

**Report of the CAUT Ad Hoc Investigatory Committee
into Allegations Concerning a Troubled Workplace
at the Atlantic Veterinary College,
University of Prince Edward Island**

Canadian Association of University Teachers

March 18, 2014

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Background and Context

The University of Prince Edward Island Faculty Association (UPEIFA) raised concerns about a troubled workplace that included threats to academic freedom and tenure, by the University of Prince Edward Island (UPEI) Administration. The concerns involved mainly events that took place at the Atlantic Veterinary College (AVC), which is a faculty unit within UPEI. In response to these concerns, the Canadian Association of University Teachers (CAUT) established an Ad Hoc Investigatory Committee (AHIC).

The terms of reference of the AHIC were to:

- Examine allegations of:
 - Improper procedural practices in investigations of faculty members' behaviour;
 - Disregard of collegial decision-making;
 - Irregular hiring procedures;
 - Inequities in clinical service workload;
 - Inadequate handling of relations between technicians and faculty;
 - Lack of clarity in terms of the roles and responsibilities of technicians and faculty;
and
 - Low morale resulting from unresolved tensions between the faculty and the administration.
- Consider other issues that may arise in the course of its investigation;
- Make any appropriate recommendations.

The members of the AHIC are:

- Victor M. Catano, Chair, Department of Psychology, St. Mary's University
- Dana G. Allen, Professor Emeritus, Ontario Veterinary College, University of Guelph
- Cathy J. Gartley, Assistant Professor, Theriogenology, Department of Population Medicine, Ontario Veterinary College, University of Guelph

The operations of the AHIC were governed by CAUT's "Procedures in Academic Freedom Cases", which are available on the CAUT web site [<http://www.caut.ca/about-us/caut-policy/lists/administrative-procedures-guidelines/caut-procedures-in-academic-freedom-cases>].

On May 30, 2013, Dr. James Turk, the Executive Director of CAUT, wrote to Ms. Betty Jeffery, President of UPEIFA, and Dr. Alaa Abd-El- Aziz, President and Vice-Chancellor, UPEI, announcing the formation of the AHIC, its composition, terms of reference, and operating procedures.

On June 24, the AHIC wrote to all members of the AVC by email apprising them of the AHIC's mandate and terms of operation. Members were invited to meet with the AHIC in Charlottetown on August 27-28 to discuss any issues related to the AHIC's mandate. Similar invitations were sent to members of the UPEI Administration. In reply we received requests for interviews from 21 members of the AVC, as well as from three UPEIFA grievance officers who had handled issues related to AVC. The AVC faculty, with a few exceptions, were senior faculty holding tenure who were not concerned about any possible retaliation for expressing their views. Prior to conducting these interviews we had met with the President of the UPEIFA, Ms. Betty Jeffery, by conference call.

The Interim Academic Vice-President (AVP) replied on July 3 to our requests for interviews with the UPEI administrators stating that the UPEI Administration had decided not to participate in the Ad Hoc Investigation or to meet with the AHIC. Further the AVP went on to say, "While University employees might decide to speak with CAUT's representatives, it is not appropriate for employees to engage in these activities during work hours while on duty at the University." The AVP subsequently clarified his remarks on July 12 in a letter to Dr. Turk, "The comments you highlighted as problematic were specific to AVC and were meant for our clinical members who do have duties which involve working with other AVC staff during specific work hours. Like you, I am confident that my colleagues can and should decide for themselves what they should do." We wrote to the AVP on August 1, once again inviting him and the other UPEI administrators to meet with the AHIC. Again, on behalf of UPEI, he declined our invitation.

We understand that on August 1, the AVP announced to the AVC members that he had,

"initiated a review of the Faculty of Veterinary Medicine administration. In light of recent events and the challenges we face, it is appropriate for the University to conduct its own review of the AVC administration at this time, particularly since such a review will fully and fairly evaluate all of the relevant information, much of which is not available to outside entities.

It is important for the University that we review the Faculty prior to receiving any third party reports to ensure that we do our own due diligence. I will be drafting the terms of reference for the review very shortly and will be seeking input as the process unfolds."

We have not seen the terms of the AVP's internal review, but understand that a consulting company external to the UPEI carried out the review. The AVP offered to meet with the AHIC once our review and the AVP's review are both complete and to share the respective findings of both reports.

Therefore, this report is based on information obtained from faculty members of AVC. It is based upon comments made by those we interviewed and documentation, including letters to or from the President of UPEI, the Academic Vice President of UPEI, the Dean of the Atlantic Veterinary College, the UPEI Faculty Association, the PEIVMA and faculty. All documentation was supplied to us by the UPEIFA or Faculty Members. Therefore, this report represents the point of view of those who met with us with respect to events at the AVC, as well as information contained in the documents to which we had access. Given the number of people we interviewed, one might expect differences of opinion regarding events at AVC; what was most striking was the degree of consistency in the perceptions and views of those who met with us.

One might ask whether the views of this group represent the views of the entire AVC. The website for the AVC lists 85 faculty members; those who met with us represent about 25% of the faculty. We will leave it to others to judge how representative the views of this group are; however, we believe they, and the proliferation of grievances and arbitrations involving AVC, have identified substantial problems that in the past have been made known to the broader University Administration. What we report in the following sections should not come as a surprise to anyone at UPEI; what is surprising is the failure of the UPEI Administration to take action and to deal effectively with the problems. That inaction has exacerbated an already bad situation.

