



# **Department of Obstetrics & Gynecology**

## **Academic Recognition and Compensation System (ARCS) Manual**

**2021-2022**



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## **1. Introduction:**

The Academic Recognition and Compensation (ARCS) system was developed as a result of new AFP funding to be directed towards academic accomplishments of GFT and non-GFT faculty with the Department of Obstetrics and Gynecology. Initially, AFP funds were distributed to all faculty members independent of their membership status in the AFP. Effective, 2009 AFP funds are only distributed to AFP members and faculty outside of Hamilton who participate in teaching learners.

The ARCS system was predated by an academic points system developed for GFT in 1996 by the then Chair, Dr. John Collins. This system was used to direct a distribution of voluntarily pooled MET dollars. The pool of MET dollars available decreased over time due to reductions in the University budget and the number of senior faculty able to contribute MET dollars to the pool. This point scheme was perceived to work well but was under-resourced due to the inadequate funds available.

The ARCS system is intended to compensate faculty members for their academic contributions for McMaster University work during the academic year (July 1 through June 30<sup>th</sup>). The ARCS model that is used assigns point values for each role.

In 2011, at the HOGA Annual General Meeting members agreed to recommended changes put forth by a subcommittee. As such, there will be significant changes to the roles and points assigned to roles. These changes were originally implemented in the 2011-12 year. The following is a summary of some of the principles and expectations of AFP members.

## **Principles Supporting the Academic Recognition and Compensation System**

All types of academic roles (education, research, and administration) should be supported and valued:

- Based on a survey of AFP members.
- No double-dipping should be supported.
- Faculty receiving stipends, significant base support or other forms of support should not be paid twice for performing the same role.
- One point should be approximately equivalent to one hour of exclusive academic work.

No distinction in point's valuation between:

- AFP members.
- Non-Hamilton non-AFP physicians.

The committee recognized that any role:

- Could involve variable commitment in hours.
- Could be performed with variable quality and for any role, there is no easily validated measure of quality or commitment.

Therefore, points are assigned based on average time commitment and average quality.

## **Expectations of AFP Members**

As AFP members, and faculty members working in an academic institution, there are certain expectations:

- Teach on a day-to-day basis.
- Involve learners in deliveries.
- Welcome learners into the Operating room:
  - L&D – C-sections.
  - Gyne OR.
- Teach while on call.
- Supervise on the Wards.

What is done during any rotation: practice orals, OSCEs, teaching sessions, chat over coffee, etc., is part of the rotation and covered in the predetermined points.

Additional teaching sessions are at the discretion and scheduling of the undergraduate and postgraduate program.

## **Accountability:**

- The Star CV and MacFACTS systems allow for input of university activities at source.
- Mistakes happen so it is up to the individual to check for accuracy.
- Corroboration is needed for claims made from outside the university, i.e. presentations, abstract reviews, grant reviews, committee membership and attendance, publications, etc.

Random audits will take place.

## 2. Academic Roles Listing (July 2020-June 2021)

### POINTS

#### UNDERGRADUATE EDUCATION

Clinical Skills session, Medical Foundation 3 (points per session)	3
Medical Foundation 3 Large Group Session (points per session)	1
Student Advisor (points per student per year)	5
Clerkship Supervision - Community (points per 4-week block)	24
Simulation Training (one pt per hour)	1
OSCE evaluator (points per event)	5
CASPER Submissions (points per event - MD Program Admissions)	12
MMI Assessor (points per event – MD Program Admissions)	10
LMCC Review Lectures (points per lecture)	2
Supervisor, Student Electives - Horizontal (points per clinic)	1
Supervisor, Student Electives - Block (points per week)	8
Clerkship Teaching Session (points per session)	2
Research Supervisor (per project)	10
UG Site Coordinator (Brantford) – (min of 2 students per rotation – points per year)	10

