

**Agenda of the meeting Senate of the University of Prince Edward Island held on
October 23, 2026, at 3:00 p.m. at Alumni Hall in Room 102.**

#	Title	Lead/Support	Type	Time
1.	Call to Order, Welcome, Land Acknowledgement and Opening Remarks from Chair and Vice-Chair	W. Rodgers	Procedure	3:00
2.	Approval of Agenda MOTION: That the agenda for October 23, 2026, be approved	W. Rodgers	Decision	3:02
3.	Approval of Minutes of September 25, 2026 MOTION: That the minutes of the open session of September 25, 2026, be approved.	W. Rodgers	Decision	3:03
4.	Business Arising from the Minutes of September 25, 2026	W. Rodgers	Discussion	3:05
5.	Election of Senator member to the Board of Governors	P. Robichaud	Decision	3:10
6.	Senior Administration Reports a. President's Report b. Vice-President Academic and Research Report c. Vice-President People and Culture Report	a. W. Rodgers b. P. Wood-Adams c. J. Ngobia	Information Information Information	3:15
7.	Question Period a. Questions and Answers Received from Placemats b. Questions Received in Advance c. Questions Received from the Floor	W. Rodgers	Discussion	3:40
8.	Reports from Standing Committees a. Senate Steering and Nominating Committee i. SSNC report of Sept 14, 2026 ii. Committees of the Senate Updates iii. Synopsis of the Senate iv. Committee Agenda Template v. Report on Elections b. Academic Planning and Curriculum Committee i. Second Curriculum Report ii. Institutional Framework on Online Learning MOTION: That the Framework for Online and Technology Support Learning be approved. iii. Recommendation on Student Feedback for Course Discontinuation MOTION: That the recommendation of the	a. W. Rodgers i. W. Rodgers ii. P. Wood-Adams / P. Robichaud iii. P. Robichaud iv. W. Rodgers v. W. Rogers b. P. Wood-Adams i. P. Wood-Adams ii. P. Wood-Adams iii. W. Whelan/ Y.	Information Decision Discussion Information Decision Decision Decision	3:50

Second Senate Meeting – October 23, 2026

Circulated to Senators on October 16, 2026

REMINDERS:

- ### Senate/Committee Vacancies

- One vacancy for a faculty member from the Faculty of Business, Veterinary Medicine, IKERAS, Nursing or Medicine on the Academic Planning & Curriculum Committee (APCC) for a term ending June 30th, 2029.
- One vacancy for a faculty member from IKERAS on the Senate Research Advisory Committee (SRAC) for a term ending June 30th, 2029.
- Two vacancies for faculty member from different faculties or the library, with exception of Engineering on the Senate Committee on Scholarships and Awards for a term ending June 30th, 2029.

Minutes of the Academic Senate of the University of Prince Edward Island
Friday, September 25, 2026, 3:00 – 5:00 pm
Alumni Hall and via Teams

- Present:** W. Rodgers (Chair), K. Mears (Vice-Chair), A. Amjad, A. Hsiao, A. Montesdeoca, A. Trowbridge, A. Carrothers, A. Weenie, A. Braithwaite, A. Patey, B. Linkletter, C. Sallavo, C. Campeanu, C. Adeyanju, D. Griffon, Y. Jia, H. Mady, I. Bhalesha, J. Moran, J McClure, K. Martin, M. Von Eccer, M. Pascal, M. Sweeney-Nixon, J. Ngobia, M. MacLellan, M. Turnbull, N. Clark, N. Etkin, D. MacLellan, P. Burns, P. Bernard, P. Smith, P. Ehimiye, R. Carragher, S. Cassidy, S. Myers, S. Lloyd, S. MacKinnon, S. Kochkina, T. Mady, T. Jackson, T. Walker, W. Whelan, P. Wood-Adams, Y. Almonte, K. Browne.
- Regrets:** J. McIntyre, M. Clapson, M. Arfken, D. Hardy-Cox, E. Reid, K. Gottschall-Pass, M. Fast, S. Kresta
- Guests:** T. Ferguson (Deloitte Auditors), K. Richard, Board members
- Recorder:** C. Campbell (Senate assistant)
- Secretariat:** P. Robichaud, University Secretary

OPEN SESSION

1. Call to Order, Welcome, Land Acknowledgement and Opening Remarks from Chair and Vice-Chair

W. Rodgers called the meeting to order at 3:02 pm and welcomed senators to the first Senate meeting of the 2026 academic year. An acknowledgement was made that the meeting was held on the traditional and unceded territory of the Mi'kmaq people. Senators were also reminded of upcoming National Day for Truth and Reconciliation events and thanked those involved in organizing recent awareness activities.

The Chair welcomed new Senate members and guests in attendance, including Board of Governors members who attended in connection with the Action Plan Audit presentation.

2. Approval of Agenda

MOTION: MOVED by T. Mady and SECONDED by A. Braithwaite that the agenda for September 25, 2026, be approved. CARRIED.

3. Approval of Minutes of May 8, 2026

MOTION: MOVED by Y. Almonte and SECONDED by N. Etkin that the minutes of the open session of May 8, 2026, be approved subject to minor corrections to names and typographical errors. CARRIED.

4. Business Arising from the Minutes of May 8, 2026

An update was provided regarding Senate SharePoint access. Responsibility for managing access permissions has been transferred to the Secretariat, allowing Senate staff to address access issues directly and more efficiently. Senators were encouraged to contact Chantal Campbell or Pascal Robichaud for assistance, as needed.

5. Information Session on Action Plan Audit

T. Ferguson of Deloitte presented the Year Two Action Plan Audit, which examined the University's implementation of commitments for the period ending April 30, 2026. Deloitte issued a qualified audit opinion, concluding that not all commitments identified at the outset of Year Two had been fully implemented.

It reported that four audit criteria were assessed as not met and fifteen as partially met. He explained that the primary basis for the qualified opinion was the incomplete enactment of policies meant to replace the *Fair Treatment Policy*. Deloitte further noted that several partially met findings resulted from changes made by the Board of Governors to implementation plans during the year, including adjustments made in response to Deloitte's recommendations. Despite the qualification, Deloitte emphasized that substantial progress had been achieved and highlighted a number of strengths and positive developments across the implementation process.

Members discussed the meaning and implications of a qualified audit opinion, including how it should be interpreted in the context of the progress achieved to date. Discussion also addressed the wording of the audit qualification and the extent to which the language accurately reflected the University's efforts and accomplishments. Questions were raised regarding the status of the *Fair Treatment Policy* and related policies, particularly with respect to their approval and implementation timelines.

Further discussion focused on Deloitte's audit methodology, including the use of source documentation to assess compliance with commitments. Members also considered the weighing of individual audit criteria and recommendations, and how these factors contributed to the overall audit outcome.

The audit report was received for information and will also be presented to the Board of Governors on October 6, 2026.

6. Institutional KPIs

J. Ngobia and K. Richard presented proposed institutional Key Performance Indicator (KPI) frameworks designed to align with both the University's Strategic Plan and Action Plan. The framework is intended to shift institutional assessment beyond measuring the completion of activities and initiatives toward evaluating their overall impact, outcomes, and contribution to cultural and organizational change.

The proposed framework identifies ten institutional KPI categories:

1. Student Success and Experience
2. People-Centered Culture

3. Health, Safety, and Well-Being
4. Inclusion and Belonging
5. Governance and Leadership
6. Community Engagement
7. Indigenization and Reconciliation
8. Research Impact
9. Sustainability
10. Reputation

Discussion focused on the development and implementation of meaningful performance measures, including the selection and quality of metrics, the establishment of institutional baselines and benchmarking practices, and the importance of strong data governance processes to support reliable assessment and reporting. Members also emphasized the critical role of effective records and information management in ensuring data integrity and supporting evidence-based decision-making.

An update was provided on plans to expand the University's institutional data analysis and reporting capacity in order to enhance performance measurement, strengthen assessment capabilities, and support ongoing strategic planning and decision-making efforts.

7. Election of Senator member to the Board of Governors and election of Vice-Chair of Senate

P. Robichaud outlined the election process and responsibilities of Vice-Chair of Senate.

Nomination: Kim Mears

No further nominations were received.

Result: Kim Mears was acclaimed as Vice-Chair of Senate for a three-year term.

P. Robichaud outlined the responsibilities and eligibility requirements for the Senate-elected member of the Board of Governors.

Three calls for nominations were made.

Result: No nominations were received. The position remains vacant and will be brought forward again at the October meeting of Senate.

8. **Senior Administration Reports**

a. President's Report

The President welcomed Senate members back for the new academic year and expressed appreciation for recent faculty presentations showcasing academic work and research. The President reflected on the successful spring convocations, noting strong participation, inspiring valedictory addresses, and gratitude to all who contributed to the ceremonies. An update was provided on several campus projects underway, including renovations to the library aimed at creating a more welcoming and supportive space for

students, faculty, and staff. The project is being funded entirely through philanthropy and is progressing well. The President discussed the continuing impact of federal international student policy changes, noting ongoing declines in international student enrolment and related revenues across the Atlantic region and Canada. Efforts by the Atlantic Association of Universities (AAU), provincial governments, and Universities Canada to address the impact on Atlantic Canada were highlighted. The President emphasized the importance of student recruitment and retention and commended the Registrar's Office for its proactive outreach to admitted students, which contributed to strong first-year enrolment numbers.

The President reported on the success of the summer alumni reunion weekend, which welcomed graduates from UPEI, Saint Dunstan's University, and Prince of Wales College. The event highlighted the strong intergenerational connections alumni maintain with the University and underscored the lasting impact of the UPEI educational experience.

Updates were provided on Board of Governors engagement, including individual meetings with board members and continued efforts to build a diverse, skilled board based on a competency framework.

The President also reported on participation in visits to aerospace and aviation-sector companies in Summerside. Industry representatives expressed strong interest in collaboration with UPEI through professional development, work-integrated learning, co-operative education opportunities, and research partnerships. The President noted the significant presence of UPEI alumni in leadership roles within these organizations and reaffirmed the University's commitment to strengthening industry relationships while continuing to lead innovation in education and research.

The report concluded with appreciation for the contributions of Senate members and optimism for another productive year advancing UPEI's strategic priorities and future direction.

b. Vice-President Academic & Research Report

Interim Vice-President Academic and Research, introduced herself and shared her leadership experience at Concordia University and the University of Northern British Columbia. She expressed enthusiasm for joining UPEI and noted the strong commitment and hard work demonstrated by faculty, staff, and administrators across the institution since her arrival.

She highlighted ongoing enrollment challenges, emphasizing the importance of Strategic Enrollment Management in supporting student recruitment, retention, success, graduation, and long-term engagement with the university. Recent initiatives led by the AVPS office and the Registrar's Office include enhancements to Welcome Week programming, registration processes, student recruitment activities, and the establishment of Dalton Hall Level 2 as a centralized student navigation hub. Additional supports include new student

resource materials, guidance for assisting students in distress, and the development of a new virtual campus tour scheduled to launch in October.

An enrollment update indicated a 5.5% decline in overall enrollment, representing approximately 300 fewer students and a reduction of about 1,275 course registrations. The decline and its impact on tuition revenue remain a significant institutional concern and a key area of focus moving forward.

The Vice-President also provided highlights from the National Survey of Student Engagement (NSSE). Survey results showed UPEI performing above the Atlantic Canadian average in the quality of interactions between students and administrative and student services staff, as well as in promoting engagement with students from diverse backgrounds. Areas identified for improvement included academic advising, opportunities for students to participate in faculty-led research projects, and the provision of feedback on drafts and work-in-progress assignments.

She reported on the successful Hessian Educational Leadership Retreat, which attracted approximately 40 participants and featured an external facilitator from the University of Calgary. The retreat was noted as a valuable professional development opportunity supported through donor funding.

A research and innovation update noted that UPEI is in the final stages of licensing the Oyster Flipper technology, a student-developed patented innovation from the Faculty of Sustainable Design Engineering, with an external partner. The project was highlighted as an example of the impact of student research and innovation when supported with appropriate opportunities and resources.

In closing, the Vice-President identified the need to address recurring operational issues and urgent matters that divert attention from strategic priorities. She noted plans to focus on improving processes, communication, and transparency to reduce these challenges and better support the university's long-term objectives.

c. Vice-President People & Culture Report

J. Ngobia reported that significant work has taken place over the summer on the Action Plan audit and Year 3 implementation. Progress continues on integrated planning and the development of key performance indicators (KPIs), recognizing that this remains an ambitious and evolving initiative.

The University has been actively engaged in collective bargaining activities and has successfully ratified three collective agreements with CUPE 501, CUPE 1870, and IBEW.

Negotiations are also underway for a first collective agreement with PEISU, with bargaining dates scheduled to begin in October. Bargaining continues with the Faculty Association (FA1 and FA2). A conciliator was appointed on August 25, 2026, and additional meeting dates have been scheduled for October.

Senate was informed that University representatives appeared before the Standing Committee on Education and Economic Growth on September 24, 2026. Discussion focused on the implementation of the revised Harassment and Discrimination Policy and the University's historical use of non-disclosure agreements. Extensive consultation has been undertaken in the development of the new Harassment and Discrimination and Sexual Violence policies, with substantive agreement reached on policy content among partners. The Board previously endorsed the policies during the last academic year.

Implementation remains delayed pending express written consent required to replace the existing Fair Treatment Policy with the new Harassment and Discrimination Policy. The University maintains that policies intended to protect the entire community should not fall under the exclusive authority of any single bargaining unit and remains committed to resolving outstanding issues through meaningful discussion at the bargaining table. Existing reporting and complaint mechanisms currently remain in effect. The University confirmed that it has not entered into any new non-disclosure agreements related to harassment and discrimination matters since December 2021.

The implementation of the UPEI Action Plan and its recommendations remains a priority and continues to be advanced through both the Action Plan and the Strategic Plan. Ongoing efforts are focused on fostering a culture of trust, safety, inclusion, and accountability across the University community.

9. Question Period

a. Questions and Answers Received from the Placemats

The Chair notes that no placement questions were received.

b. Questions Received in Advance

The Chair notes that there was one question received in advance, materials were included in the package. Responses were provided regarding: Smart glasses in classrooms, which has been referred to APCC for consideration.

c. Questions from the Floor

Q: A question was asked regarding the Employee engagement survey after a report appeared to indicate that an RFP for a new survey instrument had been unsuccessful

A: The referenced RFP was not related to the employee engagement survey. Instead, it was intended to secure a researcher to support institutional assessment and integrated data work. The employee engagement survey itself is not changing vendors or survey instruments.

10. Reports from Standing Committees

a. Senate Steering and Nominating Committee

i) Annual Report of the Senate Steering and Nominating Committee

The Chair of Senate notes that the Committee's report is included in the meeting materials and is considered received.

ii) Elections Report

The Chair of Senate notes that the Elections report is included in the meeting materials and is considered received. The University Secretary reports that elections were conducted in keeping with the rules set by the Senate under its Processes and Procedures. Three calls for nominations were made, with several candidates coming forward and being acclaimed. Discussion was had on the upcoming review of committees and questions around filling committees when changes to Terms of Reference will be occurring. It was advised that some committees are critical and need vacancies to be filled in order to complete necessary work and cannot be left vacant while Processes and Procedures for Senate are reviewed.

iii) Review of Processes and Procedures of the Senate

P. Robichaud provided preliminary information regarding a comprehensive review of Senate Processes and Procedures, including committee structures, mandates, composition, and governance effectiveness. Senate received an overview of the proposed review of the Senate Rules, which are due for their regular three-year review. Following consideration by the Senate Steering and Nominating Committee (SSNC), a recommendation is being brought forward to undertake a comprehensive and holistic review rather than a limited update.

The proposed review would take a "tabula rasa" approach, reassessing the Senate's committee structure from the ground up to ensure it aligns with Senate's mandate and responsibilities. This would include evaluating the number, purpose, composition, and effectiveness of committees, as well as strengthening committee terms of reference. It was noted that current Senate committee terms of reference lack the level of detail and substance found in those of the Board of Governors.

Senate was advised that a detailed proposal outlining the review process, timelines, governance structure, and working group terms of reference will be brought forward for consideration at a future meeting.

iv) SSNC report of June 2026

The Chair of Senate notes that the Committee's report is included in the meeting materials and is considered received.

b. Academic Planning and Curriculum Committee

i) First Curriculum Report

The following Motions 1-5 relate to the First Curriculum report of the Academic Planning and Curriculum committee (appended to this document).

MOTION 1: (M. Turnbull/ G. Yia) Faculty of Education: Recommendations 1 and 2 be approved as noted below. CARRIED.

1. To change course description for ED4320
2. To change course title for ED4330 be changed

MOTION 2: (N. Clark/N. Etkin) Registrar's Office: Recommendations 3 – 5 be approved as noted below. CARRIED

3. Change the calendar entry for Transcript Requests
4. New calendar entry for Academic Calendar Dates for 2027-2028
5. New calendar entry for Academic Calendar Dates for 2028-2029

MOTION 3: (N. Etkin/ C. Sallavo) Faculty of Science: Recommendations 6 and 7 be approved as noted below. CARRIED.

6. Change course title and description for ACC1010
7. New course BIO 4160 be approved

MOTION 4: (M. Sweeney-Nixon/ J. McClure) Faculty of Veterinary Medicine: Recommendations 8 – 11 be approved as noted below. CARRIED.

8. Creation of VCA8325
9. Creation of VCA8380
10. Creation of VCA8340
11. Change course title for VCA8330

MOTION 5: (B. Whelan/ Y. Almonte) Faculty of Veterinary Medicine: Recommendation 12 be approved as noted below. CARRIED.

12. New calendar entry for DVM Calendar dates 2027-2028

Senate considered a motion to approve in principle the proposal to rename the Bachelor of Education, (Français langue seconde) program to Bachelor of Education, Français. Approval was sought to allow the proposal to be submitted to the MPHEC for review and approval. Upon MPHEC approval, the change will be reflected in the University Calendar and related documents. It was clarified that the material had been circulated to Senate members in advance, but the motion had been inadvertently omitted from the agenda. During discussion, a question was raised regarding the possibility of adopting a fully French-language program title and translating the entire calendar entry into French; it was noted that no discussions on this matter had taken place.

MOTION: (M. Turnbull/ A. Amjad) to approve Approval in Principle to seek MPHEC approval to change the name of the Bachelor of Education (Français langue seconde) to Bachelor of Education (Français). CARRIED.

Notice of intent was provided regarding the discontinuation of the Executive Master of Business Administration (EMBA). The program has been inactive for three years and no longer has sufficient demand. A formal motion will be presented at a future Senate meeting.

MOTION: (J. Moran/ H. Mady) to extend the session of the Senate by 15 minutes. CARRIED.

Update on the Doctor of Psychology in Clinical Psychology was provided for information only. Senate was notified that we have received full approval from the MPHEC.

ii) Annual Report of the Academic Planning and Curriculum Committee

The Chair of Senate notes that the Committee's report is included in the meeting materials and is considered received.

iii) Working Group updates

B. Whelan provided an update on the *Student Assessment Working Group* regarding work on policy language concerning feedback to students before discontinuation dates. Recommendations have been forwarded to APCC and may return to Senate.

c. Academic Units Report

P. Wood-Adams provided an update on the *Ad Hoc Committee on a Policy on Academic Units*, outlining the timeline for work planned during the academic year. The group is proposing to separate the work on the Regulation on Faculty Councils from the development of a policy governing the creation, merger and closing of academic units. The Regulation is nearing completion and will undergo further consultation before being presented to Senate as a Notice of Intent in November and brought forward for approval in December. The timeline is intended to allow faculties approximately six months to implement the regulation before the next academic year.

During discussion, it was confirmed that the proposed Regulation would not apply to the Library or Library Council. A suggestion was made to consider including collective agreement requirements among the regulations with which faculty councils must comply, recognizing that collective agreements may influence faculty council composition and representation.

Members sought clarification regarding the consultation process, and it was confirmed that a full discussion of the proposed regulation will take place at the November Senate meeting prior to a vote in December. The importance of faculty councils as a component of collegial governance was emphasized.

Questions were raised regarding provisions allowing faculty councils to establish faculty-level policies. It was clarified that Senate may delegate authority to faculties in certain areas, enabling faculty councils to develop policies that give effect to Senate policies within their respective faculties.

Additional clarification was requested regarding faculty council authority over the establishment, modification, and discontinuation of courses of study. It was explained that faculty councils would provide an additional review step and make recommendations that would proceed to APCC; they would not replace APCC's role in the approval process. A concern regarding wording suggesting decisions would merely be reported to APCC was acknowledged, and revisions to the draft language were recommended.

Members were encouraged to provide further feedback and suggestions as consultations continue. Senate expressed support for the proposed timeline, and the Ad Hoc Committee will return with updates according to the established schedule.

11. Report of the Board of Governors to Senate

The Chair of Senate notes that the report is included in the meeting materials and is considered received.

12. Faculty of Medicine Business Update

P. Smith highlighted the strong and growing partnership with Memorial University, noting the successful White Coat Ceremony for the second cohort of medical students. The Dean of Memorial University attended the event, which was described as exceptionally well organized and attended by representatives from the Provincial Government and the Department of Health.

An update was provided on accreditation preparations for the future UPEI Faculty of Medicine program, expected to launch in 2029. Significant work is underway to complete the accreditation submission, which includes 313 requirements and is anticipated to exceed 1,000 pages in length. The submission is due on January 29.

P. Smith also reported on extensive consultation activities conducted over the summer in support of strategic planning and the development of a curricular needs assessment for the future medical program. Engagement activities included surveys, town halls, and focus groups held both on and off campus. The resulting needs assessment is a detailed document of approximately 200 pages, and a public summary of the consultation process is expected to be released in the near future.

In response to a question regarding the future relationship with Memorial University and licensing fees once UPEI establishes its own medical school, P. Smith explained that MUN currently provides the curriculum and degree program in exchange for a licensing fee. Under the future model, MUN is expected to continue delivering a portion of the first- and second-year curriculum, while UPEI will develop approximately 25% of the early curriculum and nearly all the third-and-fourth-year curriculum. As UPEI assumes responsibility for admissions, assessment, evaluation, governance, and other medical school operations, the fees paid to MUN are expected to decrease significantly.

13. Shoutouts

- A. Trowbridge gave shout out to Inge Dorsey, who joined us for the first few weeks of classes as our student support navigator in Dalton Hall and it made a huge difference.

- P. Smith gave shout out to Tammie Muise and Dr. Ron Siemens and the amazing team at the Clinical Learning and Simulation Center (CLSC). As noted, they achieved provisional accreditation for the CLSC.
- M. Turnbull gave shout out to everyone that was involved in the Welcome Week activities.
- A. Montesdeoca gave shout out from a student union perspective to VP Academic, Yoely Almonte. She has come up with many new initiatives for students, she is working hard, and we are lucky to have her in our team.
- S. Lloyd gave shout out to Faculty of Medicine in respect to student Sydney Powers interview on the CBC.

14. Closed session

Motion to Move to Closed Session

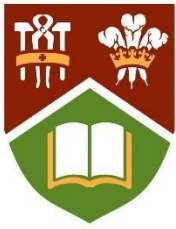
***MOTION: (B. Whelan/B. Linkletter) that the Senate meeting move to a closed agenda.
CARRIED.***

***MOTION: (P. Bernard/C. Sallavo) that the Senate meeting move to an open agenda.
CARRIED.***

Return to Open Session

15. Adjournment

There being no further business; the Chair adjourned the meeting at 5:15 pm.