Several of the faculty who met with us noted that they had encouraged colleagues to meet with us, but they were reluctant to do so out of fear of retribution should it become known that they had been interviewed. Several faculty had also written to the UPEIFA president for assurances that their meetings with us would be held in confidence. We see these concerns as indicative of an atmosphere that has no place on a university campus, where faculty, particularly junior faculty, should be free to express their views on matters relating to them without concern for retaliation from administration. These concerns demonstrate the lack of trust between the AVC Faculty and the UPEI Administration.

Low Morale and Leadership Style

The most pervasive comment we heard from everyone was the poor morale in the AVC that cultured all working relationships and created a toxic working environment. We were told Faculty, those who could, were looking to move on to other institutions or to retire. According to those we interviewed, the knowledge of the poor working atmosphere at AVC has made it difficult to recruit new faculty; the problems at AVC are well-known across the small veterinary community in Canada.

What has led to this situation? There are several specific incidents that we will discuss in this report, but together they point to a failure of leadership on the part of the Dean of the College. In retrospect, the Dean was the wrong choice to lead AVC. He came from a large, non-unionized, research-oriented veterinary school in the US that was very different from the AVC. His agenda was to increase the research agenda of the College; it appears that he did not appreciate how to implement that agenda in the context of AVC. One concern we heard repeatedly from faculty was the apparent lack of collegiality and civility on the part of the Dean.

Collegiality and Civility

According to Balsmeyer B, Haubrich K, and Quinn C in their paper *Defining collegiality within the academic setting*. J Nurs Educ. 1996 Sep;35(6):264-7, collegiality is described as a willingness to serve on committees and perform work necessary to departmental operations, willingness to provide guidance and help colleagues in their professional duties, respect for the ideas of others, and conduct of one's professional life without prejudice toward others.

UPEI's Dr. Benet Davetian, an associate professor in the Department of Sociology at UPEI, was the invited speaker on October 15 at the University of Maryland's President's Symposium. Davetian's research indicates that breakdowns in civility and collegiality have a measurable negative effect on the workers and beneficiaries of medical, legal, and social work services. "How motivated do you think a pharmacist would be to call a prescribing doctor to warn them

that the wrong medication has been prescribed, if that doctor receives the news with rudeness? The pharmacist might not call the next time it happens.”

An excerpt from UPEI, “Future Directions,” vision document under the section “Our Values and regarding Respect & Collegiality,” Dr. Abd-El-Aziz, the President of UPEI, defines this as:

“Respect for self, others, and the process of discovery is the hallmark of our community. Through respect, collegiality, and reciprocity, we welcome the opportunity to openly exchange ideas and implement decisions.”

We believe that the lack of collegiality on the part of the Dean has led to the current, toxic environment at AVC.

Lack of Collegiality. The Dean’s leadership and management style were almost universally described as being autocratic, non-consultative, manipulative, arbitrary, and non-collegial; he was viewed as a micromanager imposing his views in areas where others had more expertise, and ignoring the Collective Agreement when it suited his purposes. We cannot say whether these characterizations of his leadership style are correct, but they represent the wide-spread perception within the College; in this case, the perception is the reality. We were presented with examples that faculty believed reflected this lack of collegiality in his style of management. We will not recount all of those that were presented to us but focus on a few that highlight the Dean’s approach to leadership.

The first example occurred at the first meeting of the Dean with the Dean’s Council in 2008 after his hiring. The Dean announced that the role of the Council was simply to advise him and that he would make all decisions. Previously, the former Deans worked with the Council to reach consensus on issues.

A second example took place at a faculty meeting where the Dean announced that he was eliminating three Director positions and creating a new Associate Dean for Ancillary Services. In response to questions he is reported to have said that he was asking for opinions but the change would take place as announced. The faculty view was that the three director positions were so different that it would not be feasible for one person to take over the work from all three positions. Subsequently this position was abolished in response to budget cutbacks and 1.5 Director positions were re-established.

The third example involves the Hospital Management Committee of the Veterinary Teaching Hospital. The Collective Agreement specified that the Committee must include at fifty (50) percent faculty members elected by their peers who have clinical service responsibilities within the Hospital. This was a change from previous years where faculty members of the Committee were appointed. There is an ongoing dispute over the Dean complying with the new procedures, culminating with the Dean abolishing the Committee, which has led to a grievance.

A fourth example involves a search committee for an Associate Dean position. We were told that the Dean told the Search Committee not to rank applicants or to recommend anyone for the position but simply to list the strengths and weaknesses of each candidate and he would select the person to fill the position.

A fifth example involves payment of faculty members' professional licensing fees to the Prince Edward Island Veterinary Medical Association (PEIVMA). Under Article D2.4 of the Collective Agreement, the University is obligated to pay anyone "who must, by statute, belong to a professional association in order to practice in their discipline within their role at the University" and "The designation of such persons shall be determined at the time of appointment. Faculty Members who are so designated at the time of ratification of this Agreement shall also be eligible for reimbursement effective July 1, 2004." Without consultation, the Dean wrote to several faculty members advising them that they did not meet the requirements for PEIVMA licensure because of their duties. After correspondence with PEIVMA by the affected members, which clearly stated their need to be licensed, the fees were paid.

A sixth example involves the AVC budget. UPEI is dealing with a budget shortfall and has imposed budget cuts across the University. In the AVC, the Dean decided where budgetary cuts were to occur generally without consultation with faculty regarding the impact of those decisions might have on teaching, research or service. His decisions are viewed as reflecting a poor understanding of the activities in the teaching hospital and diagnostic services. As part of the budget cutbacks, it is alleged that he suggested technicians in the diagnostic laboratory, who were not trained nor licensed to do so, read cytology slides, thus freeing up faculty time.

