

Dr. **<candidate's name>**‘s copy

Western Schulich School of Medicine & Dentistry’s copy

Department of **<enter department>**’s copy

Medical Affairs’ copy

**THIS LETTER OF OFFER IS ONLY TO BE ISSUED AFTER CONFIRMATION OF THREE SATISFACTORY REFERENCES FOR THE CANDIDATE.**

**<Date>**



**<Candidates Home Address>**

Dear Dr**. <Candidates First and Last Name>**

**Re: Letter of Offer**

It gives us great pleasure to offer you a position as**<speciality and rank>**  in the department of **<enter recruiting department>**, with the Schulich School of Medicine & Dentistry (Schulich Medicine & Dentistry) at Western University, commencing **<enter start date>**. This offer confirms the receipt of three (3) satisfactory reference letters.

Upon acceptance of this offer, we will recommend your Professional Staff **<credentialing category>** appointment to the City-Wide Credentials Committee of the London Health Sciences Centre (LHSC) and the St. Joseph’s Health Care London (St. Joseph’s) who will subsequently recommend your appointment to the Joint Medical Advisory Committee with final approval by the Board of Directors of LHSC and St. Joseph’s.

In addition, this offer is subject to final approval by the Dean, Provost, and Board of Governors of Western University. Upon your acceptance of this offer, we will recommend your academic appointment for final approval by the Dean, Provost, and Board of Governors of Western University.

##### (ADD THIS PARAGRAPH IF THE CANDIDATE IS NON-CANADIAN AND REQUIRES IMMIGRATION CLEARANCE TO WORK IN CANADA)

This offer is contingent upon your ability to obtain immigration clearance/valid work permit to work in Canada prior to your anticipated start date of **<enter date>**. The anticipated start date may change due to the lengthy immigration process. To assist you through the immigration process, please contact Connie Zrini at [czrini@uwo.ca](mailto:czrini@uwo.ca). Your employment with Western University is conditional upon satisfactory immigration status maintained for the duration of your appointment. Should you fail to comply with this requirement at any time during the contract period or compromise your legal right to remain or work in Canada in any way, your employment with Western University will terminate immediately without notice or pay in lieu. Western University will not be responsible for the payment of any further compensation to you.

You are obliged to apply for a Social Insurance Number upon arrival in Canada and under government regulations you must provide Western University with this number within the first twelve weeks of your employment.

##### (ADD ONE OF THE FOLLOWING THREE PARAGRAPHS RELEVANT TO THE EXPECTANT CERTIFICATION OF THE CANDIDATE)

##### (ADD THIS PARAGRAPH IF THE CANDIDATE IS EXPECTED TO OBTAIN AN INDEPENDENT PRACTICE CERTIFICATE OF REGISTRATION WITH CPSO)

This offer is contingent upon obtaining an Independent Certificate of Registration with the College of Physicians and Surgeons of Ontario (CPSO). See Independent Practice Policy at <https://www.cpso.on.ca/Physicians/Registration/Requirements>

This offer is also contingent upon ensuring membership with the Canadian Medical Protective Association (CMPA) according to your specialty/subspecialty.

In addition, medical staff practicing in a specialty/subspecialty recognized by the Royal College of Physicians and Surgeons of Canada who have achieved Royal College certification must continue to hold and maintain in good standing certification and membership in the RCPSC.

**OR**

##### (ADD THE FOLLOWING PARAGRAPH IF THE CANDIDATE IS A FAMILY PHYSICIAN

In addition, as per the hospital by-laws section 4.3 medical staff practicing as a Family Physician must hold and maintain in good standing certification and membership by the College of Family Physicians of Canada.

**OR**

##### (ADD THIS PARAGRAPH IF THE CANDIDATE IS EXPECTED TO OBTAIN AN ACADEMIC PRACTICE RESTRICTED CERTIFICATE OF REGISTRATION WITH CPSO – ASSISTANT PROFESSOR RANK)

This offer is contingent on your ability to obtain your Certificate of Registration from the College of Physicians and Surgeons of Ontario (CPSO) authorizing academic practice for Assistant Professors. This is a restricted Certificate of Registration with the CPSO. See Academic Registration Policy of the CPSO at <https://www.cpso.on.ca/Physicians/Registration/Requirements> . This is based on your full-time clinical academic appointment at the rank of Assistant Professor at Schulich Medicine & Dentistry.

You will be required to be promoted to the rank of Associate Professor with continuing appointment within seven years. In addition, you are required to undergo a practice assessment with the College of Physicians and Surgeons of Ontario (CPSO) as soon as you become eligible after working five (5) years.

This offer is also contingent upon ensuring membership with the Canadian Medical Protective Association (CMPA) according to your specialty.

