identified by the Dean, a non-academic may be appropriate to act as a referee but only one such person will act as a referee in any given case.

<sup>5</sup> In this document, the word “superior” denotes performance in the top quartile of a large group of comparable persons. Approximation to such a norm can only be expected in large groups; e.g., the whole University or a group the size of a large college when evaluating teaching, or persons within the same rank and discipline in Canada when evaluating scholarly work. There is no implication that one-quarter of the faculty in a particular department or small college will be superior in teaching or research and scholarly work. Some units may have a high proportion of faculty with superior performance in a given category and some may have few. Of course, there is no way in which one can actually compare a given individual’s teaching with that of all faculty in the University or the candidate’s research with that of the candidate’s peers across the country in order to determine if they are in the top one-quarter. These illustrations are given solely to clarify the use of the word superior and to suggest the frequency with which it is to be applied in tenure and promotion cases.

**UNIVERSITY COUNCIL  
INTERNATIONAL ACTIVITIES COMMITTEE  
REPORT FOR INFORMATION**

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**PRESENTED BY:** Gord Zello, Chair, International Activities Committee

**DATE OF MEETING:** May 17, 2018

**SUBJECT:** International Blueprint for Action 2025

**COUNCIL ACTION:** For Information Only

**SUMMARY:**

The International Blueprint for Action 2025 outlines the institutional strategy for internationalization for the next seven years. As one of several supporting strategies flowing from the University Plan 2025, the International Blueprint focuses our internationalization efforts, emphasizing interdisciplinary and collaborative approaches that span all of the key threads of the University Plan – discovery, indigenization, teaching and learning, and community engagement.

The strategy is centered on four key pillars:

1. Internationalizing Learning Experiences;
2. Diversifying our University Community;
3. Strengthening our Global Impact through Discovery; and
4. Growing our Global Citizenship and International Community Service.

By taking an integrated approach to internationalizing the core themes of the University's mission, the International Blueprint is an actionable roadmap that enhances our faculty, staff, and student capabilities and opportunities; enhances our engagement with international partners, alumni and other stakeholders; and promotes and bolsters our international profile.

Consultation Process

Widespread consultation was undertaken over the last 1.5 years to ensure as much input as possible went into the development of the International Blueprint for Action 2025. The following stakeholder groups in the university community

provided comments and feedback:

- President's Executive Council
- University Council committees
  - International Activities Committee
  - Research, Scholarly and Artistic Works
  - Planning and Priorities Committee
  - Teaching, Learning and Academic Resources Committee
- Deans' Council
- Vice-Provost (Indigenous Engagement)
- Centre Directors Forum
- Associate Deans (Research) Forum
- Associate Deans (Academic)
- Undergraduate student leaders and students engaged in internationalization activities
- Graduate Students and Postdoctoral Fellows
- Faculty and staff

**ATTACHMENTS:**

International Blueprint for Action 2025

***“Connecting with the World”***  
**The International Blueprint for Action 2025**  
**– A Vision for a Globally Significant University**

## Preamble

The founders of the University of Saskatchewan in 1907 envisioned *“a world-class university at the edge of a swift flowing river surrounded by vast prairies.”*<sup>1</sup> In 2002, President Peter MacKinnon in *‘Renewing the Dream’*<sup>2</sup> articulated the determination for the U of S to be counted amongst the most distinguished universities in Canada and the world, recognizing that *“In the new global environment our competition for faculty, students and research support is international..., our obligations and opportunities are also international.”* Recently, President Peter Stoicheff highlighted our objective *“to be nationally and internationally recognized as a distinguished university dedicated to research excellence”*, and *“a welcoming place for students, educators and researchers from around the world.”* This bold vision for the University, built upon a history of accomplishment for nearly 110 years, inspires our belief that academic excellence, partnered with international engagement and activity, will enhance our student experience, heighten the impact of our research, and fortify our presence as a globally influential university.

Through the extensive and varied contributions of its faculty, staff, students, the University of Saskatchewan has made significant strides in international engagement. Embracing a diverse student body, the university currently has one of the highest numbers and percentages of international graduate students, and offers opportunities for students and faculty to learn and engage in all regions of the globe. Committed to strengthening global impact through worldwide networks in areas of research strength, the university has more than 110 international memoranda of understanding and 270 international research and development projects with institutions in more than 60 countries, and we continue to attract distinguished international researchers. We are poised to build on this success by welcoming the world to our University and presenting our University to the global community as a world-class academic institution.

Global problems cannot be solved by only thinking and acting locally. Moreover, the world is evolving, and so is the University of Saskatchewan. The University of Saskatchewan is well-positioned to contribute to the global needs of our society, and we will prepare our students, faculty and staff to appreciate, ask, and then address society’s most important challenges. Our academic excellence, partnered with international engagement and activity, will secure our global presence and enhance the University’s impact in the world in which we live and share.

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<sup>1</sup> The University of Saskatchewan, to hold an ‘honourable place among the best’ as our founding president, Walter Murray, envisioned.

<sup>2</sup> *Renewing the Dream*, page 2.

## The International Blueprint for Action

The internationalization of the academy has never been more important. Students are more globally mobile than ever before. Government expectations are increasingly linked to international benchmarks and standards. Intercultural competence is a highly valued skill enhancing employability in today's global economy. International partnerships are now essential in order to address some of the world's most pressing problems.

Internationalization can therefore be viewed as a bridge of academic and scholarly interchange leading to highways of opportunity. The University of Saskatchewan recognizes that internationalization will improve the quality of teaching, learning and discovery at our institution. We also recognize this will be facilitated by internationalizing learning experiences, diversifying our university community, strengthening our global impact through discovery, and growing our global citizenship and international community service.

Our students must be globally competent and prepared for our vast and changing world. They must be able to experience, appreciate and understand varying cultures, and communicate effectively in different settings and environments. For many, these international experiences will be life-changing.

Diversifying our university community will best position our faculty and staff to support international engagement, and therefore ensure the well-being and success of our international students, and similarly help our students succeed when they study abroad.

International research partnerships will enable our University to increase engagement and collaboration, address complex global challenges, and ensure that our innovation and discovery are recognized around the world.

The University of Saskatchewan is resolved to acquire and share knowledge in the service of society, and become distinguished as a globally influential and engaged academic institution. We will collaboratively engage in community service and outreach that supports the quality of life for people and communities around the world in our aspiration to be the university the world needs.

The University Plan 2025 highlights the importance of interdisciplinary and collaborative approaches to discovery, indigenization, teaching and learning, and community engagement. The International Blueprint for Action 2025 amplifies the University Plan by focusing and enhancing our efforts across these same themes through an internationalization strategy and goals distinctive of a truly world-class university. The strong linkage between the key threads of the University Plan and key themes of the International Blueprint is highlighted through the four key pillars of the strategy:

1. Internationalizing Learning Experiences;
2. Diversifying our University Community;
3. Strengthening our Global Impact through Discovery; and
4. Growing our Global Citizenship and International Community Service.

