

Appointments, Promotion, and Tenure

The Department of Family and Community Medicine

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DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

APPOINTMENTS, PROMOTION AND TENURE DOCUMENT

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I. PREAMBLE

This document is a supplement to Chapters 6 and 7 of the [Rules of the University Faculty](#) the annually updated procedural guidelines for promotion and tenure reviews in Volume 3 of the Office of Academic Affairs [Policies and Procedures Handbook](#) and other policies and procedures of the college and University to which the college and its faculty are subject. Should those rules and policies change, the College of Medicine and the Department of Family and Community Medicine (DFCM) will follow the new rules and policies until such time as it can update this document to reflect the changes. In addition, this document must be reviewed, and either reaffirmed or revised, at least every five years on the appointment or reappointment of the dean.

This document must be approved by the Dean of the College and the Office of Academic Affairs before it may be implemented. It sets forth the Department's mission and, in the context of that mission and the mission of the college and the University, its criteria and procedures for faculty appointments and for faculty promotion, tenure and rewards, including salary increases. In approving this document, Dean and the Office of Academic Affairs accepts the mission and criteria of the Department and delegate to it the responsibility to apply high standards in evaluating current faculty and faculty candidates in relation to the departmental mission and criteria.

The faculty and the administration are bound by the principles articulated in Faculty Rule [3335-6-01](#) of the Administrative Code. In particular, all faculty members accept the responsibility to participate fully and knowledgeably in review processes; to exercise the standards established in Faculty Rule [3335-6-02](#) and other standards specific to this department and college; and to make negative recommendations when these are warranted in order to maintain and improve the quality of the faculty.

Decisions considering all appointment, reappointment, and promotion and tenure will be free of discrimination in accordance with the University's [policy on equal opportunity](#): *"Ohio State does not discriminate on the basis of age, ancestry, color, disability, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment."*

This document is the Department's Appointments, Promotion, and Tenure document. The document will describe, in qualitative and quantitative terms, the Department's criteria for appointments, promotion, and tenure, and evidence to be provided to support a case within the context of the Department's mission as well as the mission and standards of the College of Medicine. The document indicates with specificity how the quality and effectiveness of teaching, the quality and significance of scholarship, and the quality and effectiveness of service are to be documented and assessed. The document will also describe the Department's procedures for conducting annual performance reviews of faculty as well as reviews for promotion and tenure. The document has been drawn up through broad faculty consultation with all voting members of the Department according to the principles articulated in paragraph (C)(3) of rule [3335-3-35](#) of the *Rules of the University Faculty* and will be approved by the Dean of the College and the Executive Vice President and Provost.

The criteria for appointments, reappointments, promotions and tenure contained herein are in the context of the institutional commitment to continuous elevation of the standards for faculty achievement. Accordingly, all decisions on promotion and/or tenure will be made in the context of a continuing effort at academic, scholarly and intellectual improvement. Therefore, a decision to promote a faculty member or award tenure cannot be made primarily on the basis of a need for that individual's area of expertise or of service to the Department, the College of Medicine or the University.

Faculty members in the department will be evaluated for their contributions to the multi-partite mission of the Department, the College of Medicine, and the University. Evaluation encompasses accomplishments in research and scholarship, teaching, education, innovation, program development and service, including activities in support of the patient care mission of the Department or College of Medicine.

The *Rules of the University Faculty* permit the Department of Family and Community Medicine to make appointments in the following faculty categories: Tenure Track; Clinical Faculty; Research Faculty; and Associated Faculty. Herein are described the characteristics and qualifications that distinguish faculty members in these different categories, and provide guidelines for appointments and promotions consistent with these distinctions.

The DFCM endorses the College of Medicine's and the University's recognition of the value of diverse contributions by individual faculty members toward the realization of the overall mission of the institution. For example, within the Clinical & Tenure categories there may be many different patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in emphasis among teaching, scholarship and service. Although faculty members may choose to place greater emphasis on certain aspects of scholarly activity, and less emphasis on others, the Department requires that the faculty member demonstrate commitment to all areas.

All faculty members will be evaluated for appointment and promotion using metrics that reflect the quality and impact of their contributions to the DFCM, College of Medicine, to the Medical Center and OSU in the context of their assigned position descriptions. Criteria for quality and impact will be carefully determined by the DFCM, defined by the Department's Appointment, Promotion, and Tenure document, and should be validated, peer-reviewed and relevant to the chosen/assigned body of work.

In addition, faculty members' activities may change over time, and thus may be consistent with different patterns of performance throughout the course of their careers. These different patterns of faculty activity will still lead to consideration for, and granting of, promotion and/or tenure, provided that the College's standard of excellence (including demonstration of national or international impact and recognition) as appropriate to the faculty level track, and duties, is met.

This department's Appointments, Promotion and Tenure document must be reviewed, and either reaffirmed or revised, upon the appointment or reappointment of the department chair.

II. MISSION

The mission of the Department of Family and Community Medicine at The Ohio State University College of Medicine is to optimize the quality of people's lives by advancing family medicine principles through:

- Service
- Education
- Research and scholarship
- Personalized health care
- Community engagement

Vision Statement: The Ohio State Department of Family and Community Medicine shall be a world class, premier department that leads the nation in the training, delivery, practice and improvement of family medicine and primary care, through a focus on: Clinical Excellence & Innovation, Research and

III. Values

The Ohio State University Department of Family and Community Medicine is committed to:

- Excellence
- Compassion
- Integrity
- Collaboration
- Innovation

IV. DEFINITIONS

A. Committee of the Eligible Faculty

The eligible faculty for all appointment (hiring), reappointment, promotion, or promotion and tenure reviews must have their tenure home or primary appointment in the DFCM.

The department chair, the dean, assistant/associate/vice deans of the college, the executive vice president and provost, and the president may not participate as eligible faculty members in reviews for appointment, reappointment, promotion, promotion and tenure, or contract renewal.

Senior rank faculty under consideration, regardless of category (tenure-track, clinical, research, associated), may be reviewed only by faculty of the rank at or above consideration (associate and professor for associate, and professor for professor).

1. Tenure-track Faculty

Initial Appointment Reviews

- Initial appointments (hiring or appointment change from another faculty type) at the rank of assistant professor are based on recommendations from the search committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment. See Section V.B.1.
- For appointment (hiring or appointment change from another faculty type) at senior rank (associate professor or professor), a review is performed and a second vote cast by all tenured faculty of equal or higher rank than the position requested.

Reappointment, Promotion, or Promotion and Tenure Reviews

- For the reappointment and promotion and tenure reviews of assistant professors, the eligible faculty consists of all tenured associate professors and professors.
- For the promotion reviews of associate professors and the tenure reviews of probationary professors, the eligible faculty consists of all tenured professors.

2. Clinical Faculty

Initial Appointment Reviews

- Initial appointments (hiring or appointment change from another faculty type) at the rank of assistant professor are based on recommendations from members of the Executive Committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.
- For appointment (hiring) at senior rank (clinical associate professor or professor), a review is performed and a second vote cast by all tenured faculty of equal or higher rank than the position requested, and all nonprobationary clinical faculty of equal or higher rank than the position requested.

Reappointment, Contract Renewal, and Promotion Reviews

- For the reappointment, contract renewal, and promotion reviews of clinical assistant professors, the eligible faculty consists of all tenured associate professors and professors, and all nonprobationary clinical associate professors and professors.
- For the reappointment, contract renewal, and promotion reviews of clinical associate professors, and the reappointment and contract renewal reviews of clinical professors, the eligible faculty consists of all tenured professors and all nonprobationary clinical professors.

3. Research Faculty

Initial Appointment Reviews

- Initial appointments (hiring or appointment change from another faculty type) at the rank of assistant professor are based on recommendations from members of the Executive Committee to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.
- For appointment (hiring or appointment change from another faculty type) at senior rank (research associate professor or research professor), a review is performed and a second vote cast by all tenured faculty of equal or higher rank than the position requested and all nonprobationary research faculty of equal or higher rank than the position requested.

Reappointment, Contract Renewal, and Promotion Reviews

- For the reappointment, contract renewal, and promotion reviews of research assistant professors, the eligible faculty consists of all tenured associate professors and professors and all nonprobationary research associate professors and professors.
- For the reappointment, contract renewal, and promotion reviews of research associate professors and the reappointment and contract renewal reviews of research professors, the eligible faculty consists of all tenured professors and all nonprobationary research professors.

4. Associated Faculty

- Initial appointments (hiring or appointment change from another faculty type) to a paid associated faculty position follow the same procedures as those utilized by the DFCM and the College of Medicine for clinical faculty. See Section V.B.5.
- Appointments to an unpaid associated faculty position require no formal search process.
- The eligible faculty for reappointment and promotion reviews of associated faculty consists of all tenured faculty at or above the rank for which the candidate is being reviewed, all non-probationary clinical faculty at or above the rank for which the candidate is being reviewed, and all non-probationary research faculty at or above the rank for which the candidate is being reviewed.

5. Conflict of Interest

A conflict of interest exists when an eligible faculty member is related to a candidate or has a comparable close interpersonal relationship, has substantive financial ties with the candidate, is dependent in some way on the candidate's services, has a close professional relationship with the candidate (e.g., dissertation advisor), or has collaborated so extensively with the candidate that an objective review of the candidate's work is not possible.

Generally, faculty members who have collaborated with a candidate on at least 50% of the candidate's published work since the last promotion will be expected to withdraw from a promotion review of that candidate. In addition, an individual who has had personal or professional conflicts or who is or may appear to be biased against the candidate are ineligible to participate in the discussion and vote.

6. Minimum Composition

In the event that the Department does not have at least three eligible faculty members who can undertake a review, the Department Chair, after consulting with the Associate Dean for Academic Affairs, will appoint a faculty member from another department within the college taking into consideration gender and racial/ethnic diversity when establishing the committee.

B. Promotion and Tenure Committee

The Department has a Promotion and Tenure Committee that assists the eligible tenure-track, clinical, and research faculty in managing the personnel and promotion and tenure issues. The committee consists of 2-5 professors and 2-5 associate professors, at least 2 of whom are tenure track faculty; the remaining may be non-probationary clinical faculty members. The Academic Vice Chair (or other designee as appointed by the Chair should the Academic Vice Chair position be vacant) serves as the Chair and membership is recommended by the Academic Vice Chair and approved by the Department Chair. The term of service is three years, with reappointment possible. When considering cases involving associated faculty the Promotion and Tenure Committee may be augmented by a non-probationary associated faculty member.

C. Quorum

The quorum required to discuss and vote on all personnel decisions is a simple majority (greater than 50%) of the committee not on an approved leave of absence. Faculty members who recuse themselves because of a conflict of interest are not counted when determining quorum. Faculty members on approved university leave (e.g. medical, business, parental) are not counted when

determining quorum. Faculty members with a competing scheduling constraint at the scheduled meeting time are not excused absences and do count as members of the eligible faculty.

D. Recommendation from the Committee of the Eligible Faculty

In all votes taken on personnel matters only “yes” and “no” votes are counted. Abstentions are not votes. Faculty members are strongly encouraged to consider whether they are participating fully in the review process when abstaining from a vote on a personnel matter.

Absentee ballots and proxy votes are not permitted.

1. Appointment

A positive recommendation from the eligible faculty for appointment is secured when a simple majority (greater than 50%) of the votes cast is positive.

2. Reappointment, Promotion and Tenure, Promotion

A positive recommendation from the eligible faculty for reappointment, promotion and tenure, and promotion, is secured when a simple majority (greater than 50%) of the votes cast is positive.

V. Appointments

The *Rules of the University Faculty* permit the Department of Family and Community Medicine to make appointments to the: Tenure Track; Clinical faculty; Research faculty; and to the Associated faculty. The latter contains unpaid and paid Associated faculty. The appropriate faculty initial appointment to the DFCM will be aligned with the expectations and responsibilities of the faculty member and be consistent with both the short-term and long-term career plans of the individual. The department chair will carefully evaluate and align the career goals of the faculty candidate in consultation with the Department needs in determining the most appropriate appointment for the faculty member.

The DFCM is committed to making only faculty appointments that enhance or have strong potential to enhance the quality of the faculty. Important considerations include an individual's record to date in teaching, scholarship and service; the potential for professional growth in each of these areas; and the potential for interacting with colleagues and students in a way that will enhance their academic work and attract other outstanding faculty and students to the college. No offer will be extended in the event that the search process does not yield one or more candidates who would enhance faculty quality. The search is either cancelled or continued, as appropriate to the circumstances.

For each type of faculty appointment (tenure-track faculty, clinical faculty, research faculty, associated faculty, courtesy appointment for faculty), Department's AP&T document will describe: (1) the Department's criteria for making such an appointment, (2) the evidence to be provided in support of such an appointment, and (3) the Department's procedures for making such an appointment. The appointment recommendation will be consistent with the Department's AP&T document, and other relevant policies, procedures, practices, and standards established by the college, the Rules of the University Faculty, the Office of Academic Affairs, and the Office of Human Resources.

