SickKids®
THE HOSPITAL FOR SICK CHILDREN
Department of Paediatrics

Career Development & Compensation Programme
CDCP Triennial Review

Last Updated: April 2022

Table of Contents

I. Background

In 1964, the physicians of The Hospital for Sick Children's (SickKids) Department of Paediatrics formed the Paediatric Consultants Partnership (PCP) practice plan, which provided a governance structure and a strategy for the compensation of its physicians. The PCP by-laws outline the roles of its members, its Executive Committee, and the "Chief of Paediatrics" in activities at the hospital, which included "any research facility, clinic or professional medical activity associated with or funded by The Hospital for Sick Children."

In 1990, the PCP entered into an alternate funding plan (AFP) where its fee for service income, obtained from the Ontario Hospital Insurance Plan (OHIP), was replaced by block funding from the Ministry of Health and Long Term Care (MOHLTC). A key component of this agreement was the recognition by the MOHLTC that the fees previously received by the PCP had not only resulted in the provision of clinical care, but had also supported the research and educational activities of the partnership. As a result, it was agreed that the AFP was to be allocated to clinical care (50%), research (30%), and education (20%). The University of Toronto and The Hospital for Sick Children were co-signatories on the original agreement and agreed to provide additional smaller amounts of financial support. Although the agreement has been renewed in 1998, 2001 and 2007, with concomitant changes in the level of financial support and some other modifications, the fundamental principles remain intact. SickKids and the Ontario Medical Association were co-signatories on the 2001-2006 AFP agreement. Although the University of Toronto's Faculty of Medicine was not a co-signatory on the 2001-2006 or the 2007 agreement, the Dean of Medicine and the Paediatrician in Chief at SickKids have outlined their mutual commitments in a parallel letter of agreement.

An AFP is a reimbursement mechanism that, relative to the existing OHIP fee-for-service system, more accurately reflects the activities of physicians at an Academic Health Science Centre (AHSC). However, how does one then promote career development, enhance performance, and fairly evaluate and financially reward their clinical, research, education, and administrative activities? In 1996, the PCP began a process that led to the development and implementation of a Career Development and Compensation Programme (CDCP). The CDCP utilizes Job Profiles (JP) to more clearly define job expectations, in addition to benchmarks to guide career development in order to assess performance of the individual full-time (FT) and major part-time (MPT) paediatrician (*Annals RCPSC 33(2): 88, 2000; J Pediatrics 139(2): 171, 2001).*

In 2001, the partnership evaluated the paediatricians' satisfaction with the CDCP. The partners indicated that they were still in agreement with the CDCP's purpose and design principles. Although they did not want the CDCP to undergo a major redesign, they identified areas needing improvement. Short, medium, and long-term action plans were developed (*Pediatrics 111(1): 2003)*.

In 2007,2009 and 2018, the partnership undertook further reviews of the CDCP with the aim of: streamlining the process of evaluation; ensuring equity across job profiles; understanding and coordinating the functions of the annual and triennial review processes; evaluating the incentives; and enhancing transparency. *(Healthc Q. 2010; 13(3):64-71).*

This version of the CDCP booklet reflects changes arising from the short-term action plan that resulted from the 2007, 2009 and 2018 reviews. The CDCP booklet will continue to be updated to reflect enhancements for the review process and alignment to current practices in the Department of Paediatrics.

II. Overall Objective and Specific Aims

The Career Development and Compensation Programme (CDCP) was developed by the Department of Paediatrics and uses a peer-review process to:

- enhance the career development of its physicians;
- assess the performance of its physicians;
- improve the linkage between a physician's work and the department's overall plan and goals;
- link rewards/recognition to these assessments.

III. Steps in the Development of the Peer-Reviewed CDCP

1996: External facilitators completed a series of confidential "Focus Group Sessions" with physicians to identify the most important characteristics for a new strategy for compensation. "Key issues" or "themes" included the need for:

- *Equity*: i.e., consistent expectations across and within divisions;
- *Job Role Definition*: i.e., more clarity with the individual physician fully involved in defining expectations;
- *Performance Recognition*: i.e., establish objectives and meaningful assessment measures, differentiating superior from average performance and using an objective process;
- *Transparency*: i.e., a fair and open process.

Five Job Profiles (JP) were refined in 2010: clinician-scientist, clinician-investigator, academic-clinician, clinician-educator, and clinician-administrator were developed. Each physician was assigned to a JP based upon their own and their respective Division Head's assessments of their existing activities. The Paediatric Executive, Departmental Finance Committee, and an external facilitator led a process to develop a new compensation programme. A commitment was made to a number of design principles:

- All JPs are equally valued;
- Excellence in each of the five JPs is rewarded equally;
- Development/growth opportunities are available in each JP;
- Compensation is influenced by, but not limited to, achievements contributing to University academic promotion.
- Two critical elements of performance are recognized:
  - ⇒ Results: what is achieved relative to expectations.
  - ⇒ Competencies: how an individual acts in the job.
- A structured performance evaluation is provided, which aims to be:
  - ⇒ open and understood by the paediatricians, and
  - ⇒ valid and valued by participants.

The department's Clinical Advisory, Medical Education Advisory, and Research Advisory Committees developed criteria for "Results". Each committee consisted of 6-10 physicians with expertise in the related area. Definitions of competencies (Development of Self and Others, Ethical Behaviour, Initiative, Interpersonal Skills, Scholarly Approach, and Teamwork/Collaboration) were developed by the Paediatric Executive and the department's Finance Committee.

1997: The external facilitator presented a draft model to a group of paediatricians who were representative of the department at large. Based upon feedback, the programme was revised and implemented in the fall of 1997.

1998-2001: The programme was further refined based upon feedback from members of the department, insights gained during the initial assessment process, and further developmental efforts. Some of the changes included:

- "Citizenship" being renamed "Leadership/Administration" and having the related activities incorporated into the Results for the Clinical, Educational, and Research areas;
- recognition that the tool to assess "Competencies" required further development; and
- development of MD and non-MD peer assessments of a physician's clinical performance. These assessments were carried out as a pilot project and, as such, the results were not utilized as a factor in the evaluation of the physician's performance.

2001-2002: To evaluate the departmental paediatricians' satisfaction with the CDCP, the PCP contacted each paediatrician who had undergone a detailed performance assessment known as the "triennial review". Each received an anonymous confidential questionnaire, the responses from which were collated, evaluated and used to guide subsequent focus groups. These groups were encouraged to discuss areas of the CDCP that were of most concern to the physician and attempt to identify solutions. The focus groups were led by external facilitators experienced in qualitative research who audio-taped the sessions, transcribed the comments and analyzed the data. The majority of the paediatricians who completed the questionnaire (66% response rate) indicated that the CDCP had addressed the 1997 principles "somewhat", "to a great extent", or "extremely well". The minority felt that some principles were either "not addressed" or were addressed "only to a small extent" by the CDCP. The paediatricians who participated in the focus group sessions indicated that the CDCP was an improvement over the previous method and that they were still in agreement with the purpose and design principles. Although they did not want the CDCP to undergo a major redesign, they identified areas needing improvement. These areas included:

- understanding of the CDCP and how the individual level is determined;
- mentorship and assistance in addressing career development challenges;
- fairness across the job profiles;
- streamlining of the process for CDCP preparation; and
- performance measurement as it relates to clinical work.