## **Key Pillar #1: Internationalizing Learning Experiences**

A hallmark of a world-class university is student learning that offers international learning opportunities aimed at developing informed global citizens. Internationalizing our learning experiences is about providing diverse international opportunities for students, both inside and outside the classroom. Through proactive support of colleges/schools, administrative units, student groups and individual students, the University of Saskatchewan opens the door for greater and equitable participation of students in educational experiences outside of Canada. We also enable increased intercultural understanding through inclusion of cross-cultural perspectives within the U of S curriculum and high impact co-curricular activities that foster intercultural understanding and enhanced feelings of belonging.

### **Objective:**

**1.1 Increase the proportion of U of S students who engage in education abroad, enabling them to experience new places, cultures, languages and traditions.**

### **Actions:**

- 1. Support accessible, diverse college/school-level education abroad experiences that engage student academic interest:**
  - a) leverage existing partnerships and programs to improve student participation
  - b) identify and develop new partnerships and opportunities leading to programming that fits flexibly within degree requirements
  - c) identify and develop new and existing partnerships and opportunities that engage First Nations, Métis, and Inuit students
  
- 2. Increase student awareness of the benefits of participation and opportunities in education abroad experiences:**
  - a) provide high-impact opportunities for students to share their education abroad experiences
  - b) explore mechanisms and opportunities for formal recognition of degree-based study abroad activity
  - c) enhance marketing of the benefits of education abroad and available U of S opportunities
  
- 3. Ensure financial, administrative and curricular infrastructure is in place to enable equitable student participation in international learning experiences:**
  - a) ensure adequate administrative support resources are available in colleges and central units
  - b) remove barriers (where possible) associated with program distribution and residency requirements
  - c) streamline and expand transfer credit recognition, and create pre-approved pathways with partners as part of exchange and transfer/articulation agreements
  - d) improve funding to address students' financial barriers to participation in degree-credit study abroad
  - e) develop strategies to retain students in the post-application period



**Objective:**

**1.2 Enhance international and cross-cultural perspectives in content and learning in the curriculum.**

**Actions:**

- 4. Provide support to academic units and individual faculty to build international and cross-cultural content, associated learning outcomes, and effective teaching strategies:**
  - a) undertake program-based curriculum renewal efforts to maximize opportunities for strengthening international and cross-cultural content and learning outcomes
  - b) identify and support individual faculty interests in this area
  
- 5. Increase the number of international visiting faculty who engage with students in learning and research environments:**
  - a) explore, develop and promote a robust approach to increased faculty-student interaction
  
- 6. Build awareness of courses with international and cross-cultural content:**
  - a) develop an inventory of current courses with international and cross-cultural content, including courses with international Indigenous perspectives
  - b) identify these course offerings utilizing registration system attributes, and promote the value of taking courses with international and cross-cultural content

**Objective:**

**1.3 Optimize participation in co-curricular activities that are inclusive and foster intercultural understanding.**

**Actions:**

- 7. Strengthen existing and create new extracurricular opportunities, characterized by involvement of both domestic and international students, which foster inclusion and intercultural understanding of First Nations, Métis, and Inuit histories, cultures, and current realities, and an appreciation of their many contributions in local, provincial, national, and international contexts:**
  - a) provide financial, space, and human resources to university units (college/school or central), students and student groups to deliver extracurricular activities
  - b) develop opportunities for institution-wide celebration
  
- 8. Enhance awareness of opportunities that foster inclusivity and intercultural understanding:**
  - a) create an inventory of student participation in U of S extracurricular activities of an international and/or intercultural nature
  - b) improve mechanisms to promote extracurricular activities

**By 2025, we will have:**

1. Increased the percentage of students participating in education abroad by 35%, and the percentage of First Nations, Métis and Inuit students participating in education abroad by 50%
2. Increased the number of visiting international faculty that are actively engaged with student learning or research by 35%
3. Inventoried courses with international and cross-cultural content, including courses with international Indigenous perspectives, and established baseline participation data
4. Increased the number of courses with international and cross-cultural content by 10%
5. Inventoried the number of extracurricular activities that foster intercultural understanding, and established baseline participation data
6. Selected and implemented an assessment tool (or set of tools) to measure students' global citizenship and intercultural learning outcomes, and their satisfaction with participation in international learning experiences.

## ***Key Pillar #2: Diversifying our University Community***

A diverse and inclusive university community fosters an enriched learning environment, characterized by global connections and enhanced intercultural understanding where members feel a strong sense of belonging. The University of Saskatchewan will continue to grow the size and diversity of the international student body. As we do this, we will focus on strategies that support the well-being and success of these students. Similarly, as we seek to diversify the university community, we acknowledge the importance of ensuring that faculty and staff are best positioned to support international engagement.

### **Objective:**

#### **2.1 Grow the size and diversity of the U of S international student body.**

#### **Actions:**

- 1. Build capacity and opportunity for increasing international undergraduate and graduate student degree-credit enrolment:**
  - a) establish college-specific international student enrolment targets for undergraduate and graduate students that are aligned with the university's strategic enrolment activities
  - b) ensure student recruitment resources and initiatives are matched to available program capacity and enrolment priorities
  - c) develop additional academic programming designed to attract different populations of international students:
    - academic/English language bridging programs aligned with student demand
    - targeted distance education programming
    - short-term summer and special interest programming
  - d) explore the feasibility of new models to deliver U of S degree-level programming outside of Canada.
  
- 2. Address barriers to attracting a diverse international student body:**
  - a) implement a relationship management system to improve communication, enhance processes, and increase efficiency for all stakeholders
  - b) offer new targeted international student awards and work-study program funding in support of international enrolment goals, while sustaining current levels of scholarship funding.
  
- 3. Leverage external partnerships to support international recruitment priorities:**
  - a) mobilize and maintain an active alumni network in key geographic regions where student recruitment opportunities are sought
  - b) capitalize on government, business and industry partnerships and initiatives
  - c) transform education agent management practices to align with enrolment priorities, and ensure consistency and quality of representation.

### **Objective:**

#### **2.2 Support the well-being and success of our international students.**

**Action:**

- 4. Build on existing and innovate new strategies and support systems to improve student completion rates, achieve and sustain high levels of satisfaction in learning and cultural experiences, and create a sense of inclusion at the university and within our communities:**
  - a) enhance academic and English language supports
  - b) improve access to and quality of on-campus housing and enhanced information about off-campus housing
  - c) ensure adequate resources for academic and non-academic international student advising, and for supports to meet student needs and regulatory requirements
  - d) facilitate engagement of all campus stakeholders in efforts that increase international student involvement and leadership in academic and non-academic aspects of university life
  - e) strengthen existing and create new pathways for international students to connect with community-based settlement supports, and their own cultural and linguistic communities on- and off-campus.