A. Appointment Criteria

1. Tenure Track Faculty

The Tenure Track exists for those faculty members who primarily strive to achieve sustained excellence in the discovery and dissemination of new knowledge, as demonstrated by national and international recognition of their scholarship and successful competition for extramural funding. Although excellence in teaching and outstanding service to Ohio State is required, these alone are not sufficient for progress on this track. The DFCM has established criteria for appointment, reappointment, and promotion and tenure that are consistent with these criteria and for ensuring that every faculty appointment, reappointment, and promotion and tenure recommendation is consistent with these criteria.

Appointments to this track are made in accordance with University Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the DFCM. There must be an expectation that faculty members who are appointed to the tenure track will be assigned a workload that provides sufficient time for the faculty member to meet the expectations and requirements for tenure track appointments. The appointment process requires the DFCM to provide sufficient evidence in support of a Tenure Track faculty appointment so as to ensure that the faculty candidate has clearly and convincingly met or exceeded applicable criteria in teaching, scholarship, and service. [See Section VII. of this document for examples]. Each candidate for appointment should undergo an appropriate review by the Department faculty which may or may not include a vote of the faculty as described in the Department's AP&T document.

All faculty members have access to all pertinent documents detailing DFCM, College of Medicine, and University promotion and tenure policies and criteria. The most updated documents can be located at the Department, College of Medicine and [Office of Academic Affairs](#) websites.

Each appointee will obtain the appropriate Ohio licensure and other required certifications.

Appointment: Instructor on the Tenure Track

An appointment to the rank of instructor is always probationary. During the probationary period a faculty member does not have tenure and is considered for reappointment annually. Appointments at the rank of instructor are appropriate for individuals who do not yet have the requisite skills or experience to fully assume the range of responsibilities of an assistant professor or need time to establish a research program and set themselves up for the requirements to progress toward tenure. Appointments to this rank may also be made if all of the criteria for the position of assistant professor have been met with the exception that the candidate will not have completed a terminal degree, or other relevant training, at the time of the appointment. When an individual is appointed to the rank of instructor, the letter of offer should indicate the specific benchmarks and achievements required for promotion to assistant professor.

An appointment at the instructor level is limited to three years. An instructor must be approved for promotion to assistant professor by the beginning of the third year of appointment or the appointment will not be renewed beyond the end of the third year. When an instructor has not met the expectations for moving from instructor to the rank of assistant professor by the beginning of the third year of appointment, the third year is a terminal year of employment. Upon promotion to assistant professor, the faculty member may request prior service credit for time spent as an instructor. Unless there are unique circumstances, the college recommends against requesting prior service credit. This request must be approved by the DFCM's eligible faculty, the DFCM Chair, the Dean, and the Office of Academic Affairs and, if approved, is irrevocable.

Criteria for appointment to the rank of instructor include the following.

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience. Individuals who have completed all the requirements of their terminal degree, but who have not obtained the final degree at the time of initial employment will be appointed as an instructor. In addition, appointment at the rank of instructor is appropriate for individuals who, at the time that they join the faculty, do not have the requisite skills or experience to fully assume the full range of responsibilities of an assistant professor.
- Evidence of potential for excellence in scholarship. Such evidence might include peer-reviewed publications in a mentored setting, but insufficient evidence of an independent, creative, and productive program of research with potential for external funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix B].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Assistant Professor on the Tenure Track:

An appointment to the rank of assistant professor is always probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Tenure cannot be awarded at the rank of assistant professor. An assistant professor must be reviewed for promotion and tenure no later than the mandatory review year (6th year of appointment for faculty without significant clinical responsibilities, 11th year of appointment for faculty with significant clinical service responsibilities); however, promotion and tenure may be granted by following the promotion and tenure review process at any time during the probationary period when the faculty member’s record of achievement so merits. Similarly, a probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (6), (H), and (I) of University Rule [3335-6-03](#).

Consistent with Faculty Rule, [3335-6-09](#) faculty members without clinical service responsibilities are reviewed for promotion & tenure no later than the 6th year as to whether promotion and tenure will be granted at the beginning of the 7th year. For individuals not recommended for promotion and tenure after the mandatory review, the 7th year will be the final year of employment. Faculty members with significant clinical service responsibilities are granted an extended probationary period of up to 11 years, including prior service credit, depending on the pattern of research, teaching, and service workload. An assistant professor with an extended probationary period is reviewed for promotion and tenure no later than the 11th year as to whether promotion and tenure will be granted at the beginning of the 12th year. For individuals not recommended for promotion and tenure after the mandatory review, the 12th year will be the final year of employment unless the individual moves to the clinical faculty pursuant to University rules regarding changing tracks.

For appointments at the rank of assistant professor, prior service credit of up to three years may be granted for work experience at the time of the initial appointment. Doing so requires the approval of the eligible faculty, DFCM Chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit. The College discourages these requests because, if granted, it is irrevocable.

Criteria for appointment at the rank of Assistant Professor in the Tenure Track include:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience.
- Early evidence of excellence in scholarship as demonstrated by the initial development of a body of research, scholarship, and creative work. In addition, evidence must be provided that supports a candidate's potential for an independent program of scholarship and a strong likelihood of independent extramural research funding.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the "Statement on Professional Ethics" by the American Association of University Professors [see Appendix B].
- In aggregate, accomplishments related to the above criteria should be sufficiently compelling that the appointee is judged to have significant potential to attain tenure and a distinguished record as a faculty member in the College of Medicine.

Appointment: Associate Professor with Tenure on the Tenure Track

Appointment offers at the rank of associate professor, with or without tenure, require prior approval of the Office of Academic Affairs. Criteria for appointment to the rank of associate professor with tenure are identical to the criteria for promotion to associate professor with tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. In general, appointments at higher rank shall not entail a probationary period unless there are compelling reasons not to offer tenure.

Appointment: Associate Professor in Advance of Tenure on the Tenure Track:

While appointments to the rank of associate professor typically include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. The DFCM will exercise care in making these appointments, and provide the metrics that the faculty member must achieve to be awarded tenure. For faculty without significant clinical service responsibilities the probationary period may not exceed four years. For faculty with significant clinical service responsibility, the probationary period may not exceed six years. In both cases, review for tenure will occur in the final year of the probationary appointment. If tenure is not granted, an additional (terminal) year of employment is offered. Requests for such appointments require the approval of the Dean of the College of Medicine, and the Executive Vice President and Provost.

An appointment to the rank of associate professor in advance of tenure is probationary. During a probationary period a faculty member does not have tenure and is considered for reappointment annually. Criteria for appointment to the rank of associate professor in advance of tenure are identical to the criteria for promotion to associate professor in advance of tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Offers to foreign nationals require prior consultation with the Office of International Affairs.

Appointment: Professor with Tenure on the Tenure Track

Appointment offers at the rank of professor require prior approval of the Office of Academic Affairs. Criteria for initial appointment to the rank of professor with tenure are identical to the DFCM's and College of Medicine's criteria for promotion to professor with tenure, as detailed in Section VII of this document. The university will not grant tenure in the absence of permanent residency. Appointment to the rank of professor will include tenure unless the candidate does not have permanent residency, in which case a probationary period of up to four years may be extended

to provide the faculty member with time to establish permanent residency. During the probationary period the faculty member is considered for reappointment annually. If permanent residency is not established during the probationary period, the fourth year of appointment will be the terminal year. Offers to foreign nationals require prior consultation with the Office of International Affairs.

2. Clinical Faculty

Clinical faculty are equivalent in importance to the College of Medicine as the Tenure Track faculty. The Clinical faculty exists for those faculty members whose principal career focus is outstanding teaching, clinical and translational research, and delivery of exemplary clinical service. Clinical faculty members will generally not have sufficient time to meet the scholarship requirements of the Tenure Track within a defined probationary period. For this reason, the nature of scholarship for the Clinical faculty differs from that in the Tenure Track and may be focused on a mixture of academic pursuits including the scholarship of practice, integration, community engagement and education, as well as new knowledge discovery. Faculty members appointed to the clinical faculty may choose to distinguish themselves in patient care, teaching, innovative educational program development, or research (scholarship). Faculty members appointed to the clinical faculty may choose to distinguish themselves through several portfolios of responsibility including Clinician-Educator, Clinician-Scholar, and Clinical Excellence pathways. The DFCM uses all three pathways. The Clinician-Educator pathway reflects excellence as an educator as measured by teaching evaluations, innovative teaching practices and curricula or modules development, publications, invitations to serve as faculty on national continuing medical education programs or leadership in relevant medical societies. The Clinician-Scholar pathway reflects excellence in basic science, translational science, clinical research and/or health services research (e.g., public health care policy, outcomes and comparative effectiveness research) as measured by publications and grant funding. The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care or unique areas of emphasis in patient management. These faculty may build signature clinical programs and/or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members on this pathway typically devote 80% or more of their effort to patient care or administrative service. Faculty members on the Clinical faculty are not eligible for tenure and may not participate in promotion and tenure matters of tenure track faculty.

All appointments of faculty members to the Clinical faculty are made in accordance with Chapter 7 of the *Rules for University Faculty 3335-7*. Each new appointment will enhance, or have strong potential to enhance, the quality of the Department. All faculty members have access to all pertinent documents detailing Department, College of Medicine, and University promotion and tenure policies and criteria. The most updated documents can be located at the Office of Academic Affairs website.

Contracts will be for a period of at least three years and for no more than five years. The College recommends that the probationary contract be five years in length. The initial contract at all ranks is probationary, and a faculty member will be informed by the end of each probationary year if he or she will be reappointed for another year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of the contract may be renegotiated at the time of reappointment. Furthermore, each appointee must obtain the appropriate Ohio licensure and other required certifications, including medical staff privileges if required for successful execution of their faculty responsibilities. The Department's process for reappointment follows procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#).

The POA of the DFCM describes the governance rights extended to its clinical faculty.

The following paragraphs outline the basic criteria for initial appointments to the Clinical faculty.

Appointment: Assistant Professor of Clinical Family and Community Medicine

Candidates for appointment at this rank are expected to have completed all relevant training, including residency and fellowship where appropriate, consistent with the existing or proposed clinical or educational program goals of the DFCM.

The initial appointment to the rank of assistant professor is always probationary. During a probationary period a faculty member is considered for reappointment annually. A probationary appointment may be terminated at any time subject to the provision of University Rule [3335-6-08](#) and the provision of paragraphs (B) and (D) of University Rule [3335-7-07](#). An assistant professor may be reviewed for promotion at any time during the probationary period or during a subsequent contract.

This is the appropriate level for initial appointment of persons holding the appropriate terminal degree and the relevant clinical training,

Candidates for appointment to the rank of assistant professor on the clinical faculty will have, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study or possession of equivalent experience; and completion of requisite post-doctoral clinical training.
- Evidence of contributions to scholarship, education, community engagement or patient care and the potential to advance through the faculty ranks.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].

Appointment: Associate Professor of Clinical Family and Community Medicine

The criteria for initial appointment at the rank of associate professor to the clinical faculty, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor of Clinical Family and Community Medicine

The criteria for initial appointment at the rank of professor in the clinical faculty, are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

3. Research Faculty

Research faculty appointments exist for individuals who focus entirely on research. These appointments are intended for individuals who will have faculty level responsibilities in the research mission, comparable to the level of a Co-Investigator. Individuals who serve as laboratory managers or otherwise contribute to the research mission at a level comparable to that of a postdoctoral fellow should not be appointed on the research faculty but rather should be appointed as research scientists,

potentially with associated faculty appointments (postdoctoral fellows are appointed as postdoctoral researchers). Appointments to the Research faculty are made in accordance with Chapter 7 of the *Rules of the University Faculty* [3335-7](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the DFCM. Unless otherwise authorized by a majority vote of the Tenure Track faculty in the DFCM, Research faculty must comprise no more than twenty per cent of the number of Tenure Track faculty in the DFCM. In all cases, however, the number of Research faculty positions in a unit must constitute a minority with respect to the number of tenure-track faculty in the DFCM.

Tenure is not granted to research faculty.

Contracts will be for a period of at least one year and for no more than five years and must explicitly state the expectations for salary support. In general, research faculty appointments will require 100% salary recovery. It is expected that salary recovery will be entirely derived from extramural funds. The initial contract is probationary, and a faculty member will be informed by the end of each probationary year as to whether he or she will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment. The Department will determine the process for reappointment according to procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#).

Research faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research faculty members also are eligible to advise and supervise graduate and postdoctoral students and to be a principal investigator on extramural research grant applications. Approval to advise and supervise graduate students must be obtained from the graduate school as detailed in Section 13 of the [Graduate School Handbook](#).

Appointment: Research Assistant Professor

Appointment as a research assistant professor requires at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient research training to provide the basis for specific expertise for contributing to the research mission.
- An initial record of scholarship that indicates effective collaboration and contribution to peer-reviewed research, reflected by co-authorship of peer-reviewed publications or funded effort on peer-reviewed grants.
- A mindset and track record reflecting adherence to standards of professional ethical conduct consistent with the “Statement on Professional Ethics” by the American Association of University Professors [see Appendix D].
- Strong potential for career progression and advancement through the faculty ranks.