UNIVERSITY
of Prince Edward
ISLAND

BOARD MEMBER, BOARD OF GOVERNORS

ROLE DESCRIPTION

Approved by: Governance, Nominating and Appeals Committee

Date: (Insert Date)

Purpose

Members of the Board of Governors ("Board members") at the University of Prince Edward Island are fiduciaries of the University, entrusted with governing the institution in the public interest. They provide strategic oversight, ensure accountability, and support the long-term success of the University. As members of one of two primary governing bodies within UPEI's bicameral governance system, Board members work alongside Senate (the academic governing body) to uphold UPEI's mission, vision, values, and responsibilities to students, the province, and the public. Their collective role is to help the University navigate complexity and change with courage, compassion, and integrity.

Key Responsibilities

1. Governance, Legal, and Fiduciary Duties

- Act honestly, in good faith, and in the best interests of the University as a whole.
- Fulfill fiduciary duties of loyalty and care and comply with relevant legislation, Board by-laws, and University policies.
- Understand the respective roles of the Board and the Senate, and the distinct responsibilities of each under UPEI's bicameral governance structure.
- Maintain a clear distinction between:
 - Strategic and policy-level governance (Board responsibility), and
 - Academic matters and operational implementation (Senate and administration responsibility).

Note: While Board members may bring the perspective of the constituency from which they hail (e.g., faculty, students, government), they do not serve as representatives of those groups. All decisions must be made based on the best interests of the University as a whole.

2. Institutional Oversight and Strategy

- Provide informed input into the development and monitoring of the University's strategic plan, institutional goals, and performance measures.
- Be knowledgeable about the University's mandate, objectives, operations, and public role.
- Monitor progress on financial, reputational, strategic, and risk-related goals.

3. Financial and Risk Stewardship

- Review and approve the annual budget, audited financial statements, and material capital expenditures.
- Oversee institutional risk, internal controls, audit processes, and long-term financial health.

4. Participation and Board Effectiveness

- Attend all Board and assigned committee meetings, development sessions, and related events.
- Review materials in advance, ask questions, and engage thoughtfully and respectfully in discussions.
- Serve on at least two Board committees and contribute actively to their work.
- Participate in self-assessment and evaluation processes to support continuous Board improvement.

5. Communication

- Recognize that the Chair of the Board (or their express delegate) is the sole spokesperson on Board matters, and the President (or their express delegate) is the sole spokesperson on behalf of the University.
- Refer any requests for comment or information to the appropriate spokesperson and refrain from making unofficial statements about Board matters.
- Promptly communicate any significant concern from the community to both the Board Chair and President.
- Maintain the confidentiality of all in-camera or sensitive discussions.

6. Ethical, Collegial, and Compassionate Governance

- Govern with integrity, independence, respect, and professionalism.
- Demonstrate compassion and awareness for those in the university community who may have experienced or may be experiencing fatigue, stress, or hardship, particularly during times of uncertainty, transition or crisis.
- Be courageous and principled in the commitment to do the right thing for the institution and its communities, especially in difficult or complex situations.
- Consider the impact of decisions on key stakeholders, demonstrate this through asking questions and raising issues, and treat stakeholders fairly and equitably, while acting in the best interests of the University.
- Disclose any real, potential, or perceived conflicts of interest to the Board Chair, Committee Chair or University Secretary, and withdraw from related discussions or decisions in accordance with the University's conflict-of-interest policy.
- Maintain the confidentiality of sensitive Board materials and discussions, particularly during in-camera sessions.
- Support a Board culture that is inclusive, respectful, and open to diverse perspectives.

7. Public Trust and Institutional Advocacy

- Act as stewards, safeguarding the autonomy, reputation, and integrity of the University.
- Promote transparency, inclusion, sustainability, and reconciliation with Indigenous Peoples.
- Serve as ambassadors of the University in the community, advancing its mission through networks, advocacy, and service.
- Support the President and senior administration in advancing the University's goals and reputation.

Qualifications and Attributes

- Commitment to postsecondary education and public service.
- Independent judgment, integrity, and the ability to collaborate in a complex governance environment.
- The attached skills matrix outlines the key competencies required for effective governance by the Board of Governors. While individual Board members are not expected to possess all of these skills, it is important that the Board as a whole reflects a well-distributed and balanced range of these competencies to fulfill its responsibilities effectively.
- Appointees should be willing and able to devote sufficient time and attention to Board work.

Time Commitment

- Attend 4–6 Board meetings per year, along with committee work, retreats, and preparation.
- Estimated time commitment: 12–20 days per year, depending on responsibilities.

Term of Appointment

- Board and Government appointed members are typically appointed for a three-year term, renewable in accordance with the University Act. Terms for other appointed or elected members vary according to the rules of the appointing bodies (e.g. Senate, Alumni Association).

Support and Orientation

- Board members receive comprehensive orientation and ongoing access to professional development opportunities.
- Governance support and information are provided through the University Secretariat.

Senate Meeting

October 23, 2026

Placemat Questions from September 25, 2026 Senate Meeting

1. Question: Note advising that within the Regulation on Academic Units that “School” and “institute” do not have definitions, but “faculty” and “department” do.

Response: The question will be raised with the Ad Hoc Committee on Academic Units at its next meeting on November 19, with a response coming via the Committee’s report to the November 27 meeting of the Senate.

2. Looking for an update on AI working group and RFP.

Response: Question has been posed to the working group leads, and response will be provided at the November 27 meeting of the Senate.

3. Looking for a breakdown on enrolments by Faculty/Specialty. Also looking for similar info about graduates.

Response: Report for the data has been requested and will be provided at the November 27 meeting of the Senate

SSNC Report

Committee Name: Senate Steering and Nominating Committee

Committee Meeting Date: 9/14/2026

Attendance: Wendy Rodgers, Kim Mears, Magdalena Von Eccher, Pascal Robichaud, Chantal Campbell, Charlotte McCardle (joined for KPI topic)

Regrets: Andrea Trowbridge and Amy Montesdeoca

Senate Meeting Date: 9/25/2026

Items Discussed

Elections Update

- An update was provided on committee elections conducted under the revised Senate election procedures.
- Several committees have been successfully populated; however, vacancies remain, particularly among student representatives and one faculty position.
- Discussion focused on ongoing challenges filling student vacancies and the need to work with the Students' Union to improve recruitment.
- Members supported exploring earlier election timelines to allow committees to be established before the summer period when engagement is typically lower.

Review of Senate Processes and Procedures

- The committee discussed the upcoming review of the Processes and Procedures of the Senate, which is overdue.
- Members unanimously supported undertaking a comprehensive review rather than a limited administrative update.
- Areas identified for consideration include:
 - Senate committee structure.
 - Governance, terminology, and definitions.
 - Committee mandates and membership composition.
 - Alignment with institutional governance practices.

Report due to senate@upe.ca at least two weeks prior to Senate meeting

- It was suggested that the review begins with a broad assessment of Senate's required governance functions and then builds an appropriate committee structure from that foundation.
- Discussion also raised broader questions about committee membership, with members noting that Senate committees may be better served by a greater proportion of senators rather than relying heavily on the wider faculty membership. This would be part of the review.
- Members emphasized the importance of a collaborative process involving senators rather than a review driven solely by the administration.
- SSNC agreed to socialize the concept with the Senate before formally launching the review process later in the academic year. A detailed work plan and timeline will be brought forward once developed.

SharePoint Access and Governance Documentation

- Significant discussion focused on difficulties accessing Senate and committee documents through SharePoint.
- Members expressed concern that limited access and inconsistent permissions were creating frustration and reducing confidence in Senate processes.
- It was reported that management of SharePoint permissions has now been delegated to the Secretariat, allowing access issues to be resolved more quickly.
- Members recommended:
 - Providing all senators with a communication confirming access procedures and available support.
 - Including SharePoint orientation in onboarding for new senators.
 - Establishing dedicated SharePoint spaces for Senate working groups.
 - Exploring options for SSNC members to use document commenting functionality to facilitate review and feedback.

Senate Submission Cover Sheet

- Members reviewed feedback gathered over the summer regarding the proposed Senate submission cover sheet.
- General support was expressed for the initiative and its goal of improving the quality and consistency of information presented to the Senate.
- Discussion highlighted:
 - The need to distinguish responsibilities of committee chairs versus Secretariat staff.
 - Clarifying language used in the form, particularly references to "environmental scans."
 - Determining how the form will apply to routine submissions and standing committee reports.
 - Creating a user-friendly version with fillable fields and dropdown menus.

- Additional revisions and workflow discussions will occur before the proposal is brought forward to Senate.

Strategic Plan Assessment Framework and KPIs

- Charlotte McCardle joined and gave an update on the Strategic Plan assessment framework and institutional KPIs.
- The framework is intended to:
 - Measure progress toward strategic goals.
 - Improve accountability and transparency.
 - Align institutional assessment activities.
 - Support the Senate's oversight of academic priorities and student success.
- A presentation on the framework will be provided to the Senate at the upcoming Senate meeting.

Senate Agenda Planning

- The committee reviewed the draft Senate agenda.
- Discussion focused on:
 - The Action Plan Audit presentation and anticipated questions from senators.
 - Election of the Senate Vice-Chair and Senate representative to the Board.
 - Inclusion of committee vacancies and reminders on future Senate agendas to improve awareness and recruitment.
 - Convocation degree conferrals
- Members also discussed providing updates on the work of ad hoc committees to improve visibility of ongoing governance initiatives.

Decisions Taken

- Socialize a proposed comprehensive review of Senate Processes and Procedures with Senate.
- Develop proposal and timeline for comprehensive Senate governance review.
- Send a communication to senators regarding SharePoint access and support.
- Continue revisions to the Senate submission cover sheet based on feedback received.
- Ensure Senate onboarding includes SharePoint orientation.
- Add committee vacancies, membership, and governance reminders to Senate materials where appropriate.
- Explore opportunities for ad hoc committee status updates at future Senate meetings.

Recommendations to Senate

- None

Purpose: DECISION

Subject: Updates to committees of the Senate

Prepared by: Paula Wood-Adams, Vice President Academic and Research

Prepared for: Senate Steering and Nominating Committee

Date: October 15, 2026

ACTION

Discuss and recommend to the Senate changes in the role of the chair of 2 committees of Senate and provide notice of delegation for another.

BACKGROUND

In the Terms of Reference of many committees of Senate, the VPAR is called upon to chair when there are other academic leaders who are better placed to do this effectively. Here we propose to change the Terms of Reference of such committees.

The Senate Committee on Teaching Evaluation (SCTE)

As the Terms of Reference of the SCTE define the Chair as the VPAR or their designate, the VPAR has designated the Director of the Center for Teaching and Learning as Chair of the Committee until further notice.

The Senate Library Committee

The Terms of Reference of the SLC currently name the VPAR as chair. As the mandate of the committee is to advise the University Librarian, it is appropriate that they chair the committee. This will allow for in-depth and meaningful conversations.

The Senate Committee on Admissions and Degrees (SCAD)

The Terms of Reference of the SCAD name the VPAR as Chair, and the Registrar a non-voting member. Currently, this committee receives recommendations on the awarding of degrees, hears appeals on admissions, and recommends modifications to admissions and degree-granting policies. Since these processes are within the Registrar's mandate, it is recommended that the role of Chair of the Committee be passed to the University Registrar. To ensure that there will be no conflict of interest with the hearing of admissions appeals, such appeals will be moved to the Senate Academic and Student Discipline Appeals Committee. The Chair and members of SASDAC have been consulted and agree to this amendment to its Terms.

The Senate Steering and Nominating Committee (SSNC)

Upon review of the composition for the Senate Steering and Nominating Committee, it was determined that there was insufficient representation from an academic standpoint. SSNC is recommending the addition of the Registrar and VPAR to the Terms of Reference as committee members in a non-voting ex officio status.

RECOMMENDATION

NOTICE: That, consistent with the Terms of Reference of the Senate Committee on Teaching Evaluation, notice be given to the Senate that the VPAR has designated the Director of the Center for Teaching and Learning to be their designate as Chair of the Committee until further notice.

MOTION 1: That the Terms of Reference of the Senate Library Committee be amended to make the University Librarian the Chair of the Committee.

MOTION 2: That the Terms of Reference of the Senate Committee on Admissions and Degrees be modified to make the University Registrar its Chair and that item 6 be removed from the mandate of the Committee.

MOTION 3: That the Terms of Reference of the Senate Academic and Student Discipline Appeals Committee be amended to include the hearing of appeals of decisions on admission and re-admission to the University's academic programs.

MOTION 4: That the Terms of Reference of the Senate Steering and Nominating Committee be amended to include the Registrar and VPAR as committee members.

Senate Library Committee	
COMPOSITION AND TERMS OF OFFICE	
• Vice President Academic and Research (Chair) • University librarian • One (1) Librarian elected by Senate, 2-year term, non-renewable • Three (3) Faculty members, no more than two from any one Faculty elected by Senate, 2-year term, non-renewable • One (1) student appointed by the SU President and elected by Senate, 1-year term • One (1) graduate student appointed by the GSA and elected by Senate, 2-year term	• University librarian (Chair) • One (1) Librarian elected by Senate, 2-year term, non-renewable • Three (3) Faculty members, no more than two from any one Faculty elected by Senate, 2-year term, non-renewable • One (1) student appointed by the SU President and elected by Senate, 1-year term • One (1) graduate student appointed by the GSA and elected by Senate, 2-year term
Senate Committee on Admissions and Degrees - Composition	
COMPOSITION AND TERMS OF OFFICE	COMPOSITION AND TERMS OF OFFICE
• Vice-President Academic & Research (Chair) • Registrar (non-voting) • One (1) Deans appointed by the VP Academic & Research for 2-year terms • Two (2) faculty members from different Faculties elected by the Senate, but not necessarily from Senate, for 3-year terms • One (1) staff member for a 2-year term • One (1) student nominated by the Student Union and elected by Senate	• Registrar (Chair) • One (1) Deans appointed by the VP Academic & Research for 2-year terms • Two (2) faculty members from different Faculties elected by the Senate, but not necessarily from Senate, for 3-year terms • One (1) staff member for a 2-year term • One (1) student nominated by the Student Union and elected by Senate

Senate Committee on Admissions and Degrees – Terms	
1. To review and make recommendations to Senate on standards, policies, and regulations for: a) the admission and re-admission of students. b) student standing and promotions other than disciplinary matters. 2. On the advice of the Faculty, and in consultation with the Dean, to recommend to Senate candidates for degrees other than honorary degrees. 3. To assist Senate in the interpretation and application of the University's standards, policies, and regulations in specific cases. 4. To advise the Registrar and Senate concerning policies, regulations and procedures governing student standing and promotions as found in the undergraduate and graduate calendars and assist in their interpretation and application in specific cases. 5. To recommend to Senate that a diploma, certificate, degree, scholarship, or bursary granted or issued by the University of Prince Edward Island be revoked. 6. To hear and make decisions on individual student appeals where admission or re-admission to the University has been denied. 7. The committee will submit a summary report to Senate annually.	1. To review and make recommendations to Senate on standards, policies, and regulations for: a) the admission and re-admission of students. b) student standing and promotions other than disciplinary matters. 2. On the advice of the Faculty, and in consultation with the Dean, to recommend to Senate candidates for degrees other than honorary degrees. 3. To assist Senate in the interpretation and application of the University's standards, policies, and regulations in specific cases. 4. To advise the Registrar and Senate concerning policies, regulations and procedures governing student standing and promotions as found in the undergraduate and graduate calendars and assist in their interpretation and application in specific cases. 5. To hear and make decisions on individual student appeals where admission or re-admission to the University has been denied. 6. The committee will submit a summary report to Senate annually.

Senate Academic and Student Discipline Appeals Committee	
1. Regularly, to review the student academic appeal procedures and the student discipline appeal procedures within the University and, as needed, to make recommendations to Senate; 2. To receive appeals from decisions on any academic matter affecting students where such decisions are made within a Faculty or School, by committees of Senate, or through University administrative procedures, and to render judgment on these appeals within the guidelines approved by Senate; 3. To serve as an appeal body of the University on decisions made regarding the discipline of students, and, to that end, to hear and render judgment on appeals from decisions of the Student Discipline Committee. 4. To relay all decisions of this appeals committee to the appellant, the appropriate administrative official(s) or Senate committee Chair, and, without disclosure of the appellant's identity, to the Senate. 5. The committee will submit a summary report to Senate annually.	1. Regularly, to review the student academic appeal procedures and the student discipline appeal procedures within the University and, as needed, to make recommendations to Senate; 2. To receive appeals from decisions on any academic matter affecting students where such decisions are made within a Faculty or School, by committees of Senate, or through University administrative procedures, and to render judgment on these appeals within the guidelines approved by Senate; 3. To receive appeals from applicants from decisions on admissions or readmission to the University's academic programs. 4. To serve as an appeal body of the University on decisions made regarding the discipline of students, and, to that end, to hear and render judgment on appeals from decisions of the Student Discipline Committee. 5. To relay all decisions of this appeals committee to the appellant, the appropriate administrative official(s) or Senate committee Chair, and, without disclosure of the appellant's identity, to the Senate. 6. The committee will submit a summary report to Senate annually.

August 13, 2026

RECOMMENDATION

Working Group on Student Assessment

Preamble

At the February 27, 2026, Senate meeting, a motion was brought forward “To amend the course registration regulation to identify expectations for documented feedback prior to the last day for course discontinuation in a semester”. After much discussion, the motion was tabled. Following the Senate meeting, the former VPAR established an ad hoc Student Assessment Working Group with a mandate to consider the input from Senate on this issue and to bring forward revised policy language on student feedback prior to the last day for discontinuing courses in a semester.

The working group members are Yoely Almonte (VP-Academic, Student Union), Susan Brown (History and Classics), Scott Cassidy (Business), Marissa Clapson (Chemistry), Prince Ehimiye (Graduate Student Rep, Senate), Jonathan Hewitt (Student Culture and Community Standards), Darcy McCardle (Registrar’s Office), John McIntyre (English), Deanelle Sotiar (former VP-Academic, Student Union), Charlene VanLeeuwen (Teaching and Learning Centre) and Bill Whelan (Physics). The working group met on April 10, May 19, June 23 and July 20. The group initially reviewed the documents and motions on student feedback brought to Senate on October 24, 2025, and February 27, 2026, as well as the input from Senate at these meetings. Additional information on practices and policies at other universities were also reviewed.

The working group initially discussed and worked to identify the root cause(s) for the concerns raised by Senators when previous proposals were presented to Senate for consideration, which included:

- Overly specific language that may limit an instructor’s academic freedom;
- Lack of specified language to provide understanding on the reasonable expectations for feedback;
 - Unreasonable workloads for instructors
 - Lack of support for instructors to provide timely feedback
- Lack of student accountability in the feedback cycle.

The group then discussed at depth the purpose, practice and practicality of student feedback in the context of the diversity of course formats and pedagogy at the university. There was general agreement that clear direction on student feedback is needed. To address the concerns raised at Senate, the working group has included revised language that:

- Clearly defines the types of feedback a student may receive (formative vs. summative);

- Incorporates commentary on reasonable expectations for feedback based on course design, evaluation strategy, class size, etc, such that summative feedback may not necessarily be available prior to the last day for discontinuing a course;
- Highlights the shared responsibility of instructors and students to provide and solicit feedback throughout the semester;
- Points instructors and student to resources and assistance on effective feedback.

Recommendation

The Working Group on Student Assessment recommends that the following be added to Academic Regulation #6, Course Registration:

Prior to the last day for discontinuing courses in a given semester, students should be able to make a final decision on an informed basis regarding their continuation in a course. An informed basis means that students should:

1. *Have a reasonable opportunity throughout the semester to consult with the course instructor to solicit formative feedback. Formative feedback is defined as actionable information on the student's progress in a course.*
2. *Receive summative feedback, where possible, provided within a reasonable timeline giving consideration to the nature of assessments in the course, teaching strategies implemented, class size, etc. Summative feedback is defined as an evaluation of coursework that contributes to the student's final grade.*

Students and instructors have a shared responsibility in soliciting and providing feedback. This shared responsibility between student and instructor is key to support learning and student success. Students can seek information and assistance on effective feedback from their academic program advisor. Instructors can seek information on effective feedback through the UPEI Teaching and Learning Centre.

Purpose:	INFORMATION
Subject:	Senate Synopsis
Prepared by:	Pascal Robicaud, University Secretary
Prepared for:	Senate
Date:	October 16, 2026

ACTION

Consult the Senate on the implementation of a Senate Meeting Synopsis.

BACKGROUND

Senate decisions often have significant implications for students, faculty, staff, and the broader University Community. While approved Senate minutes provide the official and permanent record of proceedings, they are typically not available until they have been reviewed and approved at a subsequent Senate meeting. This can result in a delay of several weeks or months before information on Senate activities is publicly accessible.

To enhance transparency and improve communication, a Senate Meeting Synopsis would provide University Community members with a timely list of substantive decisions taken by Senate, allowing the University community to remain informed about governance activities shortly after meetings occur.

The Synopsis is a complement to, not a replacement of minutes. It would not contain records of discussion, procedural decisions, information received, attendance, etc. The Senate Motion Log would continue, as it provides a searchable list of all substantive motions approved by Senate.

It would serve as an accessible communication tool that:

- Provides timely updates on substantive Senate decisions.
- Enhances transparency and awareness of governance processes.
- Communicates information in plain language to a broad audience.
- Supports stakeholder understanding of matters affecting the University.
- Bridges the communication gap between a Senate meeting and the publication of approved minutes.

The synopses would be published on the Senate's website within 24 to 48 working hours following a meeting of the Senate in the same ways as is done by the Board of Governors¹ and be announced to a broad list of members of the University Community

¹ See here : <https://www.upei.ca/about-upei/governance/board-of-governors/calendar-of-meetings>

including Senators, academic administrators, department Chairs, program coordinators and managers.

An example of a Senate Meeting Synopsis based on the records of the September 25 meeting of the Senate is provided as an example to facilitate discussion.

RECOMMENDATION

That Senate agree to the implementation of a Senate Meeting Synopsis starting with the October 23, 2026.



**Synopsis of the Senate
September 25, 2026**

At its Meeting of May 26, 2027, the Senate approved:

- A change to the course description for course ED4320
- A change to the course title for course ED4330
- A change to the calendar entry for Transcript Requests
- The Academic Calendar Dates for 2027-2028
- The Academic Calendar Dates for 2028-2029
- A change to the title and description for course ACC1010
- Creation of new course BIO 4160
- Creation of new course VCA8325
- Creation of new course VCA8380
- Creation of new course VCA8340
- A change to the title for course VCA8330
- The Calendar dates 2027-2028 for the Faculty of Veterinary Medicine

Pascal Robichaud,
University Secretary

Note: The *Meeting Synopsis of the Senate* provides a list of substantive decisions taken at a meeting of the Senate to provide a timely communication of decisions taken.

Purpose:	INFORMATION
Subject:	Committee Agenda Template
Prepared by:	Pascal Robicaud, University Secretary
Prepared for:	Senate
Date:	October 16, 2026

ACTION

Introduce the topic of the implementation of a standardized Committee Agenda Template for use across all Senate Committees to promote consistency, efficiency, and effective governance practices.

BACKGROUND

Senate committees play a critical role in advancing the work of Senate by undertaking detailed review, discussion, and recommendations within their respective mandates. While committees generally follow similar meeting processes, agenda formats currently vary among committees, resulting in inconsistencies in meeting documentation, presentation of information, and committee practices.

The introduction of a common agenda template would establish a consistent structure across all Senate committees while maintaining sufficient flexibility to accommodate committee-specific business. A standardized template would support the efficient organization of meetings and ensure members can easily identify key agenda components and decision points.