**Objective:**

**2.3 Increase the ability and confidence of faculty and staff to support international and intercultural engagement and activities.**

**Action:**

- 5. Design and recruit a faculty complement that reflects the diversity of our university community:**
  - a) review and implement college/unit faculty complement plans, and recruitment, to ensure diversity is recognized.
- 6. Support international exchange and professional development opportunities for faculty and staff both at home and abroad:**
  - a) offer professional development in diversity, inclusion, and intercultural awareness to faculty and staff
  - b) support exchange and international professional development opportunities for faculty and staff.

**By 2025, we will have:**

1. Increased the proportion of degree-seeking international undergraduate students to 10%
2. Sustained the proportion of degree-seeking international graduate students at 32%
3. Developed additional academic programming designed to attract different groups of international students
4. Established targets for graduation and time to completion for international undergraduate and graduate students
5. Increased the proportion of faculty and staff with diversity and inclusion training by 20%
6. Regularly benchmarked U of S international student satisfaction survey results with our peers
7. Selected and implemented an assessment tool (or set of tools) to measure international students' satisfaction in the U of S learning environment, and their sense of inclusion at the university
8. Achieved faculty diversity relative to the mean benchmark of our U15 colleagues.

## ***Key Pillar #3: Strengthening our Global Impact through Discovery***

The University of Saskatchewan has a long and successful history of global engagement in research and discovery. Further enhancing our international research presence will provide greater opportunities for our faculty and students to access international facilities, funding, knowledge and expertise, as well as leverage our research output and impact, thus significantly increasing our capabilities to address global challenges. We will work to build our capacity to collaborate and engage internationally, contribute to research that addresses complex global challenges, and ensure our innovative ideas and new discoveries are renowned around the world.

### **Objective:**

#### **3.1 Enhance our success as a world leader in research.**

### **Actions:**

- 1. Increase the number, diversity and impact of international research partnerships:**
  - a) support new collaborative strategic research relationships with leading global institutions
  - b) streamline data gathering and decision support tools to better enable identification of promising new partnerships, and the value of existing research partnerships
  - c) establish an International Research Partnership Fund to facilitate strengthened research collaborations with existing partners
  - d) establish a Global Innovation Fund<sup>3</sup> to stimulate and support new research collaboration in priority regions
  - e) fund ‘Global Signature Workshops’, for faculty and research trainees from partner institutions and the U of S, to meet and address global challenges
  - f) explore the establishment of innovative joint research facilities with high-level institutional partners
  - g) promote innovation, solution development, and applications arising from international research.
  
- 2. Strengthen supports to increase international research collaborations:**
  - a) establish a campus-wide information repository of international research activity and opportunities
  - b) develop professional development and peer mentoring for faculty and academic units to enable the establishment and the strengthening of international research linkages
  - c) enhance international research services support available to faculty, centrally and in Colleges and Centres, to facilitate participation in international research activities.
  - d) establish a Global Ambassador Program to enhance collaboration in existing and emerging areas of research strength and innovation, by supporting U of S researchers and their students to travel to global institutions, and/or external faculty and experts to visit the U of S.

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<sup>3</sup> The Global Innovation Fund is intended to stimulate innovative partnership and support multilateral research collaboration to address global challenges in areas of U of S strength and emerging strength, and in markets that align with provincial priorities. Two grants/year of up to \$100,000 to support the development of new partners will be awarded. Two grants/year of up to \$50,000 will be provided to support ongoing joint activities with existing strategic partners and to leverage funding.

**3. Attract leading international researchers to our university:**

- a) appoint high-profile International Research Chairs and faculty, jointly at both the U of S and a strategic partner institution
- b) establish International Visiting Professorships at the U of S
- c) engage alumni and our communities to support the establishment of U of S International Research Chairs.

**4. Recognize and celebrate success in international research:**

- a) increase the number of Global Research Leadership Awards<sup>4</sup> available to faculty, postdoctoral fellows and graduate students
- b) award additional Distinguished Professor<sup>5</sup> designations to recognize notable international achievements
- c) develop a Student Certificate to recognize participation in international research
- d) establish an award acknowledging staff (including research scientists) achievement and participation in international activity
- e) recognize international research activity in faculty promotion and merit standards.

**Objective:**

**3.2 Showcase understanding of U of S research capabilities, discoveries and achievements.**

**Action:**

**5. Inform our local and global audiences of U of S research achievements and impact:**

- a) develop and implement a connected strategy to effectively share with the world the relevance and impact of U of S research
- b) encourage participation of U of S faculty, students and staff in international meetings, conferences and other related venues.

**By 2025, we will have:**

1. Increased external international research funding by 20%
2. Increased the proportion of international co-authored publications to the average of U15 universities
3. Increased the number of media articles/items featuring international initiatives by the U of S
4. Developed College and School and selected Country international profiles
5. Developed a campus-wide information repository of international research activity and opportunities
6. Established two International Research Chairs
7. Sponsored and held seven Global Signature Workshops.

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<sup>4</sup> Two \$1000 Global Research Leadership Awards will be given each year in recognition of outstanding international research leadership.

<sup>5</sup> The Distinguished Professor designation is conferred by the U of S to faculty in recognition of their achievements in research, scholarly and artistic work.

## **Key Pillar #4: Growing our Global Citizenship and International Community Service**

The University of Saskatchewan is committed to enhancing the supply and sustainability of global water, energy, and food supplies, as well as to promoting the health and the protection of our environment. In undertaking these efforts, the U of S is resolved to acquiring and sharing knowledge in the service of society, and becoming distinguished as a globally influential and engaged academic institution. A strong bond between the University of Saskatchewan and society is vital and beneficial to both: society benefits from the application of knowledge derived by our University, and our University benefits by the experiential learning and connections that come from generating and utilizing this knowledge, and bringing it back to the learning environment.

### **Objective:**

#### **4.1 Use our expertise to address global challenges and support the well-being of communities around the world.**

### **Actions:**

- 1. Collaborate to share and build our knowledge, skills, tools, and technologies with communities around the world:**
  - a) support conferences and encourage participation of our students, faculty and staff in international meetings and events that focus on the well-being of communities around the world
  - b) encourage Colleges and Centres to incorporate international research participation and achievements in their community engagement activities
  - c) establish a regular U of S 'Supporting the Well-Being of Communities Around The World' conference
  - d) support and reward students, faculty and staff participation and leadership in international initiatives which support the health and well-being of communities around the world.
  
- 2. Increase awareness and communication that our university is addressing global challenges to support the well-being of all communities around the world:**
  - a) increase awareness and communication regarding new knowledge and contributions of the U of S to enhancing the supply and sustainability of global water, energy, and food supplies, and in promoting our health and protecting the environment
  - b) increase awareness and communication regarding new knowledge and contributions of the U of S in enhancing the well-being of indigenous communities that has been achieved through constructive and collaborative partnerships, research, projects, and initiatives with those communities.
  - c) provide targeted funding to support U of S participation and leadership in international networks of indigenous peoples.