Short-, medium- and long-term action plans were developed (*Pediatrics, 111(1), 2003*). These included:

- additional communication and clarification of existing approaches;
- revision of the appeal process;
- additional assistance in the preparation of the dossiers;
- improved transparency of the annual and triennial review decision-making processes;
- mentorship enhancement; and
- enhanced assessment of clinical performance.

2007: In 2007, the partnership undertook a review of the CDCP. The review included stakeholder interviews, focus groups and an online survey. The feedback provided included the need to:

- simplify the dossier preparation;
- provide timely training with regard to the CDCP process; and
- review the categories of achievement to ensure inclusion of all activities.

Those members who participated in the focus groups noted that:

- the rating scale for annual reviews should be simplified; and
- there should be consistent assessment across all divisions for the annual review process.

Return to Table of Contents

IV. The Model

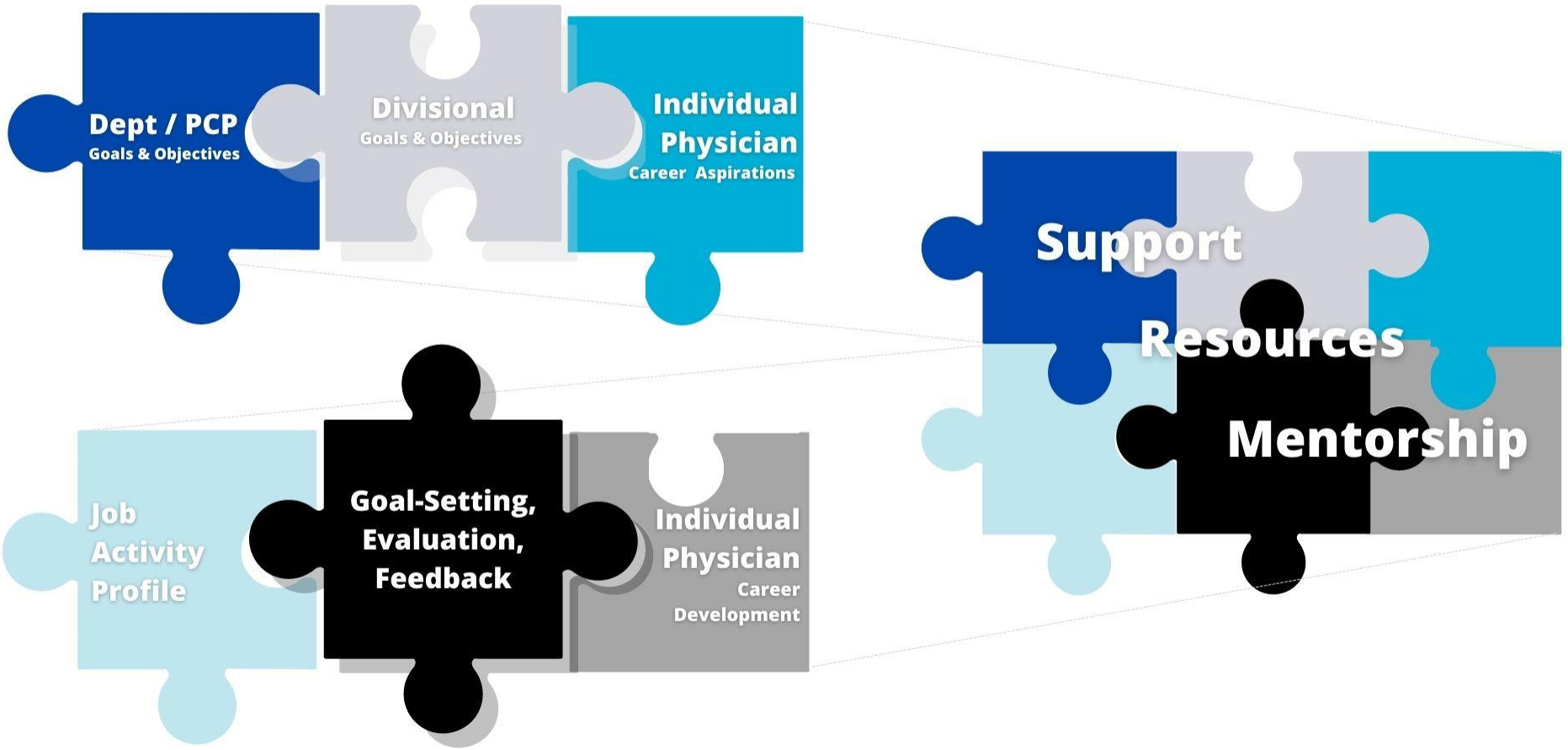
The Department of Paediatrics' CDCP model indicates that the career of a paediatrician at a leading AHSC can have three potential phases characterised by increasingly sophisticated incremental performance. These different phases of professional growth are outlined below and described as "Levels."

- **Level I** (3 sub-levels; I, I+, I-II): Early stages of a career at a leading paediatric AHSC.
- **Level II** (4 sub-levels; II -, II, II +, II-III): Middle and/or steady state stages of a career at a leading paediatric AHSC.
- **Level III**: The very top performers at a leading AHSC.

It is anticipated that a significant proportion of physicians will ultimately achieve Level II and that only a small minority will ultimately achieve or remain within Level III. Although the model allows for both upward and downward movement through the Levels, the experience to date is that no individual has had their level lowered at a triennial review.

Specific expectations are outlined in this booklet and movement through the Levels requires the demonstration of sustained high performance. If performance is commensurate with expectations, the median period of time for movement from Level I to II- is 8 years and from Level II- to Level II+ is an additional 8 years. Higher achievements are required to move to higher levels.

Compensation will be linked to an individual's Level. This linkage and how each physician will participate in the evaluation process are described later in this booklet. The model is represented by the diagram on the following page.


Dept / PCP
Goals & Objectives
Divisional
Goals & Objectives
Individual
Physician
Career Aspirations
Support
Resources
Mentorship
Job
Activity
Profile
Goal-Setting,
Evaluation,
Feedback
Individual
Physician
Career
Development

V. Expectations

The Department of Paediatrics' approach to assisting the physicians' career development and having a related compensation programme is to provide them with a clear understanding of the expectations for their role. The approach also includes an open evaluation process, based upon peer-review that focuses on areas of achievement and areas where growth and/or improvement are needed. This section outlines the specific results expected to be demonstrated at each category of achievement.