The template would also incorporate standardized formatting and terminology, clearly identifying whether agenda items are presented for information, discussion, or approval.

RECOMMENDATION

That Senate considers the adoption of a standardized committee agenda template to create regularity among the committees, improve consistency, enhance meeting efficiency, streamline admin processes, and support good governance practices.

The Secretariat will consult with committee chairs and administrative support Senate is comfortable with the proposed format. The final version, after consultation, will come back to the Senate for validation.



Senate Committee Meeting Agenda
Day of the week, Month, Day, at time am/pm
Location/Room
Circulated on January 21, 2025

-
- | | | |
|------|---|-------------|
| I. | Call to Order
Land Acknowledgement and Opening Remarks | Chair |
| II. | Approval of Agenda
<i>Motion: That the agenda of X for Month, Day, Year, be approved</i> | Chair |
| III. | Approval of Minutes/Report from previous meeting
<i>Motion: That the report of Month, Day, Year, be approved.</i> | Chair |
| IV. | Item of Business
a. Sub item 1
b. Sub item 2 | Topic Owner |
| V. | Item of Business
a. Sub item 1 | Topic Owner |
| VI. | Adjournment
<i>Next meeting:</i> | Chair |
-

X.
Secretary/Chair of the Committee

Committee Membership

Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name
Member name	Member name

Senate Committee Agenda Drafting Guideline

Agenda Format

The agenda is presented in a two-column format:

- The first column contains the agenda items and any associated motions or sub-items.
- The second column identifies the individual responsible for introducing or leading the item, typically the Chair or Topic Owner.

The agenda should include a header containing:

- Committee name
- Date and time of the meeting
- Meeting location or virtual platform information
- University branding, where applicable

The lead identified beside each item is responsible for introducing the matter and facilitating discussion as appropriate. Procedural items are normally led by the Chair.

Numbering of Items and Documentation

Supporting documents should be numbered to correspond with the agenda item they support.

For example:

- Item IV: Item of Business Title
 - IV a. Sub item 1
 - IV b. Sub item 2

Titles

Agenda item titles should clearly and concisely identify the subject under consideration.

Examples:

- Approval of Agenda
- Approval of Minutes
- Annual Program Review
- Committee Workplan Update

Supporting documents should bear the same title as the corresponding agenda item whenever possible.

Items may be divided into sub-items using:

- a), b), c)
- i), ii), iii)

Structure

A Senate committee agenda should generally include the following sections:

1. Call to Order

- Land Acknowledgment
- Opening Remarks

2. Approval Items

- Approval of Agenda
- Approval of Minutes and/or Report from Previous Meeting

3. Items of Business

One or more substantive agenda items, which may include sub-items as required.

4. Adjournment

- Adjournment of the meeting
- Date of next meeting (if known)

5. Committee Information

The agenda should include the name of the Secretary or Chair responsible for preparing the agenda and may include a current membership list for reference.

There is no limit to the number of business items that may be included; however, the agenda should be structured so that all items can reasonably be addressed during the scheduled meeting.

Circulation

The agenda should contain a notation indicating when it was circulated to members. This confirms that members received adequate notice and sufficient time to review supporting materials and prepare for the meeting.

Agenda Preparation

The Secretary of the Committee prepares a draft agenda for review by the Chair. Agenda content is normally informed by:

- The committee's annual workplan
- The committee's Terms of Reference
- Outstanding business from previous meetings
- Matters referred to the committee by Senate or another authority
- New business requiring committee consideration

The Chair reviews and approves the agenda considering that:

- The agenda follows the approved template.
- Required standing items are included.
- Agenda item titles are clear and concise.
- Supporting documentation is complete and appropriately referenced.
- Proposed motions are included where approvals are required.
- Appropriate leads or topic owners are identified.
- Relevant subject-matter experts have been invited where necessary.
- The agenda is realistic and allows sufficient time for meaningful discussion.
- Materials will be circulated sufficiently in advance of the meeting to allow members to prepare.

October 2026

Senate and Senate Committee Elections

VACANCIES REMAINING:

- One Senate vacancy for a faculty member At-Large to fill a term ending June 30, 2027
- One vacancy for a faculty member from the Faculty of Business, Veterinary Medicine, IKERAS, Nursing or Medicine on the Academic Planning & Curriculum Committee (APCC) for a term ending June 30th, 2029.
- One vacancy for a faculty member from IKERAS on the Senate Research Advisory Committee (SRAC) for a term ending June 30th, 2029.
- Two vacancies for faculty member from different faculties or the library, with exception of Engineering on the Senate Committee on Scholarships and Awards for a term ending June 30th, 2029.

An open round of calls for nominations to fill the committee vacancies is active.

A call for nominations for the vacant At-Large Senate seat was sent out October 14, 2026. The Secretariate will report the elected individual once the call has closed. There is currently one individual who has self-nominated.

Subject: Institutional Framework for Online and Technology Supported Learning

Prepared by: Rachel Hasan

Prepared for: APCC / Senate

Date: October 7, 2026

ISSUE

MPHEC gave feedback on the institutional framework submitted in February 2025 and requested additional information.

BACKGROUND

In 2022, MPHEC provided guidelines to institutions to develop Institutional Framework for Online and Technology Supported Learning. The framework, following MPHEC's approval, would enable institutions to change an existing in-person program to online delivery without submitting a program modification proposal. To that end, a working group developed the first draft of UPEI's Institutional Framework for Online and Technology Supported Learning based on the guidelines and definitions (recommended by CDLRA) provided by MPHEC. The draft had links for documentation, resources and status for the criteria listed for each standard. MPHEC gave feedback on the first draft and requested additional information, rationale for adding a guideline and its relevant criteria; and context/ detail to confirm alignment with the guidelines.

RECOMMENDATION

The following suggestions were provided:

- "Blended Learning" as a delivery mode was added to the list of definitions of delivery modes by UPEI, but these are not being used by MPHEC. Therefore, it was suggested to take it out.
- Exact definitions to be incorporated, with brief explanation and additional UPEI context for clarity and relevance.
- Provide rationale for why dimensions or criteria were added or not addressed. These are highlighted in red font in the attached document.
- Addition of more columns to share key information related to each criterion, including **a)** a narrative explanation, **b)** a status update, and **c)** documentation that are appendices or links
- Timelines for resources that are in progress or pending.

RATIONALE

The revised framework provides greater clarity to each criterion, and helps to ensure we have the necessary resources, policies and procedures in place for high-quality online teaching and learning across delivery modes. This will enable UPEI to move in-person programming to online learning without submission of a modification proposal for change of delivery mode.

UPEI Framework for Online and Technology-Supported Learning: Guidelines, Documentation, and Resources

Introduction

The role of online learning in post-secondary education was significantly changed as a result of the COVID-19 pandemic. In March 2020, many universities closed or restricted access to in-person learning on campus, while moving programs and courses online. In general, this emergency response to alternate delivery happened without careful design or preparation of effective teaching and learning in a fully online environment. Now that Canadian universities have transitioned back to mostly in-person learning, there is an opportunity to reflect on their performance during the pandemic, particularly to identify what online options they wish to retain or further develop.

In November 2022, the Maritime Provinces Higher Education Commission, MPHEC, announced a requirement to develop and submit an institutional Framework for Online Learning. To support universities in this endeavor, MPHEC released [Guidelines for Institutional Frameworks for Online and Technology-Supported Learning](#). These guidelines identify expectations for developing and implementing online programs within a university. Universities were required to develop a framework that is aligned with these guidelines. Once a university has submitted its framework and received approval by MPHEC, it is no longer required to submit a program proposal to change an existing in-person program to online delivery.

In response to this new requirement from MPHEC, a Working Group was formed to develop a new Institutional Framework for Online Learning at UPEI. The initiative would provide institutional guidance for UPEI in future development of online, technology-supported, student-focused education and learning opportunities.

The working group was comprised of members from across campus who have expertise in areas such as instructional design, faculty development, academic oversight, technology infrastructure, planning, policy, and student support services, as they relate to online learning. Over two years between the Fall 2022 and Fall 2024, the Working Group developed a framework (described herein) that improves the coordination of talent, resources, and operational processes to further develop and support online learning at UPEI.

This document provides a summary of the Working Group's development of the framework. It includes six overarching themes: Planning and Policies; Infrastructure; Academic Oversight; Instructional Design; Instructional Support; and Student Support Services. These themes cover a range of online and technology-supported issues, from whole programs to individual course components. At an institutional level, they will help to identify strengths and weaknesses to enable plans for improvement. At a micro level, they also provide helpful guidance for specific programs, courses, or modules.

Each theme presents a standard that represents a general principle or quality indicator. The standard has a subset of criteria that identify the expectations related to the standard, as well as associated parameters to meet the required standard. These standards and criteria outline the necessary institutional resources and procedures to uphold an effective online teaching and learning environment.

Definitions of Delivery Modes

The MPHEC has adopted the following definitions of delivery modes as recommended by the Canadian Digital Learning Research Association (CDLRA).:

- **Online Learning:** all instruction is fully online and is:
 - Synchronous: instruction takes place in real-time and requires student presence.
 - Asynchronous: instruction is available for students to access at a time that works best for them.
 - Both synchronous and asynchronous
- **Hybrid Learning:** a required combination of online (synchronous or asynchronous) and in-person instruction. All students in a hybrid program are expected to undergo the same combination of online and in-person activities.
- **Hyflex Learning:** instruction is available simultaneously online (synchronous and/or asynchronous) and in-person. Students can decide which modality to use to access the program components and make that decision on an ongoing basis.
- **In-Person Learning:** all instruction takes place in an in-person setting.

Framework Guidelines

1. Planning and Policies				
Guideline		Resources	Status update	Documentation
1(a)	(i) Online and technology-supported guidelines are in place and updated through consultation and best practices.	• UPEI Online and Technology-Supported Learning Framework • Schedule for review of guidelines by APCC to follow normal policy administration cycle	• Framework in progress • Policy drafts are initiated, prepared and reviewed as and when required.	• Click resource link
	(ii) Senate-adopted common definitions for delivery modes align with MPHEC definitions and are clearly shared with campus.	• Useful Definitions • MPHEC Online and Technology Supported Learning Guidelines	• Course delivery modalities are posted with specific UPEI context as well. • MPHEC guidelines	• Click resource link
	(iii) Faculty, staff, and students have access to UPEI Senate policy on quality assurance of academic programming.	• UPEI Senate Policy on Quality Assurance of Academic Programs	• The policy was revised in May 2022 and will be reviewed in May 2028.	• See Appendix 1
1(b)	Faculty, staff, and students are provided with information on the location of resources specific to online and technology-supported learning so they can ask questions and access supports.	• UPEI Teaching and Learning Centre - Guidance on Using Generative AI in Teaching and Learning	• UPEI Teaching & Learning Centre’s Instructional Resources Hub provides support, especially Provisional Guidelines for the use of GenAI, for students as well as instructors.	• Click resource link

1(c)	Safeguards to support privacy, identity, and personal information in relation to online and technology-supported learning through institutional planning, policies are in place.	• Student Confidentiality • Access to Information and Protection of Personal Information Policy • ITSS Retention and Removal of Digital Course Materials Standard • Research Data Management University of Prince Edward Island • Tri-Agency Research Data Management Policy	• Students' files (academic and personal information), transcripts and release of grades are maintained and processed following strict procedures. • Access to Information Policy is reviewed every five years. • Instructors retain course access via the LMS for three years after course completion; students also have access for up to three years prior to graduation. • The Research Data Management strategy applies to all members of the University involved in research, with the goal to support the UPEI research community with the required systems, services, and support to facilitate best practices in research data management. The strategy also addresses the Tri-Agency Research Data Management Policy.	• Click resource link • See Appendix 2 • See Appendix 3, ITSS policy, pp. 2-3 • See Appendix 4, pp. 1 and 6 • Click resource links
1(d)	(i) Data on student engagement and performance regarding student progression and retention is tracked for evidence-based decision making and continual improvement measures.	• Office of Institutional Research	• The Office of Institutional Research collects, analyzes, and interprets data, undertakes trend analysis and projections to provide analytical and information services in areas including strategic planning, academic planning and development, enrolment management, support program outcomes, and other areas related to students experience and success.	• Click resource link
	(ii) Best practices are considered when developing student feedback methods to inform actions related to the quality of online and technology-supported learning and student experiences in these courses/programs.	• UPEI Teaching and Learning Centre • Instructional Resources Hub – Gathering and Implementing Student Feedback	• Rationale for adding: - Student feedback is considered to keep the student-centric approach as they are the key stakeholders, and to keep them at the center of academic decision-making. • Student feedback is gathered through different surveys for planning, teaching effectiveness and course development.	• Click resource link

1(e)	Policies and processes are in place to foster academic honesty and integrity, and how to address misconduct.	• Academic Integrity (Undergraduate Regulation 20) and Academic Integrity (Graduate Regulation 6) • Student Code of Conduct • Undergraduate Academic Regulations – UPEI Calendar 2024-2025 • UPEI Robertson Library Academic Integrity Portal • Program and Course Planning and Instructional Resources Hub – Academic Integrity and Academic Misconduct • Guidance on Using Generative AI in Teaching and Learning • Responsible Conduct of Research, Scholarly, and Creative Work	• The regulations for Undergraduate and Graduate students are clearly articulated for ethical academic conduct. • The Student Code of Conduct defines the standard of conduct expected of students and is reviewed once every five (5) years. Updated review is pending. • Academic Regulation 12 – Academic Appeals outline the processes students must follow when filing an appeal. • The Robertson Library’s online portals for students and instructors provide resources about academic integrity. • The tutorial developed by TLC in Program and Course Planning webpage provides a general introduction to academic integrity and academic misconduct at UPEI and provides examples to determine appropriate action. • Provisional guidelines are in place for the use of Generative AI for instructors and students, with additional resources. • The policy related to research; scholarly and creative work sets forth the standards for Research integrity at the University and is reviewed every five (5) years. Next review will be in 2029.	• Click resource links • See Appendix 5, pp. 3, item ‘s’ • Click resource link • Click resource link • Click resource links (common information is provided through the two links and arrive at the same place) • Click resource link • See Appendix 6, p.1 and p.13
1(f)	Policies, processes along with instructor and student resources and supports are in place to safeguard equity, diversity, inclusion and accessibility as they relate to online and technology-supported learning.	• EDI Strategy • Accessibility Services , Assistive Technology University of Prince Edward Island, and Information for Faculty and Instructors University of Prince Edward Island	• The EDI strategy ensures accessibility for students with diverse needs. • The University provides numerous resources in Assistive Technology to facilitate students’ online and technology-supported learning. The policy on Academic Accommodations for Students with Disabilities will be reviewed	• See appendix 7, p.4 • See Appendix 8 for policy, pp. 3-5 AND • Click resource links

		• Find Training and Resources Relevant to You • Instructional Resources Hub – Safeguarding EDI and Accessibility • Fair Treatment Policy	every five (5) years. The next review will be in 2029. • To safeguard equity, diversity, inclusion and accessibility, the Department of EDI & Human Rights has compiled a collection of training options. • Various types of training are available with resources for specific users such as instructors, students, etc. • The Fair Treatment Policy will be replaced by Harassment and Discrimination Policy, which is currently under development.	• Internal SharePoint UPEI employee training site • Click resource link • Click resource link
2. Infrastructure				
Guideline		Resources	Status update	Documentation
2(a)	Mechanisms are in place to identify when to update any technologies employed, to evaluate emerging technologies, and to ensure access for students and faculty.	• Audio Visual Guidelines and Standards • Classroom and Lab Software	• Audio visual guidelines are in place to provide AV solutions for meeting the modern teaching requirements. • Notice is provided for installation of new or upgraded software for timely execution for upcoming semesters.	• See appendix 9, p.3. • See appendix 10
2(b)	Appropriate risk management provisions are in place (e.g., to ensure technological infrastructure and course management systems are stable, reliable, well maintained, secure, and scalable; a disaster recovery plan is available in the event that services or technologies fail; faculty and students are not adversely affected should an agreement with a partner or contractor be repealed; and faculty and students are provided with timely updates about impending changes).	• Emergency/Crisis Response • Retention and Removal of Digital Course Materials Standard • Electronic Information and Systems Policy	• The VPAF has initiated a review of emergency and crisis response plans which will address continuity plans. • Procedures are in place for archiving and eventual removal of digital course materials. Ongoing review will be needed to align with university data retention policies that are in development. • The policy for acceptable use and security of UPEI’s electronic information, services, devices and facilities outlines administration of day-to-day responsibilities for Unit Heads.	• Click resource link • Link is for internal sign-in only • See appendix 11, pp. 3-5, items 4.3.1; 4.3.3; 4.3.4; 4.3.8; 5.2.1; and 5.5.

		• System Maintenance Standard • Wireless Network Security Standard	The policy is reviewed every five (5 years), and will be reviewed in 2028. • Routine as well as emergency maintenance standards are in place following a schedule, and required protocols are followed in case of an emergency. • The standard enables identification and evaluation of devices that might be causing interference to take precautionary steps.	• See appendix 12, p. 4 • See appendix 13, p. 2
2(c)	The institutional, departmental, or unit budgets account for investment, as needed, in appropriate technical and physical infrastructure (e.g., library services, laptop loan programs, computer labs and printing services, subscriptions and licenses to online educational resources and software, and on-campus spaces that support the use of online technology).	• Computer Modernization and Replacement Program • Library resource reports for new or modified courses and programs • Robertson Library Computer Information • Laptop borrowing policies from Robertson Library	• The program ensures access and availability of computers and computing resources for full-time faculty and staff, ensuring compatibility with UPEI's operational requirements. • Department chairs and program coordinators contact the University Librarian so that a library resources report can be prepared for new programs, new courses, and programs undergoing quality assurance reviews. This report includes budget requests for library subscriptions and purchases when appropriate. • Computers in the Library are available to UPEI users and community patrons during all library opening hours. • Students and employees can borrow laptops from Robertson Library for a 28-day period.	• See appendix 14 • See appendix 15 • Click resource link • Click resource link (the link also provides information about printing services, installed software etc.)

3. Academic Oversight				
Guideline		Resources	Status update	Documentation
3(a)	Program development committees or equivalent have members who can effectively assess the design of online and technology-supported programs or are required/encouraged to consult with appropriate professionals who can do so.	- Revised APCC templates (for effective assessment of the design of online / tech-supported programs) - Consultation with TLC Instructional Designers - Rubric or checklist for use during the course / program development process Course Delivery Format Scoring Sheet - Copy.xlsx	- For effective assessment of the design of online / tech-supported programs - Consultations are ongoing and curriculum development and review committees are encouraged to include an Instructional Designer from the TLC team. - Decision-making rubric has been developed.	- See appendix 16 - Click resource link for the Scoring sheet, and see appendix 17 for the decision-making format
3(b)	APCC regularly reviews programs and courses to ensure: - appropriateness of the mode of delivery and its impact upon the pathways for students; - access to and utilization of student support services, staffing and other resources; - curriculum continues to be aligned with articulated learning outcomes; and - consistent pathways to graduation for students. Internal formative course reviews are conducted after 1-2 offerings of newly developed online or technology-supported courses.	UPEI Senate Policy on Quality Assurance of Academic Programs - MPHEC: New Programs and Ongoing QA - Documentation / checklist for review processes (Office of Quality Assurance and Planning) Course Delivery Format Scoring Sheet - Copy.xlsx - Training and workshops (TLC) Learning Events and Activities University of Prince Edward Island	- On-going programs go through a 7-year cyclical QA review - New programs undergo an external review after 1 or 2 cohorts have graduated. - The draft documents will help determine course delivery mode with a series of considerations for conducting a program or course review for online or technology supported courses. - The training and workshop activities are posted on the campus and Teaching and Learning Centre events calendars and are open to all instructors, instructional and academic support staff and instructors-in-training.	- See appendix 1 - Click resource link for the Scoring sheet, and see appendix 18 - Click resource link
3(c)	(i) Induction and Professional development training opportunities include both technical and pedagogical aspects of online and technology-supported learning.	- Training to onboard instructors before teaching online - Moodle course shell - Teaching Online - Training for academic administrators and senators around how to judge the appropriateness, accessibility, and	- A micro course is under development and is scheduled to be ready by the end of Fall 2026. - Materials will be prepared for Fall 2026.	Link for course will be provided upon completion

		strategic fit of online courses and programs Training for academic support staff to meet the unique needs of online learners	Materials to be developed in collaboration with staff in Student Affairs by Spring 2027. Following consultation with new AVP Students, a timeline will be established.	
	(ii) Academic regulations reflect needs, concerns, and issues specific to online and technology-enhanced teaching and learning.	UPEI Academic Regulations: Undergraduate; Graduate	Rationale for adding the guideline: - To enforce standards for in-person/ on-campus delivery and online delivery modes, adding an academic regulation to delivery mode gives more regulation for the purposes of scheduling. - Historically, the lens of academic regulations has been primarily for on-campus students and not always taking into account the needs of online students or those not physically on campus. There need to be options available for those students to address their concerns.	Note: No specific regulation addresses this guideline. As a guiding principle, all new or updated regulations should consider issues related to online learning, and there could be an exercise to review all current regulations to address gaps. APCC is the committee of Senate that reviews and recommends for approval of Academic Regulations.
3(d)	Faculty are assisted in making the transition between different delivery modes.		Instructional design support and professional development to prepare instructors for online and technology enhanced teaching are noted in 3(c) and in the Instructional design section of the framework.	Link for course will be provided upon completion
4. Instructional Design				
Guideline		Resources	Status update	Documentation
4(a)	The development of new and modified programs with online or other technology-supported learning is based on quality standards and sound educational principles and ensures that faculty and staff understand that program outcomes are independent of delivery mode.	Quality Assurance Guidelines for Academic Units Instructional Resources Hub—Quality Standards and Sound Educational Principles UPEI Office of Quality Assurance and Planning	- The student-centered new and modified programs are reviewed for continual improvement on a cyclical basis. - This provides support and framework for instructors in developing new and existing courses. - The Office of Quality Assurance and Planning coordinates and supports the academic as	- See appendix 19, p. 1 - Click resource link - Click resource link

		• APCC New / Revised Program Forms • Course Delivery Format Decision-Making	well as non- academic units in ongoing quality assurance by managing the review process. • These forms are for internal use and require access. • Draft document for making decisions related to course delivery format that integrates pedagogical and logistical feasibility; ethical and equity considerations; and Institutional alignment and compliance	• Link is for internal sign-in only • Click resource link
4(b)	(i) Incorporate inclusive assessment design to meet the needs of diverse learners.	• UPEI Procedures and Guidelines on Academic Accommodations for Students with Disabilities – January 2023 • Teaching and Learning Centre - Consultations, Observations, and Services • UPEI Accessibility Services OR Assistive Technology University of Prince Edward Island • EDIHR Office - Resources for Instructors • Teaching and Learning Guide for UPEI Instructors – Open Textbook • Accessibility Information for UPEI Faculty and Instructors • Instructional Resources Hub – Inclusive Assessment Design • The Universal Design for Learning Guidelines - CAST	• Procedures and guidelines provide information on the academic accommodations students can avail. • This provides access to teaching and Learning Centre’s team for one-on-one consultations for inclusive assessment design. • The links provide information on services provided and the technologies available. • EDI related resources • The open textbook by Teaching and Learning Centre provides teaching and learning guide for the instructors. • Assistive Technologies are designed to facilitate student learning and assessment through different software and applications. • The link provides support to the online framework. Information is available for faculty and instructors on various aspects of inclusive assessment design. • Previous link updated as IRN has merged with CAST. Universal Design for Learning is a	• See appendix 20, pp. 2-3 • Click resource link • Click resource link • Link is for internal sign-in only • Click resource link; Part II, section 6 • Click resource link • Click resource link • Click resource link

