

DEPARTMENT OF INTERNAL MEDICINE

APPOINTMENTS, PROMOTION AND TENURE DOCUMENT

APPROVED OAA – 2/22/2016

This document constitutes the Appointments, Promotions, and Tenure (APT) Document of the Department of Internal Medicine. It is of essential importance that it is recognized as a guide and a foundation for the consideration of faculty appointments and promotion but should not be subject to excessively literal interpretation. The essence of promotion and the award of tenure is a unique, scholarly and sustained contribution to a faculty member's discipline for which she or he is recognized by others in their field and beyond. The guidelines in this document are to be interpreted in the spirit of that broader context and require the deliberation, judgment and wisdom of the faculty charged with the responsibility for making these decisions by which we define the field of academic medicine.

TABLE OF CONTENTS

I. PREAMBLE	3
II. MISSION	5
III. DEFINITIONS	5
A. COMMITTEE OF THE ELIGIBLE FACULTY	5
1. TENURE-TRACK	5
2. CLINICAL FACULTY	5
3. RESEARCH FACULTY	6
4. ASSOCIATED FACULTY	6
5. CONFLICT OF INTEREST	6
B. PROMOTION AND TENURE COMMITTEE	6
IV. APPOINTMENTS	8
A. CRITERIA	8
1. TENURE-TRACK	8
2. CLINICAL FACULTY	12
3. RESEARCH FACULTY	14
4. ASSOCIATED FACULTY	16
5. COURTESY APPOINTMENTS	19
6. TRACK TRANSFER	20
B. PROCEDURES	20
1. TENURE-TRACK	22
2. CLINICAL FACULTY	22

3. RESEARCH FACULTY	23
4. ASSOCIATED FACULTY	23
5. COURTESY APPOINTMENTS	23
6. REAPPOINTMENT OF CLINICAL AND RESEARCH FACULTY	24
7. REAPPOINTMENT OF PAID AND UNPAID ASSOCIATED FACULTY	24
8. TRACK TRANSFER	24
V. ANNUAL REVIEW PROCEDURES	25
A. PROBATIONARY TENURE-TRACK FACULTY	25
1. FOURTH-YEAR REVIEW	25
2. EIGHTH-YEAR REVIEW	26
3. EXCLUSION OF TIME FROM PROBATIONARY PERIOD	26
B. ASSOCIATED FACULTY	28
VI. MERIT SALARY INCREASES AND OTHER REWARDS	28
A. CRITERIA	27
B. PROCEDURES	28
C. DOCUMENTATION	29
VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS	29
A. CRITERIA	29
1. PROMOTION OF TENURE-TRACK FACULTY	30
A. ASSOCIATE WITH TENURE	30
B. ASSOCIATE IN ADVANCE OF TENURE	33
C. PROFESSOR	34
2. PROMOTION OF CLINICAL FACULTY	36
A. ASSOCIATE, CLINICIAN EDUCATOR PATHWAY	36
B. PROFESSOR, CLINICIAN EDUCATOR PATHWAY	37
C. ASSOCIATE, CLINICIAN SCHOLAR PATHWAY	38
D. PROFESSOR, CLINICIAN SCHOLAR PATHWAY	39
E. ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE PATHWAY	40
F. PROFESSOR, CLINICAL EXCELLENCE PATHWAY	42
3. PROMOTION OF RESEARCH FACULTY	44
A. ASSOCIATE	44
B. PROFESSOR	46
B. PROCEDURES	46
1. REVIEW PRIOR TO APPLICATION FOR PROMOTION	47
2. EXTERNAL EVALUATORS	47
3. VOTING MEETING PROCEDURES	48
4. CANDIDATE COMMENT PROCESS	48
C. ADMINISTRATION	48
1. VICE CHAIR FOR ACADEMIC AFFAIRS	49
2. APPOINTMENTS, PROMOTION & TENURE COMMITTEE	49

D. DOCUMENTATION	49
1. TEACHING	49
2. SCHOLARSHIP	51
3. SERVICE	52
VIII. APPEALS	52
<hr/>	
IX. REVIEWS IN THE FINAL YEAR OF PROBATION	52
<hr/>	
X. APPENDICES	53
A. GLOSSARY OF TERMS	53
B. FACULTY RANK TITLE CODES	55
C. STATEMENT ON PROFESSIONAL ETHICS (AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS)	55
I. PREAMBLE	
<hr/>	

This document is a supplement to Chapters 6 and 7 of the *University Faculty Rules* located at <http://trustees.osu.edu/university/facultyrules>, the Office of Academic Affairs procedural guidelines for promotion and tenure reviews located at <http://oaa.osu.edu/handbook.html>, and any additional policies established by The Ohio State University (“the University”). Should the University’s rules and policies change, the College of Medicine (“the College”) and the Department of Internal Medicine (“the Department”) will follow the new rules and policies until its document is appropriately updated. Herein are described the Department’s criteria for appointments, promotion and tenure within the context of the mission of the College, the Department and the promotion standards set forth in Section VII of this document. Also described are procedures for conducting College and Department’s reviews for reappointment, promotion and tenure.