What you read here provides the framework for discussing, planning, focusing, and evaluating the physician's performance over time. The goal is to create a set of shared expectations between the physician and the career advisors, mentors, colleagues, and leaders so that there is a greater clarity of expectations, more input and dialogue regarding performance, mentorship and career development, and increased consistency in evaluating their progress and overall performance. The framework gives us a common starting point.

VI. Results

This section describes the outcomes or results expected at each of the three categories of achievement for the three key areas:

- **Clinical Care**
  - Providing care to patients and families
  - Providing leadership/administration in clinical care
  - Demonstrating a scholarly and innovative approach to clinical care
  - Mentorship

- **Medical Education**
  - Teaching and developing educational programmes and evaluation processes
  - Providing leadership/administration in medical education
  - Mentorship

- **Research**
  - Engaging in research and related scholarly activities
  - Mentorship
  - Providing leadership in strategic program development and administration in research

Leadership/administrative achievements are evaluated within clinical care, education and research. The achievements described for Clinical Care were developed by the Clinical Advisory Committee (CAC), those for Education were developed by the Medial Education Advisory Committee (MEAC), and those for research were developed by the Research Advisory Committee (RAC). They were refined by additional input from physicians and the Paediatric Executive.

To be considered for a Level III designation, you will usually be expected to achieve Category iii for the primary area as defined by your JP and to have high achievements in other areas. To be considered for a Level II designation (Level II-, II, II +), you are expected to achieve Category ii for the primary area as defined in your JP, and have significant achievements in the other areas of your JP.

Movement up the Levels requires sustained and consistent performance. It is anticipated that a physician will need a median of 8 years to move into Level II and an additional median of 8 years to move to the Level II+.

Every three years, you will be asked to prepare a dossier of your demonstrated work. The following pages provide more detail regarding the expectations for achievement in these three areas.

Return to Table of Contents

VII. Categories of Achievement

Clinical Categories of Achievement

	Category i	Category ii	Category iii
Patient Care	❑ Provides scholarly and evidence-based clinical care ❑ Recognized as team contributor	❑ Clinical skills and expertise acknowledged as superior by peers and allied health professionals ❑ Expertise specifically sought in situations of clinical urgency or complexity ❑ Team leader and facilitates collaboration locally and nationally	❑ Exemplary and well-rounded clinician, considered as a role model for clinical excellence ❑ Recipient of Awards for Clinical Excellence or Humanitarianism ❑ Opinion considered pivotal in patient management, in terms of bedside consultation, or receives requests for clinical consultation nationally and internationally for a range of medical problems and/or over and above colleagues with similar training/expertise
Quality Improvement and Patient Safety	❑ Participates in Utilization Reviews or in initiatives to enhance quality of clinical systems and services within division, cluster, or department ❑ Participates in the development of guidelines	❑ Leads in the development of guidelines for the hospital or regional level ❑ Leads in the utilization reviews for the hospital or regional level ❑ Leads in initiatives to improve quality of care or patient safety	❑ Dissemination of utilization reviews, and/or quality improvement/patient safety interventions nationally/internationally ❑ Improvements in clinical practice or patient safety adopted and/or emulated nationally/internationally
Innovation	❑ Participates in innovative clinical projects for the Division or Department	❑ Leads in the application at SickKids of innovative advancements or modifications in clinical practice (Team Leader, Provincial Leader)	❑ Develops a new clinical care program, diagnostic or therapeutic technique that is adopted nationally or internationally ❑ Leads in application of clinical evaluative methods to enhance paediatric health nationally or internationally ❑ Leadership role in the publication of clinical standards that change clinical practise

	Category i	Category ii	Category iii
Knowledge Translation / Dissemination	❑ Publishes case reports ❑ Invited to give talks locally ❑ Participates with others in the scholarly application of knowledge to clinical practice (evidence-based medicine)	❑ Publishes case series or clinical trials in peer-reviewed journals ❑ Writes occasional (1-2 per triennial review period) book chapters ❑ First or Senior author on invited reviews for peer review journal (1-2 per triennial period) ❑ Frequent invitations to speak outside of SickKids (>3 per triennial period) at regional or provincial institutions or meetings	❑ Invited to write Editorials in peer-reviewed journals ❑ Frequent Book Chapters (>2 per triennial period) ❑ Leads or Edits Symposia ❑ Edits Textbook(s) ❑ Frequent invitations to speak (>3 per triennial period) nationally/internationally on clinical topics (e.g. Keynote lectures at National or International meetings; Grand Rounds at other institutions outside of Ontario or Canada) ❑ Opinion leader in clinical care programs at other institutions (e.g. invited site reviewer)
Advocacy	❑ Participates in parent Support Groups at SickKids or community level ❑ Composes clinical information pamphlets ❑ Writes lay articles appropriate for Support Group or Disease-Specific Advocacy ❑ Involvement in community advocacy programs ❑ Participates in global outreach projects as a physician care provider ❑ Participates as an EDI champion e.g., EDI steering committee; Allyship workshops; plays a pivotal role in advocating for equitable health care for all children. Participates in Faculty Development sub-committees, e.g. Physician Wellness, DOP mentorship Program etc.	❑ Leads Support Group Education and Advocacy programs regionally or provincially ❑ Engages in policy development at the provincial and national levels ❑ Global outreach as a clinical project leader ❑ Leads scholarly/research program dedicated to EDI	❑ National Spokesperson ❑ Informs on government policy related to paediatric health ❑ Leader or key Invited member of national or international agencies/societies involved in paediatric clinical care initiatives ❑ Global outreach at a leadership level (e.g. national policy or program) ❑ National/International advocacy Leader in EDI including development of widely used policies and tools

CLINICAL EVALUATION INSTRUCTIONS

Level I Clinician

The Level 1 clinician is a competent contributor to clinical excellence at SickKids. This individual participates in the clinical programs within Their Division, and shows a commitment to the scholarly evaluation of the effectiveness of these programs. Personal career development is evidenced by CE, and by participation in Divisional utilization reviews and presentation of current practice and approach at a local level. The Level 1 clinician provides a supportive environment for the clinical team, and is acknowledged by peers, allied health professionals, patients, and parents as a meaningful contributor to patient care.

Level II Clinician

The Level 2 clinician is well-established in their work with clinical acumen held in high regard and whose opinion is actively sought in matters of clinical urgency or complexity. They are a leader in clinical programs or initiatives at a Divisional level. Scholarly work and inquiry leads to invited lectures and peer-reviewed publications related to their expertise. The Level 2 clinician disseminates their knowledge through involvement in local or national committees and local or national support groups for patients and families. The clinical programs, reviews or publications produced by the Level 2 clinician inform on, and lead to improvements in clinical practice.