A seventh example involves admissions into the AVC. The AVC receives funding from the four Atlantic provinces. In return each province is guaranteed a number of seats in the College. For the current budget, Nova Scotia did not increase its level of funding and held the contribution to the AVC at the same level for Nova Scotia Universities. Without consultation with the Faculty, the Admissions Committee, the upper echelons of UPEI, or governments, the Dean cut the number of seats allocated to Nova Scotia applicants by four, which were then used to admit higher paying international students. This decision, when it was discovered, had far reaching impact at the highest levels with the AVC ordered to admit four additional students from Nova Scotia. The result was that the cohort was four places above what was planned and had a serious impact on teaching, clinical rotations, and laboratory and class sizes within the AVC. The cohort exceeds the size of many AVC classrooms.

An eighth example involves the AVC's Virology Research Laboratory, which recently lost its accreditation as an OIE Reference Laboratory after an audit. The Dean had received a copy of the audit report but did not invite the most senior person and founder of the lab to respond to the audit. The Dean replied to the audit, indicating his agreement with the finding that the laboratory should lose its status as an OIE reference laboratory without consulting the experts in the Virology Laboratory. As administrative director, he claimed the right to speak on its behalf without the need for any consultation on the matter.

These examples are not isolated incidents nor are they exhaustive, but they reflect a management style that is authoritarian and non-collegial. As one member said: "These are not values we expect at a Canadian institution." Many of these problems would not have occurred if the Dean took the time to consult and actively listen to what his faculty members were saying.

Another indication of the poor working environment is the number of grievances filed by the Faculty Association that involve the AVC. Many of these stem from the actions of the Dean, but also reflect upon higher administration's unwillingness to deal with what can only be regarded as a distressing environment. Since 2011, the Faculty Association has filed 13 grievances; ten of

these grievances went to arbitration with three being settled as they were moving to the arbitral stage. Six of the grievances involved issues related to two faculty members in the AVC.

We believe that the situation at AVC will not improve as long as the current Dean is in place.

RECOMMENDATION 1

The Dean of AVC be placed immediately on Administrative leave, and the administration of the AVC be handled by one of the current Associate Deans.

RECOMMENDATION 2

An independent general audit of the AVC and all of its components is required as a fundamental step towards the restoration of trust and to the development of coherent budgetary policies and plans that are accessible and intelligible to all.

RECOMMENDATION 3

An action plan to address the budgetary matters should be developed jointly by the AVC community, including faculty and senior administration of the AVC.

RECOMMENDATION 4

All final decisions on academic planning matters - curriculum content, structure and delivery - are the prerogative of the academic staff of the AVC, and should be decided through a collegial process.

Personal Harassment. We heard of many examples of personal harassment by the Dean. Most of these are reports from faculty who saw, or were part of what happened. We heard many allegations of the Dean's bullying (it is my way or the highway attitude), badgering, lack of approachability, embarrassing faculty in public, penchant for retribution, and displays of anger in public department meeting. The Dean is viewed as someone who does not provide guidance and help to his faculty in performance of their professional duties; he is also alleged not to show respect for other's ideas.

There is one case where these behaviours are documented. This involves the tenure case of Dr. Enrique Aburto, which we discuss later in this report. The Dean's letter recommending against tenure, in our opinion, is unprofessional in its tone and characterization of Dr. Aburto's work.

We also heard of an ongoing incident of harassment within the Department of Pathology and Microbiology involving a dispute among a few Department members over a piece of equipment. Suffice it to say that we did not have the means to investigate this situation. We do believe that it does contribute to the overall toxic environment in the College and the dispute still continues with some faculty expressing concerns over harassment. The University's Fair Treatment Policy defines Personal Harassment:

2.02 Personal Harassment is behaviour directed towards a specific person or persons that would be considered by a reasonable person to create an intimidating, humiliating, or hostile work or learning environment.

Personal harassment may include but not be limited to:

- (a) physical assault, including pushing, slapping; or
- (b) communication that is inappropriately harsh or condemning, abusive and offensive language, threatening gestures, yelling, bullying, ridiculing, using derogatory names, threatening in a manner that negatively impacts University work, studies, or participation in campus life; or
- (c) inappropriate comments about personal appearance; or
- (d) constant unreasonable criticism about work or academic performance, the allocation of humiliating or demeaning tasks, or the setting of impossible deadlines with unrealistic expectations of work; or
- (e) hazing (such as harmful or humiliating initiation rituals); or
- (f) behaviour, whether deliberate or negligent, which denies individuals their dignity and respect, is offensive, embarrassing or humiliating to the individual, isolates an individual or group and adversely affects the working or learning environment. In most cases this behaviour will have manifested itself through a number of incidents. This does not preclude the consideration of a single incident as constituting harassment.

University administrators and the Dean have known about the situation in Pathology and Microbiology but have not referred the matter to the Fair Treatment Advocate. It appears to us that the only time a reference is made is when there is an expectation of the Advocate recommending discipline against a faculty member.

We are also concerned that the Fair Treatment Policy does not appear to have an explicit provision for bringing complaints against Deans or other University administrators. Many of the incidents that were alleged about the Dean's behaviour should have been brought forward as complaints under the Fair Treatment Policy. These concerns are even more troubling given the statements about the need for resolving conflicts in the *The Atlantic Veterinary College Five Year Strategic Plan 2010-2015*, p.79.

Conflict resolution

- 1) Provide focused training of managers regarding conflict resolution.
- 2) Provide information and resources for everyone regarding conflict resolution.
- 3) Clarify the role that service areas have in teaching and research; expectations currently vary and long-standing conflicts have developed and evolved.