		Academic Instructional Skills Program micro course – Introduction to course design	foundational framework for inclusive course design. One section of this micro course focuses on Inclusive Course design which includes designing inclusive assessments.	Link is for internal sign-in only
	(ii) Develop disciplinary skills progressively.	UPEI Teaching and Learning Centre - Consultation, Observation, and Services Academic Instructional Skills Program (AISP) University of Prince Edward Island Instructional Resources Hub – Develop Skills Progressively	- Information for Instructors to access services and resources through the Teaching and Learning Centre - The Academic Instructional Skills Program is a certificate program that is designed to provide learners with a foundation for teaching. The program is comprised of required and elective micro courses to earn the certificate and focuses on four pillars of teaching: Instructional skills, Learner-centeredness, Professional growth & development, and Digital spaces and learning technologies. - The development of course and program learning outcomes are facilitated for optimum student success.	- Click resource link - Click resource link - Click resource link
	(iii) Map knowledge, skills, and assessment tasks to learning outcomes.	UPEI Teaching and Learning Centre - Consultation, Observation, and Services Instructional Resources Hub – Curriculum Mapping	- Teaching and Learning Centre staff are available for curriculum mapping support and can provide instructional design services for developing learning outcomes, etc. via consultation. - Resources are available for curriculum mapping to design courses that effectively meet learning outcomes.	- Click resource link - Click resource link
	(iv) Consider the implications of cohort models and other team, collaborative, and networked learning environments.	UPEI Teaching and Learning Centre - Consultation, Observation, and Services - Instructional Resources Hub – Networked and Collaborative Learning Models	- Administrators and Instructors can access services and resources through the Teaching and Learning Centre to assist in making decisions associated with different learning environments. - Program designing is facilitated by a choice of approaches that can be considered for student learning.	- Click resource link - Click resource link

	(v) Facilitate interaction between support staff, faculty, and students.	• Faculty Association Collective Agreement: A-8.2 (Teaching and Advising); and A-9.3 (Librarians’ Professional Practice) • UPEI Teaching and Learning Centre - Consultation, Observation, and Services • Faculty work groups for lab instructors • Instructional Resources Hub - Facilitate Interaction	• The Faculty Association Collective Agreement ensures interactions between support staff, students, and faculty through respective mechanisms. • Teaching and Learning Centre staff are available to assist with program and course design to facilitate interaction and connection between staff, faculty, and students. • Periodically, TLC will host working sessions for lab instructors on topics of interest to staff in this type of instructional role. • Some resources have been curated. Further development of the page to provide additional information is planned for Fall 2026.	• See appendix 21, A-8.2; and A-9.3 • Click resource link
4(c)	Student feedback about the quality of online and technology-supported learning is regularly sought, and course and program updates incorporate this feedback.	• Collective Agreement with the Faculty Association.	• Student Opinion of Teaching Surveys are mandated under the Collective Agreement. • TLC will develop a document to help with assessments of online courses and programs.	• See appendix 21, Section E1.3 (pages 57- 60). • In progress

5. Student Support and Services

Guideline		Resources	Status update	Documentation
5(a)	Clear and consistent communication about the delivery mode for a program is provided to students in program materials and for each course in a program at the point of registration.	• Useful Definitions • MyUPEI labels • Scheduling Policy - UPEI	• Definitions of delivery modes, as recommended by CDLRA, are posted for information specifically at the time of registration. The information also provides UPEI context for internal context. • The students can apply filters to select their preferences for Instruction Type as “Not online” or “Online”. • The policy provides definitions and principles for scheduling and will be updated in January 2030	• Click resource link • This link is only for internal sign-ins • Click resource link, item 2

5(b)	Student orientation is provided for programs and courses with online and technology-supported learning, which includes: - the required or available technology and materials to participate (e.g., clarification on library access, and tools, equipment, or software to be purchased or provided); - the level of preparation (e.g., technical knowledge and skills); - expectations of compliance with institutional policies; - any additional costs associated with the mode of delivery; - the kinds of support and protection available to them (e.g., intellectual property and privacy); and - staff and faculty availability.	Moodle/LMS – Welcome to Moodle video Helpdesk@upei.ca Studentsupport@upei.ca Subject librarians can provide course-specific information or instruction upon request Policies: Academic Integrity, etc. UPEI policies, procedures and guidelines - Generative Artificial Intelligence Guidelines for Students https://sites.google.com/upei.ca/student-ai-hub/home	- Welcome video helps the students navigate through different options which facilitate e-learning as well. - Help desk and students support emails are active email addresses for students to use. - Liaison (Subject) Librarians can provide advanced research, and discipline specific, assistance. - Institutional policies, procedures and guidelines are available for easy access to relevant information. - The GenAI guidelines are available for students on the use of generative AI in their courses.	- Click resource link - Active email addresses - Click resource link - Click resource link - Click resource link
5(c)	A range of support services are accessible, especially for students who study fully or mostly online (e.g., accessibility services; academic advising, library services; technical support and training; career services; health services).	Student Services and Counselling ITSS Robertson Library Health Centre Studentsupport@upei.ca Health and Dental Coverage	- Counselling Services and Academic Support Services provide a range of services to students. - ITSS provides information and technology support and services to the campus community. - Robertson Library provides various services to students related to loans, academic writing, etc. - The Health and Wellness Centre provides support for physical and mental well-being through accessible care. - Active email address for students' use - All students can avail themselves of the Health and Dental coverage as per the benefits available to them.	- Click resource link - Click resource link - Click resource link - Click resource link - Active email address - Click resource link

		• Career Services Website	• The Career Services Office provides students with a wide range of services related to their specific needs.	• Click resource link
5(d)	Online and technology-supported learning includes provisions designed to meet the needs of learners with disabilities (e.g., closed captioning, compatibility with screen readers).	• UPEI Accessibility Services & Assistive Technology University of Prince Edward Island • Academic Accommodations for Students with Disabilities Policy • Academic Accommodations for Students with Disabilities Guidelines • Counselling Services • Accessibility Services - Information for Faculty and Instructors https://www.upei.ca/accessibility/resources-faculty	• Accessibility Services provides students with a wide range of services, specific to their assistive needs. • The policy provides provisions in different circumstances for students with disabilities. The policy is reviewed every five years and will be reviewed in 2029. • The guidelines provide details of academic accommodation, their provision, and the process to be followed. • Faculty and Staff Guide is available to help students in distress, in addition to provisions by Accessibility Services. • Accessibility Services has developed a resource page that gives specific “Information for Faculty and Instructors”	• Click resource links • See appendix 8, pp. 3-4. • See appendix 20, pp. 2-5 • See appendix 22, pp. 14-15 • See appendices 23 and 24; click resource link for Accessibility Services
5(e)	Students provide feedback on support mechanisms and services provided fully or partially online.	• Faculty/Departments • Helpdesk@upei.ca • Studentsupport@upei.ca • Student Union • Student Affairs • Process for feedback through regular meetings between Student Union executive members and academic administrators	• Academic units receive feedback from students during the semester through Student Opinion of Teaching Survey (SOTS). Questions are added to the generic template by respective units according to their requirements. • Helpdesk and Studentsupport are active email addresses. • The Student Union executives meet with the Vice President, Academic & Research for regular meetings throughout the academic year.	• See appendix 25 • Active email addresses for internal sign-ins

5(f)	Guidelines for online student behavior and etiquette foster positive interaction, and chat rooms and other interactive features are moderated by staff/faculty.	• Student Code of Conduct • ITSS Use Policy Acceptable Use Policy University of Prince Edward Island	• The Student Code of Conduct applies to the non-academic conduct of students that occurs on campus, off campus or electronically. • The Acceptable Use Policy by ITSS clearly outlines unacceptable uses of computing and networking facilities.	• See appendix 5, p. 1; p. 4, item 7 • Click resource link
5(g)	Policies determine when interventions are needed to support students in need of support, at risk of failure, or discontinuation of studies.	• Academic Regulations (Academic Standing) Undergraduate Academic Regulations – UPEI Calendar 2024-2025 • UPEI EDI Strategy • Student of Concern • Scholarships and Awards • LMS analytics guidelines and procedures	• Regulation 17 - Academic Standing informs students of their academic performance based on their CGPA. • The EDI Strategy focuses on removal of barriers for students’ success throughout their academic journey. • The Student of Concern Form is used when reporting an urgent concern to call 911. • Students can apply for a variety of scholarships and awards, demonstrating financial needs. • In development with anticipated completion in Fall 2026.	• Click resource link, item # 17 • Click source link, pp. 3-4 • The form can only be used by anyone with a UPEI email address as it requires approval for sign-in. • Click resource link

6. Instructional Support

Rationale for adding the dimension: Research calls for appropriate onboarding and ongoing PD for instructors that focuses specifically on teaching and learning in online and technology-supported settings which promotes use of evidence-informed practices which pay close attention to pedagogy, OER, and equity.

Reference: VanLeeuwen, C.A., Veletsianos, G., Belikov, O. Johnson, N. (2020). Institutional perspectives on faculty development for digital education in Canada. *Canadian Journal of Learning and Technology*, 46(2), 1-20. <https://doi.org/10.21432/cjlt27944> (Relevant pages: 10-13.)

Guidelines	Resources	Status update	Documentation
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6(a)	Instructors are provided with / participate in on-boarding training for online and tech-supported education.	- Regular offerings of Moodle Essentials workshop in-person and online - Academic Instructional Skills Program (AISP) Courses – Teaching Online, Blended Learning, Teaching with Technology, Moodle Essentials - Faculty Academy for Online Educators (a variation of Sessional Faculty Academy currently offered at the start of each fall and winter semester Course: Instructor Quick Start: Teaching at UPEI Moodle	- The link provides regular offerings of Moodle Essentials workshop in-person and online. It is also offered as an in-person session in August each year as part of regular onboarding for instructional colleagues. - These onboarding and professional development resources are available as online, on-demand micro courses for all instructors. This program provides an opportunity to develop evidence-based teaching expertise and skills that are relevant across disciplines in postsecondary education. - Faculty Academy is an onboarding session designed to support new and recently hired sessional instructors and faculty. Details of sessions are shared on TLC's and University's various communication platforms.	- Click resource link. The link is only for internal sign-ins - Click resource link. The links are only for internal sign-ins - Click resource link. The link is only for internal sign-ins
6(b)	Instructors are provided with resources to assist them in selecting textbooks and developing online course materials.	Atlantic OER OER Development Grants Online reserves at Library	- Free to use and openly licensed teaching and learning materials for instructors to use for course designing and delivery. - The grants are intended for individuals, departments, groups, and institutions to encourage and support educators in the adaptation, adoption, creation, and curation of OER. - The Library and the Bookstore have developed a revised process for the Library to efficiently receive information about required and recommended course materials.	- Click resource link - Click resource link - Click resource link

6(c)	Administrators and review committees understand and value online and technology-supported teaching and use holistic approaches in the assessment and evaluation of online and technology-supported teaching.	- Annual training workshop for Dept. Chairs and Deans incorporates a module about online and technology-supported teaching and how to provide appropriate comments and advice as part of faculty reviews - Training for (new) DRC and URC members ensures that designated evaluators have appropriate knowledge and skills to assess online and technology-supported teaching https://sites.google.com/view/instructional-resources/additional-resources/professional-growth-development	- A module for training will be developed to facilitate Department Chairs and Deans, with completion in Winter 2027. - Office of Faculty Relations, in collaboration with TLC, will develop training resource materials, with completion by Winter 2027. - Instructional Resources Hub has links to four different frameworks for sharing evidence of effective teaching. - Senate Committee for Teaching Evaluation is currently looking at processes and frameworks.	Click resource link
6(d)	(i) Courses are scheduled and assigned with adequate time and funding for course development in the appropriate modality.	UPEI Faculty Association Collective Agreement.pdf	- Course assignment and Instructor hiring practices in FA Collective Agreement - Start dates for sessional contracts (Collective Agreement)	- See appendix 21, section B3.4, pg. 25-26 - See appendix 21, section G1.2, pg. 107-108
	(ii) Intellectual property rights of Subject Matter Experts (SMEs) are addressed so that online course materials can be used by other instructors to ensure continuity within online programs.	UPEI Faculty Association Collective Agreement.pdf	Intellectual Property rights for SMEs engaged in the development of online and technology-enhanced courses and programs	See appendix 21, section H4.4 and 4.5, pg. 136

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Senate Committee on Admission & Degrees

Annual Report

2025-2026 Academic Year

Committee Mandate

The Senate Committee on Admissions and Degrees (SCAD) is a standing committee of Senate responsible for reviewing and making recommendations to Senate regarding standards, policies, and regulations governing student admission and re-admission, student standing and promotion, and the awarding of academic credentials. The Committee assists Senate in the interpretation and application of University policies and regulations in specific cases, advises the Registrar and Senate on matters related to student standing and promotion, hears appeals involving denied admission or re-admission, and may recommend the revocation of diplomas, certificates, degrees, scholarships, or bursaries when warranted.

In accordance with its terms of reference, the Committee also reviews and recommends candidates for degrees and submits an annual summary report to Senate.

2025-2026 Membership

- Vice-President Academic & Research (Chair) **Greg Naterer/Donna Hardy-Cox**
- Registrar (non-voting) **Andrea Trowbridge**
- One Dean appointed by the Vice-President Academic & Research **Miles Turnbull**
- Two faculty members from different Faculties elected by Senate **Beibei Jia, Amy Hsiao**
- One staff member **Kendra Mellish**
- One student nominated by the Student Union and elected by Senate **Erika Kyalo**

The Chair also identifies an Equity, Diversity, and Inclusion (EDI) Champion for the Committee. In accordance with the Committee's Terms of Reference, EDI principles are considered in the nomination and selection of committee members.

Meetings Held

The Committee met three times during the 2025-2026 academic year.

On September 23, 2025, the Committee reviewed and approved candidates who had completed the requirements for graduation following the Summer 2025 academic period. Recommendations forwarded to Senate included graduates from the Faculty of Arts, McDougall Faculty of Business, Faculty of Education, Faculty of Nursing, Faculty of Science, Faculty of Sustainable Design Engineering, and Faculty of Veterinary Medicine. The Committee also approved an enabling motion authorizing the President, relevant Dean, and Registrar, acting jointly, to approve any unexpected degree, diploma, or certificate cases that might arise following Senate approval.

On January 19, 2026, the Committee reviewed and approved candidates who completed degree requirements following the Fall 2025 semester. Recommendations were forwarded to Senate for graduates from the Faculty of Arts, McDougall Faculty of Business, Faculty of Education, and the Faculty of Graduate Studies.

On May 5, 2026, the Committee reviewed and approved candidates eligible for graduation following the Winter 2026 semester. Recommendations were forwarded to Senate for a total of 924 candidates at the Charlottetown campus and 115 candidates at the Cairo campus, subject to the completion and verification of final grades where applicable. The Committee also approved the customary enabling motion authorizing the President, relevant Dean, and Registrar, acting jointly, to approve any unexpected credentialing cases.

The Committee also reviewed degree parchment printing options, following the Senate's approval to include Majors on undergraduate degree parchments. Five samples were reviewed, and a recommended option was put forward for final approval by Senate.

Summary

During the 2025-2026 academic year, the Senate Committee on Admissions and Degrees reviewed and recommended a total of **1,515 candidates** for the conferral of degrees, diplomas, and certificates. The largest graduating cohort was from the **Faculty of Science (404 graduates)**, followed by the **McDougall Faculty of Business (378 graduates)** and the **Faculty of Arts (256 graduates)**. Winter 2026 represented the largest graduation cycle, with **1,039 candidates** approved across the Charlottetown and Cairo campuses.

Faculty	Summer 2025	Fall 2025	Winter 2026	Cairo 2026	Total
Faculty of Arts	43	45	168	0	256
McDougall Faculty of Business	79	82	134	83	378
Faculty of Education	38	46	129	0	213
Faculty of Nursing	0	26	74	0	100
Faculty of Science	38	67	277	22	404
Faculty of Sustainable Design Engineering	2	1	66	10	79
Faculty of Veterinary Medicine	4	4	76	0	84
Faculty of Graduate Studies	0	1	0	0	1
Total	204	272	924	115	1515

Conclusion

The Senate Committee on Admissions and Degrees continued to fulfill its mandate during the 2025-2026 academic year by overseeing matters related to academic credentialing and by recommending qualified candidates for graduation to Senate. Through its review of graduation lists and its ongoing responsibility to support the interpretation and application of academic regulations, the Committee contributed to maintaining the integrity and quality of the University's academic standards.

Respectfully submitted,

Andrea Trowbridge, Interim Registrar

for

Dr. Paula Wood-Adams, **Interim Vice-President Academic & Research**
Chair, Senate Committee on Admissions and Degrees

Senate Committee on Teaching Evaluation

Progress Report – Activities to Date

November – May 2026 & September 2026

The Senate Committee on Teaching Evaluation was established to explore alternative holistic approaches to teaching evaluation that could be implemented at UPEI. The committee's mandate is to identify and recommend approaches that support a more comprehensive and equitable assessment of teaching effectiveness. As part of this work, the committee is gathering feedback from members of the campus community, including students, faculty, and academic administrators. Since its formation in November 2025, the committee has met six times.

Activities Completed

Activity	Timeline / Date
Advertised and hired a graduate student to support the work of the committee.	Nov. – Dec. 2025
Student consultation (Phase 1): Focus group discussions with students to understand experiences with the current SOT process, including its strengths and limitations, meaningfulness and use of feedback, timing, fairness and bias, and alternative forms of student voice.	Phase 1 – Jan to April 2026
Qualitative analysis: The student FGD data were thematically analyzed to identify recurring perspectives and potential implications for the design of a future teaching-evaluation system.	Phase 1 – April to May 2026
Environmental scan: Review of teaching-evaluation approaches and relevant literature/institutional practices, including formative feedback, peer review/observation, self-reflection, teaching dossiers/portfolios and other sources of evidence.	Phase 1 – April 2026
Some committee activities were paused when a new chair needed to be appointed. This meant the window for phase two activities passed, and these activities had to be pushed to the fall semester.	March – April 2026
Knowledge dissemination: Let's Talk Teaching for Fall 2026 on Sept 17 was led by Dr. Natasha Kenny, Executive Director of the Taylor Institute for Teaching and Learning, University of Calgary. She introduced a research-informed framework for conceptualizing, assessing and developing teaching expertise and considering its application at UPEI. A recording of Dr. Kenny's keynote is available through the TLC's SharePoint site Let's-Talk-Teaching-with-Dr.-Natasha-Kenny(1).aspx Students, faculty and administrators interested in participating in one of the focus groups can indicate their interest here Senate Committee on Teaching Evaluation - Interest in Focus Group Participation – Fill out form	September 17, 2026

Phase 1 - Key Emerging Findings

- Student feedback remains an important component of teaching evaluation, but students identified limitations to relying on end-of-course SOTs alone.
- The perceived usefulness of feedback is strongly linked to whether students see it being used. Timing, feedback loops and opportunities for formative/ongoing feedback were recurring considerations.

- Students identified potential bias and contextual influences on evaluations, including factors related to identity, language, course difficulty, grading and instructor–student relationships. Anonymity and power dynamics were also important considerations.
- The environmental scan indicates that institutions and the broader literature are considering multiple sources and forms of evidence from students, peers, and colleagues’ reflections on their own teaching practice, rather than treating student ratings as a stand-alone measure of teaching effectiveness.
- The knowledge-dissemination session broadened the discussion from evaluating teaching to understanding and developing teaching expertise over time, including the role of institutional and faculty cultures, supports and processes.

Current Phase 2 Activities / Next Steps

- Share the recording from the Let’s Talk Teaching keynote with colleagues, students and administrators interested in learning more about ideas the committee is considering.
- Develop and conduct focus groups with faculty & administrators, including representation from different appointment types and teaching contexts, to explore instructor perspectives on teaching effectiveness, student feedback, bias/fairness, and potential holistic approaches.
- Develop a complementary student questionnaire for Phase 2 focus groups that builds on the Phase 1 findings and explores the role undergraduate and graduate students should play within a future holistic system.
- Integrate findings from the student consultations, environmental scan, knowledge-dissemination session and subsequent stakeholder focus group consultations to identify common principles, areas of divergence and potential models for UPEI.
- Use the combined evidence to inform recommendations for a holistic, fair, context-sensitive and feasible approach to teaching evaluation that retains meaningful student voice.

The committee is aiming to have some recommendations ready early in 2027.

Progress report submitted by:

Dr. Charlene VanLeeuwen

Committee Chair

Purpose: INFORMATION

Subject: Faculty of Medicine, Physician Faculty Appointment and Promotion Policy

Prepared by: Preston Smith, Dean of the Faculty of Medicine

Prepared for: Senate

Date: October 23, 2026

ACTION

To receive information from the UPEI Faculty of Medicine (FoM) on the Faculty of Medicine Physician Faculty Appointment and Promotion Policy.

BACKGROUND

The Faculty of Medicine (FoM) has developed a Physician Faculty Appointment and Promotion Policy to establish a formal framework for the appointment, reappointment, evaluation, promotion, and termination of physician faculty appointments within the FoM. The policy provides transparent and equitable processes that recognize the academic contributions of physician faculty while ensuring alignment with university governance, academic standards, and accreditation requirements.

Unlike most academic units at UPEI, FoM physician faculty members are practising physicians who are represented by the Medical Society of Prince Edward Island through the Physician Services Agreement and are compensated by Health PEI for clinical teaching and educational activities. These physician faculty members are not members of the UPEI Faculty Association and are not governed by the UPEI Faculty Association collective agreement. This is consistent with practice at other Canadian medical schools and identical with what has been done at the 3 new medical schools at TMU, SFU and York. A distinct appointment and promotion framework is required to govern their academic relationship with the University.

All FoM faculty members who are not physicians shall follow UPEI Faculty Association policies and collective agreements as established and negotiated.

The policy also supports compliance with accreditation requirements established by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Canadian Excellence in Residency Accreditation (CanERA) standards.

ADDITIONAL CONTEXT

The proposed policy was reviewed by the Offices of the UPEI Vice President Academic and Research and UPEI Vice President People and Culture. It will be presented to the UPEI Deans' Council for information on October 13, 2026. Following Senate

consideration, the policy will proceed through UPEI's governance approval process for final approval by the Board of Governors.

RECOMMENDATIONS

Notice is provided to Senate that the Faculty of Medicine intends to submit for approval at the December 21, 2026, meeting of the Board of Governors, the Faculty of Medicine Physician Faculty Appointment and Promotion Policy generally as presented. [OBJ]

University of Prince Edward Island Policy	Policy No. [x]	Revision No. [y]
Policy Title Physician Faculty Appointment and Promotion Policy		
Creation Date [Creation Date]	Version Date [Version Date]	
Authority [Authority]	Review Date [Review Date]	
Responsibility [Responsibility]		Access

1 Preamble

The University of Prince Edward Island (UPEI) recognizes the essential contributions of physician faculty in advancing the academic mission of the Faculty of Medicine (FoM). Physician faculty support the FoM through their involvement in clinical teaching, clinical education, service to their profession, the university, and the broader community, as well as research, scholarly activity, leadership, and administrative activities.

This policy applies exclusively to physician faculty appointed within the FoM. Physician faculty are licensed physicians who hold an academic appointment with the FoM and contribute to its educational, scholarly, and service missions. This policy does not apply to faculty members who are members of the UPEI Faculty Association (FA), whose appointments, promotion processes, terms and conditions of employment, and remuneration are governed by the applicable collective agreement, university policies, and employment arrangements.

