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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 or 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 (MoH). A key component of this agreement was the recognition by the MoH 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 and 2009, 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 and 2009 reviews and the booklet will be updated as the process evolves.

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.

Six Job Profiles (JP), clinician-scientist, clinician-investigator, clinician-teacher, clinician-educator, clinician-specialist, 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 six 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.

This version of the CDCP booklet reflects changes arising from the short-term action plan that resulted from the 2007 and 2009 reviews and the booklet will be updated as the process evolves.

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."

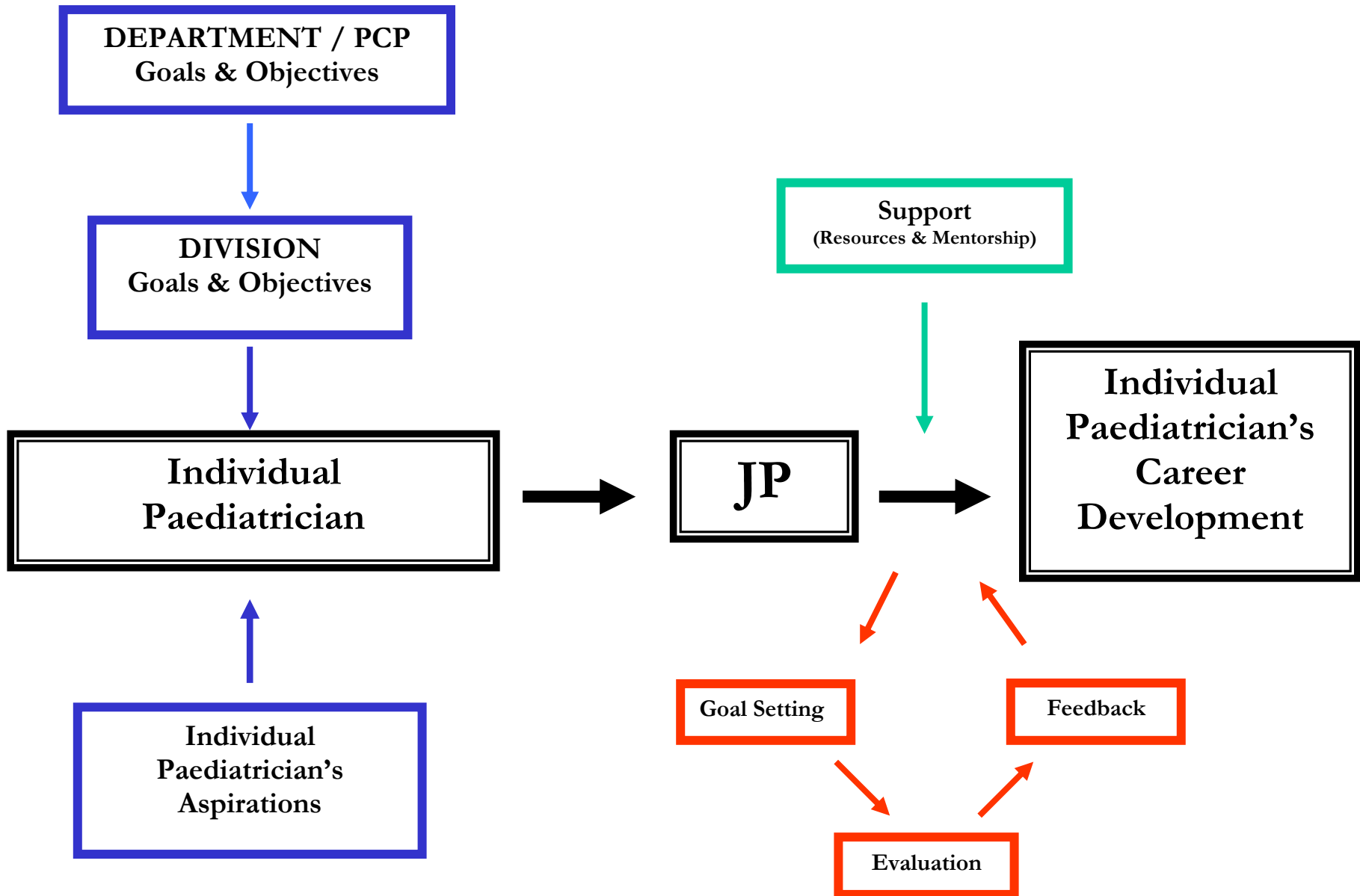
- **Level I** (3 sub-levels; I, I+, I-II): Early stages of a career at a leading paediatric AHSC.
- **Level II** (4 sub-levels; II -, II, II +, II-III): Middle and/or steady state stages of a career at a leading paediatric AHSC.
- **Level III**: The very top performers at a leading AHSC.