- 4) Work towards developing a feeling of a collective purpose.
- 5) Develop impartial strategies to deal with conflicts between graduate students and supervisors.

These expressions in the Strategic Plan do not appear to have been implemented.

RECOMMENDATION 5

The University take immediate action to implement the Five Year Strategic Plans recommendations on Conflict Resolution.

RECOMMENDATION 6

The Fair Treatment Policy should have an explicit provision for bringing complaints against administrators.

Irregular Hiring and Tenure Practices

Several faculty members brought forward irregular hiring practices that they believed reflected poorly on the Dean's decision-making. Apparently the Dean has assumed the power to initiate or cancel positions and to shift positions between Departments without consultation. This role of the Dean is at odds with the Collective Agreement. There are three examples of irregular practices that were presented to us that appear to be at odds with the provisions of the Collective Agreement. These have led to the perception of poor or arbitrary decision-making on the part of the Dean.

Bacteriology Position. The first issue involved irregularities in filling a vacant position in the Department of Pathology and Microbiology. The first two clauses on appointment of faculty states,

- B2.1 The Vice-President Academic, in consultation with the Department and the Dean, shall determine if a vacancy exists and the type of appointment, rank and qualifications desired.
- B2.2 Types of Appointment. Appointments of Faculty Members shall be of three (3) types:
 - a) probationary;
 - b) with tenure; and,
 - c) term.

These clauses appear not to have been followed with respect to filling a vacant position that became vacant when a tenure-track faculty member resigned to take a position in Alberta¹. A

¹ This resignation, itself, became an issue. The person who resigned was hired at the strong urging of the Dean. He was described to us as a very powerful researcher but with little or no teaching or service work, or interest in teaching. He believed that several promises were made to him upon hiring that were not kept, particularly not having to do teaching. He resigned at the beginning of his second year in

search committee was established for the tenure-track position, but the Dean, without consulting the Department, changed the position to a three-year term position with a focus on research. The Selection Committee had concerns about the ability to find an excellent researcher for a term position, but short-listed several candidates. The Dean then stopped the search and changed the position back to tenure-track. Teaching and service responsibilities would remain with current faculty while the new appointee would concentrate on research. At the same time a contract position for a bacteriologist who was on staff was completed and the Department wished to maintain that position, as this person was needed to fulfill its teaching and service commitments. The Dean asked why a contract position was needed when they were looking for a tenure-track position. The Department noted that the advertised position was for a different skill set from what was needed to carry out its functions. They asked to stop the search until they could review what was needed to staff the Department. The Department asked for a meeting with the Dean to explain its position. The Dean met briefly with the Department and issued an ultimatum: Vote to fill the tenure-track position by 5:00 PM or it would be taken away. The view of the Department members was that they were treated like children. The Department voted to keep the position. As it turned out, the position was never filled because of budget deficits. It is not clear whether the tenure-track position has now been abolished or is on hold. The contract position has been renewed and the person holding it continues to be employed at the AVC.

There does not appear to have been any involvement of the Vice-President Academic with respect to the changes imposed by the Dean, or meaningful consultation with the Department on the nature of the position or the qualifications that should be advertised.

RECOMMENDATION 7

Departments must be given an allocation, once the budget is set, of the number of positions that they are entitled to, including vacant and new positions, and the level of the position, i.e., rank, with or without tenure and term status. Once this allocation is known, it can be changed only under exceptional circumstances by the Academic Vice-President.

We have seen that the Dean has been permitted to keep a Department in the dark about positions and threaten to remove positions. This is not conducive to either good morale or hiring the best possible candidates. Departments should know at the outset their allocation and their right to advertise and to fill their allocations as provided to them by the University.

Spousal Hiring. The second issue involves the hiring of a new faculty member in the Department of Pathology and Microbiology who was granted tenure upon hiring. This person had just graduated with a doctorate in Veterinary Medicine and a PhD but had no teaching experience and had never held a position at another university. The person was deemed to be an excellent researcher and had job offers from other veterinary schools. Her spouse had been offered a three-year term position in the Department of Health Management; he was deemed the best candidate but was not likely to accept the position without a job for his spouse.

November with an effective resignation date of June 30 to give sufficient notice to the University to find a replacement. The Dean's response was to offer an increased remuneration package to keep him, and when that was turned down to inform the member that he was immediately terminated based on having given notice. The Faculty Association filed a grievance and his employment continued throughout the academic year with the member receiving a letter of apology from the University.

With respect to tenure the Collective Agreement states that in exceptional circumstances tenure may be awarded upon hiring:

E2.4.2.5 Faculty Members may, in exceptional circumstances, be granted tenure on their initial appointment to the University at the rank of Associate Professor or Professor. This is contingent upon the Vice-President Academic's acceptance of the joint recommendation of the Department Chair and the Faculty Dean, or the recommendation of a Dean of a School or the Faculty of Education, and on the Board's acceptance of the recommendation from the Vice-President Academic.

The article on probationary appointments gives some indication of what was contemplated as "exceptional circumstances:"

B2.3b) Unless there are exceptional circumstances, the probationary period for Faculty Members shall be at least three (3) years, and at most six (6) years in length. The period of probation may be waived or reduced in certain appointments. A candidate may be eligible for tenure without a probationary period if the candidate has held tenure at another university, or if the candidate has experienced three (3) to five (5) years of teaching at another recognized university. A reduced probationary period may be considered for a candidate with relevant experience from another institution or agency other than a university.

As far as we know there is no formal, or informal, spousal hiring policy at UPEI; however, we could accept that the hiring was made in the spirit of a spousal hiring. Nonetheless, we could see no reason for granting tenure. That act has led to the low morale among faculty who have worked long and hard to obtain that status. Faculty made it clear that they hold no animosity to the faculty member, but see it as another example of poor decision-making on the part of the Dean without regard for the impact of his decision on the College.