Physician faculty appointed under this policy are not employees of UPEI by virtue of their academic appointment. Consistent with the Physician Services Agreement (2024-2029) and the Memorandum of Understanding Respecting the UPEI Faculty of Medicine (Appendix C), Physician faculty are remunerated by Health PEI (HPEI) for the provision of clinical education and medical teaching activities, in accordance with the terms of those agreements.

Faculty appointment and promotion are academic processes established and administered by UPEI through the Faculty of Medicine and are separate from HPEI remuneration arrangements. Academic appointments or promotions do not determine eligibility for remuneration from HPEI, and remuneration provided by HPEI does not confer, imply, or guarantee an academic appointment, academic rank, or promotion within the University.

This policy is intended to recognize and support the academic contributions of Physician Faculty while ensuring that academic appointments and promotions are conducted in a fair, transparent, and merit-based manner consistent with the mission, values, and academic standards of the Faculty of Medicine and UPEI.

2 Purpose

This Policy establishes the institutional framework for the appointment, reappointment, evaluation, promotion, and termination of appointments for physician faculty within the FoM. It

provides clear, consistent, and equitable processes to support faculty appointment and advancement while ensuring alignment with University policies, academic standards, values, and strategic priorities.

This policy meets the following standards of the Committee on Accreditation of Canadian Medical Schools (CACMS):

4.3: A medical school has clear policies and procedures in place for faculty member appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about the faculty member's term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

4.4: A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

This policy meets the following standards of the Canadian Excellence in Residency Accreditation (CanERA):

6.1.1.1: There is an effective process for the assessment of teachers involved in residency education.

6.1.1.2: The process for the assessment of teachers includes resident input, balancing timely feedback with preserving resident confidentiality.

6.1.1.3: The process for the assessment of teachers informs teacher recognition, continuous improvement of residency programs, and the assignment of residents to teachers.

3 Scope

This Policy applies to all physician faculty appointed to the Faculty of Medicine. It governs appointments, reappointments, evaluation, promotion, and related academic processes for physicians who contribute to the FoM's academic mission through clinical service; clinical teaching; service to the specialty, university, and community; research and scholarly activity; and leadership and administration. These contributions may occur in hospital, community, academic, or other affiliated clinical practice settings.

4 Definitions

Term	Definition
Appointment	The formal appointment of a physician to an academic rank within the Faculty of Medicine.
Appointments Advisory Committee (AAC)	A standing committee of the Faculty of Medicine that reviews faculty applications for appointment and promotion and provides recommendations to the Dean in accordance with Faculty policies, standards, equity principles, and strategic priorities.

Associate Dean, Faculty Affairs	The senior faculty member responsible for oversight of physician faculty appointments, reappointments, evaluations, promotions, academic career development, professional development, recognition, wellness, and related faculty affairs processes.
Board of Governors	The governing body of the University of Prince Edward Island that is responsible for overseeing the University's business, financial affairs, property, and administrative operations.
Continuing Appointment	An academic appointment with no specified end date that continues until resignation, retirement, or termination in accordance with University policy.
Contributions	The creation, dissemination, application, and leadership of scholarly work that advances knowledge, improves health and medical education, informs practice or policy, and supports the mission and values of the medical school through impactful research, innovation, and community-engaged scholarship.
Cross Appointment	An academic appointment of a faculty member in a Department other than their primary academic Department within the Faculty of Medicine.
Dean	The Dean of the Faculty of Medicine.
Department	An academic unit within the Faculty of Medicine established to support education, scholarship, research, and academic leadership. Where appropriate, academic Departments may align with the corresponding Health PEI clinical department structure.
Faculty	A physician who holds an academic appointment within the Faculty of Medicine and contributes to its academic mission through teaching, scholarship, research, leadership, administration, and/or clinical education.
Faculty Appeals Committee (FAC)	An ad hoc committee established by the Dean or the Dean's delegate to hear appeals under this Policy.
Faculty of Medicine (FoM)	An academic division within a university responsible for medical education, scientific research, and clinical healthcare training.
Limited-Term Appointment	An academic appointment with a specified end date that may be eligible for reappointment in accordance with this Policy.
Physician	A professional who holds a Doctor of Medicine (MD) or equivalent degree and is licensed to practice medicine in Prince Edward Island by the College of Physicians and Surgeons of PEI (CPSPEI).
Promotion	Advancement of a faculty member from one academic rank to a higher rank based on the criteria outlined in this Policy.
Provincial Department Head	The academic leader of a Department within the Faculty of Medicine who, where applicable, also serves as the corresponding clinical department leader within Health PEI and is responsible for the academic oversight of physician faculty.
Reappointment	The renewal of a Limited-Term Appointment.
Temporary Appointment	A time-limited academic appointment used to meet short-term academic, educational, clinical, or operational needs within the FoM.
Vice President	The senior University administrator responsible for academic affairs and

Academic and Research (VPAR)	research, who provides institutional oversight and support to academic units and serves as the University's approving authority for matters delegated under this Policy.
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5 Policy

5.1 Guiding Principles

The following principles shall guide faculty appointments, reappointments, renewals and promotions at the FoM.

5.1.1 Academic Excellence

Appointment and promotion decisions shall recognize excellence; clinical service; clinical teaching; service to the specialty, university, and community; research and scholarly activity; and leadership and administration that advance the academic mission of the FoM. Excellence shall be evaluated in accordance with the responsibilities and scope of the faculty member's appointment.

5.1.2 Fairness and Transparency

Faculty appointment and promotion processes shall be conducted using clear criteria, consistent procedures, and documented decision-making processes. Faculty members shall have access to information regarding expectations, evaluation standards, and review procedures relevant to their appointment and career progression.

5.1.3 Equity, Diversity, and Inclusion

The FoM is committed to ensuring that appointment, evaluation, and promotion processes are equitable and free from discrimination. Review processes shall recognize the impact of career interruptions, leaves, caregiving responsibilities, disability, community engagement, and systemic barriers, and shall value diverse contributions that advance health equity, social accountability, Indigenous health, and inclusive excellence.

5.1.4 Recognition of Diverse Academic Contributions

The FoM recognizes that academic achievement may be demonstrated through a broad range of activities, including clinical service; clinical teaching; service to the specialty, university, and community; research and scholarly activity; and leadership and administration. Contributions shall be considered in a manner appropriate to the faculty member's role and responsibilities.

5.1.5 Accountability and Academic Integrity

Faculty members and decision-makers share responsibility for maintaining the highest standards of professionalism, ethical conduct, academic integrity, and stewardship. Appointment and promotion decisions shall be based on accurate, verifiable, and appropriately documented evidence of achievement and contribution.

5.1.6 Alignment with the Mission and Strategic Priorities of the FoM

Appointments and promotions should support the academic mission, strategic priorities, and social accountability commitments of the FoM and UPEI. Consideration may be given to contributions that strengthen medical education, research, patient care, faculty development, community engagement, Indigenous health, health equity, physician leadership, and the healthcare needs of

Prince Edward Island and the populations served by the FoM.

5.2 Appointment Eligibility Requirements

All faculty appointments must satisfy the following University requirements, applicable regulatory requirements, and, where applicable, the Health PEI Physician Services Agreement:

5.2.1 Licensure and Registration:

5.2.1.1 Hold registration and be a member in good standing with the College of Physicians and Surgeons of Prince Edward Island (CPSPEI); and

5.2.1.2 Individuals holding a restricted license or registration (e.g., academic registration) may be appointed, subject to approval by the Dean.

1 Clinical Affiliation: Faculty members must abide by any clinical affiliation requirements outlined by the Prince Edward Island (PEI) Physician Services Agreement in force at the time of their appointment.

5.2.2 Malpractice Coverage: Faculty members engaged in clinical practice must maintain adequate professional liability protection appropriate to their scope of practice. This typically includes membership in the Canadian Medical Protective Association (CMPA) or equivalent coverage acceptable to the FoM.

5.2.3 Compliance: Faculty must comply with applicable University, Senate, Board of Governors, and FoM policies, procedures, and regulations.

5.2.4 Failure to maintain these requirements may result in suspension, non-renewal, or termination of the appointment in accordance with this Policy and applicable University policies.

5.3 Appointment Categories

5.3.1 Continuing Appointment: A Continuing Appointment is an academic appointment without a specified end date and continues until resignation, retirement, or termination in accordance with University policy. Faculty members holding a Continuing Appointment are expected to maintain ongoing contributions to the academic mission of the FoM.

5.3.1.1 Faculty members with continuing appointments will be evaluated at regular intervals as per the process outlined in Section 5.8.

5.3.1.2 Should continuing appointees be found to not meet the criteria of their appointment, they may be subject to discipline as per Section 5.10.

5.3.2 Limited-Term Appointment: A Limited-Term Appointment is a formal academic appointment for a defined period of time, typically several years, where the faculty member

is expected to make ongoing contributions to the FoM's academic mission through clinical service; clinical teaching; service to the specialty, university, and community; research and scholarly activity; and leadership and administration. Limited-Term faculty are generally eligible for reappointment and promotion.

5.3.2.1 Limited-Term appointments may be renewable.

5.3.2.2 Faculty are expected to maintain sustained academic contributions over the course of their term.

5.3.2.3 Limited-Term appointees are subject to regular evaluation and reappointment review.

5.3.3 **Temporary Appointment:** Temporary Appointments may be used to meet short-term academic, educational, clinical, or operational needs within the FoM. Unless otherwise specified, Temporary Appointments are time-limited and do not create an expectation of renewal, continuing appointment, or promotion.

5.3.3.1 Temporary Appointments may be used for:

5.3.3.1.1 Specific teaching assignments,

5.3.3.1.2 Limited-duration clinical contributions,

5.3.3.1.3 Short-term project-based academic roles

5.3.3.1.4 Filling urgent, interim, or time-limited instructional, academic, or clinical service needs.

5.3.3.2 Unless otherwise specified in the appointment letter or authorized by the Dean, Temporary Appointees are not eligible to receive all faculty resources and will not be considered for governance roles or committee appointments.

5.3.3.3 All Temporary Appointments shall be identified as such in the appointment letter, which shall specify the appointment rank (where applicable), duties, reporting relationship, start date, and end date

5.3.4 **Cross Appointment:** A Cross Appointment permits a faculty member to hold an academic appointment in a second Department within the FoM in addition to their primary academic appointment. Cross Appointments support interdisciplinary teaching, clinical education,

scholarly activity, research, leadership, and service while maintaining clear academic reporting relationships.

5.3.4.1 Scope and Eligibility

5.3.4.1.1 Cross Appointments are available to faculty members who hold a primary appointment within one Department of the Faculty of Medicine and who make substantive academic contributions to a second Department through clinical service; clinical teaching; service to the specialty, university, and community; research and scholarly activity; and leadership and administration.

5.3.4.1.2 Cross Appointments are limited to Departments within the FoM and do not extend to other faculties or units of the University under this Policy.

5.3.4.2 Terms and Conditions

5.3.4.2.1 A Cross Appointment does not replace or diminish the responsibilities or reporting relationship associated with the faculty member's primary appointment.

5.3.4.2.2 Cross Appointment applications shall be recommended by the Provincial Department Head of the secondary Department, recommended by the Appointments Advisory Committee (AAC), and approved by the Dean. The appointment rank in the secondary Department shall normally be the same as the rank held in the primary Department.

5.3.4.3 Reassignment of Primary Appointment

Where a faculty member's primary academic responsibilities shift substantially to a secondary Department, they may request reassignment of their primary academic appointment. Such a reassignment requires:

5.3.4.3.1 Approval of the Provincial Department Head;

5.3.4.3.2 Recommendation from the AAC;

5.3.4.3.3 Approval from the Dean.

5.4 Academic Ranks

Faculty members may be appointed to one of the following academic ranks, which reflect their academic rank at other institutions, qualifications, and expected contributions to the FoM.

5.4.1 Appointment to Assistant Professor

In addition to the appointment requirements outlined under 5.2, appointments to the rank of Assistant Professor shall ordinarily require the following minimum qualifications:

- 5.4.1.1 An earned MD (or equivalent) and credential (CCFP, FRCPC, FRCSC, or equivalent) in a discipline appropriate to the appointment;
- 5.4.1.2 Evidence of, or demonstrated potential for clinical service
- 5.4.1.3 Evidence of, or demonstrated potential for, excellence in clinical teaching;
- 5.4.1.4 Evidence of, or demonstrated potential for service to the specialty, university, and community.
- 5.4.1.5 Evidence of, or demonstrated potential for, research and scholarly;
- 5.4.1.6 Evidence of, or demonstrated potential for, leadership and administration.

5.4.2 Appointment to Associate Professor

In addition to the appointment requirements outlined under 5.2, appointments to the rank of Associate Professor shall ordinarily require the following qualifications:

- 5.4.2.1 An earned MD (or equivalent) and credential (CCFP, FRCPC, FRCSC, or equivalent) in a discipline appropriate to the appointment;
- 5.4.2.2 Appointment at the level of Associate Professor at another recognized medical school.

5.4.3 Appointment to Full Professor

In addition to the appointment requirements outlined under 5.2, appointments to the rank of Full Professor shall ordinarily require the following qualifications:

- 5.4.3.1 An earned MD (or equivalent) and credential (CCFP, FRCPC, FRCSC, or equivalent) in a discipline appropriate to the appointment;
- 5.4.3.2 Appointment at the level of Full Professor or higher at another recognized medical school.

5.5 Promotion Principles and Criteria

5.5.1 Principles of Promotion

Promotion is an academic recognition of achievement and contribution within the Faculty of Medicine. Promotion does not confer employment with UPEI, nor does it alter a Physician Faculty

member's remuneration for teaching, which is governed separately by Health PEI and the applicable Physician Services Agreement. Physician Faculty who are also employed in leadership roles by the Faculty of Medicine shall be remunerated according to their respective employment contracts.

Faculty members may be considered for promotion based on demonstrated excellence, impact, and sustained contributions in all core and one (1) (for Associate Professor) or both (for Full Professor) of the specialized pillars described in greater detail in Appendix A:

5.5.1.1 Core Pillars

5.5.1.1.1 Clinical Service

5.5.1.1.2 Clinical Teaching

5.5.1.1.3 Service to the specialty, university, and community

5.5.1.2 Specialized Pillars

5.5.1.2.1 Leadership and Administration

5.5.1.2.2 Research and Scholarly Activity

5.5.2 Promotion is not automatic and shall be based on demonstrated merit and achievement. Faculty members may apply for promotion when they believe they satisfy the criteria for the next academic rank. Faculty members may remain at their current academic rank provided they continue to meet the expectations associated with that rank.

5.5.3 Promotion to:

5.5.3.1 **Associate Professor:** Candidates shall demonstrate sustained and substantive contributions in all core and at least one specialized pillar. Evidence of growing responsibility, peer recognition, and impact is required. Their accomplishments must demonstrate substantive local or regional contributions.

5.5.3.2 **Full Professor:** Candidates shall demonstrate sustained and substantive contributions in all core and both specialized pillars. Their accomplishments must demonstrate substantive regional, national, or international contributions.

5.5.4 Leave and Career Interruptions

In evaluating applications for promotion, the FoM shall give appropriate consideration to:

5.5.4.1 Approved leaves under the PEI Human Rights Act or University policy, or other grounds including pregnancy, parental, medical, disability-related, or compassionate leave;

- 5.5.4.2 Other career interruptions or personal circumstances that may reasonably affect academic productivity or progression.
- 5.5.4.3 Candidates shall not be disadvantaged by approved leaves or career interruptions. Evaluation processes shall take these circumstances into account to ensure equitable assessment.

5.5.5 Inter-Institutional Promotions

Faculty members who hold concurrent academic appointments at another recognized post-secondary institution and receive an academic promotion at that institution may request consideration for an equivalent promotion at UPEI, subject to the following conditions:

- 5.5.5.1 The external promotion must have been granted through a formal academic process at a recognized post-secondary institution;
- 5.5.5.2 A request for promotion must be submitted to the AAC within one year of the external promotion;
- 5.5.5.3 The candidate must submit the documentation used to support the external promotion together with any additional information requested by the FoM.
- 5.5.5.4 Final decisions shall follow the standard promotion approval pathway established under Section 5.6

5.6 Appointment Process

All faculty appointments shall follow a standardized review and approval process that promotes equity, consistency, transparency, procedural fairness, and academic rigour. The appointment process includes the following:

5.6.1 Initiation

An application for appointment must be initiated by the candidate. Applicants must prepare and submit an application demonstrating that they meet the guidelines for an initial appointment. Applicants seeking appointment at the rank of Associate Professor or Full Professor must also submit evidence of appointment at this rank from another recognized medical school.

5.6.2 FoM Appointments Advisory Committee (AAC)

The AAC shall review the application to ensure completeness and review it against the appointment criteria established in this Policy.

5.6.3 The Dean of the FoM

The Dean is the final FoM authority responsible for reviewing and recommending appointments, reappointments, and promotions before submission for institutional approval. The Dean may:

- 5.6.3.1 Concur with AAC recommendations;

5.6.3.2 Return applications to the AAC or the Provincial Department Head for clarification or additional information; or

5.6.3.3 Recommend an alternative appointment decision, with written rationale.

5.6.4 VPAR

The Vice-President Academic and Research (VPAR) shall review appointment recommendations in accordance with University governance processes and, where required, recommend approval to the Board of Governors.

5.6.5 Communication

Appointment decisions shall be communicated to the applicant or faculty member in writing.

5.7 Promotion Process

All faculty reappointments and promotions shall follow a standardized review and approval pathway that promotes equity, consistency, transparency, procedural fairness, and academic rigour. The promotion process pathway goes through the following:

5.7.1 Initiation

An application for promotion may be initiated by the candidate or recommended by the Provincial Department Head. Applicants must prepare and submit a complete application which provides evidence that they have met all requirements for promotion.

5.7.2 FoM Appointments Advisory Committee (AAC)

5.7.2.1 The AAC shall review the application to ensure completeness and assess it against the promotion criteria established in this Policy.

5.7.2.2 The AAC shall ensure consistency, academic rigour, procedural fairness, and appropriate consideration of individual circumstances, including equity-related factors.

5.7.2.3 Contributions arising from a Cross Appointment shall be considered during promotion processes, with input from both Departments where appropriate.

5.7.2.4 Following its review, the AAC shall provide a written recommendation to the Dean.

5.7.3 The Dean of the FoM

The Dean is the final FoM authority responsible for reviewing and recommending reappointments, and promotions before submission for institutional approval. The Dean may:

5.7.3.1 Concur with AAC recommendations;

5.7.3.2 Return applications to the AAC or the Provincial Department Head for clarification or additional information; or

5.7.3.3 Recommend an alternative promotion decision, with written rationale.

5.7.4 VPAR

The Vice-President Academic and Research (VPAR) shall review promotion recommendations in accordance with University governance processes and, where required, recommend approval to the Board of Governors.

5.7.5 Communication

Promotion decisions shall be communicated to the applicant or faculty member in writing.

5.7.6 Effective Date of Promotion

Any promotion shall take effect on July 1 following the completion of the review of approval processes.

5.8 Faculty Evaluation

5.8.1 Faculty Performance Evaluation

Faculty members shall receive periodic evaluation appropriate to their appointment type and academic responsibilities. Evaluations shall normally be conducted by the Provincial Department Head (or designate) and may consider teaching evaluations, scholarly activity, clinical contributions, leadership, service, and other relevant evidence appropriate to the faculty member's role. Evaluation outcomes should inform faculty development, recognition, reappointment, and promotion.

5.8.2 The evaluation process shall:

5.8.2.1 Be proportionate to the expectations and responsibilities associated with the faculty member's rank and appointment type;

5.8.2.2 Recognise the diverse ways in which faculty contribute to the academic mission of the FoM across the academic pillars described in Appendix A.

5.8.2.3 Be guided by the principles in Section 5.1.

5.9 Renewal of Appointment

Faculty members are not required to seek promotion and may remain at their current academic rank, provided they continue to satisfy the expectations associated with their appointment during the standard academic review process outlined in Section 5.8.2.

5.10 Discipline

5.10.1 Allegations of misconduct and faculty discipline shall be addressed in accordance with the FoM's established disciplinary procedures.

5.10.2 Removal of Faculty Member from Learner Contact Pending Investigation

5.10.2.1 A faculty member may be temporarily removed from learner-facing responsibilities pending investigation in instances where serious allegations of misconduct, learner mistreatment, professionalism concerns, or other conduct that may pose a risk to learners, patients, or the learning environment arise.

5.10.2.1.1 During an internal or external investigation conducted by the University, Health PEI, an affiliated institution, or a professional regulatory body;

5.10.2.1.2 Upon the recommendation of the appropriate academic leader (e.g., Provincial Department Head, Associate Dean, Faculty Affairs, or Senior Associate Dean), with approval of the Dean.

5.10.2.2 This action is administrative and precautionary rather than disciplinary and shall be communicated to the faculty member in writing, together with the reasons for the decision. Learner-facing responsibilities may be reinstated following resolution of the matter and completion of any required remedial or corrective measures.

5.10.2.3 The FoM shall comply with the notification requirements established under the Health PEI–UPEI Affiliation Agreement (Appendix B) regarding concerns related to the conduct or qualifications of Dual Appointees.

5.10.3 Procedural Fairness

Before disciplinary action is imposed, the faculty member shall normally be provided with written notice of the concerns, an opportunity to respond, and consideration of their response, except where immediate action is necessary to protect learners, patients, or the integrity of an investigation.

5.10.4 Suspension or Termination of Appointment

A faculty member may be subject to disciplinary action, up to and including suspension or termination of their academic appointment, where one or more of the following circumstances apply:

5.10.4.1 Failure to Meet Appointment Requirements

The faculty member no longer satisfies the appointment requirements established under this Policy, including:

5.10.4.1.1 Loss of licensure or professional certification;

5.10.4.1.2 Suspension or termination of hospital or clinical privileges;

5.10.4.1.3 Failure to maintain adequate malpractice insurance;

5.10.4.1.4 Failure to fulfil the academic responsibilities associated with the appointment, without approved leave or other authorized absence.

5.10.4.2 Breach of Policy or Conduct Expectations

A breach of applicable University, FoM, or affiliated institutional policies, procedures, or professional standards has occurred, including:

5.10.4.2.1 Misconduct or unprofessional behaviour in teaching, clinical, or academic contexts;

5.10.4.2.2 Failure to comply with the FoM Professionalism Statement;

5.10.4.2.3 Findings of professional misconduct or disciplinary action by a professional regulatory body.

5.10.4.3 Non-Compliance with Investigative or Remedial Processes

Refusal or failure to participate in, or comply with, investigation, remediation, or disciplinary processes required by the FoM, the University, Health PEI, or another affiliated institution may result in disciplinary action. Where appropriate, progressive discipline shall be applied and may include suspension or termination of the academic appointment.

5.11 Appeals Process

5.11.1 Faculty members who receive an adverse decision under this Policy may submit an appeal in accordance with the procedures established by the FoM.

5.11.1.1 Promotion;

5.11.1.2 Non-renewal of appointment;

5.11.1.3 Termination or denial of an appointment;

5.11.2 A written appeal must be submitted to the Dean within twenty (20) business days of the date of the written decision.

