



**MAX RADY COLLEGE OF MEDICINE**

**RADY FACULTY OF HEALTH SCIENCES**

Department of INSERT Department Name

INSERT Date

**CONFIDENTIAL**

Dr. INSERT Physician Name

INSERT Hospital or Site or Section Name

INSERT Room & Street Address

INSERT City, Province INSERT Postal Code

Dear Dr. INSERT Physician Last Name,

This letter constitutes a formal Letter of Offer for a Geographical Full-Time (“GFT”) position in the Section of INSERT Section Name, Department of INSERT Department Name in the Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba (“Faculty”) and in the INSERT Specialty Name Specialty of Shared Health. You will be geographically located at INSERT Primary Site, which site may be subject to change as determined by INSERT Department Head.

1. **GOVERNANCE**
   1. University of Manitoba

Your University appointment will be governed by and subject to the by-laws, rules, regulations, policies and procedures of the University of Manitoba, Faculty and such agreements with Faculty Members that pertain to members in your category. This includes policies and procedures regarding:

* Conflict of Interest;
* Industrial Relations;
* Responsible Conduct of Research;
* Respectful Work and Learning Environment;
* Prevention of Learner Mistreatment
* Supervision of Learners (engaged in Clinical Activities); and
* Career Development and Performance Feedback.

Information regarding the preceding and other applicable policies are available at:

* [www.umanitoba.ca/governance/governing-documents-alphabetical](http://www.umanitoba.ca/governance/governing-documents-alphabetical)
* [www.umanitoba.ca/health-sciences/rady-faculty-health-sciences-policies](http://www.umanitoba.ca/health-sciences/rady-faculty-health-sciences-policies)
  1. Shared Health

All physicians working with a medical staff appointment must abide by the Shared Health Medical Staff By-law and Shared Health Rules and Regulations.

[Insert, if applicable] Your Independent Contractor Agreement with Shared Health will outline your governance applicable to your deliverables with Shared Health.

OR

[Insert, if applicable, if no written Independent Contractor Agreement, e.g. intermittent call or sessional work] Your accountabilities to Shared Health will be set out for you by the INSERT Name of Provincial Specialty Lead or delegate.

* 1. Information Sharing

By signing this Letter, you are indicating your agreement that the University of Manitoba and Shared Health may consult with each other and share information regarding matters related to your GFT appointment, clinical appointment and privileges.

1. **RANK AND TITLE**
   1. University of Manitoba: INSERT Rank
2. **TERM OF APPOINTMENT**
   1. University of Manitoba

*[Select appropriate paragraph for appointment]*

*- Contingent appointment (first appointments can be auto-renew):*

As a Faculty member, your appointment will be contingent and subject to the continued availability of funding and your continued appointment to the Medical Staff of Shared Health. Subject to such availability, your appointment will be effective INSERT Start Date and will automatically renew on an annual basis, unless terminated in accordance with the provisions noted in this Letter. Continuation of appointments will also be dependent upon a review of performance and the needs of the Department and Faculty.

*- Term appointment (seldom used option):*

As a Faculty member, your appointment will be term in effect from INSERT Start Date to INSERT End Date, unless terminated earlier in accordance with the provisions noted in this Letter. There is no commitment to offer an extension following the expiration of a term appointment, but factors which may be considered in deciding whether to offer another appointment include: the needs of the Department and Faculty, availability of funding and a review of performance during any previous appointment.

* *Ad hoc leadership position(s):*

As recommended by INSERT Department Head, this will confirm the offer to you of the INSERT Position Name in the Section of INSERT Section Name, Department of INSERT Department Name, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, for the period INSERT Start Date to INSERT End Date. There is no commitment to offer an extension following the expiration of this appointment, but factors which may be considered in deciding whether to offer to extend an appointment include: the needs of the Department and Faculty, availability of funding and a review of performance during any previous appointment.

* 1. Shared Health Inc.

The term and obligation to maintain your Medical Staff appointment with Shared Health will be set out in your Medical Staff appointment letter [Insert if applicable and your Independent Contractor Agreement.]

1. **DUTIES AND RESPONSIBILITIES**

Your initial duties and responsibilities are as follows:

* 1. University of Manitoba

Duties and responsibilities as a GFT member are subject to review and may be updated from time to time, in which case you will be notified of, and provided with, updated documentation. In your GFT position, you will be responsible to the Head, Department of INSERT Department Name.