RECOMMENDATION 8

The University and UPEIFA jointly develop a spousal hiring policy.

RECOMMENDATION 9

The University and UPEIFA establish more explicit criteria for the granting of tenure upon an initial hire.

RECOMMENDATION 10

There should be genuine search committees with equal voting voice for faculty in decisions re: hiring of all faculty and staff, including managers and directors.

Aburto Tenure Case. This case involves Dr. Enrique Aburto, a member of the Pathology and Microbiology Department. Dr. Aburto received a unanimous recommendation from the Departmental Review Committee in support of his tenure application. The Dean wrote a 3.5 page letter that recommended against Dr. Aburto's application. The University Review Committee

(URC) voted to deny tenure. The UPEIFA has filed a grievance over this matter that is now in the hands of an arbitrator. Our concern here is not with the merits of Dr. Aburto's case but the irregularities in the process that led to a perception of unfairness and inconsistency in application of procedures. In particular, Dr. Aburto was being evaluated by the Dean against standards that he was never made aware of at the time of his hiring or in feedback to any of his annual reports.

The Dean in his letter to the URC states, "At this point, it is important to point out that Dr. Aburto was hired by my predecessor. This is important because I was not involved in establishing the terms of his employment nor the terms for which he could be recommended for tenure." The Dean then went on at length to ignore the terms under which Dr. Aburto was hired and proceeded to evaluate him according to standards he imposed then and there, foremost among these was Dr. Aburto's lack of certification from the American College of Veterinary Pathologists (ACVP). While there may be differences of opinion with respect to recommending tenure, what is striking about the letter from the Dean in this case is that it is demeaning, vituperative and unprofessional. It demonstrates the Dean's unwillingness to evaluate Dr. Aburto according to the terms under which he was hired or those specified in the Collective Agreement.

Dr. Aburto was nominated for the Norden Teaching Award. In his Teaching Dossier that was submitted under Article E3, as part of his tenure file, Dr. Aburto included letters from students and a petition signed by 25 students supporting his tenure application. Article 3.1.2 specifies the contents of the Teaching Dossier including per Article 3.1.2.b.iv), "information from students, including signed letters and testimonials; assessments by graduates of the quality of instruction in light of subsequent professional or graduate school experience." The Dean, in his letter recommending denial of tenure, chastised Dr. Aburto for including this information, "I found it somewhat astonishing and (highly atypical) that he would include letters from students and a signed petition from students endorsing his tenure. In my 25 years plus in academic veterinary medicine I have never before come across such tactics and I question the wisdom and validity of such material."

The Dean's letter was distributed to the URC. We understand that at the meeting of the URC-subcommittee that was hearing Dr. Aburto's case, the Subcommittee was told by the AVP to disregard the paragraph regarding the ACVP; however, the letter, which had been previously distributed and, presumably read, had surely poisoned the well.

We are also concerned over the role that the Dean played in the URC with respect to Dr. Aburto's hearing. The Collective Agreement specifies that the Academic Vice-President, all six University Deans and 12 elected faculty are members of the URC. A tenure file is reviewed by a URC-subcommittee that includes the AVP, a Dean not from the member's college, and four faculty members two of whom must be from the members' Faculty. The URC-subcommittee makes a recommendation, after reviewing the file, to the whole URC, which then reviews the decision for consistency across the University. It may forward the URC-Subcommittee's recommendation to the President or refer it back to the URC-Subcommittee for reconsideration. While the Collective Agreement notes how conflicts of interest at the URC-Subcommittee level must be dealt with by members recusing themselves or stepping off the Subcommittee, there is no such mandate with respect to the URC itself. We understand that the Dean sat on the URC when evaluating Dr. Aburto's file. This, on its face, is an apparent conflict of interest. The Dean should have recused himself. His presence there, given his negative recommendation, placed the URC in a very uncomfortable position should they wish to challenge the recommendation from

the URC-Subcommittee. We believe this failure to recuse himself illustrates poor judgment on the part of the Dean.

We appreciate that the problem may go beyond this particular case. While the role of the URC is to ensure consistency in decision-making, it has the potential, in its present form, to allow bias to enter the process.

RECOMMENDATION 11

The decision regarding Dr. Aburto's tenure application be immediately rescinded and Dr. Aburto be invited to reapply for tenure. The current Dean should play no role whatsoever in evaluating that application.

We understand that a recent arbitration decision regarding this case has come to a similar decision in vacating the recommendation and requiring the University to give Dr. Aburto more time to organize a new tenure application.

RECOMMENDATION 12

The University and UPEIFA review the URC mechanism, including subcommittees, to deal with potential conflicts of interest.

As we see it, the full URC in its present form plays no meaningful role and allows the potential for undue influence of a Dean on decisions from subcommittees. We think it would be best simply to abolish the structure.

RECOMMENDATION 13

Provide new faculty with appropriate mentoring from tenured experienced faculty, as well as UPEIFA, to help guide them to successful tenure.

RECOMMENDATION 14

Faculty, staff and students should be encouraged to have a greater input in major decisions that may affect them.

Improper Procedural Practices in Investigations of Faculty

We received information on two cases involving Faculty members, F1 and F2, who were disciplined. In both cases F1 and F2 were members of the Department of Companion Animals who provided anesthesiology services to the AVC's Veterinary Hospital. The cases involved separate incidents and were not conjoined, but they are similar with respect to the actions of the Dean. The interest we have in both cases is not whether discipline was appropriate but rather how it was imposed in the first instance. We believe that the procedures followed by the Dean were improper and fed into the creation of a toxic environment. In both cases, the Dean following complaints about the service, behaviour and/or competency of the two faculty members, imposed discipline.