**OR**

##### (ADD THIS PARAGRAPH IF THE CANDIDATE IS EXPECTED TO OBTAIN AN ACADEMIC PRACTICE RESTRICTED CERTIFICATE OF REGISTRATION WITH CPSO – ASSOCIATE OR FULL PROFESSOR RANK)

This offer is contingent on your ability to obtain your Certificate of Registration from the College of Physicians and Surgeons of Ontario (CPSO) authorizing academic practice for Associate or Full Professors. This is a restricted Certificate of Registration based on your full-time clinical academic appointment at Schulich Medicine & Dentistry. You must attain certification from the Royal College of Physicians and Surgeons of Canada (RCPSC) within 18 months of becoming eligible for certification. There are various routes to certification with the RCPSC, and it is important to consult with academic and administrative leaders to ensure you select the appropriate route for your circumstances. See Academic Registration Policy of the CPSO at <https://www.cpso.on.ca/Physicians/Registration/Requirements> . Also see Royal College of Physicians and Surgeons of Canada Policy on Academic Certification at <http://www.royalcollege.ca/rcsite/credentials-exams/exam-eligibility/academic-certification-policy-e> .

This offer is also contingent upon ensuring membership with the Canadian Medical Protective Association (CMPA) according to your specialty.

**RESPONSIBILITIES**

Your activities have been defined by the Chair/Chief of the Department / Division of **<enter Department / Division name>**. We expect the approximate allocation of your time to be % Clinical Service, % Teaching,% Research, % Administration, % Health Care Leadership/Role Model/General Contributions. Your responsibilities as a **<enter Academic Role Category>** are outlined in the attached Academic Role Category description.

##### ADD THE FOLLOWING PARAGRAPH WITH YOUR DEPARTMENT SPECIFIC CLINICAL SERVICE RESPONSIBILITIES

**CLINICAL SERVICE RESPONSIBILITIES**

In the Department of **<enter Department Name>.** Your clinical responsibilities will include . You will be expected to provide days per  day period or  weeks per year of on call coverage in the  consistent with our departmental/service needs. You will have **<include amount of days and time>** day(s) per week in the **<clinic name>** clinic and **<include amount of days and time>**day per week in the Operating Room.

##### ADD THE FOLLOWING (IF APPROPRIATE) WITH YOUR DEPARTMENT SPECIFIC INFORMATION

**REMUNERATION & BENEFITS (INCLUDES OFFICE SET-UP)**

Your total remuneration and benefits package consists of multiple elements.

**Academic Support**:

The department of **<department name>** will provide you with a salary of **<salary amount>** for **<enter period of time>** for your academic activities.

**Academic Health Science Centre (AHSC) Alternate Funding Plan (AFP) Agreement**:

Members of the Department of **<department name>** AFP Practice Plan, currently participate in this Agreement which provides physician compensation funding from the Ministry of Health and Long-term Care for Physician Clinical Academic deliverables within the AHSC, as defined in the Agreement. As a member of this plan you will receive from your AFP Practice Plan, Clinical Academic Funding shared with other AFP Practice Plan members.

**Participation in the Department of <department name>** **Practice Plan**

To foster co-operation among Members in respect of clinical, educational and research activities and to ensure those activities are adequately supported, all full-time Clinical Academics in the Department are required to join the Department Practice Plan and shall be subject to the terms of this Agreement. You will receive a copy of the Practice Plan for your review, and as a condition of this offer, we will require your signature as indication of your intention to be a member of the Practice Plan.

**Additional Funding:**

**<Provide information on clinical stipends, Hospital On-Call Coverage Program , Department Practice Plan, etc.>**

**Infrastructure support:**

This includes an office for you and your secretary (which may be shared space) at **<enter office location>**, access to ambulatory clinic space and personnel, and access to inpatient beds and the necessary diagnostic resources. These resources are subject to availability of hospital resources and may change based on hospital budgetary review on an annual basis. Once you have received your hospital Corporate ID, for more specific details on office and furniture standards, please refer to the **“Resource Guide for Professional Staff’**.

##### (ADD THE FOLLOWING PARAGRAPH ONLY IF THE CANDIDATE WILL BE WORKING IN THE DEPARTMENT OF: CNS, MEDICINE, OTOLARYNGOLOGY, Ophthalmology, OBS/GYN, PSYCHIATRY, PM&R, PAEDIATRICS OR SURGERY All other departments have a different secretarial model so this paragraph does not apply and should not be used.