In accordance with the guidelines of the College, the Department will bear in mind an institutional commitment to continuous elevation of the standards for faculty achievement. Accordingly, all decisions on promotion and/or tenure must 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 or the University.

Faculty members are evaluated for their contributions to the multi-partite mission of the Department, the College, 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.

The [University Faculty Rules](#) permit the College to make appointments to the following: the Tenure Track, the Clinical Faculty, the Research Faculty, and to the Associated Faculty. Herein are described the characteristics and qualifications that distinguish faculty members in these different tracks, and provide guidelines for appointments and promotions consistent with these distinctions. The Department adopts these descriptions as stated by the College.

The College and the Department of Internal Medicine endorse 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 Tenure Track and among the Clinical Faculty there may be diverse patterns of scholarly activity that reflect a range of faculty interests, skills, and accomplishments. These different patterns of performance may result in variation in the emphasis on 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 College requires that the faculty member demonstrate excellence in all areas.

All faculty members are to be evaluated for appointment and promotion using metrics that reflect the quality and impact of their contributions to the College, the Medical Center and the University in the context of their assigned position descriptions. Metrics for quality and impact should be carefully determined by each individual department, defined in each department's APT 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. All of 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 in all areas (including demonstration of national or international impact and recognition) are met as appropriate to the faculty academic appointment and duties..

Appointments, promotion, and tenure of candidates in the College and the Department must adhere to the Office of Human Resources [Policy 1.10](#) governing affirmative action, equal employment opportunity and non-discrimination/harassment.

Revisions to the Department's APT Document must be approved by a vote offered to all Tenure-Track, Clinical Faculty and Research Faculty members in the Department. A simple majority of all of those voting is required for approval of changes. The faculty members will be given two weeks to review and vote on document revisions. The Department agrees that its APT document must be reviewed and either reaffirmed or revised upon the appointment or reappointment of the Dean. The University Executive Vice President and Provost must approve this document to indicate acceptance of the mission of the College, and the standards and criteria described herein. In doing so, the responsibility of applying high standards in evaluating existing faculty and candidates for faculty appointment is delegated to the College with the final recommendations on promotion or tenure assigned to the Executive Vice President and Provost as prescribed in the [University Faculty Rules](#).

II. MISSION

The Mission and Vision Statements for the Department have been established. Our mission is to improve the lives of people through innovation in research, education, and patient care. Our vision is that in working as a team we will shape the future of medicine by creating, disseminating, and applying new knowledge to meet the needs of each individual.

III. DEFINITIONS

A. DEFINITIONS: COMMITTEE OF THE ELIGIBLE FACULTY

1. TENURE-TRACK

The faculty eligible to review and vote regarding appointment of senior rank Tenure-Track faculty (Associate Professors with or in advance of tenure, Tenure-Track Professors), reappointment of Tenure-Track faculty in the probationary period, and promotion and tenure of Tenure-Track faculty consists of all tenured faculty of higher rank than the candidate whose tenure resides in the Department excluding the Department Chair, the Dean and Assistant and Associate Deans of the College, Executive Vice President and Provost, and the President.

2. CLINICAL FACULTY

The faculty eligible to review and vote regarding appointment of senior rank Clinical Faculty (Associate Professor and Professor) consists of all Tenure-Track faculty whose tenure resides in the Department and all Clinical Faculty whose primary appointment is in the Department.

The faculty eligible to review and vote regarding promotion of Clinical Faculty consists of all tenured faculty whose tenure resides in the Department and who are of higher rank than the candidate and all non-probationary Clinical Faculty whose primary appointment is in the Department who are of higher rank than the candidate excluding the Department Chair, the Dean and Assistant and Associate Deans of the College, the Executive Vice President and Provost, and the President.

3. RESEARCH FACULTY

The faculty eligible to review and vote regarding appointment of Research Faculty at a senior rank consists of all Tenure-Track faculty whose tenure resides in the Department, all Clinical Faculty whose primary appointment is in the Department, and all Research Faculty whose primary appointment is in the Department whose rank exceeds that of the candidate.