#### POSTGRADUATE EDUCATION

OSCE, assessor (points per session)	2.5
OSATS Assessor (points per half day)	3.5
CMAS (points per half day)	3.5
Simulation Training (points per hour)	1
Assessor – CaRMS Applicants (Reading & Ranking) (pts per candidate)	0.63
Interviewer - Resident applications (points per candidate)	0.17
WIHRIP Facilitator (point per session)	1
Research Supervisor (per primary research project)	10
Quality Assurance Project Supervisor (Postgrad)	10
Remedial Coach (points per year)	5
Competency Committee Member (per year, per resident – Please add in all competency committee meetings under committees.)	2
Academic Coach (per resident, per year)	4

Clinical Supervisor, Resident (points per subspecialty):

Generalists – SJH	600
Generalists – MUMC	600
Maternal Fetal Medicine (MFM)	400
Gynecologic Oncology	400
Urogynecology	400
Laparoscopic Rotation	200
Reproductive Endocrinology & Infertility (REI)	400
Colpo	400
Sexual Medicine	150
Ultrasound (SJH & MUMC)	150
PreNatal Diagnosis (PND)	75

Supervisor, Visiting Resident Elective (points per week)	8
Supervisor, Resident Electives (points per week)	8
Resident Ombudsperson (points per year)	20
Academic Half Day sessions (points per session)	2
Department city-wide a.m. rounds (per session)	1

Rotation Coordinator (points per year, per subspecialty):

MFM	30
Gyne Onc	30
UroGyne	30
REI	30
Colpo	30
Ultrasound	10
Laparoscopy	15
Site Coordinator – MUMC (per year)	50
Site Coordinator – SJH (per year)	50
Intern Coordinator (per year)	15
Resident Mentor (points per student per year)	2
Research Supervisor (points per project)	10

**FELLOWSHIP EDUCATION (Points per subspecialty)**

Clinical supervisor – MFM (includes US & PND, points for subspecialty per year)	200
Clinical Supervisor – REI (points for subspecialty per year)	200
Clinical Supervisor – MIGS (points per year)	200
Clinical Supervisor – Urogyne (points per year)	200

Clinical Supervisor – Gyne Onc (points per year)	200
Academic half day (per session)	2
Fellow Mentor (points per student per year)	2

### **POST PROFESSIONAL EDUCATION**

McMaster CE Presentation (points per presentation)	1
Royal College Examiner (points per year)	20
Accreditation Prep and Meetings (none for stipend roles) (points per hr.)	1

### **ADMINISTRATION**

Member, Academic Committee (points per meeting) - University committees only - Undergrad, Postgrad and departmental	1
Chair, Academic National Committee (points per meeting)	2
HHS Research Committee Member (points per grant reviewed)	3
President, National Organization for Obstetrics & Gynecology (per year)	10
Member, National or Provincial Committee (points per meeting)	1
Rounds Committee (per year)	5

### **RESEARCH POINTS**

#### **Publications (points allocated per publication) \*Must be Published\***

First/Senior Author	40
Book Chapter	40
Editor/Associate Editor	20
Editorial	5
Non Peer-reviewed Article	5
2 <sup>nd</sup> + Author	5
Review Paper (nonsystematic)	5
Commentary/Letter to Editor	5
Participant Clinical Practice Guidelines	5

#### **Presentations (points allocated per presentation **to the presenter**)**

Poster/Oral (first/initial presentation)	10
Subsequent Presentations	2
Invited Presentation: National, International	10
Invited Presentation: Local, Regional	5

**\*Base the geographical scope of the meeting/group not on the location where you presented.  
i.e. SOGC would be National even if you presented in Toronto \***

### **Grants (points allocated for each funded grant)**

Major Competitive – Tricouncil (CIHR, NSERC, SSHRC) NIH	
Principle Investigator	100
Co-Applicant	20
Research Site Coordinator	20
Other Competitive (i.e., HAHSO Innovation Grant)	
Principle Investigator	50
Co-Applicant	10
Research Site Coordinator	5
Non-Competitive/Industry Funded	
Principle Investigator	10
Co-Applicant	5
Research Site Coordinator	5