**Secretarial support:**

##### ADD YOUR DEPARTMENT SPECIFIC INFORMATION ON SECRETARIAL INFORMATION ACCORDING TO YOUR DEPARTMENT’S PRACTICE PLAN

You are entitled to / year in secretarial support. Once you have received your hospital Corporate ID, you can access the document **“A Guide to Secretarial Support Services for Professional Staff”** at <https://intra.lhsc.on.ca/medical-affairs/professional-staff/resources/secretarial-support> which will assist you with the process of hiring your secretary. Please note, the links contained within this guide are intranet based, therefore you will require your hospital Corporate ID to access the link information.

**Pension and Benefits:**

##### ADD YOUR DEPARTMENT SPECIFIC INFORMATION ON BENEFITS. YOU MUST STATE HOW BENEFITS WILL BE PAID.

As a new full-time clinical academic at Schulich Medicine & Dentistry, you must enrol in Western University's benefit plan for Clinical Faculty and the Academic Pension Plan at Western University. You may obtain further information on the benefit and pension plan at <https://www.uwo.ca/hr/benefits/> .

Questions can be directed to a Benefit and Pension Consultant at 519-661-2194.

The required paperwork for the benefit and pension plans will be mailed to your home address on file. You are required to participate in the plans sponsored by Western University, unless you have a primary employment relationship with another organization (not individual corporation) that provides a comprehensive benefit package (e.g. hospital). If Western University does not receive the Benefit Application Forms by the date indicated on the letter, they will be applying a “waive” default to the optional benefits and will automatically set you up with the compulsory benefits including the Academic Pension Plan. At a later date, you may opt into the optional benefit plans but a health questionnaire and approval from our benefit carrier will be required in most cases.

Western University's benefit plan for clinical faculty is designed to supplement the government subsidized OPIP benefit plan provided through the OMA. You are strongly encouraged to investigate and register for the OMA-OPIP Plan to ensure you meet your health coverage needs. For information on the OMA-OPIP plan, please refer to <http://www.omainsurance.com/Products/pages/oma-priority-plan.aspx>

The Department of **<enter Department Name>** pays for the cost of **<enter specific paid benefits>**

**FOR THOSE IN THE EXCLUSIONS GROUP:**

As a new full-time clinical academic at Schulich Medicine & Dentistry whose primary employment relationship is **with (NAME OF PRIMARY EMPLOYER, ie LHSC or St. Joseph’s)** that includes a comprehensive benefit program, you are not required to participate in Western University’s benefit plan for Clinical Faculty benefit plan or the Academic Pension Plan at Western University. At the commencement of this appointment you may opt to become a member of the Academic Pension Plan. If you choose not to become a member of the Academic Pension Plan at this time you may qualify at a later date.

**Moving Expenses:**

##### (IF REIMBURSING THROUGH THE UNIVERSITY USE THE PARAGRAPH BELOW)

Where applicable, moving expenses will be reimbursed by the Department of **<enter Department Name>** in accordance to the University's policy to a maximum of **$****<enter expense amount>**. If interested, please contact **<AO or department contact>** for specific information about the University's preferred mover. Moving expenses reimbursed through Western University may be considered a taxable benefit according to CRA regulations.

**Training Details:**

##### (ENTER YOUR DEPARTMENT SPECIFIC INFORMATION BELOW ON TRAINING REQUIREMENTS)

**Information Technology Solutions – Computer:**

You will be responsible for the purchase of your computer. The hospital has established specific standards that we must comply with and the “Physician Network Access Policy” document is attached in the “Resource Guide for Professional Staff”.

**Information Technology Solutions – Telecommunications:**

Applicable network accounts, a hospital email account, patient and care software accounts will be requested for you. As well, a standard base telephone package and a hospital standard computer workstation will be included.

To assist you in making the arrangements that will best suit your needs, a Technology Deployment consultant will contact you personally if you decide to go ahead with a hospital standard workstation.

If you choose other options to the hospital standard for your computer and/or telecom needs, you will work directly with Information Services. There may be additional costs depending on your options. Please refer to the “Resource Guide for Professional Staff” at <https://intra.lhsc.on.ca/medical-affairs/professional-staff/resources/ps-resource-guide> for the complete description of the hospital standards for computer workstations and standard base package for telecom solutions.

(**N.B.:**Information Services prefers direct contact with the incoming Professional Staff **pre-arrival** in order to best assist them in their computer needs. Please contact Information Services at 519-685-8500 ext. 44357 at least four weeks prior to your start date to ensure your set up is finalized prior to your start date.)

You will also be responsible for the leasing of / purchase of a computer for your secretary**.** **<Choose LHSC or St. Joseph's>** will provide 50% of the secretarial computer cost. You will be expected to lease/purchase the remaining portion. Once you have received your hospital Corporate ID, please see “A Guide to Secretarial Support Services for Professional Staff” at <https://intra.lhsc.on.ca/medical-affairs/professional-staff/resources/secretarial-support> for more information.