Appointment: Research Associate Professor

The criteria for initial appointment to the rank of associate professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Research Professor

The criteria for initial appointment to the rank of professor on the research faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

4. Associated Faculty

Associated Faculty, as defined in the *Rules of the University Faculty* [3335-5-19](#) (B)(3), include “persons with practice titles, adjunct titles, visiting titles, and lecturer titles.” Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty. Members of the associated faculty are not eligible for tenure, may not vote at any level of governance, and may not participate in promotion and tenure matters. Associated faculty appointments are for one to three years. The below titles are used for associated faculty in the Department of Family and Community Medicine.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor. Adjunct appointments are uncompensated and are given to individuals who volunteer academic service to the DFCM for which a faculty title is appropriate and/or required. Examples of such service could include but are not limited to serving on graduate student committees or teaching and evaluating medical students. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for promotion (but not tenure).

Instructor - Practice, Assistant Professor - Practice, Associate Professor - Practice, Professor - Practice. Practice associated faculty appointments may be compensated or uncompensated. Uncompensated appointments are given to individuals who volunteer uncompensated academic service to the DFCM, for which a faculty title is appropriate. Compensated appointments are given to full time clinicians who are not appointed to the clinical or tenure track faculty.

This category of Associated faculty will have a paid appointment at OSU, OSUP (Ohio State University Physicians, Inc.), or Nationwide Children’s Hospital (NCH) and requires a faculty appointment (e.g. for clinical credentialing or teaching a course). They may have another paid appointment at OSU (e.g. physician), but their faculty appointment can be unpaid. This may be appropriate to use for faculty appointments that are expected to be less than three years or for faculty who are paid through OSU, OSUP, or NCH but are 100% deployed in the community.

Associated practice rank is determined by applying the criteria for appointment of clinical faculty. Associated practice faculty members are eligible for promotion (but not tenure) and the relevant criteria for compensated practice faculty are those for promotion of clinical faculty.

Lecturer. Appointment as lecturer requires that the individual have, at a minimum, a Master's degree in a field appropriate to the subject matter to be taught. Evidence of ability to provide high-quality instruction is desirable. Lecturers are not eligible for tenure but may be promoted to senior lecturer if they meet the criteria for appointment at that rank.

Senior Lecturer. Appointment as senior lecturer requires that the individual have, at a minimum, a doctorate in a field appropriate to the subject matter to be taught, along with evidence of ability to

provide high-quality instruction; or a Master's degree and at least five years of teaching experience with documentation of high quality. Senior lecturers are not eligible for tenure or promotion.

Tenure track Assistant Professor, Associate Professor, Professor with FTE below 50%.

Individuals on the tenure track with an appointment at 49% FTE or below, either compensated or uncompensated fall within the associated faculty. Associated tenure track is determined by applying the criteria for appointment of tenure track faculty. Associated tenure track faculty members are eligible for promotion (but not tenure) and the relevant criteria are those for promotion of tenure track faculty.

Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor. Visiting faculty appointments may either be compensated or not compensated. Faculty members on temporary leave from another academic institution are appointed as a visiting faculty at the same rank held in that other institution. Visiting faculty appointments may also be used for new senior rank candidates for whom the appointment process is not complete at the time of their employment. In that case the visiting rank is determined by the criteria for the appointment to which they will be ultimately employed. Visiting faculty members are not eligible for tenure or promotion. They may not be reappointed for more than three consecutive years.

At a minimum, all candidates for Associated faculty appointments must meet the following criteria.

- Associated clinical faculty with clinical responsibilities must be a licensed physician or health care provider if required for successful execution of their faculty responsibilities.
- Have significant and meaningful interaction in at least one of the following mission areas of the College of Medicine:
 - a) Teaching of medical students, residents, clinical fellows, undergraduate and graduate students and postdoctoral fellows: For community physicians providing outpatient teaching of medical students, meaningful interaction consists of supervising medical students for at least one month out of the year.
 - b) Research: These faculty members may collaborate with the DFCM in research projects or other scholarly activities.
 - c) Service to the Department or the College including participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).

Appointment: Associated Faculty at Advanced Rank

Associated faculty may be compensated or uncompensated, and typically provide service to the department in the areas of research, clinical care, or education. For compensated faculty who are principally focused on patient care, the appointment at advanced rank criteria and procedures will be identical to those for the clinical excellence pathway. For compensated faculty who contribute principally through educational activities or scholarship, the appointment at advanced rank criteria and procedures will be identical to those for the clinician-educator pathway. For uncompensated faculty, the criteria for appointment at advanced rank is be specified in this AP&T document.

5. Emeritus Faculty

Emeritus faculty status is an honor given in recognition of sustained academic contributions to the university as described in Faculty Rule [3335-5-36](#). Full-time tenure track, clinical, research, or

associated faculty may request emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service.

Faculty will send a request for emeritus faculty status to the DFCM head outlining academic performance and citizenship. The DFCM head will decide upon the request, and if appropriate submit it to the dean. If the faculty member requesting emeritus status has in the 10 years prior to the application engaged in serious dishonorable conduct in violation of law, rule, or policy and/or caused harm to the university's reputation or is retiring pending a procedure according to Faculty Rule [3335-05-04](#), emeritus status will not be considered.

See the OAA [Policies and Procedures Handbook](#) Volume 1, Chapter 1, for information about the types of perquisites that may be offered to emeritus faculty, provided resources are available.

Emeritus faculty may not vote at any level of governance and may not participate in promotion and tenure matters.

6. Courtesy Appointments

A non-salaried appointment for a University faculty member from another TIU/Department is considered a Courtesy appointment. An individual with an appointment in one TIU/Department may request a Courtesy appointment in the DFCM when that faculty member's scholarly and academic activity overlaps significantly with that of the DFCM. Such appointments must be made in the same faculty rank/track, using the same title, as that offered in the primary TIU/Department. Courtesy appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the DFCM.

B. Appointment Procedures

See the [Faculty Policy on Faculty Recruitment and Selection](#) and the [Policy on Faculty Appointments](#) for information on the following topics:

- recruitment of tenure track, clinical and research faculty
- appointments at senior rank or with prior service credit
- hiring faculty from other institutions after April 30
- appointment of foreign nationals

The DFCM's Appointments, Promotion and Tenure document (as described on page 4) describes in detail the procedures to be utilized in faculty searches for initial appointments in each of the different faculty categories. Any faculty appointment forwarded from the DFCM for approval by the College of Medicine will be consistent with that DFCM's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College of Medicine, (2) the [Rules of the University Faculty](#), (3) the Office of Academic Affairs, including the Office of Academic Affairs [Policies and Procedures Handbook](#), and (4) the Office of Human Resources. A draft letter of offer to a faculty candidate must be submitted to the Associate Dean for Academic Affairs of the College of Medicine for review and approval. The draft letter of offer will be reviewed for consistency with the essential components required by the Office of Academic Affairs Policies and Procedures Handbook, and by the College. Templates for letters of offer are found online on [OneSource](#). The DFCM will use these templates for each letter written to ensure that they use the approved version. The following sections provide general guidelines for searches in the different faculty categories.

1. Tenure Track Faculty

A national search is required to ensure a diverse pool of highly qualified candidates for all tenure track positions. Exceptions to this policy must be approved by the college and the Office of Academic Affairs in advance. Search procedures must entail substantial faculty involvement and be consistent with the OAA [Policy on Faculty Recruitment and Selection](#).

The Dean or designee of the College provides approval for the DFCM to commence a search. The Department Chair or the individual who has commissioned the search, in consultation with the Chief Diversity Officer, appoints a search committee, usually consisting of three or more faculty members who reflect the field of expertise that is the focus of the search, as well as other fields within the DFCM.

Prior to any search, members of all search committees must undergo inclusive hiring practices training available through the college with resources from the [Office of Diversity and Inclusion](#). Implicit bias training is required and is available through the [Kirwan Institute for the Study of Race and Ethnicity](#) or the [Office of Diversity and Inclusion](#).

The search committee:

- Appoints a Diversity Advocate who is responsible for providing leadership in assuring that vigorous efforts are made to achieve a diverse pool of qualified applicants and conduct searches that minimize bias.
- Develops a search announcement for internal posting in the University Personnel Postings through the Office of Human Resources Employment Services (hr.osu.edu) and external advertising, subject to the DFCM Chair's approval.
- Develops and implements a plan for external advertising and direct solicitation of nominations and applications. If there is any likelihood that the applicant pool will include qualified foreign nationals, the search committee must advertise using at least one 30-day online ad in a national professional journal or other appropriate venue. The University does not grant tenure in the absence of US citizenship or permanent residency ("green card"), and strict U. S. Department of Labor guidelines do not permit sponsorship of foreign nationals for permanent residency unless the search process resulting in their appointment to a tenure track position included an advertisement in a field-specific nationally prominent professional journal or other appropriate venue.
- Screens applications and letters of recommendation and presents its findings to the Department Chair.

Virtual or on-campus interviews are arranged by the search committee chair. Interviews with candidates must include opportunities for interaction with faculty groups, including the search committee; graduate students or residents, where appropriate; the DFCM Chair; and the Dean or designee. In addition, it is recommended that all candidates make a presentation to the faculty, students and/or residents on their scholarly activity. All candidates interviewing for a particular position must follow the same interview format and relevant accommodations for disability/impairment should be provided.

Following completion of virtual/on-campus interviews, the Search Committee presents its findings and makes its recommendations to the DFCM Chair or the individual who has commissioned the search, who then proceeds with the offer of an appointment.

If the offer involves senior rank (associate professor or above), solicitation of external letters of evaluation are required and follow the same guidelines as for promotion reviews. The eligible faculty members must also vote on the appointment. If the offer may involve prior service credit, the eligible faculty members vote on the appropriateness of such credit. Appointment offers at the rank of associate professor or professor, with or without tenure, and/or offers of prior service credit require prior approval of the Office of Academic Affairs.

Potential appointment of a foreign national who lacks permanent residency must be discussed with the Office of International Affairs. The University does not grant tenure in the absence of permanent residency status. The Department will use caution in making such appointments and assure that appointees seek residency status promptly and diligently.

2. Clinical Faculty

A national search is not required. However, to ensure a diverse and inclusive candidate pool of highly qualified candidates for all clinical faculty positions, clinical faculty openings will be posted on national open-access websites such as those of relevant professional associations and organizations, and in the Ohio State University Personnel Postings through the Office of Human Resources Employment Services (hr.osu.edu).

3. Research Faculty

A national search is not required. However, to ensure a diverse and inclusive candidate pool of highly qualified candidates for all research faculty positions, research faculty openings will be posted on national open-access websites such as those of relevant professional associations and organizations and in the Ohio State University Personnel Postings through the Office of Human Resources Employment Services (hr.osu.edu).

4. Track Transfer

Transfers between faculty categories are permitted only under the strict guidelines detailed in the paragraphs below, per University Rules [3335-7-09](#) and [3335-7-10](#). Furthermore, transfer of an individual to a track with more limited expectations for scholarship may not be used as mechanism for retaining underperforming faculty members. An engaged, committed, productive and diverse faculty should be the ultimate goal of all appointments.

Transfer: Tenure Track to Clinical faculty

If faculty members' activities become more aligned with the criteria for appointment to the Clinical faculty, they may request a transfer. A transfer request must be approved by the DFCM Chair, Dean, and Executive Vice President and Provost. The first appointment to the new clinical faculty is probationary; and tenure, or the possibility thereof, is revoked.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

Transfer: Tenure Track to Research Faculty

If faculty members wish to engage exclusively in research, without the multiple demands required of the tenure track, they may request a transfer. A transfer request must be approved by the DFCM Chair, Dean, and Executive Vice President and Provost. The first appointment to the new research faculty is probationary; and tenure, or the possibility thereof, is revoked.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

Transfer: Clinical or Research to Tenure Track

Transfer from the Clinical faculty or Research faculty to the Tenure Track is not permitted, but Clinical and Research faculty are eligible to apply for Tenure Track positions through a competitive national search.

The new letter of offer must outline a new set of expectations for the faculty member aligned with the new responsibilities. Presumably, these will differ from prior expectations.

5. Associated Faculty

Initial appointments to a paid Associated faculty position should follow the same procedures as those utilized by the DFCM and the College of Medicine for clinical faculty, with the exception that a national search is not required. Appointments to an unpaid associated faculty position require no formal search process.

Associated appointments are generally made for a period of one to three years, unless a shorter period is appropriate to the circumstances.

All associated appointments expire at the end of the appointment term and must be formally renewed to be continued.

Associated faculty for whom promotion is a possibility follow the promotion guidelines and procedures for tenure-track faculty (see Promotion and Tenure and Promotion Reviews below), with the exception that the review does not proceed to the college level if the department chair's recommendation is negative, and does not proceed to the university level if the dean's recommendation is negative.

6. Courtesy Appointments for Faculty

Any DFCM faculty member may propose a 0% FTE (Courtesy) appointment for a faculty member from another OSU department or TIU. A proposal that describes the uncompensated academic service to the (courtesy) DFCM justifying the appointment must be approved by the Chair in consultation with the faculty. The Chair, in consultation with the faculty, must review all courtesy appointments every three years to determine whether they continue to be justified.

VI. ANNUAL PERFORMANCE AND MERIT REVIEW PROCEDURES

The annual performance and merit review of a faculty member is the responsibility of the Department Chair.

