

Dr. Candidate’s copy

Western Schulich School of Medicine & Dentistry’s copy

Department of Oncology’s copy

Medical Affairs’ copy

**DATE**

**<Candidates Home Address>**

Dear Dr.

**Re: Letter of Understanding**

It gives us great pleasure to offer you a position as a **General Practitioner in Oncology (GPO)** in the Department of **Oncology**, at the rank of Adjunct Professor with the Schulich School of Medicine & Dentistry (Schulich Medicine & Dentistry) at Western University, commencing **DATE**. This offer confirms the receipt of three (3) satisfactory reference letters.

Upon acceptance of this offer, we will recommend your Professional Staff Active appointment which is preceded by a 12-month probationary period called Associate category 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](http://www.cpso.on.ca/Registering-to-Practise-Medicine-in-Ontario).

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

**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**

**1.0 RESPONSIBILITIES:**

***1.1 Clinical Service Responsibilities***

* full assessment of new patients, and determination of an appropriate diagnostic and treatment plan within the scope of Hematology Oncology services.
* assessment of follow-up patients, and initiation of appropriate tests and investigations when indicated
* performing or arranging to be performed, procedures including thoracentesis, paracentesis, bone marrow biopsies, lumbar punctures, fine needle aspirates
* referral to other consultants when required
* dictating letters to referring physicians, family physicians
* initiating referral to other services as necessary
* orchestrating admissions, dictating stat notes when and where appropriate
* assessing patients in the adjuvant and metastatic chemotherapy clinic, altering supportive treatments based on toxicities, ordering and supervising chemotherapy when appropriate
* providing coverage for patient follow-up clinics and chemotherapy clinics during the absence of the staff oncologist(limited to patients not knowingly requiring treatment alterations/decisions, and with appropriate oncologist back-up pre-arranged)
* attending relevant disease site group meetings, and academic rounds

***1.2 Teaching and Associated Responsibilities***

**Not applicable.**

***1.3 Research Responsibilities and Opportunities***

**Not applicable.**

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

**Not applicable.**

**2.0 REMUNERATION**

Remuneration will be provided in accordance with **the General Practitioner in Oncology Service Agreement**.

**Fees:**

* **LHSC** agrees to pay the **Physician** for the services at the **Level 3** rate provided in *Schedule 2 of the agreement (see below for details).* The services provided hereunder are health care services rendered by a medical practitioner to individuals and are not subject to Harmonized Sales Tax (“HST).
* The **Physician** shall submit to **LHSC** an invoice for services rendered monthly. The invoice shall be due and payable within fifteen (15) days.
* For greater certainty, any fee paid by **LHSC** to the **Physician** hereunder shall be made without withholdings or deductions for Income Tax, Canada Pension Plan, Employment Insurance, Workplace Safety and Insurance Premiums, the Ontario Employer Health Tax or other like deductions.
* The **Physician** agrees to pay on his/her own account all expenses related to Income Tax, Canada Pension(CPP), Employment Insurance(EI), Group Health, and any other business tax. It is understood and agreed that all the foregoing are the sole and exclusive responsibility of the **Physician**. The **Physician** acknowledges that she/he is responsible for all required taxes, withholdings and remittances or similar obligations, under any federal or provincial legislation, which may apply to the **Physician’s** activities.
* Unless otherwise agreed to in writing by the parties hereto, no additional fee, wage, salary or other emolument shall be paid to the **Physician** on account of the services provided pursuant to this Agreement.
* The **Physician** shall not be entitled to participate in any employee benefit plans offered by Service Agreement **LHSC**. The **Physician** acknowledges that he/she is responsible for his/her own benefit coverage as he/she sees fit including pension, disability, life insurance, health and dental.
* The **Physician** shall be solely responsible for any and all expenses incurred by him/her related directly or indirectly to the performance of services pursuant to this Agreement.

**Billings:**

* The **Physician** hereby assigns to **LHSC** all fees for clinical services rendered by the **Physician** in the Program at the Premises, including OHIP and other patient clinical billings (RAMQ, out of province/country, etc.).
* **LHSC** shall process, submit, reconcile and collect all billings. The **Physician** agrees to provide all necessary information to **LHSC** bi-weekly to allow it to process and collect the Billings. **LHSC** shall provide the **Physician** with a reconciliation report on request.
* **LHSC** agrees to indemnify and save harmless the **Physician** with respect to any claw backs, discounts, adjustments, corrections and other reductions in OHIP payments that may arise relating to OHIP Billings assigned by the **Physician** to **LHSC**.

**SCHEDULE 2 – FEE FOR SERVICES PAYMENT SCHEDULE**

|  |  |
| --- | --- |
| Physician’s Fee for Services Schedule: **Daily Rates** | |
| Level 1 | $728.32 |
| Level 2 | $785.53 |
| Level 3 | $854.18 |
| Level 4 | $965.49 |

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 0.6 full time equivalent (FTE) position (equivalent to three (3) full clinic days per week).

**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

***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](https://intra.lhsc.on.ca/medical-affairs/professional-staff/orientation) website.

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](https://intra.lhsc.on.ca/medical-affairs/learning-and-development/courses-and-events) website.

**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).

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

View [information](https://www.schulich.uwo.ca/clinicalfacultyaffairs/professional_affairs/learning_resources/new_faculty_orientation.html) on the Dean’s Orientation Program for New Faculty as well as other Faculty Development workshops offered through Schulich Medicine & Dentistry.

**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](https://intra.lhsc.on.ca/medical-affairs/learning-and-development/courses-and-events) website for information on Professional Development for New Professional Staff.

We have enclosed **<enter the amount of copies enclosed>** 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 **Elvira Romanchik.** 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 Oncology, we extend a warm personal welcome to you and we look forward to further growth and blossoming of a distinguished and collegial career.

Sincerely,

Dr. Glenn Bauman, MD, FRCPC Dr. William J. Sischek, MD, FRCPC, CCPE

Chair/Chief, Department of Oncology Integrated Vice President, Medical & Academic Affairs

London Health Sciences Centre London Health Sciences Centre

St. Josephs’ Health Care London

Dr. Scott Ernst, MD, FRCPC Dr. Kang Howson-Jan, MD, FRCPC

Head, Division of Medical Oncology Head, Division of Hematology

London Health Sciences Centre London Health Sciences Centre

Mr. Neil Johnson

Vice President, Cancer Services

London Health Sciences Centre

CC: Medical Affairs

Accepted this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

Dr. Candidate’s Name