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

DEPARTMENT / PCP
Goals & Objectives

DIVISION
Goals & Objectives

Individual Paediatrician

Individual Paediatrician’s Aspirations

Support
(Resources & Mentorship)

Individual Paediatrician’s Career Development

JP

Goal Setting

Feedback

Evaluation

CDCP MODEL

DEPARTMENT / PCP
Goals & Objectives

DIVISION
Goals & Objectives

Individual Paediatrician

Individual Paediatrician’s Aspirations

Support
(Resources & Mentorship)

Individual Paediatrician’s Career Development

JP

Goal Setting

Feedback

Evaluation
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

<table>
<thead>
<tr>
<th>Category i</th>
<th>Category ii</th>
<th>Category iii</th>
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</table>
| **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 practice |
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<tr>
<th><strong>Knowledge Translation/Dissemination</strong></th>
<th><strong>Category i</strong></th>
<th><strong>Category ii</strong></th>
<th><strong>Category iii</strong></th>
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<tr>
<td>Publishes case reports</td>
<td>Publishes case series or clinical trials in peer-reviewed journals</td>
<td>Invited to write Editorials in peer-reviewed journals</td>
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<td>Invited to give talks locally</td>
<td>Writes occasional (1-2 per triennial review period) book chapters</td>
<td>Frequent Book Chapters (&gt;2 per triennial period)</td>
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<tr>
<td>Participates with others in the scholarly application of knowledge to clinical practice (evidence-based medicine)</td>
<td>First or Senior author on invited reviews for peer review journal (1-2 per triennial period)</td>
<td>Leads or Edits Symposia</td>
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<td></td>
<td>Frequent invitations to speak outside of SickKids (&gt;3 per triennial period) at regional or provincial institutions or meetings</td>
<td>Edits Textbook(s)</td>
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<td></td>
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<td>Frequent invitations to speak (&gt;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)</td>
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<td>Opinion leader in clinical care programs at other institutions (e.g. invited site reviewer)</td>
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<td>National spokesperson</td>
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<td></td>
<td>Informs on government policy related to paediatric health</td>
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<td></td>
<td>Leader or key Invited member of national or international agencies/societies involved in paediatric clinical care initiatives</td>
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<td></td>
<td></td>
<td>Global outreach at a leadership level (e.g. national policy or program)</td>
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<tr>
<th><strong>Advocacy</strong></th>
<th><strong>Category i</strong></th>
<th><strong>Category ii</strong></th>
<th><strong>Category iii</strong></th>
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<tr>
<td>Participates in parent Support Groups at SickKids or community level</td>
<td>Leads Support Group education and advocacy programs regionally or provincially</td>
<td>National spokesperson</td>
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<tr>
<td>Composes clinical information pamphlets</td>
<td>Engages in policy development at the provincial and national levels</td>
<td>Informs on government policy related to paediatric health</td>
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<tr>
<td>Writes lay articles appropriate for Support Group or disease-specific Advocacy</td>
<td>Global outreach as a clinical project leader</td>
<td>Leader or key Invited member of national or international agencies/societies involved in paediatric clinical care initiatives</td>
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<tr>
<td>Involvement in community advocacy programs</td>
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<td>Global outreach at a leadership level (e.g. national policy or program)</td>
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<tr>
<td>Participates in global outreach projects as a physician care provider</td>
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CLINICAL EVALUATION INSTRUCTIONS

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 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 clinician 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.
## Research Categories of Achievement

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

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, 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.

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.

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.
<table>
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<th>Medical Education Categories of Achievement</th>
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<tbody>
<tr>
<td><strong>Category i</strong></td>
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| **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, 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) |
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<tr>
<th>Category i</th>
<th>Category ii</th>
<th>Category iii</th>
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| **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 | 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 |
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.

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.
### Combined Categories of Achievement

<table>
<thead>
<tr>
<th>Mentorship/Career Advice</th>
<th>Category i</th>
<th>Category ii</th>
<th>Category iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates involvement in mentoring:</td>
<td>Well established effective mentoring role:</td>
<td>Major role in mentoring or widely recognized as a mentor at departmental, university, national or international level:</td>
<td></td>
</tr>
<tr>
<td>- Supportive of students, trainees, allied health professionals and peers</td>
<td>- Promotes professional development and advancement of trainees, peers and allied health professionals</td>
<td>- Promotes the professional development at national and international levels</td>
<td></td>
</tr>
<tr>
<td>- Participates in a specific mentorship program (e.g. PG career mentorship program, Scholarly Oversight Committee)</td>
<td>- Primary supervisor for trainees who publish papers in peer-reviewed journals, present at meetings</td>
<td>- Winner of mentorship award (departmental, university, national)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Primary supervisor for graduate students who complete their degrees</td>
<td>- Trainees win competitive national and international grants or awards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Participates in non-supervisory activities (e.g. advisory and examination committees in graduate department, thesis examiner outside UofT)</td>
<td>- Consistent and significant research mentorship</td>
<td></td>
</tr>
<tr>
<td>Leadership/Administration</td>
<td>Participates in clinical, educational or research administrative activities:</td>
<td>Significant or leadership role in clinical, educational or research administrative activity:</td>
<td>Major or leadership role in clinical, educational or research activity at university, national or international level:</td>
</tr>
<tr>
<td>- Participates in administrative clinical, educational or research activities/committees at the division, program, department or hospital level</td>
<td>- Significant role in administrative activities/committees (e.g. undergrad, postgrad or CE committees)</td>
<td>- Major clinical, educational or research leadership role</td>
<td></td>
</tr>
<tr>
<td>- Planning committees for local conferences or symposia</td>
<td>- Planning committee chair for local, provincial conferences or symposia</td>
<td>- Planning committee chairs for national, international conferences or symposia</td>
<td></td>
</tr>
<tr>
<td>- Judge for trainee events</td>
<td>- Planning committees for national conferences or symposia</td>
<td>- Award for leadership/administration</td>
<td></td>
</tr>
<tr>
<td>- Program admission interviews</td>
<td>- Specialty or subspecialty program director</td>
<td>- Associate editor or editorial member of multiple highly rated journal(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Director of undergrad, grad, postgrad or continuing education course/program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Clinical (%)</th>
<th>Research (%)</th>
<th>Education (%)</th>
<th>Leader-Admin (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>SUSTAINED PERFORMANCE</th>
<th>RELATIVE TO OTHER SICKKIDS PAEDIATRICIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>I+</td>
</tr>
<tr>
<td>I-II</td>
<td>II-</td>
</tr>
<tr>
<td>II</td>
<td>II+</td>
</tr>
<tr>
<td>II–III</td>
<td>III</td>
</tr>
</tbody>
</table>

**Median 8 Years**

---

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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  
Paediatrician  
Division Head  
Date  
100 % Total
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 related to education 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:

<table>
<thead>
<tr>
<th>% Clinical</th>
<th>% Education</th>
<th>% Research</th>
<th>% Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paediatrician</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Division Head</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

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
≥ 70% research related activities.
10-15% clinical related activities.
5-20% education and other scholarly related activities, administration.

Clinical Activities*
Ambulatory: 0-1 half-day/week.
Attending and consulting in-patients: 1-2 months/year.

Educational Activities
Responsibility for dissemination of research.
Encourages junior trainees into research track.
Predominant educational responsibility to graduate students, postgraduates, and CME participants.
Formal more than informal education (e.g., specialty/Grand Rounds).

Research Activities
Established research program.
Is a scientist track, scientist, or senior scientist in the SickKids Research Institute.
Should obtain a cross-appointment in the School of Graduate Studies.

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

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