- The review is based on expected performance in teaching, scholarship, and service as set forth in the DFCM's guidelines on faculty duties and responsibilities; on any additional assignments and goals specific to the individual; and on progress toward promotion where relevant.
- Meritorious performance in teaching, scholarship, and service is assessed in accordance with the same criteria that form the basis for promotion decisions.
- Annual performance and merit reviews must include a scheduled opportunity for a face-to-face meeting as well as a written assessment.
- Per Faculty Rule [3335-3-35](#), DFCM heads are required to include a reminder in annual review letters that all faculty have the right (per Faculty Rule [3335-5-04](#)) to view their primary personnel file and to provide written comment on any material therein for inclusion in the file.

The DFCM will follow the requirements for annual performance and merit reviews as set forth in the [Policy on Faculty Annual Review and Reappointment](#). Annual performance and merit reviews will also be consistent with the Department's APT document and other relevant policies, procedures, practices, and standards established by: (1) the college, (2) the Faculty Rules, (3) the Office of Academic Affairs, and (4) the Office of Human Resources.

The Dean must assess an annual performance and merit review when the DFCM has submitted (1) a Report of Non-Renewal of Probationary Appointment of Faculty; (2) the fourth-year review of a probationary faculty member; or (3) a Report of Contract Renewal or Non-Renewal for clinical faculty or research faculty. In each of these cases, the decision of the Dean is final.

A. Documentation

All faculty are required to have an annual review by the Chair or their designee. The DFCM has established a formal mechanism for the review of all faculty members during the course of each academic year using a standardized evaluation tool. The DFCM Chair or their designee will supply each faculty member with a written evaluation of their performance, in narrative format. Annual reviews must include an opportunity for a face-to-face meeting with the Department Chair or their designee. If a Chair's designee conducts the annual review, there must be a mechanism for appraising the Chair of each faculty member's performance.

B. Probationary Tenure Track Faculty

Every probationary tenure track faculty member is reviewed annually by the Chair or their designee, who meets with the faculty member to discuss their performance and future plans and goals, and prepares a written evaluation that includes a recommendation on whether to renew the probationary appointment.

If the DFCM Chair recommends renewal of the appointment, this recommendation is final. The DFCM Chair's annual review letter to the faculty member renews the probationary appointment for another year and includes content on future plans and goals. The faculty member may provide written comments on the review. The Department Chair's letter (along with the faculty member's comments, if received) is forwarded to the Dean of the College. In addition, the annual review letter becomes part of the cumulative dossier for promotion and tenure (along with the faculty member's comments, if he or she chooses).

If the DFCM Chair recommends nonrenewal, the Fourth-Year Review process (per Faculty Rule [3335-6-03](#)) is invoked. Following completion of the comments process, the complete dossier is

forwarded to the college for review and the Dean makes the final decision on renewal or nonrenewal of the probationary appointment.

1. Fourth Year Review

Each faculty member in the fourth year of probationary service must undergo a review utilizing the same process as the review for tenure and promotion, with two exceptions: external letters of evaluation will not be required, and the Dean (not DFCM head) makes the final decision regarding renewal or nonrenewal of the probationary appointment. In addition, review by the College of Medicine Promotion and Tenure Committee is not mandatory. The objective of this review will be to determine if adequate progress towards the achievement of promotion and tenure is being made by the candidate.

External evaluations are solicited only when either the DFCM head or the unit's eligible faculty determine that they are necessary to conduct the Fourth-Year Review. This may occur when the candidate's scholarship is in an emergent field, is interdisciplinary, or the eligible faculty do not feel otherwise capable of evaluating the scholarship without outside input.

If either the Department Chair or the Dean recommends nonrenewal of a faculty member's probationary contract, the case will be referred to the College Promotion and Tenure Committee, which will review the case, vote and make a recommendation to the Dean. The Dean makes the final decision regarding renewal or nonrenewal of the probationary appointment.

In all cases, the Dean or their designee independently evaluates all faculty in their fourth year of probationary appointment and will provide the DFCM Chair with a written evaluation of the candidate's progress.

2. Eighth Year Review

For faculty members with an 11-year probationary period, an eighth year review, utilizing the same principles and procedures as the fourth year review, will also be conducted.

3. Exclusion of Time from Probationary Period

Faculty Rule [3335-6-03](#) (D) sets forth the conditions under which a probationary tenure track faculty member may exclude time from the probationary period (see below). Additional procedures and guidelines can be found in the Office of Academic Affairs [Policies and Procedures Handbook](#).

C. Annual Review Procedures: Tenured Faculty

The DFCM Chair may designate the responsibility for the annual review of associate professors and professors to Division Directors or other appropriate unit administrators. A subcommittee of the eligible faculty may provide a written review if asked by the DFCM head or designee. Accountability for the annual review process resides with the DFCM head.

Associate professors are reviewed annually by the DFCM Chair or her/his designee. In the case of a designee, the designee submits a written performance review to the Department Chair along with comments on the faculty member's progress toward promotion. The Department Chair or designee conducts an independent assessment; meets with the faculty member to discuss their performance

and future plans and goals; and prepares a written evaluation on these topics. The faculty member may provide written comments on the review.

Professors are reviewed annually by the Department Chair who meets with the faculty member to discuss their performance and future plans and goals. The annual review of professors is based on their having achieved sustained excellence and ongoing outcomes in the discovery and dissemination of new knowledge relevant to the mission of the Department, as demonstrated by ongoing national and international recognition of their scholarship; ongoing excellence in teaching, mentoring students or junior faculty, and ongoing outstanding service to the DFCM, the university, the community and their profession, including their support for the mentoring and professional development of assistant and associate professors. Professors are expected to be role models in their academic work, interaction with colleagues and students, and in the recruitment and retention of junior colleagues. As the highest ranking members of the faculty, the expectations for academic leadership and mentoring for professors exceed those for all other members of the faculty.

If a professor has an administrative role, the impact of that role and other assignments will be considered in the annual review. The DFCM head or their designee prepares a written evaluation of performance against these expectations. The faculty member may provide written comments on the review.

D. Annual Review Procedures: Clinical Faculty

The annual review process for clinical probationary and non-probationary faculty is identical to that for tenure track probationary and tenured faculty respectively. A subcommittee of the eligible faculty may provide a written review if asked by the Department head or designee. Accountability for the annual review process resides with the Department Chair.

In the penultimate year of a clinical faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period proceeds identically to the Fourth-Year Review procedures for tenure track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. For subsequent reappointments, the DFCM determines the process for reappointment according to procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#).

E. Annual Review Procedures: Research Faculty

The annual review process for research faculty who are probationary and non-probationary is identical to that for tenure track probationary and tenured faculty respectively. A subcommittee of the eligible faculty may provide a written review if asked by the Department head or designee. Accountability for the annual review process resides with the Department Chair..

In the penultimate year of a research faculty member's appointment, a formal performance review is necessary to determine whether the faculty member will be offered reappointment. The reappointment review during the probationary period proceeds identically to the Fourth-Year Review procedures for tenure track faculty. External letters of evaluation are not solicited. There is no presumption of renewal of contract. For subsequent reappointments, the DFCM may determine the process for reappointment according to procedures set forth in the [Faculty Annual Review and Reappointment Policy, III, A-G](#).

F. Annual Review Procedures: Associated Faculty

Compensated associated faculty members in their initial appointment must be reviewed before reappointment. The DFCM Chair, or designee, prepares a written evaluation and meets with the faculty member to discuss their performance, future plans, and goals. The DFCM Chair's recommendation on renewal of the appointment is final. If the recommendation is to renew, the Department Chair may extend a multiple year appointment.

Compensated associated faculty members on a multiple year appointment (or hired annually for multiple years) are reviewed annually by the Department Chair or designee. The DFCM Chair or designee prepares a written evaluation and meets with the faculty member to discuss their performance, future plans, and goals. The Department Chair will decide whether or not to reappoint and the Chair's recommendation on reappointment is final.

When considering reappointment of Non-compensated associated faculty members, at a minimum, their contribution to the DFCM must be assessed on an annual basis and documented for the individual's personnel file. This may take the form of self-evaluation. Neither a formal written review nor a meeting is required.

G. Salary Recommendations

The DFCM Chair makes annual salary recommendations to the Dean, who may modify them. The recommendations are based on the current annual performance and merit review as well as on the performance and merit reviews of the preceding 24 months. For clinicians, salary recommendations are under the auspices of the College of Medicine Compensation Plan.

Merit salary increases and other rewards made by the DFCM will be consistent with the Department's AP&T document and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the Faculty Rules, (3) the Office of Academic Affairs, and (4) the Office of Human Resources.

Except when the university dictates any type of across the board salary increase, all funds for annual salary increases are directed toward rewarding meritorious performance and assuring, to the extent possible given financial constraints, that salaries reflect the market and are internally equitable by the DFCM and subject to the Faculty Group Practice (FGP) Compensation plan as appropriate.

Meritorious performance in teaching, scholarship, and service are assessed in accordance with the same criteria that form the basis for promotion decisions. The time frame for assessing performance will be the past 24 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance and a pattern of consistent professional growth will be viewed positively. Faculty members whose performance is unsatisfactory in one or more core areas as defined by the DFCM are likely to receive minimal or no salary increases.

Faculty members who wish to discuss dissatisfaction with their salary increase with the TIU head should be prepared to explain how their salary (rather than the increase) is inappropriately low, since increases are solely a means to the end of an optimal distribution of salaries.

Faculty who fail to submit the required documentation for an annual review at the required time will receive no salary increase in the year for which documentation was not provided, except in extenuating circumstances, and may not expect to recoup the foregone raise at a later time.

VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS

A. Criteria

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College of Medicine/Department diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the work of a faculty member may depart from traditional academic patterns. Thus, care will be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion.

Although institutional citizenship and collegiality are expected, they are not an independent criterion for promotion or tenure. These positive attributes enable the faculty member to effectively contribute to exemplary scholarship, teaching and service. A commitment to these values and principles can be demonstrated by constructive responses to and participation in University and College of Medicine initiatives. Examples include participation in faculty governance, outreach and service, ethical behavior, adherence to principles of responsible conduct of research, constructive conduct and behavior during the discharge of duties, responsibilities and authority, and the exercise of rights and privileges of a member of the faculty as reflected in the "[Statement on Professional Ethics](#)" of the American Association of University Professors.

Faculty Rule [3335-6-02](#) provides the context for promotion and tenure and promotion reviews.

In accordance with Faculty Rule [3335-6-02\(E\)](#), this DFCM APT document describes (1) the Department's criteria for the award of tenure and promotion to the rank of associate professor, and (2) the Department's criteria for promotion to the rank of professor. For each category of faculty, the DFCM's APT document describes the criteria for promotion and tenure, the types of documentation that demonstrate impact and show that criteria have been met; the levels of achievement necessary to meet the stated criteria within the context of the Department's mission, the standards of Chapters 6 and 7 of the Faculty Rules, the standards and mission of the college, and the mission of the University; and the criteria for evaluation of joint appointment candidates.

1. Promotion of Tenure Track Faculty

a. Associate Professor with Tenure

The awarding of tenure is an acknowledgment of excellence and future potential for preeminence. It requires evidence of consistent achievement throughout the professional life of the faculty member. Promotion to the rank of associate professor with tenure occurs when a faculty member exhibits convincing evidence of excellence in the discovery and dissemination of new knowledge, as demonstrated by a national level of impact and recognition of scholarship. In addition, excellence in teaching and service is required, but alone is not sufficient for promotion and awarding of tenure. These three key areas of achievement: scholarship, teaching and service, are individually discussed below.

Achievement of national recognition and impact is a prerequisite for promotion to associate professor and awarding of tenure.

Scholarship: Demonstration of national recognition and impact for a thematic independent program of scholarship is an essential requirement for promotion to associate professor and the award of tenure. Independence must be reflected in the record of scholarship, e.g. reflected by dissemination of new knowledge evidenced by publications and extramural funding.

Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by a substantial body of original knowledge that is published in high quality, peer-reviewed journals or proceedings, and achievement of a national reputation for expertise and impact in one's field of endeavor. Such endeavors might include laboratory investigation, development of innovative programs, theoretical insight, innovative interpretation of an existing body of knowledge, clinical science, public health and community research, implementation science, and diffusion research, among many potential others. While individual circumstances may vary, both the quantity and quality of publications should be considered. Metrics that are useful in assessing a candidate's record of scholarship include but are not limited to the total number of publications since their appointment as an assistant professor, the number of citations of their publications, the trajectory of the publication and/or citation record, the relative proportion of first/senior authorships. The impact factor of a journal may or may not reflect the quality of the scholarship. For example, in some areas of research the best journal in that area may have a relatively low impact factor but may be highly cited. Conversely, publication in journals with a very high impact factors is a reflection of broader interest, but does not in and of itself demonstrate the impact of research. Impact may be demonstrated through non-traditional metrics. This can include but is not limited to social media penetration, blog subscription, Altmetrics score, non-academic invited presentations, or collaborations that advance the mission of the university or the field, and interviews by reputable national media outlets on scholarly topics, however, this does not in and of itself demonstrate the impact of research.

A sustained record of scholarly productivity, reflected by both quality and quantity, as an assistant professor is required for promotion to the rank of associate professor. Candidates for promotion to associate professor should ideally have 15 or more peer-reviewed publications since their appointment as an assistant professor. It is expected that the pattern of scholarship will include an increasing proportion of publications as first, senior or corresponding author.