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.

CDCP MODEL



V. Expectations

The Department of Paediatrics' approach to assisting the physicians' career development and having a related compensation programme is to provide him/her with a clear understanding of the expectations for his/her 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

On the following pages, three categories of achievement (i, ii, iii) are described for each area of results within a JP.

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 Medical 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.

VII. Categories of Achievement

Clinical Categories of Achievement

	Category i	Category ii	Category iii
Patient Care	<ul style="list-style-type: none"> <input type="checkbox"/> Provides scholarly and evidence-based clinical care <input type="checkbox"/> Demonstrates commitment to Continuing Education activities that will develop or enhance clinical expertise <input type="checkbox"/> Articulates short term (1-3 yr) and longer range (5-10 yr) goals for personal growth in the area of clinical expertise <input type="checkbox"/> Recognized as team contributor 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical skills and expertise acknowledged as superior by peers and allied health professionals <input type="checkbox"/> Expertise specifically sought in situations of clinical urgency or complexity <input type="checkbox"/> Well established goals which impact positively on clinical activities of division and/or department <input type="checkbox"/> Team leader and facilitates collaboration locally and nationally <input type="checkbox"/> Receives frequent referrals from peers locally based on acknowledged clinical expertise 	<ul style="list-style-type: none"> <input type="checkbox"/> Exemplary and well-rounded clinician, considered as a role model for clinical excellence <input type="checkbox"/> Recipient of Awards for Clinical Excellence or Humanitarianism if eligible <input type="checkbox"/> Opinion considered to be pivotal in patient management, either in terms of bedside consultation, or in issues of evidence-based patient care <input type="checkbox"/> Receives requests for clinical consultation nationally and internationally
Quality Improvement and Patient Safety	<ul style="list-style-type: none"> <input type="checkbox"/> Participates in Utilization Reviews <input type="checkbox"/> Participates in initiatives to enhance quality of clinical systems and services within division, cluster, or department <input type="checkbox"/> Participates in the development of guidelines 	<ul style="list-style-type: none"> <input type="checkbox"/> Leads in the development of guidelines for the hospital or regional level <input type="checkbox"/> Leads in the utilization reviews for the hospital or regional level <input type="checkbox"/> Leads in initiative to improve quality of care or patient safety <input type="checkbox"/> Demonstrates impact of change on outcomes <input type="checkbox"/> Disseminates change or improvement within hospital or regionally 	<ul style="list-style-type: none"> <input type="checkbox"/> Dissemination of utilization reviews, results used nationally/internationally <input type="checkbox"/> Consultation for, or dissemination of, quality improvement/patient safety interventions nationally/internationally <input type="checkbox"/> Improvements adopted and/or emulated nationally or internationally
Innovation	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates an innovative approach to his/her clinical duties <input type="checkbox"/> Participates in innovative clinical projects for the Division or Department 	<ul style="list-style-type: none"> <input type="checkbox"/> Leads in the application at SickKids of advancements or modifications in clinical practice <input type="checkbox"/> Leads an evidence-based approach to clinical care practises, procedures, techniques, or investigations leading to modifications that enhance clinical care excellence (Team Leader, Provincial Leader) 	<ul style="list-style-type: none"> <input type="checkbox"/> Develops a new clinical care program, diagnostic or therapeutic technique that is adopted nationally or internationally <input type="checkbox"/> Leads in application of clinical evaluative methods to enhance paediatric health nationally or internationally <input type="checkbox"/> Leadership role in the publication of clinical standards that change clinical practise

