  

**MAX RADY COLLEGE OF MEDICINE**

**RADY FACULTY OF HEALTH SCIENCES**

Department of INSERT Department Name

**LETTER OF AMENDMENT**

INSERT Date

**CONFIDENTIAL**

Dr. INSERT Physician Name

INSERT Hospital or Site Name

INSERT Section Name

INSERT Room & Street Address

INSERT City, Province INSERT Postal Code

Dear Dr. INSERT Physician Name,

This letter is to be appended to and amends your original Letter of Offer dated INSERT LOO Date, and any prior addenda or Letters of Understanding previously attached to your Letter of Offer (collectively referred to herein as “Letter of Offer”).

Your Letter of Offer is amended as follows:

1. **APPOINTMENT:**

*Choose the relevant paragraphs:*

*Position Extension*:

Effective INSERT Date, section 3.1 (University of Manitoba) of your Letter of Offer is amended by the following, which provisions deal with your employment relationship with the University:

 Your position(s) as listed below, shall be extended on an annual basis, unless otherwise specified herein, effective INSERT Start Date. Your position(s) is/are subject to departmental needs, continued availability of funding and satisfactory performance review.

1. Your Geographical Full-Time (GFT) position as INSERT Position Title 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 at INSERT Primary Site is extended [*Insert* on an annual basis from INSERT Start Date *OR* from INSERT Start Date until INSERT End Date]. Your annual remuneration for this position will be [Insert $$].
2. Your position as [same format as paragraph #1 above for any additional positions to be extended.]

*Assignment of New Responsibilities*:

Effective INSERT Date, Section 3.1 (University of Manitoba) of your Letter of Offer is amended by the following which provisions deal with your employment relationship with the University:

As recommended by INSERT Department Head Name, this will confirm the offer to you of the position of INSERT Position Title, 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. The term of this position will be from INSERT Start Date to INSERT End Date, but is subject to departmental needs, continued availability of funding and satisfactory performance review.

The remuneration for this position will be $ [Insert amount per annum].

Your duties and responsibilities as INSERT Position Title will be as described in

Appendix “\_\_”, attached.

*Position relinquishment:*

Effective INSERT Date, Section [Insert Reference to the applicable section] of your Letter of Offer is amended by the following:

This letter confirms you INSERT have relinquished or will relinquish your position as INSERT Position Title 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 as of INSERT Start Date.

*Research Supplement:*

Effective INSERT Date, Section [Insert Reference to the applicable section] of your Letter of Offer is amended by the following:

Your Research Supplement from the Department of INSERT Department Name, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba will be extended from INSERT Start Date to INSERT End Date. The remuneration for this position will be $INSERT Annual Income per annum. Because there is an academic commitment of INSERT Percentage% protected time, evidence of research productivity will be formally reviewed prior to this date.

*PGME Directors:*

Effective INSERT Date, Section [Insert Reference to the applicable section] of your Letter of Offer is amended by the following:

Your position as Director PGME, INSERT Program in the Department of INSERT Department Name, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba will be extended from INSERT Start Date to INSERT End Date. Effective April 1, 20INSERT Year, the remuneration for this position will be $INSERT $ amount per annum. The remuneration amount may be adjusted in accordance with the PGME Program Directors Policy.

*UGME [Insert Position, e.g. Clerkship Leader - Rheumatology:*

1.1 Effective INSERT Date, Section [Insert Reference to the applicable section] of your Letter of Offer is amended by the following:

Your position as [Insert position] UGME, INSERT Program in the Department of INSERT Department Name, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba will be extended from INSERT Start Date to INSERT End Date. Effective April 1, 20INSERT Year, the remuneration for this position will be $INSERT $ amount per annum. The remuneration amount may be adjusted in accordance with the UGME [Insert name of policy] Policy.