### **Other Scholarly Activities**

Journal Reviewer for Peer Reviewed Journal (points per paper reviewed)	2
External Grant Reviewer (points per grant)	3
Abstract Reviewer (points per abstract)	0.25
Conference Planning:	
- Conference planning committee chair (points per year)	15
- Conference planning committee member (points per year)	8

Information to be submitted with the request for committee planning points this year so we can track whether this is the appropriate number of points:

- Final conference agenda and meeting date (date **must** fall within July 1, 2021- June 30, 2022)
- Summary of work involved including time commitment for planning

### **COVID-19 Exception for 2021-2022**

For 2021-2022, the COVID-19 exemption continues. Points **may** be awarded for a presentation that was scheduled to be made at an event cancelled due to COVID-19:

Information to be submitted with points request for consideration:

- Confirmation of presentation acceptance
- Confirmation conference was cancelled due to COVID-19
- Attestation that the presentation preparation was **complete and ready to present.**
- If the presentation is being given in an alternate meeting or format (online, or meeting date has been delayed) **points are not available** for the initial presentation.

**\*Please ensure you have supporting documents for all activities reported.\***



### **3. Role Descriptions**

#### **Undergraduate Roles:**

##### **Clinical Skills session, Medical Foundation 3 small group session**

These are sessions held in the Center for Simulation Based Learning where 7-10 students meet with faculty member. Reproductive examination skills and history taking is shown.

##### **Medical Foundations 3 – Preceptor Professional Skills**

Lectures provided to all of the MD class.

Gynecology = 2 hours

Obstetrics = 2 hours

##### **Student Advisor:**

Faculty member who provides advice to an undergraduate medical student throughout their program. He or she meets regularly with the student, provides general academic guidance, advises the student about elective choices, signs off on all elective objectives forms, reviews the students Professional Competencies Learning Dossier several times during the program and acts as an advocate for the student when necessary.

##### **Clerkship Supervision – Community**

Providing supervision for a clinical clerk in a clinical setting and provides an evaluation of the student's performance.

##### **Simulation Training**

Providing training within a teaching session to undergraduate medical students with the use of simulators.

##### **OSCE Evaluator**

A faculty member who participates as an Evaluator in an Objective Structured Clinical Evaluation (OSCE). The evaluator is responsible to observe, evaluate, and provide verbal feedback, when required, on the performance of a medical student in one OSCE station. Students perform a physical exam or take a history from a Standardized Patient trained to portray a certain scenario.

##### **Admissions – CASPER**

Assessment of an applicant's autobiographical submission to the Undergraduate Medical Program. The autobiographical submission is a description of preparedness for medicine and suitability for the program.

**MMI Assessor – multiple mini-interviews**

Participates in the assessment of candidates for the Undergraduate Medical Program.

**LMCC Review Lectures (*Medical Council Licensing Exam*)**

Lecture on a specific topic related to obstetrics and gynecology to undergraduate medical students in preparation for their LMCC exam.

**Supervisor – Student Electives (Horizontal)**

Supervising undergraduate medical students for specific days over a determined period of time. Horizontal – could be one day per week, with a minimum of 8 hours to be counted for

**Supervisor – Student Electives (Block)**

Supervising undergraduate medical students daily over a determined period of time, i.e. every day in the month of August.

**Clerkship Teaching Session**

Teaching/lecturing to undergraduate medical students on a specific topic at a prearranged date and time.

**Research Supervisor**

Supervising an undergraduate medical student's research project.

**Undergrad Site Coordinator (Brantford)**

Responsibility for making all arrangements for undergraduate medical students' placement in Brantford. A minimum of two students per rotation are required to obtain points.

**Postgraduate Education Roles:****OSCE assessor**

Objective structured clinical evaluation organized by the Postgraduate Medical Program to assess students. The results of this exercise are not final but rather preparatory in nature.