The dossier will reflect the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the publication list (typically less than 30%), and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles; book chapters or reviews alone or in majority will not be sufficient for promotion. Considered together, demonstration of impact and a national reputation of an independent program of research is a prerequisite for promotion to associate professor and awarding of tenure. Participation in collaborative, multidisciplinary research and team science is highly valued. In cases where a faculty member's collaborative scholarship results primarily in middle authorship, the recognition and impact of their scholarship will be reflected through other indicators such as, but not limited to, the indispensability of the candidate's role and contribution in generating the publication(s), invitations to serve on editorial boards, study sections, national invitations to speak, etc.

Evidence of sustained or multiple external peer reviewed grant support is another crucial indicator of expertise in the field.

Candidates without significant clinical responsibilities: Candidates for promotion to associate professor with tenure who are without significant clinical responsibilities must have obtained NIH (or comparable) funding as a principal investigator (PI) or Multiple Principal Investigator (MPI) on a R01, P01, U54, or K award or other comparable funding, including but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation. They should ideally have demonstrated sustainability of their research program by renewal of the award and/or by garnering a second distinct nationally competitive, peer reviewed grant. The latter may include support from prominent national charitable foundations

(e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple grants will satisfy the requirement for extramural funding.

Candidates with significant clinical responsibilities: Candidates for promotion to associate professor with tenure who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined in the previous paragraph as a PI, MPI to support their research program. The DFCM also recognizes that the quantity of such work may be adjusted to account for clinical time. Competitive, peer-reviewed career development award funding, such as an NIH K award or national foundation career development award, is acceptable. Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Serving as the site-PI for a multi-center trial would not satisfy the expectation for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding.

Although the total body of scholarship over the course of a career is considered in promotion and tenure decisions, the highest priority is placed on scholarly achievements since appointment to the tenure track at The Ohio State University. Evidence of scholarship that is below the specified range as defined by the DFCM, does not preclude a positive promotion decision especially if reasonable extenuating circumstances exist. Scholarship exceeding the specified range is not a guarantee of a positive tenure or promotion decision, especially if it occurs in isolation or in the context of poor performance in other areas such as evidence of teaching excellence.

Entrepreneurship is a special form of scholarship that includes patents and licenses of invention disclosures, software development, and materials transfers technology commercialization, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College of Medicine will analyze these flexibly. Generally, invention disclosures and copyrights will be considered equivalent to a professional meeting abstract or conference proceeding, patents should be considered equivalent to an original peer-reviewed manuscript, licensing activities that generate revenue should be considered equivalent to extramural grant awards, and materials transfer activities should be considered evidence of national (or international) recognition and impact. These entrepreneurial activities will be recognized as scholarly or service activities in the promotion and tenure dossier.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion and tenure. This may be demonstrated by positive evaluations by students, residents, fellows, local colleagues and/or national peers. The dossier must clearly document the faculty member's contribution and the impact of these efforts. Teaching awards and other honors are also highly supportive of teaching excellence. Teaching effectiveness may also be reflected by documented impact on teaching and training programs, including curricular innovation, new teaching modalities such as web-based design, mobile application, virtual teaching, or methods of evaluating teaching, program or course development, publications on teaching, and societal leadership in education,. Development of impactful, innovative programs

that integrate teaching, research and patient care are valued. Programs that improve the cultural competence of, or access to, teaching for underserved populations are particularly valued.

Service: Service includes administrative service to OSU, excellent patient care, clinical program development, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Evidence of service within the institution can include but is not limited to appointment or election to Department, College of Medicine, hospital, and/or University committees or working groups, or leadership of programs. Evidence of service to the faculty member's discipline or public and private entities beyond the University can include, but is not limited to ad hoc journal reviews, editorial boards or editorships; grant reviewer for national funding agencies; elected or appointed offices held and other service to local and national professional societies; service on panels and commissions; and professional consultation to industry, government, education and non-profit organizations.

Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the DFCM, College, University or beyond, can be considered service activities. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

b. Associate Professor in Advance of Tenure

Promotion to associate professor in advance of tenure is available to faculty members with significant clinical responsibilities who have 11-year probationary periods. The criteria for promotion will require a level and pattern of achievement that demonstrates that the candidate is making significant progress toward tenure, but has not yet achieved all the requisite criteria for promotion with tenure. Specifically, the candidate should demonstrate evidence of an emerging national recognition.

The Department may propose a faculty member for promotion consideration (without tenure) in cases where a faculty member is making progress but has not achieved the necessary requirements for tenure. In addition, faculty committees (at the Department or College) or administrators (Chair or Dean) may determine that a faculty member's accomplishments do not merit tenure and may recommend promotion in advance of tenure even if a faculty member has requested promotion with tenure. Promotion in advance of tenure may only occur if a candidate is not in the mandatory review year. If a clinician candidate is promoted in advance of tenure, the tenure review must occur within six years, and no later than the mandatory review year, whichever comes first.

Scholarship: Evidence of (substantial progress toward the establishment) of a thematic program of scholarship as reflected by a consistent and increasing number of peer reviewed publications as first or senior author. Candidates for promotion to associate professor in advance of tenure should ideally have 10 or more peer-reviewed publications since their appointment as an assistant professor. Evidence for emerging national recognition may include, but is not limited to, invitations to serve as ad hoc journal reviewer and invited lectures outside of the university.

Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI on an R21, R03, K awards or equivalent grants (AHRQ, PCORI), co-I on an R01 NIH grant award, as PI on foundation or other extramural grants.

The DFCM criteria balances qualitative and quantitative criteria for promotion; evidence of scholarship below the specified range does not preclude a positive promotion decision and evidence of scholarship above the specified range does not guarantee a favorable tenure decision.

Teaching and Mentoring: Indicators of teaching consistent with promotion in advance of tenure might include a record of teaching excellence involving a single group of trainees, and/or a clear trend of improving teaching evaluations. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies, or other hospitals. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued

Service: Indicators of service consistent with promotion in advance of tenure might include service primarily within the institution with the beginning of a record of service outside the institution. This might also include activities as an ad hoc reviewer for journals, or service on the advisory board for local organizations. Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the DFCM, College, University or beyond, can be considered service activities.

c. Promotion to Professor

Awarding promotion to the rank of professor with tenure must be based upon convincing, unequivocal evidence that the candidate has a sustained eminence in their field with a record of achievement recognized by national leadership and/or international recognition and impact. The general criteria for promotion in scholarship, teaching and service require more advanced and sustained quantity, quality and impact than that required for promotion to associate professor. Importantly, the standard for external reputation is substantially more rigorous than for promotion to Associate professor with tenure. This record of excellence must be evident from activities undertaken and accomplishments achieved since being appointed or promoted to the rank of associate professor. Associate professor. Demonstration of sustained national leadership and/or international recognition and impact is an essential requirement for promotion to professor. It is expected that the faculty member will have a consistent record of high-quality publications with demonstrated impact well beyond that required for promotion to associate professor.

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as an associate professor is required for promotion to professor. Candidates for promotion to professor should ideally have 25 or more peer-reviewed publications since their promotion to associate professor. A substantial proportion of publications should be as senior or corresponding author.

Candidates for promotion will be expected to have developed and maintained nationally competitive and current peer reviewed extramural funding to support their research program including sustained funding.

Candidates without significant clinical responsibilities: At a minimum, candidates for promotion to professor who do not have clinical responsibilities must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA, RWJF, Commonwealth Fund, or Kaiser Family Foundation) with a history of at least

one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH R01 level awards. This may include support from prominent national charitable foundations (e.g., American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, the March of Dimes, etc.), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention, Department of Defense and the National Science Foundation. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding.

Candidates with significant clinical responsibilities: Candidates for promotion to professor who have significant clinical responsibilities are expected to obtain extramural NIH or comparable funding as defined above as a PI, MPI to support their research program. The DFCM also recognizes that the quantity of such work may be adjusted based on clinical responsibility. Depending on the extent of clinical responsibilities, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Serving as the site-PI for a multi-center trial would not satisfy the expectation for extramural funding on the tenure track. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies would meet the equivalent criteria of extramural funding. In some circumstances, (e.g. specific techniques) faculty member's expertise may not justify PI level status. In such cases serving as a co-investigator on multiple NIH grants will satisfy the requirement for extramural funding.

Examples of evidence of national leadership or an international reputation includes but is not limited to election or appointment to a leadership position in a national or international societies, service as a national committee or task force chair, chair of an NIH or other federal review panel, regular membership on an NIH study section, peer recognition or awards for research, editorial boards or editorships of scientific journals, and invited lectures at hospitals or universities outside the country or at meetings of international societies.

Teaching and Mentoring: A continued strong and consistent record of effective teaching and mentoring is required for promotion. Evidence may include, but is not limited to outstanding student, resident, fellow, local colleagues, and/or national peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, and organization of national course and curricula and participation in specialty boards or Residency Review Committees of the Accreditation Council for Graduate Medical Education. Active participation as a mentor in training grants such as NIH T32 or K- awards is highly valued as a teaching and mentoring activity. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. Candidates with clinical duties should demonstrate consistent and effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

Mentorship of junior faculty is expected for candidates for promotion to professor. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates should provide evidence of the impact of their mentorship.

Service: Promotion to the rank of professor requires service to the COM, OSU, and in national and international professional societies. Service can include but is not limited to leadership roles on OSU committees, in professional organizations and journal editorships. Evidence of the provision of professional expertise could include roles as a board examiner, service on panels and commissions, program development, and professional consultation to industry, government, and education. Similarly, innovative programs that advance the mission of the

university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the Department, College, University or beyond, can be considered service activities.

2. Promotion of Clinical Faculty

Clinical faculty members have a greater responsibility for clinical teaching, patient care, and clinical scholarship than individuals in the Tenure Track. Clinical faculty members are not eligible for tenure. The criteria in the categories of teaching and service are, for the most part, similar to those for the Tenure Track for each faculty rank, although there is greater emphasis on teaching, service and patient care for clinical faculty, and less emphasis on traditional scholarship.

Clinical Faculty members may continue their service to the Department and the University without ever seeking promotion to the next higher faculty rank, simply through repeated reappointment at the same level. However, the goals and objectives of the College and the University are best served when all faculty members, strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

With the exception of the Clinical Excellence Pathway, the awarding of promotion to the rank of associate professor to the clinical faculty must be based upon convincing evidence that the candidate has developed a national level of impact and recognition since being appointed to the rank of assistant professor. Clinical faculty members typically pursue careers as clinician scholars, clinician educators or clinical practitioners and innovators (excellence).

a. Associate Professor, Clinician Educator Pathway

The awarding of promotion to the rank of associate professor on the clinical faculty – clinician-educator pathway must be based upon convincing evidence that the candidate has developed a national level of impact and recognition as a clinician educator since being appointed to the rank of assistant professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (clinical or didactic education), but can also be related to clinical, scholarship, or professional service. Excellence is not required in all domains. The clinician-educator pathway may reflect effectiveness as an educator of trainees at any level. Alternatively, the clinician educator pathway may reflect an outstanding clinician who has a demonstrated record of educating colleagues and peers, such as through invitations to serve as faculty on national continuing medical education programs.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion. Effectiveness may be measured by various metrics including, but not limited to curriculum/web-based design and implementation, innovative teaching practices, modules, and publications. Consistently positive teaching evaluations by students, trainees, and peers are required. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Effectiveness may also be reflected by teaching awards or other honors. Clinician Educators may also demonstrate national impact through invitations to serve as faculty on national continuing medical education programs or societal leadership in education or other national activities. In all cases, evidence of improved educational processes or outcomes (i.e., impact) is required. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, service on editorial boards, service to the community as pertains to the candidate's specialty, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination within the Department, College, University or beyond, and leadership positions in professional societies.

Scholarship: The candidate must demonstrate contributions to scholarship, a portion of which should be peer-reviewed journal publications. Candidates must demonstrate the impact of their scholarship. Faculty in the Clinician Educator Pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation. Alternatively, other faculty members in the Clinician Educator Pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. Some faculty members may combine these two areas of career emphasis. For both types of faculty careers, development of web-based or video-teaching modules and other digital media are considered to be published works. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. A minimum of 10 scholarly works or written/digital publications of this type since appointment as an assistant professor is suggested as a scope of work consistent with promotion to associate professor.

b. Professor, Clinician Educator Pathway

The awarding of promotion to the rank of professor on the clinical faculty – clinician-educator pathway must be based upon convincing evidence that that the candidate has developed a national level of leadership or international recognition since appointment or promotion to the rank of associate professor. Evidence of international recognition or national leadership should be related to the primary focus of the pathway (clinical or didactic education), but can also be related to clinical, scholarship activities, or professional service. Excellence is not required in all domains.

Teaching and Mentoring: A documented record of sustained teaching and mentoring excellence is required for promotion. Candidates must demonstrate the impact of their teaching and mentoring. Sustained positive evaluations by students, residents, fellows, local colleagues and/or national peers are required. Multiple teaching awards and other honors are indicative of this level of teaching excellence but are not required. Candidates must demonstrate favorable impact on teaching and training programs, such as curriculum/web-based innovation, new teaching modalities or methods of evaluating teaching, and/or program or course development. Other examples include the development of multiple impactful, innovative programs that integrate teaching, research and patient care. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. Teaching excellence may also be demonstrated through committee appointments in national education committees such as Accreditation Council for Graduate Medical Education, National Medical Association,

American Association of Higher Education, Association of American Colleges and Universities or Association of American Medical Colleges, including specialty boards or professional societies at national level.

Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. Candidates should demonstrate evidence of mentoring or other career development activities for other faculty members.

Service: Service to the institution and profession is an expectation for promotion to professor. Service is broadly defined to include administrative service to the University, patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the Department, College, University or beyond, and leadership positions in professional societies. In addition, invitations to serve as external evaluators for promotion candidates from peer institutions is a reflection of national reputation.

Scholarship: The candidate must demonstrate contributions to scholarship, a portion of which should be peer-reviewed journal publications. Candidates must demonstrate the impact of their scholarship. Faculty in the Clinician Educator Pathway may focus on the pedagogy of education and publish in this domain. Examples include papers regarding innovative teaching techniques, scholarly review articles and book chapters focused on education theory, new curricula and methods of evaluation or clinical community based educational efforts. Alternatively, other faculty members in the Clinician Educator Pathway may publish works based on their areas of clinical expertise which form the basis for their teaching of colleagues and peers. These may include, but are not limited to, review papers, book chapters as well as original investigator-initiated studies related to their area of clinical practice. Some faculty members may combine these two areas of career emphasis. Development of web-based or video-teaching modules and other digital media are considered to be published works. In the current era of team and collaborative scholarship, it is recognized that meaningful scholarship is not uniformly represented by first or senior authorship. Works in which the faculty member's individual and identifiable expertise was essential to the publication are regarded as having merit equivalent to those that are first or senior author. A minimum of 15 scholarly works or written/digital publications of this type since appointment or promotion to associate professor is suggested as a scope of work consistent with promotion to professor.

c. Associate Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of associate professor on the clinical faculty -clinician-scholar pathway must be based upon convincing evidence that that the candidate has developed a national level of impact and recognition as a clinician scholar since being appointed to the rank of assistant professor. Evidence of national recognition and impact should be related to the primary focus of this pathway (scholarship), but can also be related to clinical, educational, or professional service but is not required in all domains.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion. This may be demonstrated by positive evaluations by students, residents, fellows, local colleagues and/or national peers. Teaching evaluations may be based

on presentations internally or at other academic institutions, bedside teaching scores, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, etc. Teaching awards and other honors are also supportive of a strong teaching record, but are not required. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section).

Scholarship: Demonstration of impact and a national reputation for scholarship is a prerequisite for promotion to associate professor. The candidate must demonstrate scholarship typically as reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational clinical, or health services research projects, or in clinical trials as PI or Co-I. Participation in collaborative, multidisciplinary research and team science is valued. Faculty members who participate in team science may have a record of scholarship primarily as middle author. In these cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g., invitation to serve on study sections, invitation to speak at national meetings, etc). In general, a minimum of 10 peer reviewed publications since appointment to assistant professor is expected. The dossier will require the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the publication list (typically less than 30%), and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will contain primarily peer-reviewed research articles; book chapters or reviews alone or in majority will not be sufficient for promotion.

Faculty on this pathway should have acquired external funding (as PI or Co-I) in support of their program of scholarship. Candidates should have a track record of funding by foundation, industry, NIH or comparable agencies (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA). Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

Service: Service is broadly defined to include administrative service to the University, exemplary patient care, program development relating to clinical, administrative, leadership and related activities, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, development of innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the Department, College, University or beyond and leadership positions in professional societies.

d. Professor, Clinician Scholar Pathway

The awarding of promotion to the rank of professor on the clinical faculty-clinician-scholar pathway must be based upon convincing evidence that the candidate has developed national leadership or international recognition as a clinician scholar since being appointed to the rank of associate professor. Evidence of national leadership or international recognition and impact should be related to the primary focus of this pathway (scholarship), but can also be related to clinical, educational, or professional service but is not required in all domains.

Teaching and Mentoring: A strong and consistent record of effective teaching and mentoring is required for promotion to professor. Programs that improve the cultural competence of or access to teaching for underserved populations are particularly valued. This may be demonstrated by positive evaluations by students, residents, fellows, local colleagues and

national peers. Teaching evaluations may be based on presentations internally or at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, etc. Teaching awards and other honors are also supportive of a strong teaching record but are not required. Peer evaluation is required on a recurring basis for all faculty members (see dossier documentation section). Candidates should demonstrate consistent effective teaching of trainees and practicing clinicians, and leadership in the administration of clinical training programs.

Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor. It is presumed that this will take the form of a primary mentoring relationship, and not just ad hoc career coaching. Candidates must demonstrate evidence of mentoring or other career development activities for other faculty members. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is very highly valued as a teaching and mentoring activity.

Scholarship: Demonstration of a sustained and expanded impact and national reputation for scholarship is a prerequisite for promotion to professor. The candidate must demonstrate scholarship typically as reflected by primary, senior or corresponding author of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical, or health services research projects or in clinical trials as PI or Co-I. Participation in collaborative, multidisciplinary research and team science is highly valued. Faculty members who participate in team science may have a record of scholarship primarily as middle author. In these cases, there must be evidence from other domains that demonstrate at the national level the faculty member's unique expertise (e.g. invitation to serve on study sections, invitation to speak at national meetings, etc). In general, a minimum of 20 peer reviewed publications since appointment to associate professor is expected. The dossier will require the demonstration of impact, not just the potential for impact. Although review articles may form a portion of the publication list and may be used to indicate that a faculty member is considered to be an expert in the field, a successful dossier will also contain peer-reviewed research articles, books, and book chapters or reviews.

Faculty on this pathway should have acquired external funding (as PI or Co-I) in support of their program of scholarship. Candidates should have a track record of being funded by industry, NIH or comparable agencies (e.g. but not limited to NSF, DoD, USDA, AHRQ, DARPA). Alternatively, entrepreneurship and inventorship are also evidence of scholarly activity.

Service: Promotion to the rank of professor requires service to the University, and in a national context. The faculty member should have increased levels of responsibility and leadership (e.g. committee chair or elected office in national or international organizations) since appointment or promotion to associate professor. Candidates may have led the development of new and innovative clinical or clinical research programs which received national recognition. Similarly, innovative programs that advance the mission of the university, such as creation and sustenance of a program to deliver healthcare to the community, or design and implementation of a novel program to reduce race or gender based discrimination in the within the DFCM, College, University or beyond, can be considered service activities. Professional service could include, but is not limited to, peer reviews of manuscripts and grant applications, serve on editorial boards, leadership positions in professional societies.

e. Associate Professor, Clinical Excellence Pathway

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities; These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of clinical practice or novel contributions to the advancement of the practice in their field. Local recognition for outstanding clinical care is a hallmark of qualification for Associate Professor on the Clinical Excellence Pathway. National recognition is not a requirement. The awarding of promotion to the rank of associate professor on the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated outstanding clinical outcomes, and a record of impact relating to clinical care.. Promotion will not be granted purely on the basis of length of service to the institution, clinical productivity, or satisfactory job performance.. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document clinical effort in the years leading up to promotion on this pathway.

These faculty are expected to support the research and teaching mission of the DFCM, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that candidates will meet all of the examples below, but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to:

1. Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, improvements in community health outcomes and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison. Dissemination of excellence in, and improvement of, clinical performance via websites, social media and the like is valued. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.
Measures of targeted clinical excellence that contribute to furthering Family Medicine (e.g., Meaningful Use measures; PCMH statistics).
Example: You can obtain these from your dashboard. Have you made a presentation to a group (outside of your immediate office) with respect to interventions and methods as to how you achieved good quality metrics?
2. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, patients referred from other states or other regions within Ohio.
Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to patients at Ohio State and/or beyond OSUWMC, demonstrating an impact beyond that physician's individual patients.
Example: Have you participated in any QA/QI initiatives/interventions that have been adopted by other FM offices or providers outside of your immediate office?
3. A record that demonstrates that a faculty member is frequently consulted by physicians from inside and/or outside the OSU system for advice about patient care.
Referral of the most complex and sickest patients as indicated by case-mix index (identifies those physicians with clinical skills beyond their peers).

Example: provide a report demonstrating that your patient population is sicker/more complex than other providers. On the Patient panel link you can see your panel size. You can then see your total patient numbers and your “calculated” patient numbers. Calculated is how we stratify patients due to complexity in family medicine. The Mean is 1.00, but if your patient complexity number is 1.3 then your panel is much more complicated than most.

4. A record that the physician is consulted for their expertise by local groups seeking medical recommendations which may include but is not limited to religious groups, employers, and student groups, and the like.
5. A sustained track record of exemplary clinical leadership and unique program of development within Ohio State.

Example: Have you developed/implemented any initiatives/interventions such as team-based diabetes care that is unique and presented that initiative/intervention outside OSU or that have been adopted by other FM offices or providers outside of your immediate office?

6. Contribution to the medical literature and demonstration of knowledge and ability to build on existing literature in relevant domains. This may include publication in journals, abstracts, etc. or dissemination of knowledge to a wider audience (e.g. regional or national).

Example: Do you speak on health issues to community organizations?

7. Demonstration of dissemination of peer-reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking. Participation in the development of institutional, statewide, or local practice guidelines

Example: Have you participated in any guideline writing groups that have been adopted by Wexner Medical Center as a standard?

8. Evidence that physicians from other medical centers come to OSU for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
9. A record that demonstrates the faculty member has been invited to lecture locally, regionally, nationally, or at other hospitals, academic medical centers or statewide professional societies; particularly in their area of expertise.
10. Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the Medical center or by other institutions or practices.
11. Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center.
12. Evidence that the faculty member participates as an instructor or involved with the development of education activities at local or state levels that are in person, virtual, or web-based.
13. Receipt of awards from from internal and external sources including local, state, or national organizations for clinical excellence. Ranking among the region’s and nation’s elite such as Best Doctors ©, Castle-Connolly, and the like.
14. Demonstration of collaboration with researchers and educators internal and external to the Department of Family Medicine.

Example: Do you do any educational small groups or have you participated on any internally funded grants?

f. Professor, Clinical Excellence Pathway

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of practice or novel contributions to the advancement of the practice in their field. State and national recognition for outstanding clinical care is a hallmark of qualification for Professor on the Clinical Excellence Pathway. The awarding of promotion to the rank of professor in the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated a sustained and enhanced level of excellence in clinical care and has developed regional and/or national impact and recognition since being appointed to the rank of associate professor. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor.

Promotion will not be granted solely on the basis of length of service to the institution, time in rank, clinical productivity, or satisfactory job performance. Faculty who qualify for promotion on this pathway should have supportive annual evaluations that document increasing clinical impact and performance since achieving the rank of associate professor. These faculty are expected to support the research and teaching mission of the DFCM, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that any candidate will meet all of the examples below but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to those listed above for promotion to Associate Professor. However, promotion will not be based upon a mere continuation of successes demonstrated for promotion to associate professor but demonstrate substantial further impact of developed programs and/or the development of new areas of impact/success.

3. Promotion of Research Faculty

The criteria for promotion focus entirely on the category of research. Since research faculty typically have a supportive role in research programs, the expectations for scholarship are quantitatively and qualitatively different than those for faculty on the tenure track.

a. Research Associate Professor

Candidates for promotion to research associate professor are expected to demonstrate the beginnings of a national recognition of their expertise. This may be reflected by (but not limited to) invitations to review manuscripts or grant applications, invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc.

Research faculty typically are not expected to establish an independent program of research. Promotion to associate professor requires documentation of a sustained and substantial record of scholarship based upon their expertise. Candidates typically should have at a minimum 25 peer reviewed journal publications since their appointment as research assistant professors. First, senior, or corresponding authorships are typically not expected. Overall, the number of

publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources. Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required.

b. Research Professor

The awarding of promotion to the rank of research professor must be based upon convincing evidence that the candidate has established a national level of recognition and impact beyond that which was established for promotion to associate professor. This may be reflected by (but not limited to) invitations to review manuscripts or grant applications, invitations to lecture at scientific societies or other universities, consultation with industry or governmental agencies, requests for collaboration from other universities, request to serve in central roles on multi-center studies, etc.

Research faculty typically are not expected to establish an independent program of research. Promotion to professor requires documentation evidence of a sustained and substantial record of scholarship. Candidates should have a minimum of 25 peer reviewed journal publications since their appointment as research associate professor. Some first, senior, or corresponding authorships are expected. Overall, the number of publications required for promotion should be sufficient to persuasively characterize the faculty member's influence in helping to discover new knowledge in their field. Thus, both quality and quantity are important considerations. It should be appreciated that scholarship exceeding the specified range is not a guarantee of a positive promotion decision. Similarly, records of scholarship below the specified range do not preclude a positive promotion decision.

It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources. Research faculty typically serve as Co-Investigators, and independent extramural funding (Principal Investigator or Multiple Principal Investigator) is not required.

