

Key aspects of good “internal” governance

1. **Legitimacy.** The Academic unit / department (and chair/chief) has legitimacy through the university bylaws (+/- the academic health science centre bylaws if it is a joint appointment). Role clarity and accountabilities must be identified and defined.
2. **Academic Voice.** Important academic programs (research, education, other) have a voice in the unit/dept’s decision making (possibly through a leadership team or an executive committee).
3. **Funding Transparency.** Funding flow (sources and uses) are transparent to the constituent programs and individual emergency physicians, and annual budgets are reviewed and adjusted by the chair (+/- leadership team/executive).
4. **Business/practice plan Management.** Clinical earnings / professional fees may pose a “hidden” (or contentious) governance problem for academic units / departments as the chair may have no legitimacy/voice within the “business management” arm of the group. Depending on the method of the clinical payments (fee for service, alternate payment plan with sessional fees or hourly rates, or academic funding plans) the chair will have more or less (and sometimes zero) influence over decision making with respect to this source of funding. Careful consideration should be given to the role/influence of the academic chair here. Options include sitting as a voting member (representing the academic mission) on an independent “business management” committee, tithing an amount to come under the chair’s academic budget, or flowing all sources of funding (including clinical earnings) through the chair (+/- leadership team / executive).
5. **Mission / Strategic Plan.** There is a mechanism for creating, articulating, and iterating a mission/vision/ and strategic plan for the academic unit / department that includes strong support for the research and education missions.
6. **Academic Program Performance.** Research and education directors monitor, manage, and report performance metrics of the programs to the chair (+/- leadership team / executive committee).
7. **Individual Productivity and Reporting on Results.** Individuals within the unit/dept are responsible for the efficient and productive use of academic funding (in service of the dept/unit mission and strategic priorities) through regular reporting and performance management.
8. **Physician Compensation** There is regular input from the group with respect to setting practice plan principles guiding the compensation of both clinical earnings and academic protected time. The appropriate balance is sought between transparently setting and following the rules/principles (points systems, etc) and some discretionary decision making by the chair to reward merit and incentivize excellence (subject to internal university reviews and accountability frameworks).
9. **Physician Representation/Accountability** Individual EPs have reasonable representation (and accountability) through the rights/responsibilities articulated in a membership agreement with the unit/dept. EP performance with respect to the academic dept mission is managed through annual performance reviews linked to membership agreements and promotion track expectations.
10. **Dispute Resolution.** There is a fair and objective dispute resolution process if any individual physician, or academic program, does not feel that they have been treated fairly with respect to performance and compensation.