Level III Clinician

The Level 3 clinician is regarded as an expert whose opinion is considered as pivotal in the diagnosis and care of patients within their specialty, or to the development of clinical care advances of broader national/international scope. The Level 3 clinician maintains a clearly visible contribution to clinical medicine, both through direct patient care activities at SickKids and at a national and international policy/care guideline level. The clinical expertise of the Level 3 clinician is acknowledged by frequent national and international referrals. The clinical scholarly activities of a Level 3 clinician inform on clinical practice nationally and/or internationally, and may directly influence provincial or national policy related to paediatric health. The Level 3 clinicians disseminates their knowledge through publication of practice guidelines, clinical trials, or clinical research in highly ranked peer-reviewed journals, frequent Invited Reviews, Editorials, Book Chapters, and as an Editor of Textbooks. The Level 3 clinician is actively sought as a mentor and clinician model by trainees at all levels, including sabbaticants, and serves to actively promote the professional practice of others.

Return to Table of Contents

Medical Education Categories of Achievement

	Category i	Category ii	Category iii
Teaching Effectiveness	**Demonstrates effective teaching skills:** ❑ Achieves satisfactory/good teaching ratings overall ❑ Takes on teaching assignments ❑ Pursues opportunities to improve teaching abilities e.g. attends faculty development workshops, EDI workshops, critically reflects on teaching evaluations	**Consistently demonstrates highly effective teaching skills:** ❑ Consistently achieves very good teaching ratings ❑ Repeated requests to teach ❑ Winner/runner-up of divisional teaching award; nomination for Department, University or National award ❑ Pursues opportunities to improve teaching skills by attending a formal program (e.g. Stepping Stones)	**Consistently demonstrates outstanding teaching skills:** ❑ Consistently achieves excellent/outstanding teaching ratings ❑ Sustained and multiple invited presentations ❑ Winner/runner-up of department/university/national teaching awards ❑ Role model/teacher of teaching skills
Impact on Learning	**Participates in teaching activities:** ❑ Clinical teaching ❑ Research related e.g. lab seminars ❑ UG (e.g. lectures, seminars) ❑ PG (core and subspecialty trainees) (e.g. PeRLS, divisional seminar) ❑ CE e.g. Paediatric Update lecture ❑ Graduate e.g. lecture ❑ Other professionals/public e.g. nursing, media ❑ Publications or book chapters	**Participates in multiple teaching activities and/or has significant impact at one level:** ❑ Clinical teaching (e.g. high load service) ❑ Research related ❑ UG (e.g. ASCM, PBL) ❑ PG (core and subspecialty trainees) ❑ CE ❑ Graduate (e.g. teaching a course) ❑ Other professionals/public ❑ Multiple publications or book chapters	**Participates in extensive teaching activities with a highly significant impact at one or more levels:** ❑ Impact on a wide variety of learners ❑ Major impact at one level of learners ❑ Multiple invited presentations at the local/national/international level ❑ Multiple publications with a national/ international impact
Evaluation of Learners or Trainees	**Participates in evaluation activities**: ❑ Evaluation of learners (e.g. ITERS, OSCE station examiner, mock orals) ❑ Prepares short answer / multiple choice questions ❑ Marking written examination questions at divisional/departmental level	**Has a significant role in evaluation activities and/or design of evaluation initiatives:** ❑ RCPSC in-training examiner (STACER) ❑ Writes OSCE station(s), extensive role in preparing short answer/multiple choice questions ❑ Development of evaluation tools (e.g. designs new ITERs)	**Has a highly significant and/or primary role in evaluation activities or innovations at a local/national/international level:** ❑ Evaluation at national level (e.g. Royal College Exam Board member, Royal College examiner) ❑ Major evaluation initiatives at local level (e.g. Department of Paediatrics OSCE)

	Category i	Category ii	Category iii
Education Development, and Scholarship	**Participates in development of education activities:** ❑ Revision of existing curriculum or objectives ❑ Development of new teaching tools (e.g. CD/DVD, web-site, manual) ❑ Faculty development related to education ❑ Collaborator on a local education grant ❑ Collaborator on an education research project	**Has a significant role in development and/or dissemination of education activities or innovations:** ❑ Development of a new curriculum or objectives, extensive revisions of curriculum or objectives ❑ Development of new teaching tools (e.g. CD/DVD, web-site, manual) ❑ Peer reviewer/consultant for U of T internal program ❑ Faculty development related to education at divisional, departmental or university level ❑ PI or co-PI on a local or national education grant ❑ Peer reviewed presentation and/or publication on an education initiative ❑ Implementation of your education innovations by others at a local/University level ❑ Leads in development of EDI curriculum, programs to improve trainee wellness and the learning environment	**Has a highly significant or primary role in development and/or dissemination of education activities and/or innovations:** ❑ Design of a major new course, training program ❑ Development of education objectives that have national or international impact ❑ Development of new teaching tools with national or international impact (e.g. web-site, CD/DVD, manual) ❑ Peer reviewer/consultant for external program (e.g. RCPSC) ❑ Faculty development related to education at university, national or international level ❑ Winner of award for education development/faculty development. ❑ PI or Co-PI on multiple, national/international grants ❑ Multiple peer reviewed presentations and publications on education initiatives or topics ❑ Implementation of your education innovations by others at national/international level ❑ Development of major local program or national/international program in EDI or program to improve learner wellness or the learning environment

EDUCATION EVALUATION INSTRUCTIONS

The Category iii: Educator

The member of the department who is a Category iii teacher/educator usually commits significantly more time, relative to many other members of the department, to teaching and educational endeavours and excels at these activities.

They are recognized as an excellent teacher consistently achieving outstanding teaching evaluations and/or awards for teaching excellence. They are regularly invited to teach students or residents or provide Continuing Education (CE) presentations, not just because they are the expert in that field but because they can provide clear, stimulating teaching.

Teaching addresses a wide variety of learners (e.g. undergraduate medical students, graduate students, postgraduate residents/fellows including research trainees and CE learners) and/or has significant impact for a more defined group of learners (e.g. teaching clinical skills to other health care professionals). They are recognized as an excellent teacher by teaching or presenting a variety of topics in a domain, rather than being limited to one topic as the expert or to presentations of research projects.

The Category iii teacher/educator is an outstanding educator who also contributes to the administration and development of educational activities. They are recognized for the development of innovative/creative curricula and has extensive University of Toronto contributions and/or nationally recognized contributions as a leader in educational development and evaluation. They play an important leadership role in at least one level of paediatric education; e.g. undergraduate medical course director, program director in postgraduate medical education or CE, assistant/associate dean, institutional or national research training programs, or faculty development. They are recognized as a leader in national (e.g. the RCPSC or CPS) and/or international education (e.g. AMSPDC, COMSEP) committees.

The individual is widely recognized as a role model or mentor for students/residents/CE learners who seek their advice.

The individual demonstrates an involvement in scholarly activities with respect to medical education, through an involvement in educational research and development. This might be in helping to develop new teaching programs, new evaluation programs, or faculty development activities. The individual demonstrates scholarship by invited presentations or publications with respect to educational research and/or development.