**OSATS**

Objective Structured Assessment of Technical Skills teaching modules are used to assess students' skills. This is run similar to the OSCEs.

**CMAS**

To participate in the planning and implementation of the CMAS workshops. This includes, but is not limited to, participating in the preliminary group discussion, the inanimate workstations and the animal lab simulations at MUMC.

**Simulation Training**

Facilitating a teaching session to postgraduate medical students with the use of simulators.

**Assessor – CaRMS Applicants (Reading & Ranking)**

Assessment of candidates for the obstetrics & gynecology residency program.

**Interviewer – Resident Applications (CaRMS)**

Assessment of candidates, through an interview process, for the obstetrics & gynecology residency program.

**WIHRIP Facilitator****Clinical Supervisor – Resident**

Supervising a resident in a clinical setting and providing an evaluation.

**Supervisor – Resident Electives**

Supervision and teaching of a resident for a specific time period and providing evaluation and feedback on their performance.

**Resident Ombudsman**

Provide support/advice to residents with issues and/or conflicts and concerns.

**Academic Half Day Session**

Presentation of a teaching session on a specific topic to residents. Sessions are held on a weekly basis.

**Tuesday a.m. Rounds**

Presentation of the rounds/session.

**Rotation Coordinator:**

To oversee the residents on the respective rotation and in particular ensure:

- A high quality educational experience.
- Timely and comprehensive feedback to the resident.
- Administrative collaboration and communication with the residents and the Residency Program.

**Site Coordinator - MUMC**

To oversee the residents on the respective rotation and in particular ensure:

- A high quality educational experience.
- Timely and comprehensive feedback to the resident. This includes, but is not limited to, collating and summarizing mid-rotation and end-of-rotation evaluations for submission on WebEval.
- Administrative and educational collaboration and communication with the residents, the Postgraduate Residency Program, the Undergraduate Program and the BCT Program.

**Site Coordinator – St. Joseph’s Hospital**

To oversee the residents on the respective rotation and in particular ensure:

- A high quality educational experience.
- Timely and comprehensive feedback to the resident. This includes, but is not limited to, collating and summarizing mid-rotation and end-of-rotation evaluations for submission on WebEval.
- Administrative and educational collaboration and communication with the residents, the Postgraduate Residency Program, the Undergraduate Program, and the BCT Program.

**Intern Coordinator**

To oversee the interns on the respective rotation and in particular ensure:

- A high quality educational experience.
- Timely and comprehensive feedback to the interns. This includes, but is not limited to, collating and summarizing mid-rotation and end-of-rotation evaluations for submission

on WebEval.

- Administrative and educational collaboration and communication with the interns, the Postgraduate Residency Program, and the Undergraduate Program.

### **Resident Mentor**

- Mentors will act as a resource person for residents in the Program.
- Areas where residents may seek advice may include career planning, topics for electives, conflict resolution with co-workers or attending physicians and perhaps assistance with achieving a balance with personal and professional issues.
- It is suggested that the mentor meet with the mentee once every 6 months as a minimum, to help monitor progress throughout the residency. This should start in the PGY1 year.

### **Research or Quality Assurance Project Supervisor**

Supervision of a postgraduate medical student's primary research or quality assurance project. Secondary projects are not monitored and while the supervision of secondary projects is not eligible for points, any productivity (i.e., papers, presentations, etc.) can be submitted under the appropriate category for points.

### **Fellowship Education**

#### **Clinical Supervisor**

Supervising a resident in a clinical setting and providing feedback and evaluation.

#### **Academic Half Day Session**

Presentation of teaching sessions on a specific topic. Held on a weekly basis.

#### **Fellow Mentor**

Provides mentorship to a fellow in the MFM program.

### **Post Professional Education**

#### **McMaster CME Presentation**

Teaching/presentation at Grand rounds or other venue for continuing medical education.

#### **Royal College Examiner**

## **Administration:**

### **Member, Academic Committee**

Attendance and participation on University academic committees

- Postgraduate Education Committees.
- Undergraduate committee.
- Tenure & Promotion.
- Finance.