### Hospital Privileges

Upon receipt of this signed letter of offer, you will receive an email from Medical Affairs at LHSC and St. Joseph’s with instructions and timelines to complete your credentialing requirements for hospital privileges.

In addition, you will receive your login and instructions to complete the Privacy and Confidentiality eLearning and agreement. Once completed, you will receive your hospital Corporate ID which will allow you to access the ME(MyEducation) system in order for you to complete all required eLearning as part of the credentialing process. These modules are either mandated by legislation or hospital policy, and therefore, it is your responsibility to maintain compliance.

Your contact in Medical Affairs is Gloria Castelo, Human Resource Planning and Credentialing Specialist and may be reached at 519-685-8500 ext. 75127 or via email at [gloria.castelo@lhsc.on.ca](mailto:gloria.castelo@lhsc.on.ca)

***Please return the completed forms to*** ***<AO or department contact> in the enclosed envelope*** ***45 days from the receipt of this letter of offer to ensure that your appointment is not delayed for approval by the Board of Directors.***

An orientation website has been developed to provide you with essential information about London, Canada, Western University, London’s hospitals and Research Institutes, and the London Regional Cancer Program. Once you have received your hospital Corporate ID, please visit the Orientation website at <https://intra.lhsc.on.ca/medical-affairs/professional-staff/orientation>

You are required to attend a Professional Staff Orientation Session. The session will provide you with important information to practice within LHSC and St. Joseph’s. The next Professional Staff Orientation Session is scheduled for **<enter Orientation date>**. Once you receive your hospital Corporate ID, please register for this session through your ME(MyEducation) account. Further information can be obtained from the Courses and Events website at <https://intra.lhsc.on.ca/medical-affairs/learning-and-development/medical-affairs-courses-and-events> .

**MANDATORY MAINTENANCE OF CERTIFICATION (MOC)**

It is now a CPSO regulatory requirement for all members to engage in MOC. Physicians cannot report directly to CPSO who requires that this information is collected through an approved body, which currently include the College of Family Physicians of Canada (CFPC), Royal College of Physicians and Surgeons of Canada (RCPSC) or the General Practice Psychotherapy Association (GPPA).

**MENTORSHIP COMMITTEE**

We are committed to providing you with the necessary mentorship in your new academic career. As per the Schulich Mentorship Program, we have developed a mentorship committee for you. Your mentorship committee will include **<enter name(s)>.** The Chair of the Department or delegate will be in contact with you to set up the first committee meeting in the first few months of your start date. The purpose of the mentoring program is to assist and guide you in your clinical, teaching, and research role (Academic Role Category) with the goal of reaching Associate Professor within 7 years. As per the Schulich Mentorship Program, you have the opportunity to engage in this process. Please connect with the department administrative contact to obtain more information on the resources available to you.

**Schulich Medicine & Dentistry Orientation and Faculty Development**

View information on the Dean’s Orientation Program for New Faculty as well as other Faculty Development workshops offered through Schulich Medicine & Dentistry at <https://www.schulich.uwo.ca/humanresources/faculty/orientation.html>

**Professional Development for New Professional Staff - An Education Series**

All new faculty members are strongly encouraged to attend, as well as all new Professional Staff entering from Residency/Clinical Fellowships and for Professional Staff **new** to the Ontario healthcare system. You will receive a schedule from the department administrative contact which lists the sessions. Once you have received your hospital Corporate ID, view the Courses and Events website for information on Professional Development for New Professional Staff at <https://intra.lhsc.on.ca/medical-affairs/learning-and-development/medical-affairs-courses-and-events>

**CLOSING**

We would like to extend a warm, personal welcome to you on behalf of the Department of **<department name>**. We look forward to the promotion and further development of a distinguished and collegial academic career.

We have enclosed **<enter the amount of copies enclosed>** copies of this letter and **<enter the amount of copies>** copies of your Academic Role Category. Kindly sign all copies of both documents, retain a copy of each document as indicated for your files, and return all other copies to Dr.’s office in the enclosed envelope. We would ask that you forward the signed copies to us within 45 days from the receipt of this letter. Upon receipt of these documents, we will recommend your appointment to the Dean and once approved, will offer you an academic letter of appointment issued by Western University.

Chair/Chief, Department of <name> Dr. William J. Sischek MD, FRCPC, CCPE

Department of ----------------- Integrated Vice President, Medical

Hospital name ---------------- & Academic Affairs

If City-Wide then use both hospital names London Health Sciences Centre (LHSC)

If Chair and Chief are not the same person, both St. Joseph’s Health Care London

Must sign – create a new signing line for other signatory

Clinical VP (primary portfolio)

Hospital(s) name ----------------

CC: Medical Affairs

Accepted this <day> day of <Month> <Year>.

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<Insert name of Professional Staff member>