### **Objective:**

#### **4.2 Engage in community service and outreach that stems from and is responsive to authentic and respectful conversations with international peoples and communities to support the welfare and quality of life.**

## Actions

- 3. Develop and mentor graduates, faculty and staff with a practiced commitment to active international citizenship:**
  - a) encourage and reward students, faculty and staff to offer their knowledge for the service of society, and to participate in and influence global conversations
  - b) develop a campus-wide repository to inform our students, faculty and staff of global community service and development activities
  - c) improve methods to track faculty and staff international travel, activities, and contributions
  - d) enable participation in global community service and outreach activities.
  
- 4. Enhance awareness of the University's commitment to be a globally engaged and connected academic institution:**
  - a) by working together with international communities to publicize the University's connectivity and engagement commitment, capabilities and achievements in internal and external communications.
  
- 5. Leverage our community of globally-minded alumni, partners, and supporters in the University's commitment to international people and communities:**
  - a) develop and implement a strengthened international alumni engagement plan
  - b) increase charitable giving participation with the U of S from international alumni
  - c) build a repository of alumni, partner and external communities' international expertise, networks and experiences; and utilize the expertise and learnings in U of S international activities
  - d) establish international alumni mentoring experiences.
  
- 6. Promote and engage in distinct intercultural experiences and the cultural diversity of our community:**
  - a) increase awareness of on- and off-campus cultural events such as International Food Fair, International Education Week, International Research Month, Folkfest, and others
  - b) work with our partners and external communities to explore the development of entities such as a 'Newcomer's Centre' or an 'International Visitors Centre'.

## By 2025, we will have:

1. Developed a centralized campus-wide repository of international community service opportunities, activities, and contributions.
2. Implemented a campus-wide system to effectively document University faculty and staff international travel
3. Reviewed, and revised as necessary, faculty promotion and merit standards to appropriately reflect the value of global citizenship and international community service to the University
4. Organized an annual U of S 'Supporting the Well-Being of Communities around the World' conference
5. Increased external international development funding by 25% from the baseline 3-yr annual mean.
6. Establish a co-curricular designation on student records related to international community service.



UNIVERSITY COUNCIL  
SCHOLARSHIP AND AWARDS COMMITTEE  
FOR INFORMATION ONLY

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**PRESENTED BY:** Dr. Donna Goodridge  
Chair, Scholarship and Awards Committee

**DATE OF MEETING:** May 17, 2018

**SUBJECT:** Annual Report to Council: Undergraduate and Graduate Scholarships and Awards

**COUNCIL ACTION:** For information only

**ORIGIN OF REQUEST AND ADVANCED CONSULTATION:**

This report summarizes the activities of the Scholarship and Awards Committee for two overlapping time periods:

- 1) 2017-2018 Annual summary of centrally administered **and** college administered awards distributed to students
- 2) 2017 Calendar year description of Committee Activities

The Committee has four responsibilities and this report outlines the Committee’s activities with respect to undergraduate scholarships and awards within the framework of the four areas of responsibility.

The Student Finance and Awards Office disbursed approximately \$13.2 million in undergraduate student awards in 2017-2018 on behalf of the Scholarships and Awards Committee of University Council, the college deans, and Huskie Athletics. The majority of this funding is awarded as Guaranteed Entrance Scholarships, Competitive Entrance Awards, Transfer Scholarships, and Continuing Awards (both scholarships and bursaries). This annual report also includes information regarding the distribution of graduate awards for the 2017-2018 year, as this is the reporting vehicle upon which graduate scholarships and awards can be reported to Council.

**DISCUSSION SUMMARY:**

**Part A – Undergraduate**

**Responsibility #1: Recommending to Council on matters relating to the awards, scholarships and bursaries under the control of the University.**

This Committee last reported to University Council on May 18, 2017.<sup>1</sup> Since that time, the Committee had four regular meetings during the 2017 calendar year and various subcommittee meetings to select undergraduate recipients for awards with subjective criteria.

**Responsibility #2: Recommending to Council on the establishment of awards, scholarships and bursaries.**

Development officers within University Relations and the colleges work with donors to establish new scholarships, bursaries and awards and revise Terms of Reference for previously existing awards. During the 2017-2018 fiscal year, the University of Saskatchewan signed Terms of Reference agreements to accept donations establishing 75 new awards for undergraduate students and 14 new awards for graduate students. Of the 75 undergraduate awards, 30 are merit-based, 6 are need-based, and 39 are a combination of merit and need. Of the 14 graduate awards, all are merit-based. Four of the undergraduate awards and two of the graduate awards are for indigenous students.

	<b>New Awards (Graduate and Undergraduate) by College</b>
Agriculture and Bioresources	8
Arts and Science	10
Dentistry	3
Education	3
Engineering	5
Edwards School of Business	5
Huskie Athletics	3
Kinesiology	1
Law	6
Medicine	8
Nursing	3
Pharmacy and Nutrition	4
Veterinary Medicine	7
Multi-College Awards	5
Graduate Studies	12
Indigenous Awards (2 graduate and 4 undergraduate)	6
<b>Total New Awards</b>	<b>89</b>

<sup>1</sup>The May 18, 2017 Report to Council was based on data compiled May 1, 2017. \$449,674 in undergraduate student awards was disbursed as part of the 2016-2017 academic year after that date.

**Responsibility #3: Granting awards, scholarships, and bursaries which are open to students of more than one college or school.**

Four primary undergraduate award cycles exist: Entrance Awards, Transfer Scholarships, Scholarships for Continuing Students, and Bursaries for Continuing Students.

**Entrance Awards**

Entrance Awards are available to students who are entering the University of Saskatchewan with no previous post-secondary experience.<sup>2</sup> There were two components to the Entrance Awards cycle in 2017-2018: Guaranteed Entrance Scholarships and Competitive Entrance Awards. The Guaranteed Entrance Scholarships are distributed to students upon applying for admission and are guaranteed to students, so long as they meet the average requirements outlined in Table 1.

Students who did not proceed directly from high school to the U of S but had less than 18 transferable credit units were considered for Guaranteed Entrance Scholarships based on their final Grade 12 marks.

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<sup>2</sup> 18 credit units or less of transferable credit if they have attended another post-secondary institution.