1. **TIME COMMITMENTS:**

*If time commitments are being adjusted include this table. If no such time adjustments, this table can be deleted.*

As a result of your select either increased or decreased administrative time and/or select either increased or decreased clinical activities, etc., your time commitments will be adjusted as follows:

 **University of Manitoba**

Teaching      %

Research      %

Administration      %

**Winnipeg Regional Health Authority**

      %

 TOTAL 100%

N.B. Your specific time commitment breakdown to the Winnipeg Regional Health Authority will be [*Select applicable Option(s) and delete the other if not required Option 1:* set out in an independent contractor agreement signed and reached between you (or your medical corporation) and the Winnipeg Regional Health Authority] [*Option 2:* set out in the Role Description attached hereto as Schedule “\_”.*Option 3:* assigned and agreed upon with the [Insert appropriate Provincial Clinical Lead for the Specialty], or delegate.]

1. **REMUNERATION:**

University of Manitoba

Your total salary effective INSERT Start Date, which is paid through the University of Manitoba in installments, **will be prorated** and will of the following:

**Ongoing appointments** (subject to departmental needs, continued availability of funding and satisfactory performance review:

*Insert and delete rows as needed; subtotal only needed when multiple positions - delete secondary Department table if not required.*

University of Manitoba

 Department of INSERT Department Name

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

 INSERT secondary Department Name or Max Rady College of Medicine

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

**Appointments limited to the period of INSERT Start Date to INSERT End Date**, subject to renewal:

*Insert and delete rows as needed; subtotal only needed when multiple positions - delete secondary Department table if not required.*

University of Manitoba

 Department of INSERT Department Name

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

 INSERT secondary Department Name or Max Rady College of Medicine

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

Winnipeg Regional Health Authority

Any adjustment to payment that you are to receive from the Winnipeg Regional Health Authority, as a result of adjusted time commitments to the Winnipeg Regional Health Authority as noted above, will be [*Select applicable Option(s) and delete the other(s) if not required Option 1*: set out in your Independent Contractor Agreement with the Winnipeg Regional Health Authority] 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.]

1. **CONDITIONS OF CONTINUED GFT STATUS:**

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 your Letter of Offer. For the purposes of certainty, this includes policies and procedures regarding the following:
* 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. Your agreement with the sharing of information and consultation between the University and the Winnipeg Regional Health Authority regarding your GFT appointment, clinical appointment and privileges;
2. Your signing and returning the GFT Agreement required by your INSERT Department Name, and your compliance with that GFT Agreement;
3. You having and maintaining an appointment to the Winnipeg Regional Health Authority Medical Staff, and your compliance with the Winnipeg Regional Health Authority’s Medical Staff By-Law, rules and regulations, policies and procedures, and any other governing documents which apply to the Winnipeg Regional Health Authority Medical Staff appointees;
4. *[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 the Winnipeg Regional Health Authority, which will contain the details of your position(s) in the INSERT Specialty Name of the Winnipeg Regional Health Authority, and your compliance with such agreement;
5. *[Include if applicable or delete this subsection]* Your meeting all citizenship and immigration requirements to allow you to continue to fill your GFT position, including, if applicable, provision of a valid work permit to the INSERT Department Name;
6. Your meeting and maintaining the registration requirements of, and remaining in good standing with, the College of Physicians and Surgeons of Manitoba; and
7. You having and maintaining medical malpractice insurance with the Canadian Medical Protective Association (CMPA) or its equivalent that is satisfactory to the Winnipeg Regional Health Authority.

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

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

All other terms and conditions of your Letter of Offer remain the same except as set out above.

Please sign your acceptance of these terms and conditions and return this Letter of Amendment and supporting documents as referenced above to INSERT Department Name, Attention: Dr. INSERT Department Head Name, Head, Department of INSERT Department Name and office address within 10 days of receipt. Electronic signature and email delivery are sufficient.

Yours sincerely,

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Dr. Aaron Jattan, MD, MMEd, CCFP Peter Nickerson, MD, FRCPC, FCAHS

Interim Regional Lead, Medical Services & Vice-Provost (Health Sciences) and

Chief Medical Officer Distinguished Professor

Winnipeg Regional Health Authority Dean, Rady Faculty of Health Sciences

 Dean, Max Rady College of Medicine

 University of Manitoba

I accept the terms and conditions as specified in this Letter of Amendment dated INSERT Date of this letter.

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Dr. INSERT Physician Name Date