**CLINICAL (MD) FULL TIME LETTER OF SUPPORT**

## Prepared by the Site/Division Head or Approved DFCM Program Director

(Include in the clinical faculty appointment application)

**Please delete the above text before printing on letterhead**

[Current Date]

Dr. Danielle Martin

Professor and Chair

Department of Family and Community Medicine

University of Toronto

500 University Avenue, 5th Floor

Toronto, ON M5G 1V7

Dear Dr. Martin:

**Re: Clinical Full-Time Appointment Application**

Full Name:

Rank:

Category:

FTE%: [please be as specific as possible or use the following: >80%]

Email Address:

Hospital Appointment Type: Active Staff

I am pleased to recommend Dr [Name] to the Department Appointments Committee (DAC) for a clinical full-time appointment at the rank of [XXX] in the Department of Family and Community Medicine. *Please provide a brief explanation of why the candidate is seeking a faculty appointment OR change in appointment, if applicable and why they are appropriate for this level and rank. (ex: Dr. X is interested in a faculty appointment at DFCM so that they can teach residents at our site. In addition, they will be teaching at academic half days and will be taking over organizing family medicine grand rounds. Dr. X now has an active hospital appointment and is enrolled in our conforming practice plan and requires full-time faculty status.)*

***NOTE:*** *If* ***applying at the initial rank of assistant professor****, this letter should be more robust than that supporting an appointment at the lecturer level. Please provide a rationale for initial appointment at assistant professor.*

***Rationale for higher rank:***

***Delete section if not applicable to application.***

*I am pleased to recommend Dr [Name] for an initial rank at Assistant Professor as they meet the University of Toronto requirements for this level. I am putting them forward at this rank because of [Advanced Degree OR Academic Impact (Sustained teaching excellence, Design and development of curricula, AND/OR Creative Professional Activity (CPA) in teaching/education). Please describe the Advanced Degree/Academic Impact. Note if they held this rank at another institution.*

**Relationship with Candidate:**

I have known Dr. [Name] for approximately [duration], as [state how you know candidate]. I [have/have not] read Dr. [Name]’s application package and solicited reference letters from [XX], title/institution, etc. ***These letters should be from someone who has known the candidate for one year or more and can accurately speak to the applicant's character and suitability as a teacher of medical learners.***

I can confirm that Dr. [Name] is active hospital staff and enrolled in a conforming practice plan effective [DATE] OR I can confirm that Dr. [Name] will be active hospital staff and enrolled in a conforming practice plan as soon as their faculty appointment is granted.

**Education:**

***[Mandatory] Use the above paragraph heading and provide a complete summary.***

Dr [Name] received [his/her/their] MD from the [Name of school and location] in [year of graduation} and subsequently completed a Family Medicine residency at [Name of school] in [year of completion]. Dr [Name] also completed [add in any additional training like PGY3, Master’s programs and they years of completion if applicable]

*Example: “Dr [Name] received their MD from the University of Toronto in 1996 and subsequently completed a Family Medicine residency at [Site] in 1998. Dr [Name] also completed an Enhanced Skills program in Addiction Medicine from June 2004 to March 2005”*

**Education and/or Research Studies, if applicable:**

***[If applicable] Use the above paragraph heading and provide a complete summary.***

***Example below:***

Dr [Name] has been involved in a number of education and research studies including a national educational project regarding substance use in pregnancy.

**Academic Involvement:**

***[Mandatory] Use the above paragraph heading and provide a complete summary.***

***This section must include a detailed outline of planned academic activities, including:***

1. ***type of teaching and learners***
2. ***location of academic activity***
3. **any graduate, research, QI, education scholarship or other relevant academic work that is planned**

***Example below:***

Dr [Name] will be involved in teaching our residents and medical students in their Geriatric Rotation at [site]. Dr [Name]’s graduate course work will include teaching and application, specifically to health professions which will directly support his clinical teaching. Dr. [Name] has demonstrated an interest in QI and will be involved in QI initiatives at our site.

**CPSO Complaint:**

***Delete section if not applicable to application. This will be indicated on the Certificate of Professional Conduct (pg. 2)***

Dr. [Name] has a CPSO complaint from [date]. I have met with the candidate to discuss the issue and am confident this will not interfere with Dr. [Name]’s teaching. [Please provide any additional details that may be relevant for DAC (ex: if it was since resolved or if more action is being taken]. I support their faculty appointment.

**Summary:**

***[Mandatory] Use the above paragraph heading and provide two to three personal sentences about the candidate.***

***Example below:***

To my knowledge, Dr. [Name] is an ethical, competent physician who would be an appropriate role model for learners.

Please find attached the appropriate documents to support this application. I am confident that Dr [Name] will be a valuable addition to the Department of Family and Community Medicine at the University of Toronto.

Sincerely,

<Site/Division Head/ Signature>

Site/Division Head name, degrees

Title

Department