	Category i	Category ii	Category iii
Knowledge Translation/Dissemination	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates active participation in tools to evaluate current clinical practise <input type="checkbox"/> Publishes case reports <input type="checkbox"/> Invited to give talks locally <input type="checkbox"/> Participates with others in the scholarly application of knowledge to clinical practice (evidence-based medicine) 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides a written, evidence-based critical review of clinical practice that is disseminated within his/her Division <input type="checkbox"/> Publication of evidence-based evaluation of clinical practice in peer-reviewed journals <input type="checkbox"/> Publishes case series in peer-reviewed journals <input type="checkbox"/> Publishes results of local clinical trials in peer-reviewed journals <input type="checkbox"/> Writes occasional (1-2 per triennial review period) book chapters <input type="checkbox"/> First or Senior author on invited reviews for peer review journal (1-2 per triennial period) <input type="checkbox"/> Frequent invitations to speak outside of SickKids (>3 per triennial period) at regional or provincial institutions or meetings <input type="checkbox"/> Develops Education Program for Support Group that is widely disseminated 	<ul style="list-style-type: none"> <input type="checkbox"/> Invited to write Editorials in peer-reviewed journals <input type="checkbox"/> Frequent Book Chapters (>2 per triennial period) <input type="checkbox"/> Leads or Edits Symposia <input type="checkbox"/> Edits Textbook(s) <input type="checkbox"/> Frequent invitations to speak (>3 per triennial period) nationally/internationally on clinical topics (i.e.: Keynote lectures at National or International meetings; Grand Rounds at other institutions outside of Ontario or Canada) <input type="checkbox"/> Visiting Professorships (>2 per triennial period, includes Grand Rounds or invited lecture, resident teaching, and faculty meetings at host institution) <input type="checkbox"/> Opinion leader in clinical care programs at other institutions (i.e.: invited site reviewer)
Advocacy	<ul style="list-style-type: none"> <input type="checkbox"/> Participates in parent Support Groups at SickKids or community level <input type="checkbox"/> Composes clinical information pamphlets <input type="checkbox"/> Writes lay articles appropriate for Support Group or Disease-Specific Advocacy <input type="checkbox"/> Involvement in community advocacy programs <input type="checkbox"/> Participates in global outreach projects as a physician care provider 	<ul style="list-style-type: none"> <input type="checkbox"/> Leads Support Group Education and Advocacy programs regionally or provincially <input type="checkbox"/> Participates and disseminates expertise in clinical outreach activities nationally <input type="checkbox"/> Engages in policy development at the provincial and national levels <input type="checkbox"/> Global outreach as a clinical project leader 	<ul style="list-style-type: none"> <input type="checkbox"/> National Spokesperson <input type="checkbox"/> Leadership role in policy at a national or international level <input type="checkbox"/> Informs on government policy related to paediatric health <input type="checkbox"/> Leader or key Invited member of national or international agencies/societies involved in paediatric clinical care initiatives <input type="checkbox"/> Global outreach at a leadership level (i.e.: national policy or program)
Mentorship/Career Advice	<ul style="list-style-type: none"> <input type="checkbox"/> Supportive of students, trainees, allied health professionals and peers 	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates an effective clinical mentor role, clearly articulated in Dossier <input type="checkbox"/> Seeks and finds opportunities for trainees to develop clinical expertise <input type="checkbox"/> Supervises trainees on clinical scholarly projects <input type="checkbox"/> Promotes professional advancement of peers and allied health professionals at SickKids 	<ul style="list-style-type: none"> <input type="checkbox"/> Fellows and Sabbaticants attracted to clinical training <input type="checkbox"/> Successful outcome of trainees based on a clinical program that is sustained <input type="checkbox"/> Marshals his/her expertise to actively promote and mentor the professional career advancement of colleagues at national and international levels <input type="checkbox"/> Recognized as a mentor by SickKids faculty