5.11.3 Grounds for Appeal

An appeal under this Policy shall be based on one or more of the following grounds:

5.11.3.1 A material procedural error that may have affected the outcome of the decision;

5.11.3.2 A failure to apply this Policy or applicable University policies appropriately;

5.11.3.3 A demonstrated conflict of interest or reasonable apprehension of bias in the decision-making process; or

- 5.11.3.4 New information that was not reasonably available at the time of the original decision and that could reasonably be expected to have affected the outcome.
- 5.11.4 An appeal is not a rehearing of the original application and shall not be based solely on disagreement with the academic judgment or recommendation of the original decision-makers.
- 5.11.5 The Faculty Appeals Committee (FAC) shall be convened as an ad hoc committee by the Dean or the Dean's delegate within fifteen (15) days of receipt of a written appeal. The Committee shall conduct its work in accordance with the principles of:
- 5.11.5.1 Procedural fairness;
- 5.11.5.2 Effective conflict-of-interest management; and
- 5.11.5.3 Consensus-based decision-making wherever possible, with decisions determined by majority vote where consensus cannot be achieved.
- 5.11.6 The FAC shall make recommendations to the Dean, who shall make the final decision. The Committee does not have authority to overturn decisions reserved to the President, the Vice-President Academic and Research, or the Board of Governors under the PEI University Act.
- 5.11.6.1 The authority of the FAC is limited to the matters delegated under this Policy and applicable University governance documents.

5.12 Responsibilities

5.12.1 Associate Dean, Faculty Affairs

The Associate Dean, Faculty Affairs is responsible for:

- 5.12.1.1 Oversight of physician faculty appointments, reappointments, evaluations, promotions, academic career development, recognition, wellness, and related faculty affairs processes.
- 5.12.1.2 Ensuring compliance with applicable University and FoM policies.
- 5.12.1.3 Promoting equitable and inclusive faculty advancement practices.

5.12.2 Provincial Department Heads

Each academic department is led by a Provincial Department Head who, where appropriate, also serves as the corresponding clinical department lead within Health PEI. Provincial Department Heads are responsible for:

- 5.12.2.1 Providing academic leadership and administration within the Department;
- 5.12.2.2 Overseeing faculty recruitment, onboarding, retention, evaluation, mentorship,

career development, faculty wellness, and promotion;

5.12.2.3 Ensuring departmental compliance with University and FoM policies;

5.12.2.4 Reviewing and recommending applications for appointment, reappointment, and promotion to the Appointments Advisory Committee (AAC); and

5.12.2.5 Fostering the academic mission of the FoM through teaching, scholarship, research, leadership, and service.

5.12.3 FoM Appointments Advisory Committee (AAC)

The AAC is responsible for:

5.12.3.1 Reviewing and assessing applications for appointment, reappointment, and promotion;

5.12.3.2 Promoting consistency, transparency, academic rigour, and fairness in appointment and promotion decisions;

5.12.3.3 Considering structural inequities, career interruptions, and other systemic factors that may influence faculty career progression;

5.12.3.4 Providing recommendations to the Dean regarding appointments and promotions; and

5.12.3.5 Conducting its work in accordance with the principles of equity, procedural fairness, confidentiality, consensus-based decision-making where possible, and appropriate conflict-of-interest management.

5.12.4 FoM Faculty Appeals Committee (FAC)

The FAC is responsible for:

5.12.4.1 Reviewing appeals submitted by faculty members in accordance with the timelines and procedures established by the FoM;

5.12.4.2 Determine whether the appointment, promotion, renewal, or disciplinary process was conducted in a fair, consistent, and procedurally appropriate manner;

5.12.4.3 Consider relevant information, documentation, and submissions provided by the appellant and the original decision-making bodies;

5.12.4.4 Ensure that actual, potential, or perceived conflicts of interest are identified and appropriately managed throughout the appeal process;

5.12.4.5 Conduct its deliberations in a manner that respects confidentiality, procedural fairness, and the principles of natural justice;

- 5.12.4.6 Assess whether the criteria and requirements of this policy were applied consistently and appropriately in the original decision;
 - 5.12.4.7 Make recommendations to the Dean regarding the disposition of an appeal, including whether a decision should be upheld, reconsidered, or returned for further review;
 - 5.12.4.8 Maintain records of appeal proceedings and recommendations in accordance with applicable University policies and record management requirements.
- 5.13** Members of committees established under this Policy shall maintain the confidentiality of committee deliberations, records, consultations, and proceedings, except where disclosure is required by law or University policy. This obligation also applies to consultants, legal counsel, academic colleagues, witnesses, parties, and other individuals participating in committee proceedings, subject to applicable legislation and University policy.
- 5.14** This Policy shall be reviewed at least every three (3) years, or earlier as required to reflect changes in legislation, University governance documents, accreditation standards, or FoM requirements.
- 6 Equity, Diversity, and Inclusion**
- 6.1** The UPEI Faculty of Medicine is committed to ensuring that faculty appointment, reappointment, evaluation, promotion, and appeal processes are conducted in a fair, transparent, equitable and inclusive manner. The FoM recognizes that academic excellence may be demonstrated through diverse contributions in teaching, clinical service, research and scholarly activity, leadership, administration, and community engagement, and that traditional measures of achievement may not fully capture the breadth of a faculty member's contributions and impact.
- 6.2** Individuals involved in appointment, evaluation, promotion, and appeal processes, including Provincial Department Heads, the Appointments Advisory Committee (AAC), and the Faculty Appeals Committee (FAC), shall recognize the potential influence of conscious and unconscious bias and apply the criteria established in this Policy consistently, fairly, and equitably. Evaluation and review processes shall recognize that career progression may be influenced by disability, caregiving responsibilities, pregnancy, parental or medical leave, cultural or ceremonial obligations, community engagement, Indigenous leadership, and other personal or professional circumstances.
- 6.3** The FoM values contributions that advance equity, diversity, inclusion, accessibility, Indigenous health, community engagement, social accountability, reconciliation and the health of underserved or structurally marginalized populations. Where appropriate to a faculty member's academic role, these contributions shall be recognized as evidence of academic achievement within the pillars of teaching and educational activities, clinical service, research and scholarly activity, and leadership and administration.
- 6.4** Appointment, evaluation, promotion, renewal, and appeal decisions shall not discriminate on the basis of any protected characteristic under applicable human rights legislation,

including race, ethnicity, Indigenous identity, place of origin, citizenship, religion, age, disability, sex, sexual orientation, gender identity, gender expression, family status, or any other protected ground. The FoM is committed to fostering an inclusive academic environment in which all faculty members have equitable opportunities for appointment, advancement, recognition, leadership, participation, and professional development.

7 References

- PEI Human Rights Act RSPEI 1988, c H-12
- PEI University Act RSPEI 1988, c U-4
- Health PEI–UPEI Affiliation Agreement (Appendix B)
- Committee on Accreditation of Canadian Medical Schools (CACMS) Standards
- Canadian Excellence in Residency Accreditation (CanERA) Standards
- FoM Professionalism Statement
- University of Prince Edward Island Harassment and Discrimination Policy
- [2024-2029 Physician Services Agreement](#): Memorandum of Understanding Respecting the UPEI Medical School (Appendix C)

8 Version History

Date	Action
	Version 1.0 approved.

Appendix A: Principles for Promotion

Pillars for Promotion

Promotion within the Faculty of Medicine (FoM) shall be based on demonstrated excellence, impact, and sustained contributions in all Core and one (for Associate Professor) or both (for Full Professor) of the Specialized pillars.

Faculty members are not expected to demonstrate equal achievement across all academic pillars. Promotion decisions shall recognize that the relative emphasis placed on teaching, clinical service, research and scholarly activity, and leadership and administration may vary according to an individual's appointment, discipline, academic role, and career stage. Excellence in one or more pillars, together with meaningful contributions across the FoM's academic mission, shall be considered in determining readiness for promotion.

The examples below are illustrative rather than exhaustive and shall be interpreted in a manner appropriate to the faculty member's academic role and appointment.

1. Core Pillars

a. Clinical Service

Faculty members engaged in clinical practice are expected to maintain exemplary standards of patient care appropriate to their professional licensure, scope of practice, and academic responsibilities. Excellence in clinical service is demonstrated through:

- Clinical activities aligned with the ethical, professional, and regulatory expectations of relevant licensing bodies and affiliated institutions;
- Evidence of clinical competence and professionalism;
- Recognition of clinical service by peers, patients, and/or institutions;
- Service in clinical leadership roles or administrative functions related to care delivery.

b. Clinical Teaching

Teaching contributions include the instruction, supervision, and mentorship of learners across clinical, classroom, and community-based settings. Teaching may occur within undergraduate, postgraduate, graduate, or continuing professional education environments and should demonstrate excellence in educational practice, learner engagement, curriculum development, educational innovation, and inclusive teaching. Assessment of teaching effectiveness may include:

- Learner evaluations of teaching (quantitative and qualitative);
- Peer assessments of teaching;
- Teaching awards;
- Contributions to learner supervision, clinical teaching, or competency-based assessment in the clinical environment;
- Contributions to faculty development or mentorship;
- Educational leadership at the local, provincial, national, or international level; and
- Integration of Equity, Diversity, and Inclusion (EDI) principles in teaching and assessment.

The FoM recognizes that teaching which meaningfully incorporates Indigenous knowledge, culturally responsive educational practices, accessibility, or educational outreach to underserved communities is integral to its academic mission.

c. Service to the specialty, university, and community

Service and community engagement is valued within and beyond UPEI and the FoM where it advances the FoM's mission, including equity, diversity, inclusion, accessibility, Indigenous health, social accountability, and service to the communities of Prince Edward Island.

Assessment of service to the specialty, university, and community could include, but would not be limited to:

- Participation in quality improvement or person-centered safety initiatives;
- Participation in institutional, hospital, regional, or national committees;
- Advocacy and service related to health equity, Indigenous engagement, or underserved communities;
- Volunteer service supporting charitable, community, cultural, or health-related organizations;
- Leadership or participation in community-based health initiatives, health promotion programs, or community advisory boards;
- Public health advocacy, media and public education, patient advisory groups;
- Service to municipal, provincial, or federal government or nongovernment organizations.

2. Specialized Pillars

a. Leadership and Administration

Leadership contributions include engagement in academic, administrative, governance, or strategic roles that advance the missions of the FoM, the University, the healthcare system, or the communities it serves. Leadership and administrative activities can occur in the academic or clinical learning environment. Recognized activities include:

Academic Leadership and Administration

- Service in academic leadership roles (e.g., decanal role, program director);
- Evidence of curriculum development or instructional innovation;
- Leadership of educational or policy development initiatives;
- Leadership in academic accreditation, quality improvement, faculty development, or learner wellness initiatives;
- Mentorship of peers or junior faculty.

Clinical Leadership and Administration

- Service in clinical leadership roles (e.g., department head);
- Leadership of clinical policy development initiatives;

- Leadership roles within professional societies, specialty organizations, certification bodies, or licensing organizations;
- Development and implementation of innovative care models and practice guidelines;
- Leadership in clinical accreditation, quality assurance, or quality improvement initiatives;
- Mentorship of peers or junior faculty.

b. Research and Scholarly Activity

Research and scholarly contributions may encompass a broad range of academic outputs, including but not limited to:

- Peer-reviewed publications, clinical guidelines, or scholarly books;
- Abstracts and presentations at academic or professional conferences;
- Participation on research ethics boards and research committees;
- Educational scholarship or innovations;
- Leadership in research collaborations or clinical trials;
- Creative and community-based scholarship (e.g., narrative medicine, graphic medicine, health policy writing, Indigenous methodologies);
- Grant funding, program evaluation, or implementation science;
- Public scholarship through media, digital platforms, or health advocacy.

Evaluation of scholarly activity shall prioritize quality, substance, innovation, and impact over publication volume or journal metrics. Peer-reviewed or community-endorsed outputs, especially those addressing health equity, primary care, generalism, or the needs of structurally marginalized populations, shall be highly valued.

Appendix B: Fully Executed Health PEI - UPEI Affiliation Agreement (2026-2036)

THIS AFFILIATION AGREEMENT made effective this 16 day of August, 2026

BETWEEN:

UNIVERSITY OF PRINCE EDWARD ISLAND, a university
incorporated pursuant to the laws of the province of the Prince Edward Island, acting
on behalf of its FACULTY OF MEDICINE ("UPEI")

- and -

HEALTH PEI, a health authority incorporated pursuant to the laws of Prince Edward
Island ("Health PEI")

WHEREAS:

1. UPEI's Faculty of Medicine offers medical training, including undergraduate and postgraduate medical education, across Prince Edward Island.
2. The mission of UPEI is to encourage and assist people to acquire the skills, knowledge, and understanding necessary for critical and creative thinking, and thus prepare them to contribute to their own betterment and that of society through the development of their full potential. To accomplish these ends, UPEI is a community of scholars whose primary tasks are to teach and to learn, to engage in scholarship and research, and to offer service for the benefit of our Island and beyond. The Faculty of Medicine at UPEI is focused on developing competent, caring, and socially accountable physicians and researchers through rigorous, community-engaged, and clinically integrated programming.
3. Health PEI's mission is "Delivering High-Quality, Person-Centered Care to Every Islander: Health PEI exists to provide excellent health care to every Island resident and visitor. Our people are dedicated to this mission and work to provide care that is safe, reliable, effective and patient-centered." Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost-effective manner. Health PEI's values include demonstrating accountability, acting with care, working together and striving for excellence.
4. UPEI and Health PEI recognize the interdependence among clinical service, education and research in providing high quality medical education and health care, and are committed to collaborating to achieve excellence in these fields.

NOW THEREFORE in consideration of the mutual promises and covenants herein contained, the parties agree as follows:

ARTICLE 1 – INTERPRETATION

1. Each article of this agreement consists of a Statement of Principle followed by a Commitment. The Statement of Principle articulates the underlying obligation of the parties, and the Commitment articulates specific commitments made by the parties in support of that obligation.
2. This affiliation agreement is not intended to address all the matters between the parties but rather provides an over-arching framework that governs the relationship of the parties. The parties may enter more specific agreements in support of this affiliation agreement.
3. The definition of words used in this agreement is set out in Schedule A which, together with the other Schedules, forms part of this agreement.
4. The parties acknowledge that this affiliation agreement was negotiated and executed prior to, and in support of UPEI's independent accreditation. As such, it is expected that as UPEI evolves in the development of its own independent accreditation, modifications may be required and this affiliation agreement shall be amended by mutual agreement of the parties, which agreement shall not be unreasonably withheld.

ARTICLE 2 – PURPOSE

Statement of Principle

The purpose of this affiliation agreement is to provide a foundation upon which UPEI and Health PEI will collaborate in striving for excellence in clinical care, education, and research in medicine in support of their complementary missions.

Commitment

1. Each party will act in a manner which is consistent with their respective complementary missions, their statutory powers and duties, and their continuing obligations to others who are not a party to this agreement.
2. The parties acknowledge that they will each enter into affiliation agreements with other parties but shall ensure that such agreements will not affect their ability to meet their respective obligations under this affiliation agreement.
3. The parties agree that this agreement does not create a partnership, joint venture, or agency relationship between them.

ARTICLE 3 – RESPONSIBILITY FOR CLINICAL CARE

Statement of Principle

The parties recognize that Health PEI has exclusive responsibility over and authority for the care, treatment and safety of all patients in Health PEI facilities and programs, and for

the operation and management of Health PEI facilities.

Commitment

1. Notwithstanding any other article of this agreement, in the event of any conflict between medical care, education, and research, the parties agree that medical care of the individual patient shall take precedence and shall have priority over education and research initiatives.
2. The Health PEI CEO has responsibility to the Health PEI Board of Directors for the general management and conduct of the affairs of Health PEI in accordance with the policies and directions of the Board of Health PEI. Health PEI is responsible for planning, organizing and delivery of health services and the evaluation of the provision of health services and delivery of those services, including patient care.
3. Health PEI is responsible for establishing, maintaining and setting standards for the delivery of clinical care, services for the provision of patient care and the determination of which services it will or will not provide. Attending Physicians within Health PEI are responsible for coordinating the care of individual patients and are accountable to the Provincial Department Head or designate for that care. Delegation of patient care responsibilities to Clinical Learners does not diminish the responsibility of either Health PEI or the Attending Physician.
4. Faculty Members participating in patient care activities or supervising and assessing Clinical Learners within Health PEI facilities are required to be Dual Appointees.
5. Health PEI will provide Clinical Learners with an orientation to Health PEI's programs, services, and facilities, including but not limited to the administrative structure, applicable personnel policies, and all applicable Health PEI Rules and Regulations that Clinical Learners are expected to comply with, and will provide paper or electronic copies of same.
6. UPEI will take reasonable measures to ensure that Clinical Learners are informed of their obligation to exercise reasonable skill in the performance of clinical assignments given their level of training and demonstrated experience, to act in a professional manner, and to comply with all applicable Health PEI Rules and Regulations and legislative requirements.
7. Health PEI is a teaching institution and as such it is understood that Clinical Learners are active members of the health care team. Patients shall have the right to refuse health care provided by Clinical Learners.
8. Health PEI has the right to intervene in any instance, and to prohibit or restrict any Clinical Learner from access to Health PEI facilities, services, or programs where, in the sole opinion of Health PEI, acting reasonably and reached after consultation with UPEI, where practicable, such Clinical Learner is acting or has acted in a manner that may put the well-being of a patient, Health Care Professional, Medical Staff, or member of the public at risk or that may be contrary to Health PEI's Rules and Regulations or applicable legislative requirements. In such event, Health PEI will notify UPEI and the Clinical Learner as soon as is reasonably practicable. Thereafter, the matter will be treated as an academic issue and will be dealt with

according to UPEI Regulations and Policies. Nothing in this Commitment derogates from the authority of Health PEI to take steps against a Clinical Learner who is a Physician or member of Health PEI's Medical Staff pursuant to Health PEI Rules and Regulations and Medical Staff Bylaws, where applicable, including where the misconduct in question does not relate to or arise out of an academic matter.

9. The parties acknowledge that in addition to being UPEI students, Postgraduate Medical Learners assigned to Health PEI are employees of Health PEI. The parties acknowledge and agree that the terms and conditions of that employment relationship are expected to be set out in a designated Resident Representative Organization Collective Agreement,, as may be negotiated and executed prior to Postgraduate Medical Learners being assigned to Health PEI, and as amended from time to time.
10. Any additional clinical service a Postgraduate Medical Learner provides to Health PEI outside of the Faculty Program at the request of Health PEI must be approved in accordance with UPEI Regulations and Policies but is Health PEI's sole responsibility. Health PEI shall advise UPEI in the event that Health PEI removes, alters or restricts the scope of the privileges of a Postgraduate Medical Learner who is a member of the Health PEI Medical Staff pursuant to Health PEI's Medical Staff Bylaws.
11. UPEI may limit any Postgraduate Medical Learner from providing additional services to Health PEI outside of the scope of the requirements of the Faculty Program where, in UPEI's opinion, the academic performance of the Postgraduate Medical Learner is compromised or it is otherwise inappropriate.
12. The parties acknowledge that this Agreement does not create an employment relationship between the parties, or between Health PEI and any Medical Student participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement. Medical Students participating in a clinical service or clinical placement pursuant to this Agreement shall not be afforded other group benefits or other entitlements provided to Health PEI employees.
13. The parties acknowledge that Health PEI does not carry insurance which would provide coverage for Medical Students participating in a clinical service or clinical placement with Health PEI in the event of accidental injury.
14. UPEI acknowledges and agrees that Medical Students participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement will be required to obtain their own Accident Insurance for that period or have additional Accident Insurance provided or arranged by UPEI. In the event of any injury of a Medical Student during their clinical service or clinical placement pursuant to this Agreement, the Accident Insurance obtained by the Medical Student or provided or arranged by UPEI shall be the primary insurance.
15. UPEI may elect to purchase additional Accident Insurance for each Medical Student to provide insurance coverage to Medical Students participating in a clinical service or clinical placement with Health PEI to provide insurance in the event of accidental injury. Where UPEI elects to purchase additional insurance for Accident Insurance for its Medical Students, UPEI shall provide Health PEI with proof of such insurance

coverage prior to the execution of this Agreement.

16. Where UPEI elects not to purchase or arrange such additional insurance referred to in Article 3, Commitment 16 above, UPEI shall inform Medical Students participating in a clinical service or clinical placement with Health PEI that Health PEI does not carry insurance that would provide coverage in the event of accidental injury, and shall advise Medical Students it is their responsibility, at their own expense, to purchase and maintain Accident Insurance in a form sufficient to cover accidents to that Medical Student while in or on Health PEI premises or arising out of the Medical Student's required work pursuant to a clinical service or clinical placement with Health PEI.
17. For clarity, where a Medical Student is participating in a clinical service or clinical placement pursuant to this Agreement and has a separate and distinct employment relationship with Health PEI independent of and outside the purview of this Agreement and the clinical service or clinical placement, nothing in this Article shall be construed as affecting such employment relationship between that individual and Health PEI, which exists independently of the clinical service or clinical placement and this Agreement.
18. The parties acknowledge and agree that Health PEI may, in its sole discretion, require Medical Students to sign an Acknowledgment of Responsibility, in the form attached hereto as Schedule D, as part of an assignment to Health PEI under this Agreement.

ARTICLE 4 – RESPONSIBILITY FOR CLINICAL EDUCATION

Statement of Principle

The parties acknowledge that UPEI has exclusive responsibility for all aspects of the development and delivery of Faculty Programs, including, but not limited to, curriculum, educational objectives, outcomes, assessment methods and tools, and selection and assignment of Clinical Learners.

Commitment

1. The Dean provides the overall academic, administrative, and financial leadership to the Faculty, including the Faculty Programs. This responsibility is further delegated to Associate Deans with various responsibilities for administering academic programs, and to Provincial Department Heads, as the case may be.
2. UPEI has exclusive responsibility for the selection of Clinical Learners and their assignment within Health PEI. In addition to providing Health PEI the information necessary to give effect to such assignment, UPEI shall confirm the nature of the medical license of each Clinical Learner and any special or unique requirements of the Clinical Learner that are relevant to their participation in the Faculty Program within Health PEI.
3. Responsibility for supervision and assessment of Clinical Learners within Health PEI

resides solely with Dual Appointees.

4. UPEI shall promptly notify Health PEI in the event that UPEI removes a Clinical Learner from a clinical service or a clinical placement, or otherwise makes a decision which adversely impacts the Clinical Learner's suitability to participate in clinical activities.

ARTICLE 5 – INTEGRATION OF EDUCATION AND CLINICAL SERVICE

Statement of Principle

The parties agree to collaborate in the integration of Faculty Programs within Health PEI in a manner that is consistent with the educational objectives established by UPEI, with UPEI Regulations and Policies, with Health PEI Rules and Regulations, with the unique requirements of each Health PEI facility and with applicable accreditation standards.

Commitment

1. UPEI will provide Health PEI with curriculum requirements, educational objectives, and assessment requirements relevant to the Faculty Programs undertaken at Health PEI.
2. Health PEI will make all reasonable efforts to provide Clinical Learners access to in-patients and ambulatory care patients in order to make learning opportunities available consistent with curriculum requirements, educational objectives and evaluation requirements of each Faculty Program. Such access will include the assessment of patients and their follow-up care, participation in and performance of supervised procedures in a manner permitting increasing responsibility in accordance with supervised experience. Such access is always subject to the right of Health PEI to limit access of a Clinical Learner as set out in Article 3, commitment 8.
3. Scheduling of assignments and other activities of Clinical Learners within each clinical service shall be made under the direction of Dual Appointees having regard to curriculum requirements and educational objectives established for the relevant Faculty Program.
4. Responsibility for supervision and assessment of Clinical Learners rests with Dual Appointees. The parties acknowledge that Clinical Learners have varying levels of training, skill and ability to provide patient care and require varying levels of supervision. Hence, the nature, extent and number of responsibilities assigned to a Clinical Learner shall be commensurate with such Clinical Learner's demonstrated level of skill, the educational objectives established for the Clinical Learner, and the limits and privileges of the Clinical Learner's medical license. Dual Appointees will ensure these conditions are respected.
5. The parties recognize that Health Care Professionals have a key role in the educational environment as they do in the patient care setting and acknowledge that they will be involved in the educational experiences of Clinical Learners.