Return to Table of Contents

Research Categories of Achievement

	Category i	Category ii	Category iii
Presentations	❑ Invited original research presentations at local level ❑ Abstract presentations at national/international meetings	❑ National/international invited research presentations (e.g. grand rounds, seminars; subspecialty meetings / workshops/symposia; plenary) ❑ Moderator/discussant at national/international research meetings	❑ State-of-the-Art/Keynote address at discipline's major international research meetings ❑ Gives named lectureships ❑ Organizer or session organizer of international research symposium
Publications[1.] (See details below table)	❑ Evidence of submitted Principal or Senior Responsible author research publications ❑ Collaborating author ❑ Significant contributor to research publications (e.g. site director, methodological design, specialized technique)	❑ Principal and/or Senior Responsible author publications. ❑ Invited contributor of research reviews to textbooks and/or journals[3]	❑ Publications consistent with an international leadership role in the field of study
Funding	❑ Principal or Co-Principal investigator on HSC-derived or other local grants ❑ Collaborator, site director or co-investigator in successful applications for extramural grants	❑ Principal or Co-principal investigator on non-HSC competitive grants (usually holds provincial or national peer-reviewed grants) ❑ Continually funded by national/international granting agencies during this period of review ❑ Co-investigator on several multicentre grants and/or significant role on multicentre grant	❑ Principal investigator on several competitive non-HSC grants ❑ May lead group funding initiatives
Awards/Recognition	❑ Divisional award(s) ❑ Reviewer for journals in field- ❑ Reviewer for local and provincial granting agencies	❑ Local/Provincial award(s) ❑ Reviewer for national, international granting agencies. ❑ Member of HSC, local or provincial grant panel ❑ Member of national, international grant review panel ❑ Research Award (local)	❑ National/International award(s) ❑ Chair Scientific Officer or member of multiple grant review panels ❑ Associate editor, editorial boards of research journals

RESEARCH EVALUATION INSTRUCTIONS

1. **Re: Publications:**

   The following definitions are as specified in the University of Toronto Faculty of Medicine promotions manual:

   - The **Principal Author** carries out the actual research and undertakes the data analysis and preparation of the manuscript.
   - The **Co-Principal Author** has a role in experimental design, and an active role in carrying out the research, in involved in data analysis and preparation of the manuscript. The project would be compromised seriously without the co-principal author.
   - A **Collaborator** contributes experimental material or assays to the study, but does not have a major conceptual role in the study or the publication.
   - The **Senior Responsible Author** initiates the direction of investigation, establishes the laboratory or setting in which the project is conducted, obtains the funding for the study, plays a major role in the data analysis and preparation of the manuscript, and assumes major responsibility for publication of the manuscript in its final form.

2. **Re: Mentorship:**

   Definition of primary/co-primary supervisor: an individual with overall responsibility for research training and performance of a particular trainee. Examples of trainees: graduate student, post-doctoral fellow, clinical fellow, and students at other levels.

3 **Re: Superscript #4:**

   The Research Advisory Committee believes that the publication of original research contributes more importantly to the development of a research career than the publication of research reviews.

Return to Table of Contents

Combined Categories of Achievement

	Category i	Category ii	Category iii
Mentorship / Career Advice	**Demonstrates involvement in mentoring:** ❑ Supportive of students, trainees, allied health professionals and peers ❑ Participates in a specific mentorship program (e.g. PG career mentorship program, Scholarly Oversight Committee) ❑ Provides support for EDI, wellness and a positive, safe learning environment	**Well established effective mentoring role:** ❑ Promotes professional development and advancement of trainees, peers and allied health professionals ❑ Primary supervisor for trainees who publish papers in peer-reviewed journals, present at meetings ❑ Primary supervisor for graduate students who complete their degrees ❑ Participates in non-supervisory activities (e.g. advisory and examination committees in graduate department, thesis examiner outside UofT) ❑ Significant role supporting learners experiencing mistreatment or in mentoring learners/teachers in improving EDI, wellness and the learning environment	**Major role in mentoring or widely recognized as a mentor at departmental, university, national or international level:** ❑ Promotes the professional development at national and international levels ❑ Winner of mentorship award (departmental, university, national) ❑ Trainees win competitive national and international grants or awards ❑ Consistent and significant research mentorship ❑ Leadership or widely recognized as a mentor related to EDI, trainee wellness and the learning environment
Leadership / Administration	**Participates in clinical, educational or research administrative activities:** ❑ Participates in administrative clinical, educational or research activities/committees at the division, program, department or hospital level. ❑ Planning committees for local conferences or symposia ❑ Judge for trainee events ❑ Program admission interviews	**Significant or leadership role in clinical, educational or research administrative activity:** ❑ Significant role in administrative activities/committees (e.g. undergraduate, postgraduate or CE committees) ❑ Planning committee chair for local, provincial conferences or symposia ❑ Planning committees for national conferences or symposia ❑ Specialty or subspecialty program director ❑ Director of undergrad, grad, postgrad or continuing education course/program ❑ Leadership/membership in local research administrative committees (e.g. Research Ethics Board, Animal Care Committee, scientist evaluation) ❑ Participates in national committees within speciality (e.g. Royal College specialty/subspecialty committee ❑ Serves on editorial board of journal in field of study ❑ Chairs session at national, international meeting	**Major or leadership role in clinical, educational or research activity at university, national or international level:** ❑ Major clinical, educational or research leadership role ❑ Planning committee chairs for national, international conferences or symposia ❑ Award for leadership/administration ❑ Associate editor or editorial member of multiple highly rated journal(s)

VIII. Evaluation Processes

Evaluation is an ongoing and multifaceted process, including:

- an “annual review” and career development advice from your Division Head;
- career development from the departmental advisory committees, mentors and advisors;
- a major review every three years, termed the “Triennial Review” that serves as the basis for movement through the Levels and career guidance.

A. The Annual Review

The annual review process begins with the staff paediatrician and their Division Head reviewing their JP and setting goals and objectives for the upcoming year. The template on the following page is used to establish and review annual goals and objectives. The goals and objectives are selected so that they will develop the paediatrician’s career from a general point of view and are specifically selected so that they can improve the performance relative to the clinical, medical education and research categories of achievement (see Section V). At the end of the year, the Division Head reviews the individual paediatrician’s achievements in general, and relative to the pre-determined goals and objectives, taking into consideration other factors such as the physician’s JP and Level. This evaluation enables the Division Head to provide feedback/career advice to the physician and an evaluation of the physician’s performance to the Chief of Paediatrics. There is no appeal process for the annual review.

Three categories of outcome have been determined: On Track (Excellent) which is expected to capture 80-90% of the faculty; Exceptional – less than 5-10%; and Below Expectations – less than 5-10%.