	Category i	Category ii	Category iii
Leadership/Administration	<ul style="list-style-type: none"> <input type="checkbox"/> Participates in clinical related activities/committees at division, program, cluster or department Level <input type="checkbox"/> Participates in local committees within specialty 	<ul style="list-style-type: none"> <input type="checkbox"/> Significant role in major clinical administrative activities/committees <input type="checkbox"/> Participates in National Committees within speciality <input type="checkbox"/> Leads the development of clinical programs at SickKids <input type="checkbox"/> Chairs clinical provincial symposia 	<ul style="list-style-type: none"> <input type="checkbox"/> Leadership role in clinical committees at national or international levels <input type="checkbox"/> Leads in the major strategic development of clinical improvements impacting at organizational, national or international levels <input type="checkbox"/> Chairs Clinical Symposia, Clinical Meetings at national or international levels

Level 1 Clinician

The Level 1 clinician is a competent contributor to clinical excellence at SickKids. This individual participates in the clinical programs within his/her 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 2 Clinician

The Level 2 clinician is well-established in his/her work with clinical acumen held in high regard and whose opinion is actively sought in matters of clinical urgency or complexity. He/she is 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 his/her expertise. The Level 2 clinician disseminates his/her 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 3 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 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 his/her 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.

Medical Education Categories of Achievement

	Category i	Category ii	Category iii
<p>Teaching Effectiveness</p> <p>Score: <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/></p>	<p>Demonstrates effective teaching skills:</p> <ul style="list-style-type: none"> • Achieves satisfactory/good teaching ratings overall • Takes on teaching assignments • Pursues opportunities to improve teaching abilities e.g. attends faculty development workshops, critically reflects on teaching evaluations 	<p>Consistently demonstrates highly effective teaching skills:</p> <ul style="list-style-type: none"> • 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 	<p>Consistently demonstrates outstanding teaching skills:</p> <ul style="list-style-type: none"> • 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
<p>Impact on Learning</p> <p>Score: <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/></p>	<p>Participates in teaching activities:</p> <ul style="list-style-type: none"> • Clinical teaching • Research related e.g. lab seminars • UG e.g. lectures, seminars • PG (core and subspecialty trainees) e.g. PerRLS, divisional seminar • CE e.g. Paediatric Update lecture • Graduate e.g. lecture • Other professionals/public e.g. nursing, media • Publications or book chapters 	<p>Participates in multiple teaching activities and/or has significant impact at one level:</p> <ul style="list-style-type: none"> • Clinical teaching (e.g. high load service) • Research related • UG e.g. ASMC, PBL • PG (core and subspecialty trainees) • CE • Graduate e.g. teaching a course • Other professionals/public • Multiple publications or book chapters 	<p>Participates in extensive teaching activities with a highly significant impact at one or more levels:</p> <ul style="list-style-type: none"> • 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
<p>Evaluation of Learners or Trainees</p> <p>Score: <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/></p>	<p>Participates in evaluation activities:</p> <ul style="list-style-type: none"> • 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 	<p>Has a significant role in evaluation activities and/or design of evaluation initiatives:</p> <ul style="list-style-type: none"> • RCPC 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 	<p>Has a highly significant and/or primary role in evaluation activities or innovations at a local/national/international level:</p> <ul style="list-style-type: none"> • 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
Mentorship Score: <input type="text"/>	Demonstrates interest in mentoring: <ul style="list-style-type: none"> • Supportive of trainees, peers or other health professionals, aware of their needs and is accessible and available • Participates in a specific mentorship program e.g. PG career mentorship program, Scholarly Oversight Committee 	Mentoring role clearly defined: <ul style="list-style-type: none"> • Sustained and significant mentoring role with trainees, peers or other health professionals • Sustained effort in a specific mentorship program(s) 	Mentoring skills widely recognized: <ul style="list-style-type: none"> • Widely known at departmental, university level or national level as a mentor • Winner of mentorship award (departmental, university, national)
Education Development, and Scholarship Score: <input type="text"/>	Participates in development of education activities: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 	Has a highly significant or primary role in development and/or dissemination of education activities and/or innovations: <ul style="list-style-type: none"> • 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
Leadership/Administration Note administrative activities should be separated from education developmental/evaluative activities Score: <input type="text"/>	Participates in education administrative activities: <ul style="list-style-type: none"> • Undergraduate, postgraduate or CE committees • Planning committees for conferences or symposia • Coordinates education activities for a division • Judge for trainee research events • Program admissions interviews • Education representative on review committee e.g. Divisional review 	Leadership role in major education administrative activities: <ul style="list-style-type: none"> • Undergraduate, postgraduate or CE committees • Planning committees for conferences or symposia • Specialty or subspecialty program director • Director of undergraduate, graduate, postgraduate or continuing education course/program 	Leadership/major administrative role in education administration at university/national/international levels: <ul style="list-style-type: none"> • Member of Royal College specialty/subspecialty nucleus committees • Chair of planning committee for major national/international conferences/symposia • Chair of a national/international education committee e.g. RCPSC specialty committee • Director/chair of University or Departmental Program • Award for leadership/administration.