ARTICLE 6 – ADMINISTRATION

Principle

The parties are committed to putting administrative structures and processes in place wherever possible to support the effective integration of Faculty Programs within Health PEI and to ensure the overall success of this affiliation.

Commitment

1. **Dean.** The Dean has responsibility for coordination of UPEI medical education programs and is responsible for liaising with appropriate personnel within Health PEI to assist in the effective delivery of the Faculty Programs. Health PEI is accountable to UPEI's Associate Dean Undergraduate Medical Education for all academic matters regarding the undergraduate program and the Associate Dean Postgraduate Medical Education for all academic matters regarding postgraduate programs.
2. **Provincial Department Heads.** With respect to academic activity, the Provincial Department Head provides the academic and administrative leadership, as delegated by the Dean or Associate Deans at UPEI. All Dual Appointees are accountable to the Provincial Department Head for their academic responsibilities.
3. **Facility Medical Directors/Regional Department Heads.** Facility Medical Directors/ Regional Department Heads will, in coordination with the applicable Provincial Department Heads, provide clinical leadership to their departments within Health PEI and Dual Appointees will be responsible to Provincial Department Heads, Facility Medical Directors, and Regional Department Heads for their clinical care activities, as the case may be.

ARTICLE 7 – DUAL APPOINTMENTS

Principle

In recognition of the critical role of Health PEI Medical Staff in the instruction, supervision and assessment of Clinical Learners, the parties shall ensure that all Medical Staff engaged in such activity shall have Dual Appointments – a Health PEI Medical Staff appointment in accordance with Health PEI's Medical Staff Bylaws and any applicable rules, requirements, policies or procedures, as may be amended from time to time and either a UPEI Academic Appointment or Academic Appointment recognized as equivalent by UPEI.

Commitment

1. In Health PEI Clinical Departments or services, Medical Staff who are assigned any responsibility for Clinical Learners, including, but not limited to instructing, supervising and assessing Clinical Learners must hold a Dual Appointment.

2. Health PEI and UPEI will consult each other prior to undertaking a search for a Dual Appointee. The CEO, or delegate, will make a recommendation of the appointment of a Dual Appointee to Medical Staff only after receiving approval from the Dean. The Dean will make a recommendation to the UPEI Board of Governors concerning an Academic Appointment of a Dual Appointee only after receiving approval of the CEO, or delegate.
3. UPEI and Health PEI will collaborate in the determination of Dual Appointee responsibilities and shall coordinate letters of appointment.
4. Dual Appointees will be accountable Provincial Department Head for their academic responsibilities, and to Provincial Department Heads, Facility Medical Directors, and Regional Department Heads for their clinical care activities, as the case may be. All Dual Appointees will work closely together in clinical care, education and research activities.
5. Remuneration arrangements for Dual Appointees must be consistent with the clinical care, academic and research missions of both parties, and must be disclosed to Health PEI and UPEI.
6. In every instance where there is a Dual Appointment, Health PEI Rules and Regulations and Medical Staff Bylaws shall be followed in credentialing and discipline relating to the Medical Staff appointments, discipline, suspension or termination of a Medical Staff appointment. UPEI Regulations and Policies or any applicable collective agreement shall be followed in the promotion, disciplining, suspension or termination of the Academic Appointment.
7. Health PEI shall advise UPEI in the event that Health PEI removes, alters or restricts the scope of the privileges of a Dual Appointee who is a member of the Health PEI Medical Staff pursuant to Health PEI's Rules and Regulations.
8. UPEI shall advise Health PEI in the event that UPEI removes, alters or restricts the Academic Appointment of a Dual Appointee.

ARTICLE 8 – FACILITIES

Principle

Access to Health PEI's facilities/services, patients and records are essential to the successful integration of clinical care, clinical education and research activities of the parties within Health PEI and to ensuring Clinical Learners the appropriate breadth and quality of ambulatory and bedside teaching.

Commitment

1. Subject to available resources, the terms of this affiliation agreement and any other agreements between the parties, Health PEI shall provide Dual Appointees and Clinical Learners access to Health PEI facilities and services, to patients in those

facilities, and to clinical and patient records as required to meet the curriculum requirements, educational objectives and assessment requirements of Faculty Programs, and the reasonable requirements for research.

2. In all Health PEI facilities, Health PEI will provide sufficient services and support for Dual Appointees and Clinical Learners participating in Faculty Programs, including, but not limited to, duty rooms, computer access, lockers, video conferencing services, office space for instructors, and library services.
3. Dual Appointees and Clinical Learners teaching, studying, or conducting research in Health PEI facilities shall comply with the Health Services Act, and all other relevant statutes, including, but not limited to, the Hospitals Act, Regulated Health Professions Act, Medical Practitioner Regulations, and any applicable rules, requirements, standards, regulations or by-laws passed thereunder, and with relevant facility policies and rules.
4. All equipment used within Health PEI shall be approved by Health PEI, but will be the property of the purchasing party unless otherwise agreed. Arrangements regarding the installation, maintenance, replacement, removal, operating costs, disposition and liability for the equipment's use, shall be determined by the parties at the time of purchase.

ARTICLE 9 – POSITIVE, SAFE LEARNING ENVIRONMENT

Principle

The parties are committed to providing a safe, positive, professional learning and working environment.

Commitment

1. The parties will collaborate to ensure that the learning environment within Health PEI promotes the development of professional attributes of Clinical Learners in the context of a professional, respectful, inclusive and harassment-free environment.
2. The parties are also committed to providing a safe and healthy work environment and ensuring that health and safety concerns are addressed promptly and appropriately.
3. Concerns regarding the conduct of Clinical Learners, or the conduct of Dual Appointees arising in the context of their academic responsibilities to UPEI, will be addressed through UPEI Regulations and Policies. Concerns regarding the conduct of Dual Appointees arising outside of their academic responsibilities to UPEI will be addressed through Health PEI Rules and Regulations.
4. Notwithstanding the preceding commitment, the parties recognize that the integration of education and health care may give rise to concerns regarding the conduct of Dual Appointees that involve both academic responsibilities and health care. In such circumstances, Health PEI and UPEI agree to cooperate with one another, including by conducting joint investigations wherever possible and as

permitted by law.

5. Both UPEI and Health PEI agree to immediately notify one another in writing of any concerns relating to the conduct or qualifications of Dual Appointees.
6. UPEI reserves the right to remove a Clinical Learner or group of Clinical Learners from a service, or any part thereof, within Health PEI in the event that the learning and working environment is deemed to be an inappropriate learning environment. In such event, UPEI will notify Health PEI so that alternative service arrangements can be made where applicable.
7. UPEI acknowledges and agrees that in addition to health requirements established by UPEI or any applicable regulatory body, Health PEI may establish, amend, or require Clinical Learner and Faculty Member compliance with existing or future health requirements. Such requirements may include, without limitation, standard health tests, screening procedures, immunizations, or requirements relating to immunization status or history. Where required by Health PEI for purposes of communicable disease management, health and safety, or any other lawful purpose, Clinical Learners will promptly provide Health PEI with requested documentation, including a Clinical Learner's immunization and tuberculosis (TB) screening history. Except in emergency situations and situations where the Clinical Learner or Faculty Member are acting in their role as Health PEI employees, UPEI will be responsible for the health status of Clinical Learners and Faculty Members.
8. In addition to Article 9, Commitment 7 above, in the event that a Clinical Learner experiences an injury or exposure to an infectious or environmental hazard within Health PEI facilities, the incident must be promptly reported to Health PEI. Such incidents must be immediately reported to the Dean. Monitoring of follow-up treatment and the administration of any resulting modifications to the Clinical Learner's participation in the Faculty Program shall be addressed through UPEI Regulations and Policies.

ARTICLE 10 – COMPARABLE EDUCATIONAL EXPERIENCES

Principle

The parties are committed to ensuring that all Clinical Learners within Health PEI have a comparable educational experience.

Commitment

1. UPEI will provide Dual Appointees with the curriculum requirements, educational objectives and assessment methods necessary for them to integrate the educational experience within the clinical care setting.
2. Health PEI and UPEI will communicate their shared expectation that Dual Appointees will regularly participate in faculty development opportunities presented by UPEI.

ARTICLE 11 – RESEARCH

In this Article 11, "Research" means research that meets any of the following criteria:

- i) projects undertaken by or involving Clinical Learners;
- ii) projects undertaken by Dual Appointees in their capacity as Faculty Members;
- iii) projects that are associated with UPEI in any manner; or
- iv) projects that are conducted upon or using UPEI facilities and infrastructure.

Principle

The parties agree:

- a) to support each other in striving to achieve and maintain excellence in their respective research goals;
- b) to coordinate research efforts in an effort to avoid duplication and to maximize use of research funding;
- c) to cooperate with and to participate in each other's research review and accountability processes; and
- d) to seek comment on the progress and general resource implications of each other's research activities and of the planning and initiation of new programs when appropriate.

Commitment

1. The parties shall comply with the *Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans* and the *Tri-Agency Framework: Responsible Conduct of Research*, as amended or replaced from time to time.
2. The parties agree to collaborate to identify research opportunities and to develop roles for Clinical Learners in those opportunities.
3. Research that is conducted at or within Health PEI facilities or that has the potential to impact clinical services or involve Health PEI patients, staff, resources or data must receive review and approval by Health PEI and the Health PEI Research Ethics Board, as applicable, in accordance with processes agreed between the parties. Research conducted at UPEI that will not impact clinical services may be approved by UPEI in accordance with its internal processes. Coordination of such research approvals as well as the guidance of Dual Appointees regarding what approvals are required shall be managed through UPEI's Office of Research Services, and Health PEI.
4. The parties, along with the principal investigator where appropriate, will enter into an agreement before the start of any research project to be conducted by Dual Appointees, and health profession scientists holding UPEI appointments,

which shall address, at minimum, the following:

- Data sharing protocols, including responsibility for storage, controlling access, custodianship of medical records (if applicable), and transfer protocols;
 - Responsibility for holding and administering research funds, allocation of research costs, responsibility overhead charges on research projects, allocation of indirect costs of research program allocations, and distribution of net revenues;
 - Financial reporting requirements; and
 - Ownership of and rights in intellectual property related to the project, and responsibility for protecting intellectual property rights, if applicable.
5. Each party will acknowledge the other in publications, presentations or news releases based on work supported in whole or part by the other.
 6. Health PEI and UPEI agree that if a research sponsor or other funding organization requests that a limit be placed on publication in relation to Research, such limit shall be no greater than twelve (12) months following notification of intention to publish, and that in no event shall such publication limits, or any confidentiality of research results requirements placed on research, unreasonably interfere with a Clinical Learner's completion of the academic requirements of the Faculty Program in which they are registered.

ARTICLE 12 – DISPUTE RESOLUTION

Principle

Collaborative governance and dispute resolution are integral to the spirit of cooperation of the parties in achieving their shared goals under this agreement.

Commitment

1. The parties agree that the Dean of UPEI's Faculty of Medicine and Health PEI CEO or delegate will:
 - a) amend and approve Schedule "B," the list of the Faculty Programs to which this agreement applies, on an annual basis.
 - b) resolve any disputes concerning the application, interpretation or administration of this agreement;
 - c) make determinations as to the appropriate disciplinary procedure for Clinical Learners or for Dual Appointees when it is unclear and the parties cannot agree;

- d) make recommendations concerning appropriate processes to implement in the event that one party elects to continue its part of a Dual Appointment notwithstanding termination of the other part of the Dual Appointment;
 - e) consider matters of mutual interest to Health PEI and UPEI and to make recommendations to appropriate authorities as deemed appropriate; and
 - f) address other issues as the parties may agree from time to time.
2. Where the Dean and Health PEI CEO or designate are unable to resolve a dispute or to make a determination under this agreement, UPEI's Vice-President Academic and Research or designate and Health PEI's CEO will appoint one person mutually acceptable to both Health PEI and to UPEI to consider the matter and to render a decision. The parties agree to be bound by the determination made by such person.

ARTICLE 13 – MUTUAL CONSULTATION

Principle

In recognition that the activities, organization, and accreditation processes of the parties may have an impact on the activities of the other, each of the parties agrees to consult or to invite the other to participate in decision-making processes that may affect the quality of patient care, clinical education, and research, as the case may be, of the other.

Commitment

1. Health PEI agrees to not knowingly take actions which may undermine the quality of clinical education and research, and agrees to involve UPEI in a timely manner in discussions and/or decision-making processes concerning:
 - a) proposed restructuring of Clinical Departments and divisions which participate in Clinical Learner programs;
 - b) planning and review of clinical care procedures where such procedures impact on the quality of the Faculty's clinical education and research activities in the Faculty Programs;
 - c) review of accreditation requirements and procedures; and
 - d) proposed amendments to Health PEI Rules and Regulations that might affect the matters which are set out in this agreement.
2. UPEI agrees to not knowingly take actions which may undermine the quality of clinical care, and agrees to involve Health PEI in a timely manner in discussions and/or decision-making processes concerning:
 - a) planning and review of the Faculty Programs where such programs impact on the provision of patient care within Health PEI departments, such as proposed program expansion, reduction or potential material change in numbers of Clinical Learners or Faculty Members; and

- b) proposed amendments to UPEI Regulations and Policies that affect the provision of patient care within Health PEI's facilities.
- 3. As requested by the other, the parties agree to participate in the periodic review of the other's programs, divisions and departments, and in accreditation processes.
- 4. The parties shall inform each other of the decisions of all accreditation authorities that could affect the other party's clinical care, clinical education and research activities covered by this agreement.

ARTICLE 14 – INFORMATION AND PRIVACY

Principle

The parties are committed to the protection of the personal information of Medical Staff, Health PEI employees, Clinical Learners, Faculty Members and research subjects in accordance with their own policies and applicable privacy legislation.

Commitment

1. UPEI is a "Local Public Body" pursuant to the *Freedom of Information and Protection of Privacy Act (PEI)* and as such is bound and obligated by the provisions of the Act.
2. Health PEI is a public body pursuant to Prince Edward Island's *Freedom of Information and Protection of Privacy ("FOIPP") Act* and a custodian pursuant to Prince Edward Island's *Health Information Act ("HIA")* and as such is bound and obligated by the provisions of these Acts.
3. In recognition of and subject to the respective obligations pursuant to these statutes, UPEI and Health PEI undertake to keep confidential all reports, statements, memoranda, recommendations, documents or information respecting patient care, Clinical Learner performance, peer review, research, and all other matters of a personal and confidential nature. This paragraph shall survive termination of this Agreement.
4. The parties acknowledge that Clinical Learners may have access to personal information or personal health information, as that term is defined in FOIPP and HIA, for the purposes of this Agreement. The parties acknowledge that personal information and personal health information must be collected, used, and disclosed in accordance with applicable laws, including but not limited to FOIPP and HIA.
5. UPEI agrees that they and their Post Graduate Medical Learners, Medical Students, employees, servants, or agents, including all Clinical Learners or Dual Appointees, as applicable, will exercise all reasonable precautions (and in no event less than those generally used in the health care industry) to protect personal information and personal health information from unauthorized access, disclosure, copying, use or modification and, in any event, treat all personal

information or personal health information in accordance with Health PEI Rules and Regulations, and relevant legislation, including but not limited to *FOIPP* and *HIA*.

6. UPEI acknowledges the necessity of maintaining confidentiality of all patients/resident/clients, including but not limited to information contained in medical records, files, and any other information gathered by or within the control of Health PEI. UPEI shall ensure that each Clinical Learner, Dual Appointee, staff or agent of UPEI participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement is made aware of their responsibilities pursuant to the *FOIPP* and the *HIA*, and are advised of the paramountcy of confidentiality, and shall ensure that all its students, faculty, staff, and agents participating in a clinical service or clinical placement pursuant to this Agreement adhere to and strictly observe this requirement of confidentiality.
7. Each Clinical Learner, Dual Appointee, staff or agent of UPEI participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement will be required to take the standard Health PEI Oath of Confidentiality and shall be required to maintain and protect the confidentiality of all patients, residents, or clients of Health PEI they come in contact with or receive knowledge of through their clinical service or placement with Health PEI in accordance with Health PEI Rules and Regulations.
8. UPEI shall advise each Clinical Learner, Dual Appointee, staff or agent of UPEI participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement that their duties and obligations to maintain and protect the confidentiality of all information related to patients/residents/clients of Health PEI they come in contact with, or receive knowledge of, during the course of the Student Placement, shall continue indefinitely.
9. UPEI acknowledges that privacy and confidentiality of patients/residents/clients of Health PEI are intrinsic to the provision of services by Health PEI. Any breach of privacy by a Clinical Learner, Dual Appointee, or staff or agent of UPEI participating in a clinical service or clinical placement with Health PEI pursuant to this Agreement shall constitute a material breach of this Agreement and may, at the sole discretion of Health PEI, result in the suspension or termination of participation of the relevant individual. In such circumstances, the parties shall engage the dispute resolution process under Article 12. Where applicable, Health PEI may report to the applicable Ethics Review Body(s), and where applicable, make a complaint to the Information and Privacy Commissioner or equivalent data protection authority in the relevant jurisdiction(s).
10. Information provided in this Agreement may be subject to disclosure under *FOIPP*. UPEI may be consulted and given notice prior to the release of any information.

ARTICLE 15 – INDEMNIFICATION AND INSURANCE

Principle

UPEI and Health PEI acknowledge that certain risks arise as a result of the affiliation and that they should be allocated according to their respective responsibilities hereunder.

Commitment

1. UPEI shall indemnify, defend and hold harmless Health PEI and its employees, volunteers, agents, and representatives from all manner of action, cause of action, suit, claim, loss, demand, damages, expenses, and costs whatsoever, including negligence, arising out of UPEI's breach or the negligent performance of UPEI or its Medical Students, Faculty Members, employees, or agents of UPEI's obligations set out in this agreement, including but not limited to the following:
 - a. Any claim made by UPEI or by any Medical Student, Faculty Member, employee, or agent of UPEI, or anyone claiming as a dependent of that Medical Student, employee, or agent arising out of any occurrence that takes place in the course of such Medical Student's, Faculty Members', employee's or agent's presence at Health PEI facilities, programs, or sites, or in relation to a program offered to them pursuant to this Agreement, except to the extent that the occurrence, act, or omission giving rise to the claim is caused or contributed to by the negligence of Health PEI; or
 - b. Any claim made by anyone else out of any act or omission of any Medical Student, employee, or agent of UPEI, except to the extent that the occurrence, act or omission giving rise to the claim is caused or contributed to by the negligence of Health PEI.
2. The indemnity obligations of UPEI under Article 15, paragraph 1 above shall be limited to the extent that any claims, demands, losses, costs, damages, actions, suits, or proceedings are caused by or contributed to by any act, error, or omission by Health PEI or anyone for whom Health PEI may be liable.
3. Health PEI shall indemnify, defend and hold UPEI harmless from and against all loss, cost, expense, judgement or damage on account of injury or damage to persons or property, including death, in any way caused by the negligence of Health PEI, its servants, agents, or employees related to or arising from the programs or other matters to which this Agreement pertains.
4. UPEI shall, without limiting its obligations or liabilities herein, and at its own expense, provide and maintain the following insurance in forms and amounts sufficient to Health PEI:
 - a. **Commercial General Liability:** Commercial General Liability coverage in an amount not less than Five Million Dollars (\$5,000,000.00) inclusive per occurrence, and the policy shall include, but not be limited to bodily and personal injury, property damage, non-owned automobile liability, cross liability and severability of interest, blanket contractual liability, and incidental medical malpractice liability, with acknowledgement from the insurer that Medical Students are covered by the incidental medical malpractice liability pursuant to this Agreement (where available). UPEI shall add Health PEI as an additional insured under this policy and provide whatever information Health PEI may require on the insurance that is available; and
 - b. **Medical Malpractice Liability:** Medical Malpractice Liability insurance with

limits to at least Five Million Dollars (\$5,000,000.00) per loss/claim, where such coverage is applicable to the clinical services or clinical placement of Medical Students from a professional organization, or where the incidental medical malpractice liability insurance referred to in Article 15, paragraph 3(a) above is unavailable.

5. All required insurance shall be endorsed to provide Health PEI with sixty (60) days; advance written notice of cancellation or material change. A Certificate of Insurance certifying existence of the policies shall be delivered to Health PEI prior to execution of this Agreement, and a renewed Certificate of Insurance shall be delivered annually thereafter during each year of the term of this Agreement. Default of delivery or receipt by Health PEI shall not be construed as acknowledgment or concurrence that there has been compliance with the terms of this Agreement.
6. To the extent any insurance required under this Agreement is written on a claims-made basis, such insurance shall be maintained continuously throughout the Term of this Agreement and for a period of not less than six years following the expiration, completion, or earlier termination of this Agreement. Such coverage shall be maintained with retroactive dates no later than the effective date of this Agreement and shall not contain any gap, lapse, or interruption in coverage. If the required claims-made coverage is cancelled, non-renewed, or otherwise discontinued during such period, the insured party shall obtain and maintain replacement coverage providing substantially equivalent protection and preserving the applicable retroactive date, or shall purchase an extended reporting period endorsement ("tail coverage") for not less than the remainder of the required post-termination period. Upon request, the insured party shall provide evidence satisfactory to the other party demonstrating compliance with the requirements of this section.
7. Health PEI agrees, and UPEI acknowledges, that Health PEI carries sufficient coverage to maintain its obligations under this Agreement.
8. The parties acknowledge that in the case of covering actions or omissions of Medical Students, UPEI's liability insurance covers Medical Students to the extent of the terms of the policy only while registered at UPEI.

ARTICLE 16 – TERM AND TERMINATION

Principle

The parties are committed to a long-term affiliation.

Commitment

1. The term of this agreement shall be for a period of ten (10) years commencing August 4 '26 and ending August 3 '36 unless it is terminated by one of the parties in accordance with the terms of this Agreement. This agreement may be renewed for further term(s) by mutual written consent of the parties. If one of the parties elects

not to renew the agreement, they shall give the other twelve (12) months written notice of such intention.

2. This agreement shall continue to be binding upon the parties following the end of the expired term until the earlier of the date of renewal is confirmed in writing by the parties or until a notice to terminate takes effect.
3. During the term of this agreement, this agreement may be terminated by either party upon twelve (12) months written notice to the other.
4. If notice of termination is given, both parties shall cooperate with each other to ensure that appropriate arrangements are made for the completion by the Clinical Learners of the Faculty Programs in which they were registered at the time notice of termination is given.
5. This agreement may be modified from time to time as mutually agreed by the parties in writing.

ARTICLE 17 – FORMAL COMMUNICATION

Principle

The parties agree that coordination of communication on shared initiatives is important to the success of the relationship.

Commitment

1. Where appropriate, the parties will consult with each other concerning the content and timing of communications involving joint initiatives.
2. All formal notices or other formal communication required or permitted under this agreement shall be in writing and delivered, faxed, or emailed to the other party at the following addresses:

To: University of Prince Edward Island
 Faculty of Medicine
 Faculty of Medicine & Health Sciences Centre
 550 University Ave, Charlottetown
 Prince Edward Island, Canada C1A 4P3
 Attention: Dean, Faculty of Medicine
 Email: meddean@upei.ca

To: Health PEI
 16 Garfield Street
 Charlottetown, PEI C1A 7N8
 Attention: Executive Director for Medical Affairs
 Email: pchristoff@ihis.org

ARTICLE 19 - FURTHER AGREEMENTS

Principle

The parties acknowledge that further agreements in support of this affiliation agreement on more specific matters may be necessary or desirable from time to time.