* + 1. Teaching Duties
       1. Undergraduate: You will provide instruction lectures, tutorials, demonstrations and clinical evaluation of students’ performance.
       2. Postgraduate: You will participate in the supervision and direction of the clinical and academic work of residents, and fellows who are engaged in the care of patients, the interpretation of diagnostic tests and the presentation of clinical and scientific data to other members of the medical community, and the clinical evaluation of residents and fellows.
       3. Other: You will support and facilitate opportunities for inter-professional collaboration, and continuing medical education, for all clinical staff and learners in the general area(s) of INSERT areas.
    2. Administration

You will be expected to engage in aspects of governance, policy formation, curriculum planning, program implementation, surveillance, and evaluation as carried out by the various committees of the University.

* + 1. Ad hoc position(s)

From time to time, you may be asked to undertake additional leadership opportunities within the INSERT Specialty and/or Faculty during your appointment. If this should occur, you will receive separate documentation from this Letter which will detail the additional positions(s) being offered to you.

* + 1. Research

[If applicable] It is expected that, in consultation with the Department Head of INSERT Specialty, you will ensure that sufficient time is set aside from your clinical service and teaching activities to undertake basic and/or applied research in INSERT Description of Research. You will engage in clinical and laboratory projects either of your own design or in collaboration with others, as well as in other scholarly pursuits directed towards increasing medical knowledge or enhancing medical education.

* 1. Shared Health

4.2.1 Your duties and responsibilities to Shared Health will be set out in your Independent Contractor Agreement.

OR

[*Options below to be used for those positions where we do not have signed IC Agreements with the physicians, e.g. for intermittent call or sessional services provided by the Physician*.]

* + 1. Your duties and responsibilities to Shared Health will be set out in the Role Description attached hereto as Schedule “\_”

OR

Your Duties and responsibilities to Shared Health as [Insert Position title], will be as assigned and agreed upon with the [Insert appropriate Provincial Clinical Lead for the Specialty], or delegate.

1. **TIME COMMITMENTS**
   * 1. University of Manitoba

Teaching XX%

Administration XX%

Research XX%

* + 1. Shared Health

XX%

TOTAL 100%

N.B. Your specific time commitment breakdown to Shared Health will be set out in your Independent Contractor Agreement.

OR

[*Option below to be used for those positions where we do not have signed IC Agreements with the physicians*.] Your specific time commitment breakdown to Shared Health will be set out in the Role Description attached hereto as Schedule “\_”.

1. **REMUNERATION**
   1. **University of Manitoba**

6.1.1 Your annual salary paid pursuant to this Letter of Offer and your employment with the University of Manitoba will consist of the following:

University of Manitoba

Department of INSERT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INSERT Position Title | | $INSERT $ | |  |
| INSERT Position Title | | $INSERT $ | | INSERT sub-total$ |
|  | |  | |  |
| TOTAL | | $INSERT Total $ | |

6.1.2 Your University salary of $INSERT Total $ per annum will be paid in semi-monthly installments.

6.1.3 The University reserves the right to adjust remuneration if the fraction of full-time effort devoted to the University of Manitoba has changed, or is not commensurate with the remuneration being paid as recommended by the University Department Head and approved by the Dean, Max Rady College of Medicine, Rady Faculty of Health Sciences at the University of Manitoba.

6.1.4 You will be permitted to earn other professional income within the limits prescribed by your Geographical Full-Time Agreement with INSERT Department Name, which you are required to sign as a condition of your engagement.

*<If a “Overhead Department”, insert the following: >*

6.1.5 All Income will be subject to overhead as outlined in the Geographical Full-Time Agreement which applies to INSERT Department Name.

6.1.6 Pursuant to the Geographical Full-Time Agreement, you are entitled to such pension, insurance and health benefits as are applicable to Geographical Full-Time staff members, subject to the respective plan's eligibility requirements, terms and conditions. The plans are administered by the University, through third party providers (such as Canada Life or Blue Cross). Detailed information about these plans is provided to GFT Members during their University Medical Group (UMG) orientation and is available on the University website, with links to the various plans on the UMG website. These plans are subject to change with notice to the GFT Members Please contact the Executive Director, University Medical Group,   
(204) 789-3276, for complete information and documentation.

* 1. **Shared Health**

Any payment that you are to receive for the provision of services in your position(s) in the INSERT Specialty Name of Shared Health, will be [*Select applicable Option(s) and delete the other(s) if not required: Option 1*: set out in your Independent Contractor Agreement with Shared Health] or [*Option 2:* governed by [Insert Name of Agreement between Manitoba Health and Doctors Manitoba] and/or *[Option 3*: paid in accordance with the Manitoba’s Physician’s Manual.]