4. Associated Faculty

a. Compensated Associated Faculty (i.e., Practice)

For compensated associated faculty (paid through OSU, OSUP, or NCH) who are principally focused on patient care, the promotion criteria and procedures will be identical to those for the clinical excellence pathway, except that the decision of the Dean is final. For compensated associated faculty (paid through OSU, OSUP, or NCH) who contribute principally through educational activities, the promotion criteria and procedures will be identical to those for the clinician educator pathway, except that the decision of the Dean is final.

b. Uncompensated Associated Faculty (i.e., Adjunct)

For uncompensated associated faculty, promotion should reflect contributions to the DFCM or College that exceed the activities that represent the basis for their faculty appointment, in most cases related to the educational mission. At the associate professor level this could include service on department and/or college committees, contributions to medical student curriculum development or other evidence of contributions to the educational or scholarly mission of the

department or college. For promotion to professor, the level of contribution must demonstrate sustained and enhanced engagement or leadership.

Procedures for promotion of uncompensated associated faculty:

- Submission of an updated CV
- Letters from two people, including the faculty member's immediate supervisor (i.e., division director or clerkship director), who can attest to the associated faculty member's contributions.
- Teaching evaluations
- Letter from the committee of eligible faculty including the vote
- Letter from the chair
- Review and approval by College of Medicine Office of Academic Affairs.

B. Promotion and Tenure, and Promotion Review: Procedures

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised, balancing (where appropriate) heavier commitments and responsibilities in one area of performance against lighter commitments and responsibilities in another. As the College enters new fields of endeavor, including interdisciplinary involvement, and places new emphases on its continuing activities, instances will arise in which the proper work of a faculty member may depart from established academic patterns. Generally, distinguished achievement in scholarship must include evidence of creative expression and innovation in the candidate's discipline.

1. Candidate Responsibilities

Candidates are responsible following the University guidelines for dossier creation to submit a complete, accurate dossier fully consistent with Office of Academic Affairs guidelines. Candidates should not sign the Office of Academic Affairs Candidate Checklist without ascertaining that they have fully met the requirements set forth in the core dossier outline including, but not limited to, those highlighted on the checklist.

Candidates must also submit a copy of the APT under which they wish to be reviewed. Candidates may submit the DFCM's current APT document; or, alternatively, they may elect to be reviewed under either (a) the APT document that was in effect on their start date, or (b) the APT document that was in effect on the date of their last promotion, whichever of these two latter documents is the more recent. However, the current APT document must be used if the letter of offer or last promotion, whichever is more recent, was more than 10 years before April 1 of the review year. The APT document must be submitted when the dossier is submitted to the DFCM.

Candidates may review the list of potential external evaluators developed by the Vice Chair of Academics and Faculty Coordinator who may ask for the input from others on a case by case basis depending on candidate specifics. For example, if the candidate is an educator, other educators may be contacted for reviewer recommendations. The candidate may add no more than three additional names, but is not required to do so. The candidate may request the removal of no more than two names, providing the reasons for the request. The Department Chair decides whether removal is justified. (Also see External Evaluations below.)

2. Department Promotion and Tenure Committee Responsibilities

The recommended responsibilities of Promotion and Tenure Committees within the DFCM of the College of Medicine are as follows:

- a) To review the DFCM's Appointment, Promotion, & Tenure document annually and to recommend proposed revisions to the faculty.
- b) To consider annually, in spring semester, requests from faculty members seeking a non-mandatory review in the following academic year and to decide whether it is appropriate for such a review to take place. Only professors on the committee may consider promotion review requests to the rank of professor. A simple majority of those eligible to vote on a request must vote affirmatively for the review to proceed.
 - i. The committee bases its decision on assessment of the record as presented in the faculty member's CV or dossier as specified in the Department's Appointment, Promotion, and Tenure documents and on a determination of the availability of all required documentation for a full review. Lack of the required documentation is necessary and sufficient grounds on which to deny a non-mandatory review.
 - ii. A tenured or non-probationary faculty member may only be denied a formal promotion review under Faculty Rule [3335-6-04](#) for one year. If the denial is based on lack of required documentation and the faculty member insists that the review go forward in the following year despite incomplete documentation, the individual should be advised that such a review is unlikely to be successful.
- c) A decision by the committee to permit a review to take place in no way commits the eligible faculty, the DFCM Chair, or any other party to the review to making a positive recommendation during the review itself.
- d) Annually, in late spring through early autumn semester, to provide administrative support for the promotion and tenure review process as described below.
 - i. **Late Spring:** Select from among its members a Procedures Oversight Designee who will serve in this role for the following year. The Procedures Oversight Designee cannot be the same individual who chairs the committee. The Procedures Oversight Designee's responsibilities are described in the Office of Academic Affairs annual procedural guidelines.
 - ii. **Late Spring:** Suggest names of external evaluators to the Department Chair.
 - iii. **Summer:** Gather internal evidence of the quality of the candidate's teaching, scholarship, and service from students and peers, as appropriate, within the DFCM.
 - iv. **Early Autumn:** Review candidates' dossiers for completeness, accuracy (including citations), and consistency with Office of Academic Affairs requirements; and work with candidates to assure that needed revisions are made in the dossier before the formal review process begins.
 - v. Meet with each candidate for clarification as necessary and to provide the candidate an opportunity to comment on their dossier. This meeting is not an occasion to debate the candidate's record.
 - vi. Each candidate's dossier will be made available to the eligible faculty for review at least two weeks before the the meeting and vote. (e.g. secure website) at least two weeks before the meeting at which specific cases are to be discussed and voted.
 - vii. According to the DFCM's Appointment, Promotion, and Tenure document, the committee will draft an analysis of the candidate's performance in teaching, scholarship and service to provide to the full eligible faculty with the dossier; and seek to clarify any inconsistent evidence in the case, where possible. The committee neither votes on cases nor takes a position in presenting its analysis of the record.
 - viii. In the DFCM the chair of the committee will revise the draft analysis of each case following the faculty meeting, to include the faculty vote and a summary of the faculty

perspectives expressed during the meeting; and forward the completed written evaluation and recommendation to the Department Chair.

- ix. Provide a written response, on behalf of the eligible faculty, to any candidate comments that warrant response, for inclusion in the dossier.
- x. Provide a written evaluation and recommendation to the TIU head in the case of joint appointees from another tenure-initiating unit. The full eligible faculty does not vote on these cases since the department's recommendation must be provided to the other tenure-initiating unit substantially earlier than the committee begins meeting on this unit's cases.

3. DFCM Eligible Faculty Responsibilities

In the event that the DFCM does not have at least three faculty members who are eligible to conduct the review, the Department Chair must contact the College of Medicine to identify appropriate faculty members from other TIUs who will supplement the eligible faculty within the DFCM.

The responsibilities of the members of the eligible faculty are as follows:

- a) To review thoroughly and objectively every candidate's dossier in advance of the meeting at which the candidate's case will be discussed.
- b) To attend all eligible faculty meetings except when circumstances beyond one's control prevent attendance; to participate in discussion of every case; and to vote.
- c) The evaluation by the eligible faculty is not advisory, but rather represents an independent review.
- d) The Eligible Faculty Committee chair will write a letter to the DFCM Chair reporting the vote and summarizing the discussion of the eligible faculty. This letter will be evaluative as well as descriptive and contextualize the vote, including any "minority opinions" as appropriate. In the event the candidate is on the tenure track, this letter must be written by a tenured faculty at the appropriate rank per University Faculty Rules.

4. Department Chair

In the event that the Department Chair is on the Clinical faculty, and therefore ineligible to conduct the promotion evaluation of a tenure track candidate for promotion, the DFCM will designate a tenured faculty member—the Vice Chair for Academic Affairs—to provide the Chair level review. For review of candidates being considered for promotion to professor, that designee must be a tenured professor. The responsibilities of the DFCM Chair or designee are as follows:

- a) To charge each member of the Eligible Faculty Committee to conduct reviews free of bias and based on criteria.
- b) Where relevant, to verify the prospective candidate's residency status. Faculty members who are neither citizens nor permanent residents of the United States may not undergo a non-mandatory review for tenure, and tenure will not be awarded as the result of a mandatory review until permanent residency status is established. Faculty members not eligible for tenure due to lack of citizenship or permanent residency are moreover not considered for promotion by the unit.
- c) **Late Spring Semester:** To solicit external evaluations from a list including names suggested by the Appointments Promotion and Tenure Committee, the Chair and the candidate. (Also see External Evaluations below.)
- d) To solicit an evaluation from the TIU head of any TIU with which the candidate has a joint appointment.

- e) To remove any member of the eligible faculty from the review of a candidate when the member has a conflict of interest but does not voluntarily withdraw from the review.
- f) Following receipt of the letter of the eligible faculty's completed evaluation and vote, to provide an independent written evaluation and conclusion regarding if a candidate's dossier meets the criteria for promotion and/or tenure. In the interest of an independent evaluation, the DFCM Chair will not attend the committee of eligible of faculty deliberations.
- g) To meet with the eligible faculty to explain any recommendations contrary to the recommendation of the committee.
- h) To inform each candidate in writing after completion of the DFCM review process:
 - i. of the recommendations by the eligible faculty and DFCM Chair
 - ii. of the availability for review of the written evaluations by the eligible faculty and department chair
 - iii. of the opportunity to submit written comments on the above material, within ten days from receipt of the letter from the Department Chair, for inclusion in the dossier.
- i) To provide a written response to any candidate comments that warrants response for inclusion in the dossier.
- j) To forward the completed dossier to the college office by that office's deadline of November 1. With the exception of Associated faculty, all dossiers including those with a negative DFCM evaluation must be forwarded to the College. Only the faculty member may stop the review process. In the case of Associated faculty a negative recommendation by the Department Chair is final.
- k) To write an evaluation and recommendation to the Department Chair of a tenure initiating unit recommending promotion for a joint appointee by the date requested.

5. External Evaluations

External evaluations are obtained for all promotion and/or tenure reviews. As described above, a list of potential evaluators is assembled by the Promotion and Tenure Committee, the Department Chair, and the candidate. Candidates are permitted to suggestion external evaluator names following the criteria below. However, per Faculty Rule [3335-06-04 \(B\) 3](#), “no more than one-half of the letters contained in the final dossier should be from persons suggested by the candidate.”

A minimum of five credible and useful evaluations must be obtained. A credible and useful evaluation:

- a) Is written by a person highly qualified to judge the candidate's scholarship (or other performance, if relevant) who is not a close personal friend, research collaborator (no shared publications in the last five years, unless part of a very large multi-centered project with a large number of authors), or former academic advisor or postdoctoral mentor of the candidate. Qualifications are generally judged on the basis of the evaluator's expertise, record of accomplishments, and institutional affiliation. External evaluators must be able to provide an objective evaluation of the scholarly work. They must be at the rank above the candidate being considered unless an exception has been granted by the college. It is therefore essential that the individual or body generating the list of prospective evaluators ascertain the relationship of prospective evaluators with the candidate before seeking a letter of evaluation. Candidates must be provided the opportunity to propose potential external reviewers and to review the proposed list of reviewers to identify potential conflicts.
- b) Provides sufficient analysis of the candidate's performance to add information to the review. A letter's usefulness is defined as the extent to which the letter is analytical as opposed to perfunctory. Under no circumstances will “usefulness” be defined by the perspective taken by an evaluator on the merits of the case.
- c) In the event that a unit is unable to obtain the required five external evaluations, the unit must document its efforts, noting the individuals who were contacted, how they were

contacted, and the dates and number of times they were contacted. The unit is to notify the college as soon as it becomes apparent that it will not be able to obtain the required letters in time for the meeting of the eligible faculty. The lack of five external letters will not stop a mandatory review from proceeding, but will halt a non-mandatory review from proceeding unless the candidate, P&T Chair, and the Department Chair all agree in writing that it may proceed and agree that it will not constitute a procedural error.

Since the DFCM cannot control who agrees to write and or the usefulness of the letters received, at least twice as many letters should be sought as are required, and they should be solicited no later than the end of the spring semester prior to the review year. This timing allows additional letters to be requested should fewer than five useful letters result from the first round of requests.

The College of Medicine provides [templates](#) for the solicitation of external letters of evaluation for faculty.

Under no circumstances may a candidate solicit external evaluations or initiate contact in any way with external evaluators for any purpose related to the promotion review. If an external evaluator should initiate contact with the candidate regarding the review, the candidate must inform the evaluator that such communication is inappropriate and report the occurrence to the Department Chair, who will decide what, if any, action is warranted (such as requesting permission from the Office of Academic Affairs to exclude that letter from the dossier). It is in the candidate's self-interest to assure that there is no ethical or procedural lapse, or the appearance of such a lapse, in the course of the review process.

All solicited external evaluation letters that are received must be included in the dossier. If concerns arise about any of the letters received, these concerns may be addressed in the DFCM's written evaluations or brought to the attention of the Office of Academic Affairs for advice.

6. Dossier

As noted above under Candidate Responsibilities, every candidate must submit a complete and accurate dossier that follows the Office of Academic Affairs dossier outline. While the Promotion and Tenure Committee (*or Eligible Faculty*) makes reasonable efforts to check the dossier for accuracy and completeness, the candidate bears full responsibility for all parts of the dossier that are to be completed by them.

The time period for teaching documentation to be included in the dossier for probationary faculty is the start date at OSU to present. For tenured or non-probationary faculty it is the date of last promotion or the last five years, whichever is less (and excluding any information that may have been considered for a previous promotion), to present.