Commitment

1. The parties may enter into further agreements in support of this affiliation from time to time provided always that such agreements shall be considered subsidiary to, and hence subject to, this affiliation agreement.
2. In the event that a further agreement is inconsistent with any term of this agreement, then this agreement shall govern.
3. This Agreement shall be interpreted and applied in accordance with the laws and in the Courts of the Province of Prince Edward Island.

THE PARTIES have executed this agreement effective the date first above written.

HEALTH PEI


Laurae Kloschinsky
Interim Chief Executive Officer

UNIVERSITY OF PRINCE EDWARD ISLAND


Dr. Paula M. Wood-Adams
Interim Vice-President, Academic & Research

Schedule "A" – Definitions

In this agreement:

"Academic Appointment" means an appointment made by UPEI's Board of Governors to the Faculty of Medicine in connection with one of the Faculty Programs set out in Schedule "B" on terms set out in a letter of appointment;

"Attending Physician" means a Physician who is a member of Health PEI's Medical Staff who has overall responsibility for the patient's care;

"CEO" means the person appointed by Health PEI's Board to be Chief Executive Officer of Health PEI and who is responsible for the administration and management of Health PEI;

"Clinical Department" unless otherwise specified, means a component of Medical Staff composed of Medical Staff members, as established by Health PEI pursuant to Health PEI Medical Staff By-laws;

"Provincial Department Head" and "Facility Medical Director" refers to the individuals appointed to serve as in the Provincial Department Head and Facility Medical Director roles as defined by Health PEI, and where applicable pursuant to Health PEI's Medical Staff Bylaws;

"Clinical Learners" means a person registered in a Faculty Program and includes Medical Students and Postgraduate Medical Learners;

"Dean" means the Dean of UPEI's Faculty of Medicine;

"Dual Appointment" means an appointment as a member of Health PEI Medical Staff pursuant to the Health PEI Medical Staff Bylaws granted in conjunction with a corresponding UPEI Academic Appointment or Academic Appointment recognized as equivalent by UPEI under the terms of this agreement, and "Dual Appointee" means a person who holds a Dual Appointment;

"Faculty" means UPEI's Faculty of Medicine;

"Faculty Department" means an academic organizational unit within the Faculty comprising Faculty Members involved in related academic disciplines;

"Faculty Member" means a person who has an Academic Appointment;

"Faculty Program" means one of the Faculty Programs listed in Schedule "B" as amended or affirmed in accordance with Article 12 herein. For greater certainty, "Faculty Program" includes research activities undertaken in relation to such programs;

"Health Care Professionals" means administrative and clinical health care providers, including, but not limited to, nurses, and excluding Physicians and dentists;

"Health PEI Rules and Regulations" means any applicable Health PEI policies, procedures, rules, or regulations, as may be amended by Health PEI from time to time;

"Medical Staff" means Physicians who have been appointed and granted privileges pursuant to the Health PEI Medical Staff Bylaws;

"Medical Students" means a person who is registered in UPEI's MD program;

"Physician" means a person who, under the *Medical Practitioner Regulations*, PEI Reg EC843/21 passed pursuant to the *Regulated Health Professions Act*, RSPEI 1988, c R-10.1, is registered in the Medical Register and holds a license to practice medicine;

"Postgraduate Dean" means the individual appointed by the University as the senior academic administrator responsible for the oversight and administration of postgraduate medical education programs, including residency training programs, or their designate;

"Postgraduate Medical Learner" means a person who is registered in one of the Faculty's postgraduate programs in medicine listed in Schedule "B" as amended or affirmed in accordance this agreement;

"Provincial Department Head" in relation to academic responsibilities pursuant to this Agreement, means a person who provides academic leadership and support for undergraduate and postgraduate medical education by fostering physician engagement in teaching, ensuring appropriate learner supervision, scheduling, tracking, and evaluation, supporting educational capacity planning and program development, facilitating collaboration with Health PEI, UPEI, affiliated medical schools, and program leaders, advancing faculty development and academic appointments, promoting physician involvement in academic medicine and research, and contributing to the ongoing development and success of medical education programs. They ensure continuity of these responsibilities through appropriate communication, delegation, and succession planning during periods of absence or inability to perform the role.

"Undergraduate Dean" means the individual appointed by the University as the senior academic administrator responsible for the oversight and administration of undergraduate health profession education programs, or their designate.

"UPEI Regulations and Policies" means those policies, regulations, procedures, standards, codes, and academic requirements of the University of Prince Edward Island that are applicable to UPEI faculty, staff, learners, and other representatives participating in educational, research, clinical, or administrative activities pursuant to this Agreement, as amended from time to time.

Schedule "B" – Faculty Programs

Undergraduate Programs (where the clinical learner is considered a "Medical Student"):

Doctor of Medicine

Postgraduate Programs (where the clinical learner is considered a "Postgraduate Medical Learner"):

Family Medicine

Family Medicine Enhanced Skills: Family Medicine- Emergency Medicine

Schedule "C" - Health PEI Facilities

Acute Care Hospitals

Queen Elizabeth Hospital/Hillsborough Hospital
Prince County Hospital

Community Hospitals

Western Hospital
Community Hospital O'Leary
Souris Hospital
Kings County Memorial Hospital

Primary Health Care Centers/Medical Clinics/

Alberton PMH
Boardwalk PMH
Boardwalk Professional Centre (Non PMH)
Central Queens PMH
Central Street Summerside (Non PMH)
CHANCES (Non PMH)
Charlottetown PMH
Easter Kings Health Centre (Non PMH)
Elle Medical (Non PMH)
Greater Charlottetown PMH
Gulf Shore PMH
Harbourside PMH
Home-Based Primary Care (Non PMH)
Kensington PMH
Kinlock PMH
Lennox Island Health Centre (Non PMH)
Linden Ave PMH
Montague PMH
Montague Health Centre (Non PMH)
Murray River (Non PMH)
Neurology/Secondary Stroke Clinic (Non PMH)
Parkdale Medical Centre (Non PMH)
PCAC Charlottetown (Non PMH)
PCAC Summerside (Non PMH)
Provincial Diabetes Program (Non PMH)
Queen Street PMH
Sea Isle & Wilmot PMH
Seaside Medical Centre (Non PMH)
Sherwood PMH
Sherwood Medical Centre (Non PMH)
South Shore PMH
Summerside Medical Centre (Non PMH)
Tignish Health Centre (Non PMH)
Tyne Valley PMH
UPEI PMH

Mental Health and Addictions

Hillsborough Hospital
Mount Herbert Provincial Addictions Treatment Facility
McGill Community Mental Health Centre
Richmond Centre
Talbot House
St Eleanor's House
Addictions Extended Care Residence

Long Term Care Facilities

Maplewood Manor
Margaret Stewart Ellis
Stewart Memorial
Wedge^{ed}wood Manor
CR Summerside Manor
Riverview Manor
Colville Manor
Beach Grove Home
Prince Edward Home

SCHEDULE "D"

To Affiliation Agreement Between Health PEI and UPEI

Dated the ____ day of _____, 20____

MEDICAL STUDENT'S ACKNOWLEDGEMENT OF RESPONSIBILITY

Health PEI and the UPEI have signed an Agreement about the clinical placement in which you wish to participate. Prior to starting a clinical placement you are required to read and sign this Medical Student's Acknowledgement of Responsibility. This document describes your responsibilities during your clinical placement and other important information you should know.

GENERAL RESPONSIBILITIES:

1. I understand that I will be required to, and agree that I will, follow all of Health PEI's policies, procedures, rules and regulations while I am participating in the clinical placement.
2. I understand that clinical placement programs cannot compromise the patient/resident/client care or service objectives of Health PEI. I further understand that Health PEI staff is the final authority for all aspects of patient/resident/client care or service and for the integration of the clinical placement programs.
3. I understand that I will be assigned patient/resident/client care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning will be provided without diminishing the quality of patient/resident/client care or service. Assignment of responsibilities will be as agreed upon between Health PEI and UPEI.
4. I understand that patients/residents/clients of Health PEI have a right to know that I am participating in a clinical placement and must consent to participate in my clinical placement. I further understand that every patient/resident/client of Health PEI has the right to refuse to be a participant in my clinical placement and I will not participate in the care or services provided to a patient/resident/client who has declined to be a participant in my clinical placement.
5. I understand that I must wear the proper identification at all times when present at Health PEI's facilities and programs. Failure to have the proper identification visibly displayed at all times may result in Health PEI requesting me to leave their premises until such time as I have and can display proper identification, and that habitual failure of me to wear and visibly display the proper identification as required may result in my participation in the clinical placement being suspended or terminated.
6. I understand that I must, and agree that I will, provide any test or procedure results required by Health PEI respecting health standards and/or current immunizations. I understand that if I do not have current immunization/s, or if I suffer from a health condition that may put the health, safety, or quality of care of patients/residents/clients at risk, I may be asked by Health PEI to leave the

premises and/or my clinical placement until such time as I have received the immunization/s required or my health condition no longer presents a health, safety, or quality of care risk, or Health PEI may place such reasonable conditions upon my participation in the clinical placement as it deems appropriate.

7. I agree that I will comply with all of Health PEI's reasonable requests for information.
8. I understand that it is my responsibility, and I agree, to follow the supervision and direction of the assigned preceptor/instructor for my clinical placement, whether that individual be a staff member from Health PEI or a faculty member from UPEI.
9. I understand that I must obtain a Criminal Record Check and a Vulnerable Sector Check, and provide Health PEI with a copy before I begin my clinical placement. Failure to provide a Criminal Record Check and a Vulnerable Sector Check will result in my not being permitted to participate in a clinical placement with Health PEI.
10. I further understand that if my Criminal Record Check, and Vulnerable Sector Check, identifies a criminal record or concern related to the Vulnerable Sector check, it will be the decision of Health PEI, in their sole discretion, whether to permit me to participate in a clinical placement with Health PEI, or put such conditions on my participation in the clinical placement as it deems appropriate in the circumstances.
11. I acknowledge that Health PEI does not carry health or disability insurance or accident insurance that will provide coverage for me in the event of accidental injury, or illness or disability arising out of or in relation to my duties during my clinical placement. I understand UPEI will be responsible for obtaining such coverage for me, or that I will be responsible for obtaining, at my own expense, such coverage for myself if UPEI does not obtain such coverage for me.
12. I understand and acknowledge that Health PEI does not accept any responsibility for the risk of or any actual injury that I may incur during my clinical placement, unless such risk of injury or actual injury is as the result of the wilful misconduct or gross negligence of Health PEI or its employees or agents.
13. I agree that Health PEI is not responsible for any of my financial costs or expenses related to my clinical placement, unless such costs or expenses are approved by Health PEI in advance, in writing.
14. I understand that I am responsible for maintaining appropriate behaviour while in Health PEI's facilities, services and programs, and agree that I will at all times conduct myself with the utmost professionalism, respect, courtesy, and decorum.
15. I understand that Health PEI has the right to require me to leave its facilities or programs because of my behaviour, performance or conduct during my clinical placement, and may, at its sole discretion, suspend or terminate my clinical placement if Health PEI determines my behaviour, performance, or conduct

during my clinical placement to be below minimal standards, unprofessional, disrespectful, or inappropriate in any way.

CONFIDENTIALITY:

16. I understand that while I am participating in my clinical placement I will be collecting and recording information that is of a private and/or confidential nature, including personal health information, and that as such I am subject to the provisions and responsibilities as set out in the *Health Information Act*, R.S.P.E.I. 1988, Cap. 1.41 and the *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I. 1988, Cap. F-15.01.
17. I understand that I will be required to take the standard Health PEI Oath of Confidentiality prior to commencing my Student Placement and will be required to follow all confidentiality and privacy laws, regulations, policies, and requirements of Health PEI in relation to the privacy and confidentiality of patients/residents/client information, including but not limited to medical and health records of patients/residents/clients of Health PEI, and all other Health PEI-related information and matters.
18. I understand and agree that the information described above is private and/or confidential information and cannot be communicated by me to anyone, except as outlined in Health PEI policy. I will not disclose what I see or hear during my clinical placement or pass on information from written records concerning any patient/resident/client of Health PEI, except for the purposes of the patient's/resident's/client's care or service. I will not discuss patients/residents/clients publicly, either within or outside of Health PEI.
19. I further acknowledge and understand that my duties and obligations around privacy and confidentiality are not only for the term of my clinical placement with Health PEI, but continue indefinitely.
20. I understand that if I breach the privacy or confidentiality of any patient/resident/client of Health PEI, my clinical placement with Health PEI may be suspended or terminated, and any such breach may affect any future employment opportunities with Health PEI.

BY SIGNING THIS STUDENT'S ACKNOWLEDGEMENT OF RESPONSIBILITY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO COMPLY WITH THE RESPONSIBILITIES SET OUT HEREIN.

SIGNED on this _____ day of _____

SIGNATURE WITNESSED BY:

_____, _____ by:
(month) (year)

Signature of Medical Student
(Print name here: _____)

Signature of Witness
(Print name here: _____)

Appendix C: Physician Services Agreement between The Medical Society of PEI and the Government of PEI and Health PEI: UPEI Medical School Memorandum of Understanding

UPEI Medical School

MEMORANDUM OF UNDERSTANDING

MEDICAL SOCIETY OF PRINCE EDWARD ISLAND

("MSPEI")

HEALTH PEI

("HPEI")

AND

**GOVERNMENT OF PRINCE EDWARD ISLAND,
as represented by the Minister of Health and Wellness,**

(the "Minister")

(individually a "Party" and collectively the "Parties")

Whereas the Parties agree to provide clinical services to facilitate medical education services for the UPEI Faculty of Medicine ("Medical School").

Whereas the Parties agree that all Physicians who provide Clinical Education must have a signed letter of offer from Health PEI, be a member of the College of Physicians and Surgeons of PEI and be members of MSPEI and bound to the provisions of this Physician Services Agreement ("PSA").

Whereas the Parties agree that eventually the PSA will need to be amended to accommodate all of the principles set out in these recitals and elsewhere in this Memorandum of Understanding.

Therefore, the Parties agree as follows:

1. The Parties agree that this MOU is only the commencement of the discussions and agreement of the Parties and may be modified as necessary and must include the participation of the Medical School in any future agreement.
2. All terms and conditions of the employment and engagement of all Physicians who provide clinical services to Health PEI and educational services to the Medical School shall be bound by the provisions of the PSA.

3. All Physicians who have agreed to provide clinical education must have:
 - a. a signed letter of offer from Health PEI to provide clinical services;
 - b. be a member of the College of Physicians and Surgeons of PEI; and
 - c. be members of MSPEI and bound to the provisions of this Physician Services Agreement ("PSA").

For further clarity, all Physicians who provide clinical education services must provide clinical services to patients in PEI in accordance with their agreement with Health PEI.

4. The Parties recognize and agree that during the term of the PSA, if necessary, the PSA will be modified to facilitate inclusion of Academic/Clinical physicians into the PSA. The Parties agree to maintain the principles that were utilized in arriving at the PSA including the principles of 'an hour is an hour', 'care is care' and similar principles to ensure the Physicians who provide services to the Medical School will not experience a reduction in hourly rate.
5. The Parties agree that the services provided in the educational environment shall be managed by the Medical School whilst all clinical services shall be in accordance with the PSA and governed in accordance with the processes and procedures set out therein and in applicable legislation and regulations.

Appendix D: CACMS Standards 2 and 4 Questions

Standard 2

STANDARD 2: LEADERSHIP AND ADMINISTRATION

A medical school has a sufficient number of faculty members in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 SENIOR LEADERSHIP, SENIOR ADMINISTRATIVE STAFF AND FACULTY APPOINTMENTS

The dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, and senior administrative staff and faculty members of a medical school are appointed by, or on the authority of, the governing board of the university.

Requirement 2.1-1

The dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, and senior administrative staff and faculty members of the medical school are appointed by, or on the authority of, the governing board of the university or by other individuals who have been given the authority to make these appointments.

- A. Provide evidence that the dean, vice, associate and assistant deans and department heads are appointed by, or on the authority of, the governing board of the university. This evidence could include a university policy or equivalent document and/or redacted letters of appointment. (***Appendix 2.1-1 A***)
- B. Provide evidence that faculty members, including part-time and clinical faculty members are appointed by or on the authority of, the governing board of the university. Label and highlight the appropriate sections. (***Appendix 2.1-1 B***)

2.2 DEAN'S QUALIFICATIONS

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

Requirement 2.2-1

The dean of the medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

- A. Provide a one-page summary of the dean's experience and qualifications to provide leadership in each of the missions of the medical school for which the dean is responsible.

2.3 ACCESS AND AUTHORITY OF THE DEAN

The dean of a medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities. The dean's authority and responsibility for the medical education program are defined in clear terms.

Requirement 2.3-1

The dean of the medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities.

- A. Provide an organizational chart illustrating the relationship of the medical school dean within the university

administration that includes the deans of other schools and colleges and other relevant university officials. (*Appendix 2.3-1 A*) (also for Core Appendix)

- B. Describe and comment on the sufficiency of the dean’s access to the university president or other university official charged with final responsibility for the medical education program and to other university officials to fulfill decanal responsibilities.

Requirement 2.3-2

The dean’s authority and responsibility for the medical education program are defined in clear terms.

- A. Provide the dean’s official position description. (*Appendix 2.3-2 A*)

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

Requirement 2.4-1

The medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

- A. Provide an organizational chart of the medical school that includes the deanery, leaders of organizational units and senior administrative staff. (*Appendix 2.4-1 A*) (also for Core Appendix)
- B. Describe how the medical school determines that it has in place enough associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

- C. Table 2.4-1 C

Table 2.4-1 C | Deanery, Leaders of Organizational Units, and Senior Administrative Staff

Source: School-reported

Provide the requested information regarding members of the dean’s office (vice, associate deans, and similar positions; leaders of organizational units [excluding department chairs], and senior administrative staff) who have held the listed position within the past three academic years. For each interim/acting appointment, provide the date the previous incumbent left office. For positions that are currently vacant, enter “Vacant” in the column labeled “Name of position holder.” Add rows as needed.						
Campus	Position title	Name of position holder	Appointment status (identify with an X)		Date appointed	Date previous incumbent left the position
			Permanent	Interim/Acting		

Table 2.4-1 D

Table
2.4-1 D | Department Chairs

Source: School-reported

Provide the requested information regarding department chairs who have held the listed position within the past three academic years. For each interim/acting appointment, provide the date the previous incumbent left office. For positions that are currently vacant, enter "Vacant" in the column labeled "Name of position holder." Add rows as needed.						
Campus	Position title	Name of position holder	Appointment status (identify with an X)		Date appointed	Date previous incumbent left the position
			Permanent	Interim/Acting		

2.5 RESPONSIBILITY OF AND TO THE DEAN

NB: Element 2.5 Is not applicable to UPEI and has been deleted from the DCI for Preliminary Accreditation (AY – 2026-2027). Element 2.5 will appear in future versions of the DCI, but so long as UPEI only has once campus, UPEI will not be required to respond to Element 2.5

2.6 FUNCTIONAL INTEGRATION OF FACULTY MEMBERS

NB: Element 2.6 is not applicable to UPEI and has been deleted from the DCI for Preliminary Accreditation (AY – 2026-2027). Element 2.6 will appear in future versions of the DCI, but so long as UPEI only has once campus, UPEI will not be required to respond to Element 2.6.

Standard 4**STANDARD 4: FACULTY MEMBER PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES**

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 SUFFICIENCY OF FACULTY MEMBERS

A medical school has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum and fulfill the other missions of the medical school.

Requirement 4.1-1

The medical school has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum.

- A. Describe how the medical school determines and ensures that it has in place a cohort of faculty members with the qualifications and time required to deliver the medical curriculum. If protected time is a strategy used, include this in your description.

Requirement 4.1-2

The medical school has in place a cohort of faculty members with the qualifications and time required to fulfill the other missions of the medical school.

- A. Describe how the medical school determines and ensures that it has in place a cohort of faculty members with the qualifications and time required to fulfill the missions of the medical school other than curriculum delivery. If protected time is a strategy used, include this in your description.

4.2 SCHOLARLY PRODUCTIVITY

A medical school's faculty members, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Requirement 4.2-1

The medical school's faculty members, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

- A. Describe the medical school's expectations for faculty member scholarly productivity.

NB: Indicator B., including Core Appendix 4.2-1 B has been deleted from the DCI for Preliminary Accreditation (AY-2026-27)

4.3 FACULTY MEMBER APPOINTMENTS

A medical school has clear policies and procedures in place for faculty member appointments, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about the faculty member's term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

Requirement 4.3-1

The medical school has clear policies and procedures in place that involve the faculty member, the appropriate department head(s) and the dean when dealing with a faculty member's:

- i. *appointment.*
 - ii. *renewal of appointment*
 - iii. *promotion*
 - iv. *granting of tenure*
 - v. *remediation*
 - vi. *dismissal*
- A. List each type of faculty member appointment and provide a brief narrative description outlining key features of each appointment type.
 - B. For each type of faculty member appointment, provide the medical school or university policies (or equivalent documents) and procedures for appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal. Highlight and label these documents for each type of faculty member appointment and for each item listed (i – vi). (***Appendix 4.3-1 B***)

Requirement 4.3-2

The medical school provides each faculty member with written information about the faculty member's:

- i. *term of appointment*
- ii. *responsibilities*
- iii. *lines of communication*
- iv. *privileges and benefits*
- v. *performance evaluation and remediation*
- vi. *terms of dismissal*

- vii. *the policy on practice earnings (if relevant)*
- A. For each type of faculty member appointment, provide templates that show how each of the items listed (i – vii) are communicated in writing to faculty members. Highlight and label these documents for each faculty member appointment type and item listed (i – vii). (*Appendix 4.3-2 A*)

4.4 FEEDBACK TO FACULTY MEMBERS

A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

Requirement 4.4-1

A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

- A. Describe how medical school faculty members, consistent with their terms of appointment, receive regular and timely feedback from departmental and/or other educational program or university leaders on their academic performance, and, when applicable, progress toward promotion or tenure.

NB: Table 4.4-1 B and Indicator C. have been deleted from the DCI for Preliminary Accreditation (AY-2026-27)

4.5 FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or the university provides opportunities for professional development in those areas needed to fulfill faculty members' obligations to the medical education program and to enhance faculty member's skills and leadership abilities.

Requirement 4.5-1

A medical school and/or the university provides opportunities for professional development in those areas needed to fulfill faculty members' obligations to the medical education program and to enhance faculty member's skills and leadership abilities.

- A. Describe how the medical school or the university provides opportunities for professional development to each faculty member to enhance the faculty member's skills and leadership abilities. Include in the description how and by whom, these opportunities are developed, provided, and evaluated.
- B. Describe how all full- and part-time faculty members are informed about the availability of faculty development activities. Include in the description the steps taken to ensure that faculty development opportunities are accessible to all faculty members.
- C. Provide a list by campus, of the faculty development programs/activities offered during the most recent academic year to assist faculty members in developing their skills and leadership in areas of academic responsibility. Include information on the general topic, number of attendees, and where these programs were offered. (*Appendix 4.5-1 C*)

4.6 GOVERNANCE AND POLICY-MAKING PROCEDURES

The dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.

Requirement 4.6-1

The dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.

- A. Describe how the dean or a dean's delegate and a committee, the majority of which are faculty members at a medical school, determine the governance and policy-making procedures of the medical education program.