### **Chair, Academic Committee**

- Acting in the role of Chair for a University academic committee.
- President of a national education organization for Obstetrics & Gynecology (if no stipend provided).
- Member or Chair of national or provincial education or research committee e.g. APOG.

### **HHS Research Committee Member**

Attendance and participation on the HHS Research Committee.

### **President, National Organization for Obstetrics & Gynecology**

- APOG
- SOGC
- FIGO
- SGO
- CFAS
- CCO

### **Member, National or Provincial Committee**

Attendance and participation on a national or provincial committee related to the profession of Obstetrics and Gynecology.

## **Research:**

### **Publications**

First Author – publication as the first author.

Chapter – book chapter.

Editorial/Associate Editor (journal).

Non Peer-reviewed Article.

2<sup>nd</sup> Author + others Peered Reviewed Journal Article.

**Presentations**

Posters or Oral

**Grants - *Points are allocated for the first year of each funded grant:***

Peer Reviewed, Principle Investigator, Major Granting Agency

Peer Reviewed, Principle Investigator, Other Granting Agency

Peer Reviewed, Co-Principle Investigator, Major Granting Agency

Peer Reviewed, Co-Principle Investigator, Other Granting Agency

Peer Reviewed, Principle Investigator, Re-submission of Grant

Site Coordinator in Research

**Other Scholarly Activities**

Journal Reviewer for Peer Reviewed Journal

External Grant Reviewer

Abstract Reviewer

#### 4. Examples of Roles not supported by ARCS

##### Health Care Committees/Positions

- Hospital (e.g. HHS or SJH)
- MOH or Health Canada

##### Media Contacts

- Television, radio and newspaper interviews
- Medical articles for magazines, newsletters etc.

##### Community Volunteer activities

Presentations at medical, public or commercial conferences when a stipend is provided.

Presentations to government committees, boards etc.

International educational roles.

#### 5. Timetable

##### Data Collection and Points Allocation

<u>Date</u>	<u>Task</u>
Mid-July	Letter and ARCS summary will be sent.
Mid-August	Faculty to return summary with any revisions and/or queries.
Early-September	Changes will be made, and a second summary will be sent.
October	A letter will be sent with final summary of points and the corresponding dollar value.
Mid October - late November	Payments will be processed.



## Appendices

### Appendix 1:

#### Historical Development of the Academic Reward and Compensation System

##### **ARCS Funding:**

At the first Annual General Meeting of Hamilton Obstetrics and Gynecology Associates (HOGA) in November 2003, a decision was made by a majority of AFP members to divide AFP dollars provided to the Department into two equal portions. One portion was to be administered centrally to fund stipended academic roles and other academic projects and expenses. The remaining 50% was to be distributed using a system of points; similar to the previous GFT based system but hopefully improved.

##### **ARCS Committee:**

A committee was struck, consisting of the Chair of Obs\Gyn (also President of HOGA), HOGA and then Department Manager (Debbie Martin), Postgraduate Education Program Director (Stephen Bates), Undergraduate Education Program Director (Amie Cullimore), Dr. Francois Moens (Gynecological Oncology), and Dr. Patricia Smith (Maternal Fetal Medicine).

##### **Development of the ARCS:**

After extensive discussions within the committee, it was decided that rather than develop an entirely new system of points assessment, the committee would look to modify the existing academic GFT points system. In examining this committee eliminated all roles on the previous GFT point's forms which were not utilized by any members of the Department.

The reasoning for including 'recognition' in the title of Academic Recognition and Compensation System was that the system would provide recognition of contributions as well as a token financial reward. Clearly the amount of money available did not permit compensation for academic activity at a level equivalent to that provided for clinical earnings.

The first work of the committee was to establish philosophy and principles which would guide the development of the ARCS. A number of the principles had been discussed during the development of the AFP. Others were borrowed from concepts developed by Dr Geoff Norman. The final set of agreed upon principles are itemized page.

