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 IS ONLY TO BE ISSUED TO NON CLINICAL ACADEMIC APPOINTMENTS SUCH AS TERM OR LOCUM CATEGORY.**

**<Date>**

**<Candidates Home Address>**

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

**Re: Letter of Understanding**

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

Upon acceptance of this offer, we will recommend your clinical Professional Staff **<enter hospital 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.

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.

**1.0 RESPONSIBILITIES:**

***1.1 Clinical Service Responsibilities***

 **Add department detail if applicable**

***1.2 Teaching and Associated Responsibilities***

**Add department detail if applicable**

***1.3 Research Responsibilities and Opportunities***

**Add department detail if applicable**

***1.4 University / Hospital Administrative Activities***

**Add department detail if applicable**

**2.0 REMUNERATION**

**Revise the following section with your own department detail if applicable**

Your total remuneration package consists of multiple elements. Please note that all forms and amounts of remuneration and support outlined in this letter of offer are dependent on levels of department and ministry funding and as such they are all subject to review and change at any time with an appropriate notice period.

You will have a 1.0 full time equivalent (FTE) position.

**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 Stacey Taylor, Credentialing and Business Systems Associate, and may be reached at 519-685-8500 ext. 75115 or via email at stacey.taylor@lhsc.on.ca

***Please return the completed forms to* <enter department contact name>**, ***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>

**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).

**MENTOR / MENTORSHIP COMMITTEE**

We are committed to providing you with the necessary mentorship in your new academic career. As per the [Schulich Mentorship Program](https://www.schulich.uwo.ca/facultyaffairs/awards__leadership_development/mentorship/index.html), we have developed a mentorship committee for you. Your mentor / mentorship committee will include **<enter mentorship names>.** 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 (where applicable) 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/facultyaffairs/awards__leadership_development/new_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>

We have enclosed 3 copies of this letter. Kindly sign all copies and retain a copy for your files and return all other copies, together with the other requested documents to be returned (refer to offer package enclosure letter) in the enclosed envelope addressed to **<enter department contact name>**. We would ask that you forward the signed copies to us as soon as possible after the receipt of this offer letter.

We look forward to your acceptance of this offer and to your joining us as a clinical colleague. On behalf of the Department of **<enter department>**, we extend a warm personal welcome to you and we look forward to further growth and blossoming of a distinguished and collegial career.

Sincerely,

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

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

Hospital name ---------------- 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. Josephs’ Health Care London

Must sign – create a new signing line for other signatory

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Clinical VP (primary portfolio)

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

CC: Medical Affairs

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

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

<Insert name of Professional Staff member>