Case 1 involved two complaints stemming from the same incident. The first complaint concerned “personal harassment and abuse of authority”; the second, “failure to provide anesthesia services for an equine emergency case...” The Dean summoned F1 to a meeting on April 1, 2011 where he was informed of the complaints without identifying the complainant(s) or the details of the complaints. At that meeting, F1 was handed a letter from the Dean, dated April 1, 2011, that in view of the first complaint an investigation would take place by the Fair Treatment Advocate. F1 received a letter from the Associate Dean² also dated April 1, 2011, advising that he was requesting the Chair of his Department not to assign him any clinical responsibilities immediately until completion of the Fair Treatment investigation. The Chair of the Department also sent a letter dated April 1, 2011 that F1’s clinical duties were being re-assigned. It is quite apparent that the Dean, Associate Dean and Chair had prepared concerted action after receiving the complaint before advising F1 of the complaint, as required by the Collective Agreement, and allowing F1 to address the substance of the complaint. It later emerged that the Dean received the complaint on March 21, 2011. In effect, the Dean had suspended F1 from some of his University duties without his consent, which is the third step in the progressive discipline clause. Article F6.1 states:

F6.1 A Member may be disciplined only for just cause. Disciplinary action shall be based on the principle of progressive discipline, shall be commensurate with the seriousness of the misconduct and its aim shall be corrective.

There does not appear to have been any attempt to redress the matter through means other than discipline as stated in F6.2:

F6.2 The Parties to this Agreement shall make every effort to resolve conflicts in the University community through non-adversarial processes.

F1 also received a letter from the Dean dated April 1, 2011 informing him of the second complaint. Four meetings ensued between F1, a UPEIFA representative, the Dean and others. Subsequently on June 2, 2011, after a reported investigation by the Dean in response to the second complaint, F1 was suspended without pay for two weeks. The Fair Treatment Advocate issued a report on August 16, 2011 that led to the imposition of a 30-day suspension without pay. F1 was subsequently accused of retaliating against one of the faculty members who had complained against him. The Fair Treatment Advocate issued a report on March 5, 2013 that recommended discipline be imposed on F1; in response the President of UPEI informed F1 that his employment was being terminated. The UPEIFA grieved the procedures used and the discipline. After a long and protracted arbitration procedure contesting all of the discipline that had been imposed on F1, F1 accepted a buyout from the University in August 2013.

Case 2 involved two complaints lodged against F2 at two different times. Both complaints questioned his competence as an anesthesiologist. The first complaint was initiated on March 16, 2011 in a letter to the Chair of F2’s Department. The complaint involved the administration of

² The Associate Dean, in a letter dated 24 February 2014 to the Ad Hoc Committee, stated that he was acting in response to multiple complaints about F1's behaviour from hospital staff and a faculty member, and that he needed to quickly restore the health of the work environment and to mitigate risks. He stated that his intervention was in accord with Article F6.15 of the Collective Agreement.

anesthesia to a horse. As part of investigating the complaint, the Dean had asked for an opinion from an external expert. Based on that report the Dean issued a letter to F2 on June 7, 2011 that was construed as a letter of reprimand and grieved by the UPEIFA and taken to arbitration. The grievance was settled on July 31, 2012 through a Letter of Understanding stating that the June 7 letter did not constitute discipline, and that F2 had taken any and all professional development activities stated in the June 7 letter from the Dean. After the settlement of this first complaint, F2 was informed on November 7, 2012 that a colleague had made a complaint alleging that his competency as an anesthesiologist was lacking and that there were job performance issues. It was alleged that his colleagues had little to no confidence in his standards of care. These were the same issues that should have been put to rest by the Letter of Understanding. In response to the complaint, the Dean advised F2 that he had initiated an investigation. As part of the investigation, the Dean had interviewed 20 persons affiliated with the AVC Teaching Hospital who had clinical responsibilities. The Associate Dean, Professional Development, interviewed technicians that worked with F2. All the interviewees were asked to state their confidence that F2 was delivering the standard of care expected of a board certified anesthesiologist. The results of the interviews indicated that there was insufficient evidence to support the allegations and the complaint was dismissed and the matter closed. The UPEIFA, however, has grieved the procedures used by the Dean to investigate the complaint and the letter withdrawing the complaint. That matter is now before an arbitrator.

It is important to note that both cases have had serious impact on the health of both F1 and F2 with both having had to take medical leaves.

We note that the current Collective Agreement includes a MOU that calls upon the Parties to review Articles F6.4 to F6.20 of the Discipline article with respect to clarification of the procedural language. A Committee struck under that MOU was to have reported back by February 1, 2013. Although we have not seen that report, we have concerns about the Discipline procedure that may have been addressed by the MOU Committee. The first of these is that the Employer is to administer Discipline. The Employer is defined as the Board of Governors. While authority can be conferred on officials at the direction of the Board, it appears improper to us that the person receiving complaints against a faculty member is also the person responsible for investigating the complaint and then imposing any discipline. Out of fairness, once the Dean has received a complaint, the matter should be referred to a higher authority for investigation and any action that might be taken. We are also concerned that the current procedures are vague in that there is insufficient notice given to the person who is the target of the complaint to respond to the complaint, or sufficient details to allow a meaningful response. We hope that these concerns are addressed by the MOU Committee.

RECOMMENDATION 15

That the MOU committee receive this report and review the discipline article in this context. In particular, to ensure that progressive discipline take place in all instances.