In addition to these principles, the committee defined three levels of academic involvement – exclusive, combined and integrated. These are defined as follows:

- **Exclusive** academic activities would be those that fully occupy an individual with being able to be able carry on other concurrent activity (e.g. tutoring, giving a lecture).
- **Combined** roles would be those where and individual could combine an academic activity concurrently with another role (e.g. learner in a clinic or in the O/R). Only a portion of the time would be credited toward academic credits. Finally,
- **Integrated** role takes place when there are multiple learners in a single academic setting (e.g. residents and med students at a learning session, being on call with a resident, intern and med student).

One important issue that arose was whether ARCS points should reward educational activity only or whether the system should reward educational, administrative and research activity. There was no clear consensus in the committee. A survey of all members was conducted by an itemized questionnaire. The results indicated strong support for rewarding all forms of academic activity.

The committee then met several times to review each of the possible ARCS items with considerable and sometimes vigorous discussion about the relative value of each.

Following a full evaluation of every role, 53 roles were identified, and these were displayed on a spread sheet in both their original order, grouped by type of role, but also sorted by proposed point value. The latter sort placed similarly valued items next to one another in the table. The committee reviewed each group of similarly valued items to see if the perceived educational contributions were comparable.

The third step in the process was to send all participants at year end a listing of roles administered centrally for verification. All data was pulled from an academic data base which contained all known sources of measurable clinical activity such as the undergraduate and postgraduate rotation and teaching session schedules as well as on-call schedules. A calculation of points was then performed with the verified information.

The committee then met to review the calculations as they applied to each of the members of GFT and non-GFT rewarded by system. The purpose of the review was to establish “face validity”. Did the balance of points to individuals and by categories make sense or were there some obvious anomalies? The committee was satisfied that there were no major surprises in the outcome of the rewards calculations. In addition, the gender balance, the balance between GFT, non-GFT in Hamilton and non-GFT outside of Hamilton and the distribution between undergraduate, postgraduate and other activities seemed appropriately balanced.

The committee, in response to these findings, decided not to go forward with two potential additional strategies. The first would be to cap any particular category which appeared to be inappropriately or excessively rewarded. In addition, no weighting was applied to any of the point’s categories. Weighting had been a part of the old points system for GFT in which undergraduate time was differentially advantaged over other categories of reward. This was not done for the first iteration of the ARCS system.

These two strategies capping and weighting, remain an option for future use if deemed appropriate by the Department Finance Committee and HOGA.

The ARCS system is regarded as a system, not carved in stone, in continuing development. It will be modified and adjusted as deemed appropriate by the members.

#### **Outcome of the Initial ARCS Distribution:**

The first iteration of the ARCS resulted in a distribution to participants in September 2004. The calculations were applied to academic contributions for the months of July 2003 to June 2004.

All data was entered into a departmental academic database. Points were assigned to roles; then, a points total was generated for each physician. These totals were then combined to form a departmental total of 20,034 points. The overall pool to be divided was \$501,785 resulting in a value of \$25.04 per point. The latter value was multiplied by the number of points earned by an individual to calculate her or his compensation.

The largest allocation of points was to undergraduate activities (42%). When integrated activities in which undergraduates were involved were added to this, 52% of points were earned for involvement in undergraduate education. Postgraduate education earned another third of the points and research, publications and academic administration the remainder.

The average distribution by category of physician was as follows:

- AFP members - \$15,981
- Hamilton non-AFP physicians – \$10,996
- Non-Hamilton non-AFP physicians - \$5,450

Although there was a total of 53 roles identified, it is important to note that just three roles attracted more than half of support.

- Clinical supervisor, resident - \$138,485
- Clerkship supervision, L&D - \$100,678
- Clinical supervision, community - \$61,609

The gender distribution appeared balanced and appropriate.