***<****Insert “Citizenship Status” only for non-Canadians>*

**7 CITIZENSHIP STATUS**

Your appointment is subject to the acceptance of your entry into Canada. In order to obtain acceptance, you should present your Letter of Offer to the applicable immigration office, with your positive Labour Market Impact Assessment (“LMIA”) which will be forwarded to you under separate cover. If you are in Canada on a work permit, your ability to continue to stay in Canada is tied to the continuation of the work set out in the work permit and LMIA, and on your regular renewal of your work permit or other immigration status. **If there is any change to your work permit status, you must advise the University and Shared Health without delay.**

**8 CONDITIONS of GFT APPOINTMENT/AGREEMENT**

**8.1 This Offer and your continued status as a GFT, are conditional on the following**:

1. Your signing and returning this Letter to the INSERT Department Name, and if applicable, any additional agreement between you and the University of Manitoba as their employee, in accordance with instructions in this Letter;
2. Your compliance with all University governing documents applicable to GFTs as noted in Section 1.1 above;
3. Your agreement to the sharing of information between the University and Shared Health as noted in Section 1.3 above;
4. Your signing and returning the required GFT Agreement with INSERT Department Name, and your compliance with that GFT Agreement;
5. You having and maintaining an appointment to the Shared Health Medical Staff, and your compliance with Shared Health’s Medical Staff By-Law, rules and regulations, policies and procedures, and any other governing documents which apply to Shared Health Medical Staff appointees;
6. [Include if applicable or delete this subsection] Terms of an independent contractor agreement (“the Independent Contractor Agreement”) being reached and signed between you (or your medical corporation) and Shared Health, which will contain the details of your position(s) in the INSERT Specialty Name of Shared Health, and your compliance with such agreement;
7. [Include if applicable or delete this subsection] Your meeting all citizenship and immigration requirements to allow you to fill your GFT position, including, if applicable, provision of a valid work permit to the INSERT Department Name;
8. Your meeting and maintaining the registration requirements of, and remaining in good standing with, the College of Physicians and Surgeons of Manitoba;
9. You having and maintaining medical malpractice insurance with the Canadian Medical Protective Association (CMPA) or its equivalent that is satisfactory to Shared Health; and

Should any of the conditions in this Letter not continue to be met, your GFT status and agreements would terminate immediately without notice.

**8.2 Termination of Appointment**

Unless your appointment is terminated by mutual, written agreement, or automatically terminated (i.e. for breach of conditions as noted in 8.1 above), your appointment will terminate either at 1) the end of your appointment’s defined end date (if applicable, as referenced in this Letter), or 2) upon the party wishing to terminate the appointment providing the other parties with six (6) months’ prior written notice.

Please note that a two-day New Faculty Orientation session will be held on INSERT Dates i.e. July 11 & 12, 2017.  At this University orientation session, you will be provided with an overview of the University and key resources that you will need to know about as you prepare for the roles articulated herein.  The New Faculty Orientation includes presentations by individuals from University Teaching Services, Office of Research Services, Libraries, Information Services and Technology, among others.  The event culminates with a reception hosted by the President of the University of Manitoba.  This is an important event; you are asked to save the date and plan on attending the New Faculty Orientation.

Additional information about the New Faculty Orientation will be forwarded to you around the date of the New Faculty Orientation Session.

If you accept this offer, please sign this letter and return it, along with any additional documents requested herein to be signed and returned, within ten (10) days of receipt to Attention: INSERT Department Head's Name and address. Electronic signature and email delivery are sufficient.

The University, Shared Health, and our colleagues hope that you will accept our offer, and we look forward to extending a warm welcome to you.

Yours sincerely,

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Perry Gray, MD, FRCSC Peter Nickerson, MD, FRCPC, FCAHS

Chief Medical Officer and Vice-Provost (Health Sciences) and

Provincial Lead, Medical Specialist Services Distinguished Professor

Shared Health Dean, Rady Faculty of Health Sciences

Dean, Max Rady College of Medicine

University of Manitoba

I accept this offer on the terms and conditions specified in this Letter and with the full understanding and acknowledgment that the position(s) and appointment(s) is/are subject to the approval of the President and Board of Governors of the University of Manitoba, and the Chief Medical Officer and Provincial Lead, Medical Specialist Services, Shared Health. In particular, without limiting the generality of the foregoing, I acknowledge that the above-mentioned terms and conditions are the only terms and conditions to which the University of Manitoba and Shared Health are obligated should the position(s) and appointment(s) be approved.

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Dr. INSERT Physician's Name Date