Table 1 - Guaranteed Entrance Scholarship Distribution for 2016-2017<sup>3</sup>

Award Tier		Number of Recipients Paid	Total Value
<b>\$3,000 Guaranteed Entrance Scholarship (95% +)</b>			
	Agriculture and Bioresources	23	\$69,000
	Arts and Science	205	\$615,000
	Education	12	\$36,000
	Engineering	84	\$252,000
	Edwards School of Business	40	\$120,000
	Kinesiology	31	\$93,000
	<b>Total \$3,000 Guaranteed Entrance Scholarships</b>	<b>395</b>	<b>\$1,185,000</b>
<b>\$2,000 Guaranteed Entrance Scholarships (93 - 94.9%)</b>			
	Agriculture and Bioresources	16	\$32,000
	Arts and Science	136	\$272,000
	Education	13	\$26,000
	Engineering	41	\$82,000
	Edwards School of Business	27	\$54,000
	Kinesiology	28	\$56,000
	<b>Total \$2,000 Guaranteed Entrance Scholarships</b>	<b>261</b>	<b>\$522,000</b>
<b>\$1,000 Guaranteed Entrance Scholarships (90 – 92.9%)</b>			
	Agriculture and Bioresources	34	\$34,000
	Arts and Science	239	\$239,000
	Education	27	\$27,000
	Engineering	60	\$60,000
	Edwards School of Business	41	\$41,000
	Kinesiology	30	\$31,000
	<b>Total \$1,000 Guaranteed Entrance Scholarships</b>	<b>431</b>	<b>\$431,000</b>
<b>\$500 Guaranteed Entrance Scholarships (85 – 89.9%)</b>			
	Agriculture and Bioresources	56	\$28,000
	Arts and Science	362	\$181,000
	Education	46	\$23,000
	Engineering	70	\$35,000
	Edwards School of Business	89	\$44,500
	Kinesiology	15	\$7,500
	<b>Total \$500 Guaranteed Entrance Scholarships</b>	<b>638</b>	<b>\$319,000</b>
<b>Total Guaranteed Entrance Scholarships</b>		<b>1,725</b>	<b>\$2,457,000</b>

The Competitive Entrance Awards Program requires a separate application, and includes both centrally and donor-funded scholarships, bursaries and prizes. The majority of the awards are one-time, but there are several awards which are renewable if certain criteria are met each year. Prestigious renewable entrance awards include the George and Marsha Ivany - President's First and Best

<sup>3</sup> Data as of April 17, 2017.

Scholarships, valued at \$40,000 over four years, and the Dallas and Sandra Howe Entrance Award, valued at \$32,000 over four years.

Based on a policy exception approved by University Council in 2012, entering students were eligible to receive both a Guaranteed Entrance Scholarship and a Competitive Entrance Award in 2017-2018. There are also a few very specific awards which are also listed as an exception in the *Limits on Receiving Awards* section of the Undergraduate Awards Policies approved by University Council. Because of their very specific nature, these awards with subjective criteria may be distributed to students who have won another Competitive Entrance Award. Also, most college-specific awards<sup>4</sup> may be received in addition to the Guaranteed Entrance Scholarship and Competitive Entrance Awards governed by the Scholarships and Awards Committee.

Table 2 - Competitive Entrance Awards Distribution for 2017-2018<sup>5</sup>

	Number of Recipients <sup>6</sup>	Total Value
<b>University of Saskatchewan Funded Competitive Entrance Awards</b>		
Agriculture and Bioresources	2	\$12,000
Arts and Science	37	\$207,178
Education	0	\$0
Engineering	15	\$103,292
Edwards School of Business	6	\$62,500
Kinesiology	5	\$33,000
<b>Total U of S Funded</b>	<b>65</b>	<b>\$417,970</b>
<b>Donor Funded Competitive Entrance Awards</b>		
Agriculture and Bioresources	21	\$79,544
Arts and Science	69	\$264,016
Education	9	\$65,520
Engineering	21	\$146,700
Edwards School of Business	15	\$53,600
Kinesiology	9	\$36,300
<b>Total Donor Funded</b>	<b>144</b>	<b>\$645,681</b>
<b>Total Competitive Entrance Awards</b>	<b>209</b>	<b>\$1,063,651</b>

<sup>4</sup> College-specific entrance award recipients are selected by the Student Finance and Awards Office but are reported in Table 8 - College Administered University of Saskatchewan Undergraduate Awards.

<sup>5</sup> Rounded to the nearest dollar.

<sup>6</sup> Here and elsewhere in this document, each recipient is only counted once on a given table, regardless of the number of awards they received relevant to the table in question.

### Transfer Scholarships

Students who are transferring to a direct entry college at the University of Saskatchewan from another post-secondary institution are not eligible for entrance awards or awards for continuing students. Consequently, a transfer scholarship program was developed to provide scholarships, based solely on academic achievement, to students transferring to the University of Saskatchewan. Students are awarded U of S Transfer Scholarships when they apply for admission. Scholarships are guaranteed to students based on their transfer average, as outlined in Table 3. Students with the highest academic average from 18 specific institutions targeted are offered Transfer Scholarships valued at \$2,500.

Table 3 - Transfer Scholarship Distribution for 2016-2017

Transfer Average	Scholarship Amount	Number of Recipients Paid	Total Distributed
Incentive Institution <sup>7</sup>	\$2,500	0	\$0
85% +	\$2,000	39	\$78,000
80-84.9%	\$1,500	27	\$40,500
78-79.9%	\$1,000	10	\$10,000
<b>TOTAL</b>		<b>54</b>	<b>\$128,500</b>

### Continuing Awards

Continuing students are defined as students who attended the University of Saskatchewan in the previous fall and winter terms (September to April) as full-time students. Students who completed 18 credit units<sup>8</sup> or more in 2016-2017 were eligible for the 2017-2018 continuing scholarships and continuing bursaries. Awards are offered to these students both centrally (because the awards are open to students from multiple colleges) and from their individual colleges (because the awards are restricted to students from that specific college). Table 4 outlines the **centrally-administered awards** (excluding the Transfer Scholarships) distributed to continuing students in 2017-2018.

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<sup>7</sup> Incentive institutions include: Athabasca University; Beijing Institute of Technology (BIT), China (Dual degree program, flagship partner institution); Briarcrest College; Camosun College; Columbia College; Coquitlam College; Douglas College; Grand Prairie Regional College; Huazhong Agricultural University (HZAU), China (Dual degree program, flagship partner institution); INTI College, Malaysia; Lakeland College; Langara College; Lethbridge Community College; Medicine Hat College; Red Deer College, Saskatchewan Polytechnic; Taylor's College, Malaysia; Xi'an Jiaotong University (XJTU), China (Dual degree program, flagship partner institution). The list of institutions is reviewed annually.

<sup>8</sup> Students registered with Disability Services for Students (DSS) and approved to study on a Reduced Course Load (RCL) are required to complete 12 credit units in the previous fall and winter terms.