	Female	Male
Number of faculty	20	21
Total distribution	\$257,284	\$244,476
Average distribution	\$6,275	\$5,962

## **Appendix 2:**

### **Significant Changes to ARCS system/process:**

**The following decisions were approved at Committee Meetings:**

#### **HOGA Executive Meeting, May 28, 2008:**

- Exclude Hamilton non AFP physicians from ARCS process/payment.

#### **ARCS Committee, October 21, 2008:**

- Payment to Generalist for clinical supervision of residents.
- Generalists who receive points for clinical supervision of residents cannot request additional points for O.R. supervision.
- There will no longer be points for Labour & Delivery in clerkship.
- Ten points per week for resident supervision and electives reduced to 5 points per week. It was felt that this more accurately reflects the resident supervision role.

#### **HOGA Executive Meeting, June 21, 2010:**

- All future ARCS issues will be addressed by the HOGA Executive Committee.

#### **ARCS SubCommittee, 2011:**

In 2011, a subcommittee completed a review of all roles and points to determine appropriateness of item inclusion (addition or deletion) and establish “relativity” of items. Same role has different value and some roles were overvalued. The changes made were effective for July 1, 2011 – June 30, 2012 cycle.

#### **HOGA AGM, November 18, 2013:**

- Change Undergraduate Teaching Sessions and Academic Half Day Sessions from 5 points to 1 point per hour to equalize the teaching commitment.
- Eliminate points for submitted/accepted publications and only award points for published publication. This will avoid “double dipping”.
- All Resident Events – need approval of the Program Director and the HOGA Executive Committee in advance.
- Request for points will not be considered/approved after the event has taken place.
- No activity will be approved after the preliminary ARCs summaries have been distributed.
- Roles/Activities not included on the summary of roles, must be approved in advance, and no later than June 30th.

**Appendix 3:**

**Department of Obstetrics and Gynecology  
Academic Recognition and Compensation System**

**Academic Roles Listing (effective July 1, 2012)**

**UNDERGRADUATE EDUCATION**

	<b><u>POINTS</u></b>
Clinical Skills session, Medical Foundation 3 (points per session)	3
Medical Foundation 3 Large Group Session (points per session)	1
Student Advisor (points per student per year)	5
Clerkship Supervision - Community (points per 4-week block)	24
Simulation Training (one pt per hour)	1
OSCE evaluator (points per event)	5
CASPER Submissions (points per event - MD Program Admissions)	12
MMI Assessor (points per event – MD Program Admissions)	10
LMCC Review Lectures (points per lecture)	2
Supervisor, Student Electives - Horizontal (points per clinic)	1
Supervisor, Student Electives - Block (points per week)	8
Clerkship Teaching Session (points per session)	2
Research Supervisor (per project)	10
UG Site Coordinator (Brantford) – (min of 2 students per rotation – points per year)	

**POSTGRADUATE EDUCATION**

OSCE, assessor (points per session)	2.5
OSATS Assessor (points per half day)	3.5
CMAS (points per half day)	3.5
Simulation Training (points per hour)	1
Assessor – Carms Applicants (Reading & Ranking) (pts per candidate)	0.63
Interviewer - Resident applications (points per candidate)	0.17
WIHRIP Facilitator (point per session)	1

Clinical Supervisor, Resident (points per subspecialty):

Generalists – SJH	600
Generalists – MUMC	600
Maternal Fetal Medicine (MFM)	400
Gynecologic Oncology	400
Urogynecology	400
Laparoscopic Rotation	400
Reproductive Endocrinology & Infertility (REI)	400
Colpo	400
Sexual Medicine	150
Ultrasound (SJH & MUMC)	100
PreNatal Diagnosis (PND)	50
TA clinic	15
Supervisor, Resident Electives (points per week)	8
Resident Ombudsperson (points per year)	10
Academic Half Day sessions (points per session)	2
Tuesday a.m. rounds (per session)	1

Rotation Coordinator (points per year, per subspecialty):

