**CURRENT DFCM FACULTY JOINING SECONDARY DIVISION/PROGRAM**

**LETTER OF SUPPORT**

## Prepared by the Family Physician-In-Chief 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: Secondary Division – Dr [Name]**

We are writing to support the update in Dr XX’s active [appointment type: i.e. Full Time] appointment at the rank of [XX] in the Department of Family and Community Medicine to include a secondary [division/program].

**Acknowledgement of Secondary Division or Program:**

We acknowledge that Dr [Name] will act as Dr. XX’s primary [Chief/Division or Program Director] at [Site] and that Dr [Name] will act as their secondary [Chief/Division or Program Director] for [Division/Program]. We are committed to open communication with each another regarding Dr XX’s academic appointment.

**Academic Involvement in Secondary Division or Program:**

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

***This section must include a detailed outline of academic activities the faculty member will participate in for both their Site and their Secondary Division or Program, including:***

1. ***type of teaching and/or other academic activity***
2. ***location of academic activity***

***Example below:***

Dr XX will continue to be involved in teaching residents and medical students at [Site]. In addition, they will also be contributing to the Palliative Care division by teaching and mentoring PGY3 palliative care residents. They will also act as Quality and Innovation Lead for the Pallaitive Care Division.

**Summary:**

To our knowledge, Dr XX is an ethical, competent physician who is an appropriate role model for learners.I am confident that Dr XX will continue to provide valuable contributions to the Department of Family and Community Medicine at the University of Toronto in this new capacity.

Please find enclosed an updated Position Description Form.

Sincerely,

*<Primary Site Chief, Division Head, or Program Director Signature>*

Chief/Division Head/Program Director name, degrees

Title

Department

*<Secondary Division Head or Program Director Signature>*

Chief/Division Head/Program Director name, degrees

Title

Department