Table 4 – Centrally-Administered<sup>9</sup> Continuing Awards Distribution for 2017-2018

	Number	Total Value
<b>University of Saskatchewan Funded Continuing Awards</b>		
Agriculture and Bioresources	39	\$101,895
Arts and Science	514	\$953,609
Dentistry	33	\$56,000
Education	255	\$344,713
Edwards School of Business	74	\$162,120
Engineering	68	\$217,792
Kinesiology	32	\$63,500
Law	57	\$106,245
Medicine	42	\$69,580
Nursing	204	\$325,399
Pharmacy and Nutrition	42	\$83,500
Western College of Veterinary Medicine	50	\$95,558
Graduate Studies and Research <sup>10</sup>	20	\$21,878
<b>Total University of Saskatchewan Funded</b>	<b>1,430</b>	<b>\$2,601,786</b>
<b>Donor Funded Continuing Awards</b>		
Agriculture and Bioresources	21	\$62,918
Arts and Science	94	\$339,600
Dentistry	14	\$18,000
Education	45	\$148,278
Edwards School of Business	10	\$36,100
Engineering	24	\$117,175
Kinesiology	7	\$17,300
Law	22	\$41,100
Medicine	19	\$35,500
Nursing	32	\$92,750
Pharmacy & Nutrition	25	\$53,300
Western College of Veterinary Medicine	15	\$26,300
Graduate Studies and Research <sup>11</sup>	5	\$18,529
<b>Total Donor Funded</b>	<b>333</b>	<b>\$1,006,850</b>
<b>Total Continuing Awards</b>	<b>1,730</b>	<b>\$3,608,636</b>

<sup>9</sup> Some continuing awards are funded from U of S funds but selected by the college/department (e.g., U of S Scholarships, U of S Undergraduate Scholarships, etc.). Also, the Aboriginal Achievement Book Prizes and Aboriginal Students with Dependent Children Bursaries are paid in two installments and counted as such.

<sup>10</sup> There are a few select Continuing Awards administered by the Student Finance and Awards Office that are open to both undergraduate and graduate students.

<sup>11</sup> There are a few select Continuing Awards administered by the Student Finance and Awards Office that are open to both undergraduate and graduate students.

### Saskatchewan Innovation and Opportunity Scholarship (SIOS)

The Saskatchewan Innovation and Opportunity Scholarships are part of a provincial government program that matches scholarship money raised by the university to a maximum of \$2 million per year in the areas of innovation and strategic priority to the institution.

Table 5 – Saskatchewan Innovation and Opportunity Scholarships (SIOS)<sup>12</sup> to support undergraduate students in 2017-2018<sup>13</sup>

College	Total Payouts	Total Value
Agriculture and Bioresources	2	\$4,000
Arts and Science	26	\$33,000
Education	2	\$3,000
Edwards School of Business	7	\$17,000
Engineering	8	\$12,000
Kinesiology	8	\$10,750
Law	5	\$18,000
Nursing	3	\$2,500
Pharmacy and Nutrition	1	\$500
Graduate Studies <sup>14</sup>	11	\$15,000
<b>TOTAL</b>	<b>54</b>	<b>\$89,500</b>

### University of Saskatchewan Faculty Association (USFA) Scholarship Fund Program

Each year \$250,000 is contributed to the USFA Scholarship Fund. The amount in the fund is divided by the number of credit units eligible applicants have successfully completed. In 2016-2017, 178 applications were received. Sixteen of the applicants were considered ineligible for consideration. The total paid out for the credit units completed during the 2016-2017 academic year, was \$249,798. Eligible applicants received \$51 per credit unit they successfully completed. The 2017-2018 USFA Scholarships have not been awarded yet.

Table 6 – University of Saskatchewan Faculty Association (USFA) Scholarship Fund 2015-2016 Distribution<sup>15</sup>

	Number of Recipients
Undergraduate	141
Graduate	21
<b>Total</b>	<b>162</b>

<sup>12</sup> Saskatchewan Innovation and Opportunity Scholarships (SIOS) administered by SEDS (including ISSAC). Additional scholarships are administered by Graduate Awards and Scholarships.

<sup>13</sup> Rounded to the nearest dollar.

<sup>14</sup> Includes the Saskatchewan Innovation and Opportunity Scholarships, which are also open to graduate students, awarded by the ISSAC Office.

<sup>15</sup> The funding source for the USFA Scholarship Fund is the University of Saskatchewan, as negotiated in the USFA Collective Agreement. The USFA Scholarship Fund awards are based on credit units completed in the 2015-2016 academic year.



### **Administrative and Supervisory Personnel Association (ASPA) Tuition Reimbursement Fund**

In 2016-2017, there were 149 applications for the ASPA Tuition Reimbursement Fund. Four applicants were considered ineligible. Eligible applicants received partial tuition reimbursement for the credit units completed during the academic year of May 1, 2016-April 30, 2017. There was \$185,312 available for allocation and it was divided among the number of eligible credit units the applicants successfully completed. Given the number of completed credit units, eligible applicants received \$45 per credit unit they successfully completed. The total payout for tuition reimbursements in 2015-2016 was \$178,785.00. The 2017-2018 ASPA Tuition Reimbursements have not been awarded yet.

*Table 7 – ASPA Tuition Reimbursement Fund 2016-2017 Distribution<sup>16</sup>*

<b>Number of Recipients</b>	
Undergraduate	130
Graduate	15
<b>TOTAL</b>	<b>145</b>

### **Responsibility #4: Recommending to Council rules and procedures to deal with appeals from students with respect to awards, scholarships and bursaries.**

In 2010, Policy #45 *Student Appeals of Revoked Awards* was implemented. As such, the Awards and Financial Aid Office, on behalf of the Scholarships and Awards Committee of University Council, adjudicates the student appeals of revoked awards. There were nine student appeals submitted to the Student Finance and Awards Office during the 2017 calendar year.

Four appeals of decisions regarding awards were initiated as a result of a successful fee appeal made on compassionate or medical grounds. Three of these appeals were based on medical grounds, and one appeal was based on compassionate grounds with supporting medical documentation provided. In each case, the appellant was allowed to retain his or her award.

Of the five remaining appeals, three were based on medical grounds, one was based on compassionate grounds, and one was based on both medical and compassionate grounds. The appeal was successful in each case, and each appellant was allowed to retain his or her award.

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<sup>16</sup> According to Article 12.4 of the old Collective Agreement (May 1, 2011 – April 30, 2014), “Effective 1 May 2012, the university will provide an annual allotment of \$180,000 to the TRF.” Based on this agreement, two allotments are anticipated one on May 1, 2012 and the second on May 1, 2013 for a total of \$360,000. The ASPA executive agreed to divide the \$360,000 over three years in order to provide tuition reimbursement to applicants for the 2011/12, 2012/13 and 2013/14 academic years. In May 2017, \$180,000 was received. The ASPA TRF is based on credit units completed in the 2016-2017 academic year.