RECOMMENDATION 16

There should be conscientious consideration given to progressive discipline, due process, and the role of the UPEIFA in any disciplinary procedures.

We are also concerned by the role that the Fair Treatment Advocate plays in any discipline procedure. The Fair Treatment Advocates are Employer appointees. Without casting aspersion on their own fairness, there is an appearance of bias when it comes to investigating complaints against faculty that have been referred to them by an administrator. The role of this office should be conflict resolution. The ability of the Fair Treatment Advocate to recommend discipline undermines confidence in that office to bring contentious issues to a resolution. The current Fair Treatment Policy was last reviewed in 2005.

RECOMMENDATION 17

That UPEI and UPEIFA immediately begin a review of the University's Fair Treatment Policy.

The policy should be in accordance with one of conflict resolution and should not be part of any disciplinary proceedings. The Policy should not be used as a cudgel by administrators to threaten or discipline faculty.

RECOMMENDATION 18

The Advocate should be a professional fully trained in conflict resolution and appointed to that position only with the concurrence of the Faculty Association and other unions, which come under the policy.

Inequities in Clinical Workloads

Clinical service is a major issue within the College. There are perceived inequities in the distribution of clinical workload and inconsistencies in its measurement and valuation. At present there is no formal evaluation of contributions towards service at the AVC. There is no standardization in the amount of time each Department within the College should devote to clinical service; neither have all Departments established guidelines for their contributions to clinical service. As a result, the expectations for clinical service vary within and among Departments.

There is a misperception amongst faculty and others who are not involved in clinical service as to what actually constitutes clinical service and the time that should be allocated to it, or the time it takes to perform that work. Faculty on clinical service; i.e., clinicians, work an intensive 8 to 10 hours or more each day, which may include weekends, in a 1-on-1 or 1-on-4 or 5 mentoring relationship with students reviewing case progress etc. Some faculty in other Departments such as Pathology and Microbiology also perform clinical services that are essential to the operation of the Hospital.

The Atlantic Veterinary College Five Year Strategic Plan 2010-2015, recognized the need to “resolve the inequity in service/clinical teaching loads (currently 33% in two departments versus 50% in another) across clinical departments and to “Allow flexibility in the allocation of job responsibilities (i.e., teaching vs. service vs. research)” (*Strategic Plan*, C4.a.1, a.3, p. 53) as a strategic means of recruiting and retaining clinical specialists. This pertains to the amount of distribution of effort between these areas i.e. someone may have more research effort and less

teaching responsibilities but however the time is distributed evidence of scholarly activity must be made and evaluated. (See Boyer's Model of Scholarship http://en.wikipedia.org/wiki/Boyer%27s_model_of_scholarship). The *Plan*, at IV A.2.5, p.79, states

“Place equal value for teaching & service compared to research. Currently, research still appears to get top billing and this has disengaged faculty/staff primarily involved in teaching and service.”

As part of the recent round of negotiations, the Collective Agreement included a section on clinical workload. A number of faculty indicated that there is no balance of these activities amongst faculty. The relevant sections are:

H1.13 Clinical Service Workload

H1.13.1 The Parties agree that the Veterinary Teaching Hospital's primary purpose is to support the teaching programs of Members in the Faculty of Veterinary Medicine. The Veterinary Teaching Hospital also provides clinical services and research to advance the health and well-being of animals and the public.

H1.13.2 The workload of Members involves a reasonable balance among teaching, professional services, scholarly endeavours and University services.

H1.13.3 Members' general duties and responsibilities in a clinical service unit will be jointly determined by the Members of that clinical service unit after consulting with other clinical service units with which they directly interact on a daily basis.

H1.13.4 Members who provide clinical services during the normal work week (Monday through Friday) and/or emergency clinical services at the Atlantic Veterinary College shall not be required to provide more than their proportionate share of such service. Such proportionate shares shall be determined by and reflect the staffing levels of each speciality.

H1.13.8 Members have primary professional responsibility for their patients. For patients already under a Member's care, that responsibility may necessitate providing non-emergency clinical services on weekends, evenings, nights, and statutory or other holidays as provided for in this Agreement or at other times when the University is closed. It may also necessitate establishing appropriate alternate arrangements as required. Members are not required to provide after-hours, non-emergency care to new patients.

The Memorandum of Understanding that led to the language in H1.13 called for reports to be made to the UPEIFA President, starting in January, 2013 and every six months thereafter, on the implementation of balanced workloads in the AVC. We are not aware that any report has been made.

RECOMMENDATION 19

That the University resolve the inequity in clinical workloads as mandated by the Five year Strategic Plan, by allowing flexibility in the allocation of job responsibilities (i.e., teaching

vs. service vs. research).

RECOMMENDATION 20

That each Department in the AVC review the expectations for its members with regard to teaching, research and clinical service in accordance with Article H1.13 and the Strategic Plan.

Technician and Faculty: Lack of Clarity in Roles and Responsibilities

Several members we interviewed mentioned incidents exhibiting poor relations between faculty and staff in the veterinary hospital. Most of these involve a lack of clarity in the roles and responsibilities of each group. A clearer understanding of the responsibility of staff in clinical situations, including identification of their immediate supervisor while working in the clinic, would lead to better relations among staff and faculty. Both faculty and staff should have clearly outlined job descriptions so that either group knows what their roles are in the clinic. Staff supervisors should be immediately available in clinic situations so that issues of responsibility during difficult clinical cases can be managed immediately on site. These issues must be immediately addressed to ensure consistent and proper patient care.