Return to Table of Contents

Annual Review Template

CAREER GOALS (RESULTS)

Name: _____

Job Activity Profile: _____
Level: _____

Please refer to the Job Activity Profile document in order to complete the below declaration:

_____ *Estimated number of half-day clinics/week*
_____ *Estimated weeks of service/year*
_____ *Indirect clinical care time (% of total)*

	Clinical (____%)	**Research (____%)**	**Education (____%)**	**Leader-Admin(____%)**
1. Last year's goals and progress towards them:				
2.a) Other Achievements:				
3. Goals for next year:				

Teaching Evaluations Reviewed: YES NO Comments (please comment if not reviewed)

Billing Data Reviewed: YES NO Comments (please comment if not reviewed)

Comments from Meeting:

1. **Career Trajectory:** ***Is the performance of the faculty member in the past one year consistent with expected achievements towards advancement at the next triennial review?***

   YES NO UNCERTAIN

2. **Citizenship/Collegiality***: Is faculty member, in addition to personal goals/achievements, contributing with respect to divisional goals and activities?*

   BELOW EXPECTATIONS ON TRACK EXCEPTIONAL

Overall Assessment: **BELOW EXPECTATIONS** **ON TRACK (EXCELLENT)** **EXCEPTIONAL**

_____	_____	_____
Date	Division Chief	Physician

Please note the Annual Review documentation is limited to a maximum of two pages with 10 point font. This should be preceded by submission of updated c.v. plus a summary of activities during the past year (only those since the last submission)

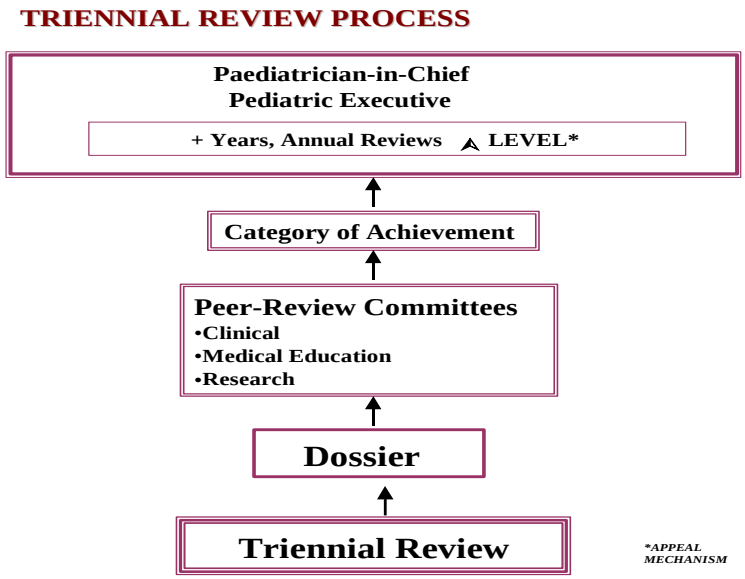
Return to Table of Contents

B. The Triennial Review

The triennial review process is undertaken by paediatricians who have been on staff at SickKids for the preceding three years. The paediatrician creates and submits a dossier to the department's Triennial Review Committee.

Please refer to Appendix I for guidelines on developing one's dossier. The committee assigns a "category of achievement" based upon previously developed benchmarks. The resultant confidential peer-evaluation of the paediatrician's performance is then reviewed by the Chief of Paediatrics who places the evaluation into context by considering other factors.

These factors include the number of years on staff at an academic health science centre, their JP (Job Activity Profile), the amount of time allocated for clinical, education and research activities, and other pertinent information to decide if the paediatrician's "Level" should be altered.



C. Appeal Process for the CDCP Triennial Review

Physicians can appeal the evaluations (Categories of Achievements) of the Triennial Review Committee or the subsequent assignment to LEVEL.

Prior to submitting an appeal, the potential appellant should review both the CDCP booklet and related appendices, with special emphasis on the Category of Achievement tables. Next, the potential appellant should compare their achievements, as documented in the dossiers they originally submitted for the triennial review, with the criteria for each category of achievement.

If the individual still has concerns regarding the evaluation and assignment, then they should provide the justification in writing. The submission should compare their achievements, as documented in the previously submitted dossiers and highlight or clarify information relative to the CDCP booklet and outline the issues which they believe may have been missed during the review. Note, in fairness to others, no new or additional achievements may be submitted by the appellant. The complete appeal submission in writing must be received by the Department of Paediatrics by the last day of July subsequent to the triennial review to e-mail paediatrics.operations@sickkids.ca.

Appeals related to Categories of Achievement

Documentation will be submitted to the CDCP's Appeal Committee who will review the merits of the appeal and assignment to Category of Achievement. This Appeal Committee consists of members of the partnership who have already completed their terms on the CAC, MEAC, or RAC and who would not have previously reviewed the appellant's dossier. They will provide their consensus or if unable to reach consensus, their majority opinion no later than the end of the first week of September following the triennial review to the CEO of PCP/Paediatrician-in-Chief who will accept their recommendation.

Appeals Related to the Assignment to Level

Documentation will be referred to the physician members of the Paediatric Executive who will submit their assessment and recommendation to the CEO of PCP/Paediatrician-in-Chief, no later than the end of the first week of September following the triennial review, who will accept their recommendation and notify the appellant in writing within 7 days of receiving the decision from the Paediatric Executive.

If the appellant does not agree with the resultant decision of the physician members of the Paediatric Executive, an appeal may, within the next 21 days, be brought forward to the Executive Committee of the PCP, whose members include two elected full-time and two elected part-time members of the Partnership. The Executive Committee of the PCP shall within 21 days submit their assessment and recommendation to the CEO of PCP/Paediatrician-in-Chief who will accept their recommendation and notify the appellant in writing within 7 days of receiving the decision.

Written notification of the results of the appeal process will be communicated to the individual. If the review results in a revision to the Categories of Achievement, the department's database and the appellant's Triennial Review letter will be revised. If the review changes the appellant's assigned LEVEL, then the concomitant salary adjustment will be retroactive to September 1.

Return to Table of Contents

IX. Linkage to Compensation

There are two components to **an individual paediatrician's** compensation: a guaranteed base compensation and at the discretion of the CEP/PCP and Paediatrician-in-Chief, a financial incentive/performance payment.

Base Compensation Related to Level

As described in Section V, **movement through Levels** is determined by sustained and consistent performance (i.e., results). The base compensation for the same Level may differ between specialties and sub-specialties, reflecting length of training and external market pressures.