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.

He/she is recognized as an excellent teacher consistently achieving outstanding teaching evaluations and/or awards for teaching excellence. He/she is regularly invited to teach students or residents or provide Continuing Education (CE) presentations, not just because he/she is the expert in that field but because he/she 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). He/she is 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. He/she is 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. He/she plays 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. He/she is recognized as a leader in national (e.g. the RCPSC or CPS) and/or international education (e.g. AMSPDC, COMSEP0 committees).

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

Research Categories of Achievement

Primary	Secondary	Reader	Final
---------	-----------	--------	-------

Research⁴

	Category i	Category ii	Category iii
Presentations¹ (See details below table)	<ul style="list-style-type: none"> Invited original research presentations at local level Abstract presentations at national/international meetings 	<ul style="list-style-type: none"> National/international invited research presentations e.g. university grand rounds, seminars; subspecialty meetings / workshops/symposia; plenary presentations Moderator/discussant at national/international research meetings 	<ul style="list-style-type: none"> Session organizer at discipline's major international research meetings State-of-the-Art (keynote) address at discipline's major international research meetings Gives named lectureships Organizer of international research symposium
Publications² (See details below table)	<ul style="list-style-type: none"> Evidence of submitted Principal, Co-Principal or Senior Responsible author research publications Collaborating author Significant contributor to research publications e.g. site director, patient recruitment, methodological design, specialized technique. 	<ul style="list-style-type: none"> Principal, Co-Principal and/or Senior Responsible author publications Invited contributor of research reviews to textbooks and/or journals⁴. 	<ul style="list-style-type: none"> Publications consistent with an international leadership role in the field of study
Funding	<ul style="list-style-type: none"> Collaborator, site director or co-investigator in successful applications for extramural grants Principal or Co-Principal investigator on HSC-derived or other local grants. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Principal investigator on several competitive non-HSC grants May lead group funding initiatives