In order for a hospital to run smoothly in the best interest of the patients, owners, faculty, and all staff, a collegial positive atmosphere is essential, that is, the notion of a team is the best approach. If disputes occur among staff or among faculty or between the two groups, there should be an immediate process for mediation to ensure continued excellent veterinary service.

Further, a clear schedule of clinic responsibilities should be produced with faculty input so that issues of performing clinical work do not interfere with scheduled contact time with students, with booked research times and with personal time. This scheduling should also be attributed to each faculty member according to established Distribution of Effort percentages so that faculty are allowed to pursue their non-clinical academic pursuits without interruption from clinical duties. These documents must be produced and adopted by consensus among the interested parties and should become part of the process for any new hires.

RECOMMENDATION 21

Job descriptions for clinical staff and identification of their clinical supervisor should be made available to faculty. These descriptions should include distinct allocation of clinical roles and responsibilities of staff and should be developed with input from both staff and faculty. When issues arise, an immediate action should be attempted to resolve any disputes between staff and faculty in a collegial manner.

RECOMMENDATION 22

Standard Operating Procedures should be adopted that clearly outline the roles and responsibilities of both faculty and staff in the clinic and also in case of overloaded clinical admissions and/or illness among assigned faculty and staff. Included in these SOP's should be methods to periodically monitor their usage and also SOP's to follow in the case of a poor clinical outcome or a delay in service.

Conclusions

The University of Prince Edward Island Faculty Association (UPEIFA) raised concerns about a troubled workplace that included threats to academic freedom and tenure, by the University of Prince Edward Island (UPEI) Administration. The concerns involved mainly events that took place at the Atlantic Veterinary College (AVC), which is a faculty unit within UPEI. In response to these concerns, the Canadian Association of University Teachers (CAUT) established an Ad Hoc Investigatory Committee (AHIC).

The Ad Hoc Committee met with faculty from the AVC and grievance officers from the Faculty Association. The Committee reviewed many documents supplied by those faculty members and came to the conclusion that the concerns of the Faculty Association were well-founded. The Committee believes that there were serious procedural problems in investigations of faculty members' behaviour, irregular hiring practices, inequities in clinical workload, lack of clarity in the roles of faculty and staff. Most importantly, the Committee found that there was a total disregard of collegial decision-making; and as a result, the existence of a pervasive, oppressive atmosphere in the AVC. In accordance with these findings the Committee made 22 recommendations.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1

The Dean of AVC be placed immediately on Administrative leave, and the administration of the AVC be handled by one of the current Associate Deans.

RECOMMENDATION 2

An independent general audit of the AVC and all of its components is required as a fundamental step towards the restoration of trust and to the development of coherent budgetary policies and plans that are accessible and intelligible to all.

RECOMMENDATION 3

An action plan to address the budgetary matters should be developed jointly by the AVC community, including faculty and senior administration of the AVC.

RECOMMENDATION 4

All final decisions on academic planning matters - curriculum content, structure and delivery - are the prerogative of the academic staff of the AVC, and should be decided through a collegial process.

RECOMMENDATION 5

The University take immediate action to implement the Five Year Strategic Plans

recommendations on Conflict Resolution.

RECOMMENDATION 6

The Fair Treatment Policy should have an explicit provision for bringing complaints against administrators.

RECOMMENDATION 7

Departments must be given an allocation, once the budget is set, of the number of positions that they are entitled to, including vacant and new positions, and the level of the position, i.e., rank, with or without tenure and term status. Once this allocation is known, it can be changed only under exceptional circumstances by the Academic Vice-President.

RECOMMENDATION 8

The University and UPEIFA jointly develop a spousal hiring policy.

RECOMMENDATION 9

The University and UPEIFA establish more explicit criteria for the granting of tenure upon an initial hire.

RECOMMENDATION 10

There should be genuine search committees with equal voting voice for faculty in decisions re: hiring of all faculty and staff, including managers and directors.

RECOMMENDATION 11

The decision regarding Dr. Aburto's tenure application be immediately rescinded and Dr. Aburto be invited to reapply for tenure. The current Dean should play no role whatsoever in evaluating that application.

RECOMMENDATION 12

The University and UPEIFA review the URC mechanism, including subcommittees, to deal with potential conflicts of interest.

RECOMMENDATION 13

Provide new faculty with appropriate mentoring from tenured experienced faculty, as well as UPEIFA, to help guide them to successful tenure.

RECOMMENDATION 14

Faculty, staff and students should be encouraged to have a greater input in major decisions that may affect them.

RECOMMENDATION 15

That the MOU committee receive this report and review the discipline article in this context. In particular, to ensure that progressive discipline take place in all instances.

RECOMMENDATION 16

There should be conscientious consideration given to progressive discipline, due process, and the role of the UPEIFA in any disciplinary procedures.

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RECOMMENDATION 19

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RECOMMENDATION 20

That each Department in the AVC review the expectations for its members with regard to teaching, research and clinical service in accordance with Article H1.13 and the Strategic Plan.

RECOMMENDATION 21

Job descriptions for clinical staff and identification of their clinical supervisor should be made available to faculty. These descriptions should include distinct allocation of clinical roles and responsibilities of staff and should be developed with input from both staff and faculty. When issues arise, an immediate action should be attempted to collegially and civilly resolve any disputes between staff and faculty.

RECOMMENDATION 22

Standard Operating Procedures should be adopted that clearly outline the roles and responsibilities of both faculty and staff in the clinic and also in case of overloaded clinical admissions and/or illness among assigned faculty and staff. Included in these SOP's should be methods to periodically monitor their usage and also SOP's to follow in the case of a poor clinical outcome or a delay in service.