CDCP BASE COMPENSATION: LEVELS / SUB-LEVELS

SUSTAINED	PERFORMANCE	RELATIVE	TO OTHER	SICKKIDS	PAEDIATRICIANS

I	I+	I-II	II-	II	II+	II–III	III

Median 8 Years

Median 8 Years

X. Influence of Academic/Parental Leaves on CDCP Eligibility

Physicians who:

- are on academic leave during their regularly scheduled triennial review process will have the option of deferring their triennial review to the following year.
- are on academic leave will not be eligible for any financial incentive that may be administered. They will be expected to complete annual goals and objectives for the year following their academic leave and submit the goals within one month of return from academic leave.
- are on a maternity, parental, or discretionary leave of absence during their regularly scheduled triennial review process will have the option of deferring their triennial review to the following year. If they choose to proceed with the review, any adjustment to base compensation resulting from triennial review will not occur until return from leave.
- are on a maternity, parental or other discretionary leave of absence during the CDCP annual review process will have the option of withdrawing from the process for that year. If they elect to participate, they may submit the annual review documentation prior to going on leave or within one month of return.
- were on a maternity, parental, or other discretionary leave of absence during the year being assessed, but have returned prior to the annual review process, will complete the usual annual review process with their division chief.
- for other reasons, wish to defer their triennial evaluation, may do so for only one year and then only after agreement by the Paediatrician-in-Chief.

Return to Table of Contents

XI. Job Activity Profiles

How to Use this Document

This document has been designed to guide physicians in the Department of Paediatrics when assigning and/or reviewing their Job Activity Profiles (JP).

The JP is generated in one of two ways:

- For physicians entering the Department, the JP will be created based on the needs of the Division and the conditions outlined within the physician's contract and Memorandum of Understanding.

- For physicians continuing their tenure in the Department, percentages will be calculated based on the physician's anticipated time distribution for the upcoming academic year

Appropriateness of the JP for the physician's activity and productivity will be assessed regularly and will assist in guiding discussions on JP transitions, where applicable. All JP declarations will be reviewed by both the Division Head and Department Chair for approval.

It is essential that this document be completed to *accurately* reflect time allocation and activity. The information provided is both reported to the Ministry of Health and Long-Term Care and is an important consideration for resourcing and role allocation across the Department.

Information for Completing this Document

Please review the following definitions and additional information prior to declaration.

Note: The below information is meant as a guide. Individuals may do more or less than the time allocation described. Reported time allocations will be compared within Divisions to determine if ones' distribution is within an acceptable range for their JP.

Please consider the time distribution with respect to your working hours, in general.

Clinical Activities

The percent time allotment for Clinical Activities (identified in "Time Distribution") will be a combination of patient-facing AND indirect clinical activities as described below:

1) **Patient Facing Activities**

   A combination of ambulatory and inpatient activities as well as procedural and testing activities where applicable, varying depending upon specialty / Division characteristics. Depending on ones' role, the ratio of inpatient and ambulatory will vary. When determining clinical time allocation, please note:

- ***Clinics***
  - Half day = 4 hours patient facing activity
  - Full day = 8 hours

- ***Service***
  - If consult and inpatient activities are scheduled simultaneously = 1 week of service
  - If consult and inpatient service are scheduled different weeks = 2 weeks of service

- As a Departmental principle, if a physician performs a combination of outpatient clinics and inpatient service simultaneously, work schedules should be generated so that consulting physicians can respond to consults in a *timely manner*. For example, if acting as the consulting physician on a service with a very high number of consults, the physician should not be simultaneously scheduled in a busy clinic, where feasible.

2) Indirect Clinical Time

Inclusive of time required for activities that do not involve but will support the administration of direct patient care. Items below are examples of such activities:

- ***Prep / Follow-up***
  - Pre-clinic chart review
  - Post-clinic and post-service follow-up related management issues
  - Clinical care-related phone calls and emails
  - Follow-up of Epic in-basket results/notes
  - MedRec requests

- ***Ongoing Clinical Management***
  - Clinical patient managements meetings
  - Team or Division conferences/meetings that are mandated for services
  - Multidisciplinary team meetings
  - Clinical responsibilities where significant for triage, referral management, etc.
  - Patient-specific advocacy (ex. Exceptional Access Program (EAP) applications, form completion and legal proceedings)

Additional Information and Guidelines

Call

Time for which staff are required to be on-call will vary depending upon specialty / Division characteristics. Call is not defined within the JP nor included within the aforementioned clinical activities of the JP as it is deemed "after hours" work. It is expected that **all physicians ≥ 0.5 FTE will participate in call pro-rated based on their FTE.** Generally, it is advised that weeknight, weekend and holiday call responsibilities be shared equally among all staff in a Division who take call, again pro-rated by FTE. For example, a physician that is a 0.6 FTE will complete 60% of the call coverage of a 1.0 FTE.

Use of Billing and Clinical Data

The reported JP will be reviewed by Division Heads in a variety of ways including one-on-one discussions with the physician as well as validation against physician billing and clinical activity data from the previous year. This data will allow Division Heads and the Department Chair to group individuals within a Division providing the same type of clinical care and, subsequently, assess alignment of JP details with clinical activity for the individual and others in the Division. Annual billing data specifically can be used to help assess clinical activity. For example, when pro-rated for per cent FTE, how does ones' billing data compare to peers in a particular Division with similar clinical profiles seeing similar types of patients? Although perhaps a less valid comparator, the pro-rated billing per clinical FTE could also be compared to Departmental data.

Clinic Cancellation

Clinic numbers/year will be decided in conjunction with ones' Division Head based on JP, inpatient/ambulatory responsibilities and the needs of the Division. If away for a clinic (for academic or personal reasons) it is expected that one ensures that, wherever possible, the patients and staff are not inconvenienced. This can be achieved by ensuring that a colleague substitute is assigned with the expectation that the time would be reciprocated. On an annual basis it is expected that individuals must personally complete >80% of the clinics as designated by the Division Head. Additionally, please be aware that being away even on non-clinic days will impact colleagues in terms of indirect clinical work, teaching and other shared group responsibilities including administration, committees and rounds.

Return to Table of Contents

Academic Clinician

General Description	This category is intended for Department members whose major commitment is to provide, advance and promote excellence in clinical care and education in a scholarly manner.
Time Distribution	• 60-80% clinical related activities • 20-30% teaching, research, QI, patient safety other scholarly activities • 10-20% administration
Clinical Activities*	A combination of**: • Ambulatory: 2-6 half-day clinics/week; • Attending and consulting inpatients: 8-26 weeks/year; • Indirect clinical care: 30-50% of total direct patient care time.
Educational Activities	Responsible for education-related activities and clinical teaching (above that integrated within the normal administration of care) of undergraduate medical students, postgraduate trainees and CE participants. Informal and formal education in the clinical setting and at rounds.
Creative Professional Activities / Research Activities	Contributes and participates in, but does not necessarily lead research initiatives. Initiates own and promotes the scholarly activities, quality improvement and/or advocacy of others.
Administrative	Member of minimum 1 divisional/departmental/hospital and/or University of Toronto committees pertaining to clinical care, quality education or administration.

*Will vary depending upon specialty / Division characteristics.