MFM	30
Gyne Onc	30
UroGyne	30
REI	30
Colpo	30
Ultrasound	8
Laparoscopy (formerly Brantford)	4
Site Coordinator – MUMC (per year)	50
Site Coordinator – SJH (per year)	50
Intern Coordinator (per year)	15
Resident Mentor (points per student per year)	2
Research Supervisor (points per project)	10

**FELLOWSHIP EDUCATION**

Clinical supervisor – MFM (includes US & PND, points for subspecialty per year)	200
Clinical Supervisor – REI (points for subspecialty per year)	210
Clinical Supervisor – MIGS (points per year)	200
Academic half day (per session)	

Fellow Mentor (points per student per year) 2

**POST PROFESSIONAL EDUCATION**

McMaster CE Presentation (points per presentation) 1

Royal College Examiner (points per year) 20

Accreditation Prep and Meetings (none stipend roles) (points per hr.) 1

**ADMINISTRATION**

Member, Academic Committee (points per meeting) - University committees only 1  
Undergrad, Postgrad and departmental

Chair, Academic National Committee (points per meeting) 2

HHS Research committee Member (points per grant reviewed) 3

President, National Organization for Obstetrics & Gynecology (per year) 10

Member, National or Provincial Committee (points per meeting) 1

**RESEARCH POINTS**

**Publications (points allocated per publication) \*Must be Published\***

First/Senior Author 40

Book Chapter 40

Editor/Associate Editor 20

Editorial 5

Non Peer-reviewed Article 5

2<sup>nd</sup> + Author 5

Review Paper (nonsystematic) 5

Commentary/Letter to Editor 5

Participant Clinical Practice Guidelines 5

**Presentations (points allocated per presentation)**

Poster/Oral 10

Subsequent Presentations 2

Invited Presentation: National, International 10

Invited Presentation: Local, Regional 5

**\*Base the geographical scope of the meeting/group not on the location where you presented.  
i.e. SOGC would be International even if you presented in Toronto \***

**Grants (points allocated for each funded grant)**

Major Competitive – Tricouncil (CIHR, NSERC, SSHRC) NIH

Principle Investigator	100
Co-Applicant	20
Research Site Coordinator	20
Other Competitive	
Principle Investigator	50
Co-Applicant	10
Research Site Coordinator	5
Non-Competitive/Industry Funded	
Principle Investigator	10
Co-Applicant	5
Research Site Coordinator	5

**Other Scholarly Activities**

Journal Reviewer for Peer Reviewed Journal (points per paper reviewed)	2
External Grant Reviewer (points per grant)	3
Abstract Reviewer (points per abstract)	0.25

**\*Please ensure you have supporting documents for all activities reported.\***



## **Appendix 4:**

### **Principles Supporting the Academic Recognition and Compensation System**

A number of principles were developed and used as a basis for the ARCS.

One point should be approximately equivalent to one hour of exclusive academic work.

Three categories of academic role are recognized:

- Exclusive – activities requiring full commitment by a faculty member (e.g. tutorials, lectures, course preparation).
- Integrated – activities requiring the full commitment by faculty member where multiple learners and/or multiple types of learners are present (e.g. hospital rounds).
- Combined – activities where the faculty member is concurrently involved in another activity such that teaching occurs only a proportion of the time (e.g. clinic, O/R, wards, on-call).

All types of academic roles (education, research and administration) should be supported and valued:

- Based on a survey of AFP members.
- No double-dipping should be supported.
- Faculty receiving stipends, significant base support or other forms of support should not be paid twice for performing the same role.

No distinction in points valuation between:

- AFP members.
- Hamilton non-AFP physicians.
- Non-Hamilton non-AFP physicians.

The committee recognized that any role:

- Could involve variable commitment in hours.
- Could be performed with variable quality and for any role, there is no easily validated measure of quality or commitment.

Therefore, points are assigned based on average time commitment and average quality.

Rates must be comparable to ROMP (or other external sources of funding)

- We should not have some faculty paid less or more for performing the same roles.

No distinction between GFT and non-GFT, AFP and non-AFP in rewards for roles.