The time period for scholarship documentation to be included in the dossier is the entire duration of the faculty's academic career (including residency or post-doctoral training). For faculty being considered for promotion at the rank of associate professor, the weight of the review is from the date of the initial faculty appointment (including time on faculty at another institution) to the present. For faculty being considered for promotion at the rank of professor, the weight of the review is from the date of the dossier submission for the promotion to associate professor to present. All scholarship outcomes will be reviewed for increasing independence over time. There should also be an increasing trajectory of significant scholarly outcomes over time.

The time period for service documentation to be included in the dossier for probationary faculty is the start date to present. For tenured or non-probationary faculty it is the date of last promotion to present.

a) Documentation

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's policies and procedures handbook to ensure that all required documentation is included.

The following paragraphs provide suggested standards for documenting excellence in Teaching, Research and Scholarship, and Service.

i. Teaching

Teaching is defined as imparting knowledge, experience, insight, and skill to other persons. In the College of Medicine, teaching must be consistently effective and of high quality.

All Tenure Track and Clinical faculty members in the DFCM must be engaged in teaching, development of the Department's academic programs, and mentoring of students, residents and fellows. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time.

Yearly evaluations, student evaluations, resident & fellow evaluations (when applicable) and peer evaluations, at a minimum, are required. Effectiveness in teaching is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. The DFCM has established a consistent methodology and assessment tool for teacher evaluation by students, residents & fellows in specific types of instructional settings. The frequency of evaluations varies by activity and is specific to the activity (e.g. medical student rotations, resident rotations, etc.) and are included in the appropriate policy and procedures and curricula for the activity described.

Typically documentation of teaching for the promotion dossier will include, for the time period since the last promotion or the last five years, whichever is less:

- cumulative SEI reports (Student Evaluation of Instruction computer-generated summaries prepared by the Office of the University Registrar) for every formal class
- Medical student evaluations (e.g., Vitals)
- Resident evaluations (e.g., MedHub)
- Peer evaluation of teaching reports as required by the department's peer evaluation of teaching program (below)
- teaching activities as listed in the core dossier including
 - involvement in graduate/professional exams, theses, and dissertations, and undergraduate research
 - mentoring postdoctoral scholars and researchers
 - extension and continuing education instruction
 - involvement in curriculum development
 - awards and formal recognition of teaching

- presentations on pedagogy and teaching at national and international conferences
- adoption of teaching materials at other colleges or universities
- other relevant documentation of teaching as appropriate

Peer evaluation is required on a recurring basis for all faculty members. Peer evaluations may include internal, and/or external review of classroom instruction, clinical teaching and course materials such as syllabi, examinations and instructional materials including textbooks. Assessment by observation of classroom and clinical teaching is most useful when done systematically over time and conducted with the specific goal of offering constructive suggestions.

The DFCM requires a minimum of two (2) peer-reviews of teaching per year using the Department's standard form. This may be of presentations, clinical teaching etc. Feedback from peer audiences of presentations/workshops and similar at conferences (regional, local, national, etc.) will also serve as peer-reviews of teaching.

Other documentation of teaching may include an administrator's assessment of the candidate's teaching load, contribution to the teaching mission of the academic unit, and contribution to curriculum development. Evidence of the success of the candidate's former students including professional and graduate students and post-doctoral trainees should be documented.

The College of Medicine provides a number of [peer evaluation resources](#).

ii. Scholarship

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study and learning. In the College of Medicine, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact. The DFCM's Appointments, Promotion and Tenure document specifically establish's how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance.

All tenure track, clinical, and research faculty members (with the exception of faculty on the clinical excellence pathway) must develop a record of scholarship that is documented by a body of original scholarly work over a period of time. The evidence for scholarship must refer to original, substantive works that are documented achievements. Recognition of the scholarly work must also be external to the University, residing in the scientific communities apropos to the faculty member's field of scholarship.

Scholarship is broadly defined including all aspects of basic science, clinical research including clinical trials and research based on cases or case series, educational outcomes research, development of academic modules, entrepreneurship, etc. The nature of scholarship should be pertinent to the faculty member's track and pattern of responsibilities. In addition, the DFCM recognizes new and emerging methods of dissemination of scholarship including websites, social media, etc.

Evidence of scholarship can include but are not limited to: peer reviewed journal articles, bulletins and technical reports, original books and monographs, edited books, chapters in edited books, editor reviewed journal articles, reviews and abstracts, papers in proceedings, unpublished scholarly presentations, externally funded research, funded

training grants, other funding for academic work, prizes and awards for research or scholarly or creative work, poster presentations, major professional awards and commendations. Evidence of scholarship may also include invited lectures at other universities, symposia, and conferences; invention disclosures, patent activity, entrepreneurship, technology commercialization, software development; editorship of a major collection of research work; leadership of advanced seminars and symposia under organizational sponsorship; and invitations to serve on national review bodies.

Documentation of scholarship also includes grants and contracts submitted and received, and a demonstration of the impact of the scholarship, as documented with citation data, impact factors, book distribution data, adoption of texts or procedures by external departments and organizations or academic health centers, and so forth.

iii. Service

Service is broadly defined to include administrative service to the University, exemplary patient care, professional service to the faculty member's discipline, and the provision of professional expertise to public and private entities beyond the University. A candidate's service contributions must be demonstrated to be of high quality and effectiveness. All tenure track and clinical faculty members must contribute to service as evidenced by documentation of contributions over a sustained period of time.

Evidence of administrative service to the University may include appointment or election to Department, College, and/or University committees, holding administrative positions; development of innovative programs, and participating in mentoring activities. Program Development, reflecting the integration of teaching, service and research in a specific content area, may be given special recognition and significance. Evidence of professional service to the faculty member's discipline can include editorships of, or service as a reviewer for journals or other learned publications; offices held and other service to professional societies, and the like. Evidence of the provision of professional expertise to public and private entities beyond the University includes service such as a reviewer of grants or other scholarly proposals, external examiner or advisor, a panel and commission participant, and as professional consultant to industry, government, and education. While provision of high quality patient care is expected of all faculty members with clinical responsibilities, in and of itself it is insufficient for meeting the service requirement for tenure track and clinical faculty.

VIII. APPEALS

Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in Faculty Rule [3335-5-05](#).

Disagreement with a negative decision is not grounds for appeal. In pursuing an appeal, the faculty member is required to document the failure of one or more parties to the review process to follow written policies and procedures.

IX. REVIEWS IN THE FINAL YEAR OF PROBATION

In most instances, a decision to deny promotion and tenure in the penultimate probationary year (11th year for faculty members with significant clinical responsibilities, 6th year for those without significant clinical responsibilities) is considered final. However, in rare instances in which there is substantial new

information regarding the candidate's performance that is relevant to the reasons for the original negative decision, a seventh (or twelfth) year review may be conducted. The request for this review must come from the eligible faculty and the Department Chair, and may not come from the faculty member. Details of the criteria and procedures for a review in the final year of probation are described in University Rule [3335-6-05](#)(B).

If a terminal year review is conducted by the Department and the College, it will be made consistent with the DFCM's Appointments, Promotion and Tenure document, the College's Appointments, Promotion and Tenure document, and other relevant policies, procedures, practices, and standards established by: (1) the College, (2) the *Rules of the University Faculty*, (3) the Office of Academic Affairs, including the Office of Academic Affairs Policies and Procedures Handbook, and (4) the Office of Human Resources.

X. PROCEDURES FOR STUDENT AND PEER EVALUATION OF TEACHING

A. Student Evaluation of Teaching

The definition of teaching is broad and it includes teaching in the classroom, at the bedside, or in the laboratory. If appropriate, faculty can use of the Student Evaluation of Instruction (eSEI) or can use any other appropriate method of student evaluation of their teaching. If using the eSEI, the faculty member must leave the classroom during the time allotted for completing the evaluation. If using other forms of evaluation, the faculty member should not be present during the students' completion of the evaluation form or other online evaluation systems. Faculty are also reviewed regularly by residents using appropriate online evaluation systems (e.g. MedHub). The faculty member should reiterate to learners that the feedback provided in the evaluations is used both for performance reviews and to provide feedback that can be taken into account in future teaching.

B. Peer Evaluation of Teaching

The DFCM Chair or designee oversees the Department's peer evaluation of teaching process. The DCFM utilizes standard, institutional-developed peer review of teaching forms approved by the DCFM AP&T Committee.

- Clinical Excellence pathway faculty will have at least 2 peer evaluation of clinical teaching annually
- Clinical Educator pathway faculty will have at least 2 peer evaluation of clinical teaching annually and 1 or more peer evaluations of small or large group presentations every 5 years
- Clinical Scholar pathway will have at least 2 peer evaluation of clinical teaching annually and 1 or more peer evaluation of small or large group presentations every 5 years
- Tenure Track – Clinical pathway will have at least 2 peer evaluation of clinical teaching annually and 1 or more peer evaluation of small or large group annually
- Tenure Track - Non Clinical pathway will have 2 or more peer evaluation of small or large group presentations annually

XI. APPENDICES

A. Glossary of Terms

Adjunct Faculty – 0% FTE, non-salaried, non-clinical associated faculty that participate in the education and training of medical students. e.g. community faculty (see also **Associated Faculty**). An adjunct appointment is not the same as a **Courtesy Appointment**.

APT – Appointments, Promotion and Tenure

Appointments, Promotion and Tenure Committee – the body of faculty that make recommendations to the Department Chair or Dean regarding the viability of candidates for appointment, promotion and/or tenure.

Appointments, Promotion and Tenure Document – a document required of every TIU and College that describes the guidelines that must be used for making appointments, and for faculty to achieve promotion and tenure.

Associated – a broad category of faculty that encompasses adjunct, practice, visiting, returning retirees, lecturers which are typically intended to be short term appointments. (See also Adjunct Faculty, Practice Faculty)

Courtesy Appointment – a no salary appointment for a clinical, research, or tenure track faculty member from another academic department within the University. The title associated with the no salary appointment is always the same as the faculty's title in their home department.

Dossier – a document compiled by a promotion and/or tenure candidate to demonstrate achievement.

Eligible faculty – the faculty who are authorized vote on appointment, promotion, and tenure matters. These faculty must be above the candidate's rank. Clinical and Research faculty may not vote on tenure track faculty.

Exclusion of Time – the ability to have up to three years taken off the time clock toward achieving tenure.

Faculty – the College of Medicine has four faculty types: Tenure Track, Clinical faculty, Research faculty, and the Associated faculty.

FTE – Full-time equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is 0.5, and quarter-time is 0.25.

Joint Appointment – when a faculty member's FTE (and salary support) is split between one or more academic departments it is considered to be a joint appointment. (this is different than a **Courtesy Appointment**)

Mandatory review – a required 4th year, 8th year, tenure review, or reappointment review.

MOU – Memorandum of Understanding – a document between two academic departments expressing how a faculty member's appointment, time, salary and other resources will be allocated and/or divided. (Used during a transfer of resources and for joint appointments.)

National Recognition – could be based on geographic considerations (i.e. outside of Ohio) or on the basis of national ranking for the discipline.

Non-mandatory review – voluntary promotion or tenure review.

OAA – Office of Academic Affairs.

Peer Review – evaluation of teaching by colleagues. Documentation of peer review is required for the promotion and tenure dossier.

Penultimate year – the next to last year of a contract, used to determine required clinical and research faculty review dates.

Practice Faculty – an associated faculty appointment for those who will have a paid associated faculty appointment or have a paid appointment (e.g. staff, physician) through OSU, OSUP, or NCH. (see also **Associated Faculty**)

Prior Service Credit – Application of years of service at the University in one track or rank applied to another track or rank when a faculty member transfers tracks or is promoted. Prior service credit is not allowed for track transfers; it is automatic for promotions unless turned down. For probationary tenure track appointments, prior service credit shortens the length of time that a faculty member has to achieve tenure by the amount of the credit.

Probationary period – the length of time in which a faculty member on the tenure track has to achieve tenure (e.g. 6 years for assistant professor faculty without clinical service, 11 years for assistant professor faculty with significant clinical service responsibilities). It is also defined as the first contract for faculty on the Clinical faculty or Research faculty.

Reappointment Review – the review of a Clinical or Research faculty member in the penultimate year of their contract to determine if the contract will be renewed.

Clinical Faculty – the faculty who primarily engage in clinical, teaching and practice.

Research Faculty –for basic scientist faculty who engage exclusively in research-based scholarship.

Tenure Track – the faculty track for basic scientists and physicians with a major focus of research- based scholarship.

SEI – Student Evaluation of Instruction.

Tenure – permanent employment status only granted to faculty on the tenure track when the probationary period is successfully completed.

TIU – Tenure Initiating Unit, usually synonymous with Department. Centers and Institutes are not Tenure Initiating Units (please see Appendix B for the complete list of TIUs).

University Rules – or *Rules of the University Faculty* – The section of the Ohio Revised Code that prescribes the rules and governance of The Ohio State University and its employees.

VITA- the University’s online dossier and CV creation tool (see <https://vita.osu.edu/>)

B AAUP Statement on Professional Ethics

1. Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.
2. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student’s true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.
3. As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.
4. As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or

termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.

5. As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

The statement above was originally adopted in 1966. Revisions were made and approved by the Association's Council in 1987 and 2009.

Revised:

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