### Additional Section: 2017-2018 Total Distribution of College Administered University of Saskatchewan Undergraduate Awards

Although awards distributed by the colleges are not within the purview of the Committee except the requirement that they are created and disbursed in compliance with the Undergrad Awards Policy, the members felt it appropriate to include them in order to give an accurate picture of the total state of awards on campus. The following table indicates how many college-specific awards were given to undergraduate students in each college.

Table 8 – College-specific Awards at the University of Saskatchewan 2016-2017<sup>17</sup>

College	Total Payouts	Total Value
Agriculture and Bioresources <sup>18</sup>	199	\$388,976
Arts and Science <sup>19</sup>	255	\$408,169
Dentistry	21	\$31,500
Education	115	\$119,039
Edwards School of Business <sup>20</sup>	463	\$972,781
Engineering <sup>21</sup>	358	\$685,500
Kinesiology	34	\$33,950
Law	256	\$690,650
Medicine	114	\$395,639
Nursing	46	\$96,229
Pharmacy and Nutrition	96	\$127,060
Veterinary Medicine	134	\$233,151
Huskie Athletics	559	\$842,052
<b>TOTAL</b>	<b>2,650</b>	<b>\$5,042,697</b>

In addition to the above listed college-specific awards, \$438,765 was distributed through travel-related awards Enrolment and Student Affairs funding. \$144,000 was distributed in the form of \$1,000 Global Engagement Scholarships to help offset costs related to studying abroad. The remaining \$294,765 was distributed in the form of varying sized U of S Student Travel Awards to provide financial assistant to students participating in a conference, competition or other activities off-campus. Both awards are available to graduate and undergraduate students.

<sup>17</sup> Number and values reported as of May 1, 2018. Totals are rounded to the nearest dollar.

<sup>18</sup> Numbers include awards and values for College of Agriculture and Bioresources entrance awards administered by Student Finance and Awards.

<sup>19</sup> Number does not include Aboriginal Student Learning Community Award, as the fund is under the University Registrar Organization.

<sup>20</sup> Numbers reported include the Edwards Undergraduate Scholarships and other Edwards-specific entrance awards administered by Student Finance and Awards.

<sup>21</sup> Numbers include awards and values for College of Engineering entering and continuing awards administered by Student Finance and Awards.

## Part B – Graduate

The College of Graduate and Postdoctoral Studies (CGPS) administers approximately \$8.4 million of centrally funded money for graduate student support. The majority of this funding is allocated between three major scholarship programs: Devolved and Non-Devolved and the Dean’s Scholarship programs.

### Funding Programs

More than \$4 million is available to support students through the Devolved and Non-Devolved funding arrangements. The amount of funding available through each pool is determined based on the number of scholarship-eligible students to be funded.

### Devolved Funding Program

“Devolved” refers to an arrangement whereby larger academic units receive an allocation from the CGPS to award to their graduate students at the academic unit level. To be eligible for this pool of funding, departments must have a minimum of twelve full-time graduate students in thesis-based programs on a three-year running average and been awarded two non-devolved scholarships on a three year average.

Allocations to “devolved” departments are determined by a formula created in 1997 and based on the average number of scholarship-eligible graduate students in thesis-based programs during the previous three years in each program, as a proportion of the number of graduate students in all programs averaged over the same three years. Doctoral students beyond the fourth year and Master students beyond the third year of their programs are not counted in the determination. Doctoral students are valued at 1.5 times Master students. Each academic unit participating in the devolved funding program is thus allocated a percentage of the total funds available in the devolved pool.

### *Allocations for Devolved Graduate Programs for 2017-2018*

<b>Graduate Program</b>	<b>Allocation</b>
<b>College of Agriculture &amp; Bioresources</b>	
Agricultural Economics	\$65,802
Animal and Poultry Science	\$103,978
Plant Sciences	\$127,654
Food and Bioproduct Sciences	\$75,973
Soil Science	\$101,514
<b>College of Arts and Science</b>	
Archaeology	\$30,514
Biology	\$143,177
Chemistry	\$152,523
Computer Science	\$179,913
Economics	\$47,036
English	\$71,723
Geography and Planning	\$96,755
Geological Sciences	\$87,732
History	\$100,926
Mathematics & Statistics	\$48,032

Physics and Engineering Physics	\$111,719
Political Studies	\$46,325
Psychology	\$135,233
Sociology	\$68,679
<b>Edward School of Business</b>	
Finance & Management Science	\$25,282
<b>College of Education</b>	
Educational Administration	\$88,922
Educational Foundations	\$35,978
Educational Psychology and Spec. Ed.	\$84,634
<b>College of Engineering</b>	
Biomedical Engineering	\$84,007
Chemical and Biological Engineering (Chemical)	\$67,943
Chemical and Biological Engineering (Biological)	\$42,412
Civil and Geological Engineering	\$104,252
Electrical and Computer Engineering	\$140,352
Mechanical Engineering	\$172,675
<b>Interdisciplinary Studies</b>	
Interdisciplinary Studies	\$45,367
<b>College of Kinesiology</b>	
Kinesiology	\$74,382
<b>College of Law</b>	
Law	\$24,815
<b>College of Medicine</b>	
Anatomy and Cell Biology	\$35,869
Biochemistry	\$70,789
Community Health and Epidemiology	\$97,381
Microbiology and Immunology	\$38,622
<b>College of Nursing</b>	
Nursing	\$63,842
<b>College of Pharmacy and Nutrition</b>	
Pharmacy and Nutrition	\$111,157
<b>College of Veterinary Medicine</b>	
Veterinary Biomedical Sciences	\$70,474
Veterinary Microbiology	\$55,612
<b>Schools</b>	
School of Environment and Sustainability	\$116,519
School of Public Health	\$60,924
School of Public Policy	\$72,086
<b>Toxicology</b>	
Toxicology	\$72,477
<b>TOTAL</b>	<b>\$3,651,961</b>

### **Non-Devolved Funding Program**

Departments that do not qualify for the Devolved Funding Program may nominate students for consideration in the campus-wide Non-Devolved Scholarship Program. Effective 09 2013, Non-Devolved Scholarships values were increased from 15K to 16K for the Master's and 18K to 20K for the PhD.

The following is a list of awards of new and continuing awards in 2017/2018, as part of the Non-Devolved Funding Program.

*Table 9 – Number and Value of Non-Devolved Funding in 2017-2018*

Anthropology	1 Master's	\$16,000
Art & Art History	2 Master's	\$32,000
Curriculum Studies	1 Doctoral	\$20,000
Education Dean's Office	1 Doctoral	\$20,000
Environmental Engineering	None	N/A
Health Sciences	1 Master's/6 Doctoral	\$136,000
Linguistics & Religious Studies	2 Master's	\$32,000
Marketing & Management	2 Master's	\$32,000
Pharmacology	1 Master's/1 Doctoral	\$36,000
Philosophy	1 Master's	\$16,000
Physiology	2 Master's/1 Doctoral	\$52,000
Veterinary Pathology	1 Master's/2 Doctoral	\$56,000
Writing	6 Master's	\$96,000
Total		<b>\$436,000.00</b>

### **Teacher-Scholar Doctoral Fellowships**

The Teacher-Scholar Doctoral Fellowships provide an annual stipend of approximately \$20,000 and a mentored teaching experience, which is made possible by partnerships with other graduate units and the Gwenna Moss Centre for Teaching and Learning. Sixteen doctoral students across campus received this Fellowship in 2017/2018.