	Category i	Category ii	Category iii
Mentorship³ (See details below table)	<ul style="list-style-type: none"> • Acts as supervisor for one or more research trainees (e.g. summer student, graduate student, postdoctoral fellow). 	<ul style="list-style-type: none"> • Primary/co-Primary supervisor for trainees who publish papers in peer-reviewed journals and present at research meetings. • Primary/ co-Primary supervisor for trainees who are awarded competitive fellowship, operating grants or research awards • Primary/co-Primary supervisor for postdoctoral trainee(s) who graduate directly to faculty position(s) • Primary/co-Primary supervisor for graduate students who complete their degrees • Participates in non-supervisory activities (advisory and examination committees in graduate department) • Acts as research advisor or career mentor for departmental members • Acts as thesis examiner for graduate students external to the University of Toronto (provide documentation) 	<ul style="list-style-type: none"> • Leadership position in cross-appointed unit/faculty (i.e. graduate coordinator) • Trainees win competitive national and international research awards • Formally assigned advisees within and/or external to the Department of Paediatrics succeed as independent investigators⁵.
Leadership/ Administration	<ul style="list-style-type: none"> • Participates in research-related administrative activities/committees at the division, program, cluster, department or Research Institute level. • Reviewer for peer-reviewed journals. • Reviewer for local and provincial granting agencies. 	<ul style="list-style-type: none"> • Leadership/membership in local research administrative committees (e.g. Research Ethics Board, Animal Care Committee, scientist evaluation). • Reviewer for national/international granting agencies. • Member of HSC, local or provincial grant panel. • Member of national/international grant review panel. • Serves on editorial board of journal in field of study. 	<ul style="list-style-type: none"> • Leads in the major strategic development and/or promotion of research or research infrastructure at organizational, national or international levels. • Chair or Scientific Officer of grant review panel. • Serves as Associate Editor or Editor of highly rated journal(s).

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, is 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.

1. 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, students at other levels.

4 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.

5. Re: Advisee to investigators within and/or external to the Department of Paediatrics:

This item pertains to faculty members who are formally requested to serve as a research advisor/mentor to a faculty member who is at early stage of career development at the University of Toronto or at another University. The advisor/mentor plays an active role over a sustained period of time to facilitate the success of the mentee as an independent investigator. A successful mentee is defined as an individual who has developed an externally funded research program and who is consistently publishing first/senior author research manuscripts.

VIII. Evaluation Processes

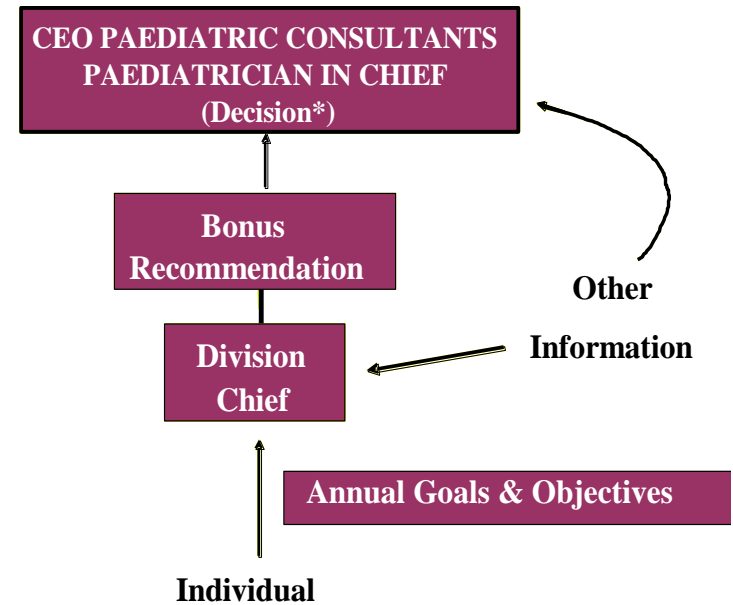
Evaluation is an ongoing and multifaceted process, including:

- 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 his/her Division Head reviewing his/her 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. Annual bonuses are paid based on the results of this review. 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%.



Annual Review Template

CAREER GOALS (RESULTS)

Name: _____

Job Profile: Clinician - _____

Level: _____

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

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)

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, his/her JP, 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.