**When considering the combination of Clinical Activities it would be expected that a physician with a high ambulatory time distribution will have a lower inpatient time distribution and vice versa. For example, one doing 6 half-day clinics/week might have a small number of weeks of inpatient service/year while one with 20 weeks on service/year may do very little ambulatory time. Please note that while indirect clinical care will apply primarily to ambulatory clinical activities one should consider the percentage of time required for ones' full clinical load.

For applicable Divisions, please factor in procedure and test interpretation activities into ones' combination of clinical activities.

Clinician Investigator

General Description	This category is intended for Department members who direct a significant research program.
Time Distribution	• 30-40% clinical • 50% research related activities • 10-20% administration, education and other scholarly activities
Clinical Activities*	A combination of**: • Ambulatory: 1-3 half-day clinics/week; • Attending and consulting inpatients: 6-12 weeks/year; • Indirect clinical care: 30-50% of total direct patient care time.
Educational Activities	Responsible for dissemination of research, education-related activities and research or clinical teaching (above that integrated within the normal administration of research or care). Educational responsibility to undergraduate, postgraduates, CE participants and graduate students if applicable. Encourages students and junior trainees into clinical research track.
Research Activities	P.I. in an established research program; is an Associate Scientist or a Senior Associate Scientist in the SickKids Research Institute.
Administrative	Member of minimum 1 divisional/departmental/hospital and/or University of Toronto committees with a clinical/research focus.

*Will vary depending upon specialty / Division characteristics. For Clinician Investigators, it is recommended that clinical activity be structured to complement the focused area of research if feasible.

**When considering the combination of Clinical Activities it would be expected that a physician with a high ambulatory time distribution will have a lower inpatient time distribution and vice versa. For example, one doing 3 half-day clinics/week might have a small number of weeks of inpatient service/year while one with 12 weeks on service/year may do very little ambulatory time. Please note that while indirect clinical care will apply primarily to ambulatory clinical activities one should consider the percentage of time required for ones' full clinical load.

For applicable Divisions, please factor in procedure and test interpretation activities into ones' combination of clinical activities.

Clinician Scientist

General Description	This category is intended for Department members whose major activity is research.
Time Distribution	• 15-25% clinical related activities • ≥70% research related activities • 10-15% administration, education and other scholarly related activities
Clinical Activities*	A combination of**: • Ambulatory: 0-1 half-day clinics/week; • Attending and consulting inpatients: 4-8 weeks/year; • Indirect clinical care: 30-50% of total direct patient care time.
Educational Activities	Responsible for dissemination of research, education-related activities and research or clinical teaching (above that integrated within the normal administration of research or care). Educational responsibility to undergraduate, postgraduates, CE participants and graduate students if applicable. Encourages students and junior trainees into clinical research track
Research Activities	Established research program, scientist-track scientist, or senior scientist in the SickKids Research Institute. While not required, should obtain a cross-appointment in the School of Graduate Studies at the University of Toronto. Mentors graduate students if applicable.
Administrative	Member of minimum 1 departmental/hospital and/or University of Toronto committees pertaining to research.

*Will vary depending upon specialty / Division special characteristics. For Clinician Scientists, it is recommended that clinical activity be structured to complement the focused area of research if feasible.

**When considering the combination of Clinical Activities it would be expected that a physician with a high ambulatory time distribution will have a lower inpatient time distribution and vice versa. For this example, one doing one half-day clinics will have small number of weeks of inpatient service/year while one with 8 weeks on service/year may do very little or zero ambulatory time. Please note that while indirect clinical care will apply primarily to ambulatory clinical activities one should consider the percentage of time required for ones' full clinical load.

For applicable Divisions, please factor in procedure and test interpretation activities into ones' combination of clinical activities.

Clinician Educator

General Description	This category is intended for Department members with a major time commitment to education, education administration, and scholarly activities related to education and who contribute significantly to the provision of clinical service.
Time Distribution	• 30-60% clinical related activities • 20-30% research and other scholarly related activities, administration. • 20-40% teaching and educational development related activities
Clinical Activities*	A combination of**: • Ambulatory: 1-3 half-day clinics/week; • Attending and consulting inpatients: 6-12 weeks/year; • Indirect clinical care: 30-50% of total direct patient care time.
Educational Activities	Engagement in Education Development, Scholarship and/or Research activities, which may include curriculum development and renewal, Competence-By-Design, accreditation activities, development of assessment tools. Involved in the education of undergraduate medical students, postgraduate trainees and CE participants and academic development.
Research Activities	Primarily lead educational research or scholarly activities.
Administrative	Participate in minimum 1 departmental/hospital and/or University of Toronto educational or clinical committees with Administrative responsibilities.

*Will vary depending upon specialty / Division special characteristics.

**When considering the combination of Clinical Activities it would be expected that a physician with a high ambulatory time distribution will have a lower inpatient time distribution and vice versa. For this example, one doing 3 half-day clinics/week might have a small number of weeks of inpatient service/year while one with 12 weeks on service/year may do very little ambulatory time. Please note that while indirect clinical care will apply primarily to ambulatory clinical activities one should consider the percentage of time required for ones' full clinical load.

For applicable Divisions, please factor in procedure and test interpretation activities into ones' combination of clinical activities.

Clinician Administrator

General Description	This category is intended for Department members with major administrative responsibilities that occupy at least half of their time.
Time Distribution	• >25% formal administrative activities • <75% less in clinical service, education, research and other scholarly related activities.
Administrative	Participate in multiple departmental/hospital and/or University of Toronto educational or clinical committees pertaining with Administrative responsibilities.

Declaration

For [insert academic year (July 1, XXXX to June 30, XXXX) the JP for _____ is:

_____ % Clinical

_____ % Education

_____ % Research

_____ % Administration

100 % Total

....

Physician Division Head Date

APPENDIX I

Components of a Triennial Review Dossier

1. Curriculum vitae based on University of Toronto format
2. Dossier

GLOSSARY OF TERMS

AFP	Alternate Funding Plan
AHSC	Academic Health Science Centre
ASCM	Arts & Science of Clinical Medicine
CAC	Clinical Advisory Committee
CDCP	Career Development and Compensation Programme
CE	Continuing Education
COMSEP	Council on Medical Student Education in Paediatrics
CPS	Canadian Paediatric Society
ER	Emergency Room
ITER	In Training Evaluation Report
JP	Job Activity Profile
MEAC	Medical Education Advisory Committee
MOHLTC	Ministry of Health and Long-Term Care of Ontario
OSCE	Objective Structured Clinical Examination
PCP	Paediatric Consultants Partnership
PBL	Problem-Based Learning
PERLS	Paediatric Resident Lecture Series
PG	Postgraduate Program
PGEC	Postgraduate Education Committee
PUGMEC	Paediatric Undergraduate Medical Education Committee Committee
PUPDOCC	Paediatric Undergraduate Program Directors of Canada Committee
RAC	Research Advisory Committee
RCPSC	Royal College of Physicians and Surgeons of Canada
SDL	Self-Directed Learning
UG	Undergraduate

Return to Table of Contents