### **Graduate Teaching Fellowships Program**

The College of Graduate and Postdoctoral Studies allocated 47 Graduate Teaching Fellowships (GTF's) in 2017/2018 valued at approximately \$17,100 each for a total of approximately \$828,000. The GTF's are allocated to the 12 colleges with graduate programs based on a formula that takes into account the number of undergraduate course credits, and the number of graduate students registered, in each college.

### **Graduate Research Fellowships**

The College of Graduate and Postdoctoral Studies introduced the Graduate Research Fellowship program several years ago funded by the Provost's Committee on Integrated Planning. This is a shared-cost program that provides \$8,000 per year to thirty graduate students across campus who receive at least an equal amount in salary or scholarship funds from faculty research grants or contracts from external sources.

### **Dean's Scholarship Program**

The Dean's Scholarship Program was created in early spring of 2005 and received an allocation of \$500,000 from the Academic Priorities Fund. This program received another \$500,000 of on-going budget in 2006, which brought the total allocation for this program to \$1,000,000 per year.

In 2015, the value of the Dean's PhD Scholarship increased from \$20,000 to \$22,000 and at the Masters from \$16,000 to \$18,000. Additional funds were provided centrally and increased the total amount of Dean's Scholarship funding to \$1.2 million. An additional 650k was used to create Dean's scholarships for international students.

In 2017/2018, there were one-time additional funds to allocate to the base budget for Dean's scholarships. At the time of this report, 21 Master's (13 Canadian and 8 International) and 56 PhD (25 Canadian and 31 International) students were awarded Dean's and International Dean's Scholarships in 2017/2018. The PhD Dean's Scholarship is valued at \$22,000 per year for three years and the Dean's Master award is valued at \$18,000 per year for two years. This program requires one year of funding (either \$18,000 or \$22,000 for Master or PhD students, respectively) from the departments for the final year of funding of these awards.

Effective September 01, 2017, doctoral students holding a Dean's Scholarship became eligible to receive up to 3 years of tuition scholarships. The College of Graduate and Postdoctoral Studies received \$483,000 from the Academic Priorities Fund to establish the Dean's Doctoral Tuition Scholarship Program.

### **Indigenous Graduate Leadership Award**

The College of Graduate and Postdoctoral Studies awarded the first Indigenous Graduate Leadership Awards in 2017/2018. The purpose of this award is to recognize students who have demonstrated academic excellence and leadership with a personal commitment to improving their communities.

The committee reviewed ten applications, and we were able to award six recipients. The value of the PhD award is \$20,000 plus tuition per year for up to 4 years and Master's awards are valued at \$16,000 plus tuition per year for up to 2 years.

### **The Saskatchewan Innovation and Opportunity Scholarship (SIOS) program (in partnership with the province of Saskatchewan)**

The SIOS was established to provide support for students in emerging fields of study where innovative work is being done. The scholarship includes two components: innovation and academic/research excellence, and targets disciplines as diverse as, but not limited to, mining, biotechnology, environment, engineering, medicine and science. Furthermore, the projects must align with one of the six signature areas of the U of S, which are (a) Aboriginal Peoples (Engagement and Scholarship); (b) Agriculture (Foods and Bioproducts for a Sustainable Future); (c) Energy and Mineral Resources (Technology and Public Policy for a Sustainable Future); (d) One Health (Solutions at the Animal-Human-Environment Interface); (e) Synchrotron Science (Innovation in Health, Environment, and Advanced Technologies); and, (f) Water Security (Stewardship of the World's Freshwater Resources).

This year, the CGPS offered 48 awards (6 at the Master's level; 42 at the PhD level), with a value of Master's awards set at \$16,000 for one year and value of PhD awards set at \$20,000 for one year.

Almost \$500,000 of this year's SIOS funding envelope was used for top-ups for national award holders (again, recognizing excellence and innovation).

### **New Faculty Graduate Student Support Program**

The College of Graduate and Postdoctoral Studies administers the New Faculty Graduate Student Support Program to provide start-up funds to new tenure-track faculty to help establish their graduate education and research programs. In 2017/2018, \$212,000 was allocated to thirteen new tenure-track faculty across campus.

### **Graduate Teaching Assistantships**

In 2017/2018, the College of Graduate and Postdoctoral Studies allocated approximately \$300,000 in graduate teaching assistant support to colleges with graduate programs. The annual distribution is based on relative enrollment of full-time graduate students in thesis-based programs, using annual census data. This fund was established to provide support to Colleges for teaching or duties specifically related to teaching (e.g. marking, lab demonstrations, and tutorials).

### **Graduate Service Fellowships**

The College of Graduate and Postdoctoral Studies created the Graduate Service Fellowship Program to provide fellowships to graduate students who will carry out projects or initiatives that will enhance services and the quality of graduate programs for a broad base of graduate students. In addition to the financial support, each Graduate Service Fellow receives valuable work experience and learns skills related to project organization, delivery, and reporting. In 2017/2018, approximately \$154,000 was allocated for various projects across campus.

### **Sponsored Student Agreements**

The College of Graduate and Postdoctoral Studies has several key agreements with foreign governments to facilitate the recruitment of international students to study at the University on scholarships provided by their own governments. Notable among these are:

- China Scholarship Council (CSC) is a government agency in China, which provides scholarships to Chinese citizens for doctoral and postdoctoral studies abroad. The requirement from the CSC for any student studying abroad is that the host institution must provide a tuition bursary or tuition waiver.
- Vietnam International Education Development (VIED), an arm of the Vietnamese Ministry of Education which provides funding to junior faculty in public universities in Vietnam to go abroad for masters and doctoral programs;
- Secretaría Nacional de Educación Superior, Ciencia, Tecnología e Innovación (SENESCYT), an agency within the Ecuadorian government's Ministry of Education, which provides scholarships to Ecuadorian citizens to complete graduate programs overseas.

Through graduate partnership agreements, the CGPS offers various incentives to these students such as a top-up scholarship program for CSC holders, or a new initiative to provide a language tuition bursary program for VIED holders who attend the USLC U-Prep courses. Over the past five years, there have been over 80 graduate students recruited through these means. There is strong competition among western universities for these students, and partnership agreements with targeted incentives for qualified students helps the University of Saskatchewan attract top quality applicants. For 2017/2018, approximately \$69,000 was allocated to these international scholarship programs from CGPS.