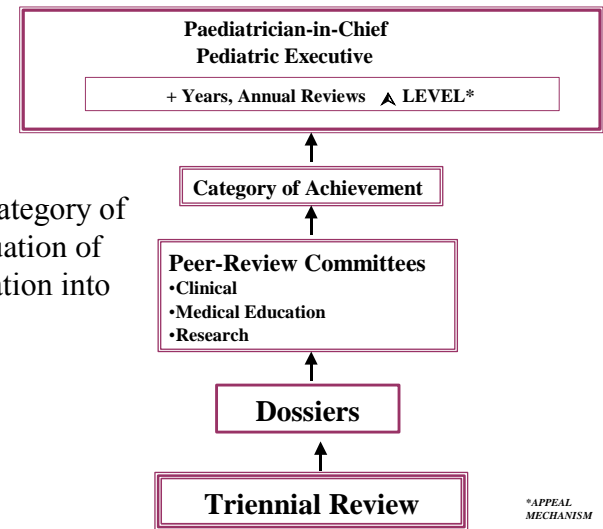
Prior to submitting an appeal, the potential appellant should review both the CDCP booklet and related appendices, with special emphasis on the Category of Achievement tables. Next, the potential appellant should compare their achievements, as documented in the dossiers they originally submitted for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

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.

TRIENNIAL REVIEW PROCESS



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.

If the appellant does not agree with the resultant decision made by the PCP's Executive Committee, the appellant may within the subsequent 21 days undertake a final appeal to the Executive Committee of the Paediatric Specialties Association (PSA) at SickKids. This appeal shall be brought forward to the PSA Executive at the step outlined under Section 3.38 v of the PSA constitution in effect during 2004-2005. In brief, both the appellant and the CEO of the PCP/Paediatrician-in-Chief will submit written documentation to the PSA Executive. If the PSA Executive deem it necessary or if the appellant or CEO of the PCP/Paediatrician-in-Chief requests an opportunity to appear before the PSA Executive to provide verbal representation, this would be permitted. The PSA Executive shall provide a decision within 21 days which will be final and no further appeals will be permitted.

Written notification of the results of the appeal process will be communicated to the individual and his/her Division Head. 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 July 1.

IX. Linkage to Compensation

There are two components to **an individual paediatrician’s** compensation: a guaranteed base compensation and an annual “stretch bonus”.

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 the annual bonus. 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. They will be eligible for a bonus based on the assessment of completed annual goals and objectives and career review. Any bonus will be paid upon return from leave and may be prorated based on time period of leave of absence and/or continued activity during leave of absence.
- 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. Bonus may be prorated based on time period of leave of absence and/or continued activity related to achievement of goals and objectives during the leave of absence.
- 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.

XI. Job Profiles

CLINICIAN-ADMINISTRATOR (CA) Academic Year

General Description

This category is intended for Department members with major administrative responsibilities that occupy at least half of their time.

Time Distribution

50% or more administrative related activities.
50% or less in clinical service, education, research and other scholarly related activities.

Administrative

Senior administrative responsibilities.

.....

For July 1, 20XX - June 30, 20XX the JP for _____ MD is:

_____ % Clinical

_____ % Education

_____ % Research

_____ % Administration

100 % Total

.....
Paediatrician

.....
Division Head

.....
Date

CLINICIAN-EDUCATOR (CE) Academic Year

General Description	This category is intended for Department members with a major time commitment to education, education administration, and scholarly activities <u>related to education</u> and who contribute significantly to the provision of clinical service.
Time Distribution	20-40% clinical related activities. 30-50% teaching and educational development related activities. 25-30% research and other scholarly related activities, administration.
Clinical Activities*	Ambulatory: 1-3 half-days/week. Attending and consulting in-patients: 2-5 months/year.
Educational Activities	Responsible for the development, evaluation and renewal of educational curricula. Involved in the education of undergraduate medical students, postgraduate trainees and CME participants and academic development.
Research Activities	Participant in educational research/scholarly activities.
Administrative	Administrative responsibilities on educational and/or clinical committees within the University, Department and Hospital.

