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**

We are very pleased to extend this offer of appointment to the clinical Professional Staff of the London Health Sciences Centre (LHSC) and the St. Joseph’s Health Care London (St. Joseph’s), to be effective **<enter start date>**. This offer confirms the receipt of three (3) satisfactory references.

Upon your acceptance of this offer, we will recommend your clinical 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.

##### (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 of the CPSO 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.

**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 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. Once promoted and within 18 months of becoming eligible for membership with the Royal College of Physicians and Surgeons of Canada (RCPSC), you must attain certification from the RCPSC. 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>

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.

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND MAINTENANCE OF CERTIFICATION (MOC)**

In 2011, the Ontario government approved a regulation amendment that requires every physician to participate in Continuing Professional Development (CPD) programs. It is now a CPSO regulatory requirement for all members to engage in CPD. 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).

**LHSC and St. Joseph’s COVID-19 VACCINATION POLICY**

Your privileges with LHSC and St. Joseph’s are conditional upon compliance with each of the vaccination policies of LHSC, St. Joseph’s.

Once you have been issued your Corporate ID and login details, please review the content of the COVID-19 Vaccination Program policies for both LHSC and St. Joseph’s.

Upon receipt of the signed letter of offer, Medical Affairs will contact you with detailed instructions to initial the credentialing process. This will include completing and submitting the Health Review Form with PROOF of immunizations/immunity to Occupational Health and Safety Services (OHSS) of your PRIMARY affiliation. OHSS will contact you if any requirements are outstanding.

If your primary affiliation is with St. Joseph’s:

St. Joseph’s Health Care London   
Occupational Health and Safety Services   
P.O. Box 5777, Stn B   
London, ON N6A 4V2   
Phone: 519-646-6100, ext. 64332   
Fax: 519-646-6235   
**Email: ohss@sjhc.london.on.ca**If your primary affiliation is with LHSC:

London Health Sciences Centre   
Victoria Hospital Occupational Health and Safety Services  
Rm E1-505 800 Commissioners Road East   
London, ON N6A 5W9   
Phone: 519-685-8500 ext. 52286   
Fax: 519-685-8374   
**Email: OHSS-medicalaffairs@lhsc.on.ca**

**RESPONSIBILITIES**

Your activities have been defined by the Chief of the City Wide Department of **<enter Department / Division name>**.

**CLINICAL SERVICE RESPONSIBILITIES**

In the Department of **<enter Department / Division name>,** your clinical responsibilities will include provision of clinical service at of **<enter details>**. You will be expected to provide a minimum of **<enter details>**.

**REMUNERATION**

**Academic Support**: The Division of Emergency Medicine will provide you with academic support within the practice plan for your academic activities. Given your interest in improving your academic deliverables I as Chief/Chair of the Department/Division of Emergency Medicine will provide you up to **<$>** of funds to be used for academic development. These funds are available pending approved plan (by the Chief/Chair) and against receipts. The funds will be available for **< >** years between July 1, **< >** till June 30, **< >**.

**Hospital Training Details:**

**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:**

Medical Affairs will request applicable network accounts, a hospital email account, patient care software accounts; 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” 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**.** LHSC 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” for more information at <https://intra.lhsc.on.ca/medical-affairs/professional-staff/resources/secretarial-support>

### Hospital Privileges

The of **<enter Department / Division name>** will assign a representative to support you in this process, **<enter name>** who may be reached at **519-000-0000 ext ????** or by e‑mail at **????.** 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.

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>

**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. We have enclosed two copies of this letter. Kindly sign all copies, retain a copy as indicated for your files, and return all other copies to of **<enter name and contact information>.** We would ask that you forward the signed copies to us within 45 days from the receipt of this letter.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief, Department of <name>  Department of --------------------------  Hospital(s) name ---------------------------------  ***(If City-Wide, then use both hospital names)*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr. William J. Sischek, MD, FRCPC, CCPE  Integrated Vice President, Medical & Academic Affairs  London Health Sciences Centre (LHSC)  St. Joseph’s Health Care London |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical VP (primary portfolio)  Hospital(s) name ---------------- |  |

Enclosures:

Application for Hospital Privileges

CC: Medical Affairs

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert name of Professional Staff member>