* May vary depending upon specialty/division special characteristics

For July 1, 20XX - June 30, 20XX the JP for _____ MD is:

_____ % Clinical			
_____ % Education			
_____ % Research	.....	.....	.....
_____ % Administration	Paediatrician	Division Head	Date
100 % Total			

CLINICIAN-INVESTIGATOR (CI) Academic Year

General Description	This category is intended for Department members who direct a significant research program closely linked to clinical activity.
Time Distribution	50% research related activities. 25-40% clinical. 10-25% education and other scholarly activities, administration.
Clinical Activities*	Ambulatory: 1-3 half-days/week. Attending in-patients, consulting: 2-3 months/year. May have a defined area of expertise.
Educational Activities	Responsibility for dissemination of research. Encourages junior trainees into clinical research track. Educational responsibility to postgraduates and CME participants. Formal more than informal education (e.g., specialty/Grand Rounds).
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 1-2 departmental/hospital/RI committees with a clinical/research focus.

* May vary depending upon specialty / division special characteristics. For Clinician Investigators, it is recommended that clinical activity be structured to complement the focused area of research.

.....
 For July 1, 20XX - June 30, 20XX the JP for _____ MD is:

_____ % Clinical	.....	.....	.....
_____ % Education	.....	.....	.....
_____ % Research	.....	.....	.....
_____ % Administration	Paediatrician	Division Head	Date
100 % Total			

CLINICIAN-SCIENTIST (CS) Academic Year

General Description	This category is intended for Department members whose major activity is research.
Time Distribution	<p>≥ 70% research related activities.</p> <p>10-15% clinical related activities.</p> <p>5-20% education and other scholarly related activities, administration.</p>
Clinical Activities*	<p>Ambulatory: 0-1 half-day/week.</p> <p>Attending and consulting in-patients: 1-2 months/year.</p>
Educational Activities	<p>Responsibility for dissemination of research.</p> <p>Encourages junior trainees into research track.</p> <p>Predominant educational responsibility to graduate students, postgraduates, and CME participants.</p> <p>Formal more than informal education (e.g., specialty/Grand Rounds).</p>
Research Activities	<p>Established research program.</p> <p>Is a scientist track, scientist, or senior scientist in the SickKids Research Institute.</p> <p>Should obtain a cross-appointment in the School of Graduate Studies.</p>
Administrative	Member of 1 or 2 departmental/hospital/RI committees related to research.

* May vary depending upon specialty / division special characteristics

.....

For July 1, 20XX - June 30, 20XX the JP for _____ MD is:

_____ % Clinical			
_____ % Education			
_____ % Research	.....	.....	.....
_____ % Administration	Paediatrician	Division Head	Date
100 % Total			

ACADEMIC CLINICIAN (AC) Academic Year

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	50 - 75% clinical related activities 25-50% teaching, research, administration and other scholarly activities.
Clinical Activities*	Ambulatory: 2-6 half-days/wk Attending and consulting in-patients: 3-9 months/yr.
Educational Activities	Responsibility for education of undergraduate medical students, postgraduate trainees and CE participants. Informal and formal education in the clinical setting and at rounds.
Research Activities	Contributes and participates in, but does not necessarily lead research. Initiates own and promotes the scholarly activities of others.
Administrative	Member of 1 or 2 departmental/hospital committees pertaining to clinical care, education or research.

* May vary depending upon specialty / division special characteristics

.....
For July 1, 20XX - June 30, 20XX the JP for _____ MD is:

_____ % Clinical			
_____ % Education			
_____ % Research	.....	.....	.....
_____ % Administration	Paediatrician	Division Head	Date
100 % Total			

APPENDIX I

Components of a Triennial Review Dossier

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

GLOSSARY OF TERMS

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