The faculty eligible to review and vote regarding promotion of Research Faculty consists of all tenured faculty whose tenure resides in the Department of higher rank than the candidate, all non-probationary Clinical Faculty whose primary appointment is in the Department of higher rank than the candidate, and all non-probationary Research Faculty whose primary appointment is in the Department and who are of higher rank than the candidate excluding the Department Chair, the Dean and Assistant and Associate Deans of the College, the Executive Vice President and Provost, and the President.

4. ASSOCIATED FACULTY

The faculty eligible to review and vote regarding appointments to the Associated Faculty consists of all Tenure-Track faculty and all Clinical and Research Faculty whose tenure or primary appointment resides in the Department and who are of higher rank than the candidate.

The faculty eligible to review and vote regarding promotion of Associated Faculty consists of all Tenure-Track faculty and all Clinical and Research Faculty whose tenure or primary appointment resides in the Department and who are of higher rank than the candidate excluding the Department Chair, the Dean and Assistant and Associate Deans of the College, the Executive Vice President and Provost, and the President.

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.

B. DEFINITIONS: APPOINTMENTS, PROMOTION AND TENURE COMMITTEE

The Vice Chair for Academic Affairs supervises the Appointments, Promotion and Tenure (APT) Committee of the Department.

The committee will consist of 12 Associate and 30 Full Professors with 21 non-tenure eligible faculty and 21 tenured faculty. In all cases only tenured Associate and Full Professors in the Tenure-Track will review and vote on appointments, promotion, and tenure proposals for faculty in the Tenure-Track. All eligible faculty in the Department will have access to promotion applications through the Department Chair's office. The documentation will be available to review and eligible faculty may send comments to the APT Committee chair, but only the APT Committee will participate in the final vote.

The committee will consist of faculty members elected by each division with the remaining members elected by an at large vote.

Divisions will elect members to the committee on tracks to which their faculty members are appointed. Therefore, each division with both Tenure-Track and Clinical or Research Faculty will elect one tenured and one non-tenure track faculty member as their committee representatives. Divisions with only Tenure-Track faculty will elect one tenured representative. Divisions without Tenure-Track faculty will elect one non-tenure track faculty member to represent them. Committee deliberations, discussions and decisions are strengthened by diversity of membership backgrounds and viewpoints. Accordingly, the faculty in their selection of committee members should strive for broad inclusiveness and diversity of gender and ethnicity. Divisions that are not able to contribute Associate or Full Professors will elect a faculty member from another division to represent them on the committee. Remaining members required to provide the required complement of faculty will be selected by department-wide at-large nomination and voting. No division may contribute more than 25% of the total number of committee members. Division Directors will not serve as committee members.

The term of appointment for service on the committee is three years. For the first cycle of committee membership, seven from each track will be appointed for one year, seven from each track will be appointed for two years, and seven from each track will be appointed for three years. Committee members may serve two consecutive terms of any duration and after two consecutive terms must not serve on the committee for three years before reelection. Committee members elected as representatives by a division will be replaced by that division. Those selected by at-large election or as representatives of divisions without faculty members to contribute to the committee will be replaced by faculty nomination and election.

A quorum will consist of 50% + 1 of the members from each track of the committee. Recommendations for or against promotion require a simple majority of the quorum present for the vote. Committee members may discuss and vote on promotion or tenure applications submitted by faculty from their own division. The committee will elect a chair who will serve a one-year term. The duties of the chair are to preside over the committee meetings, assign reviewers at his/her discretion, and oversee the voting regarding appointment, promotion, and/or tenure decisions. Individual faculty members assigned by the committee chair as primary reviewers for a faculty promotion or tenure decision will draft a letter summarizing the committee's discussion and vote. The committee chair will review and revise this letter as necessary before forwarding it to the Vice Chair for Academic Affairs who will review this letter with the Department Chair and they will co-author a final recommendation letter regarding the promotion and/or tenure decision to the College.

Two procedure oversight designees (POD) will be elected by the committee, each to serve a one year term. The POD's may be reelected for an unlimited number of terms while they serve on the committee. Two POD's are elected to assure the presence of at least one at each committee meeting. At least one POD must be a member of the Tenured Faculty. A POD elected from the Clinical Faculty cannot endorse documents or procedures relevant to Tenure Faculty promotions.

The role of the POD is to assure that all procedures outlined in the APT document are followed and to sign verification that all procedures, including the presence of a quorum, have been followed.

The responsibilities of the Committee include: review and voting on faculty applications for promotion and/or tenure; review and voting on approval for rank of new senior faculty hires (i.e., Associate Professor or Professor); conducting pre-reviews of faculty members to be considered for promotion and/or tenure at the request of their Division Directors.

IV. APPOINTMENTS

The [University Faculty Rules](#) permit the College to make appointments to the following: the Tenure-Track, the Clinical Faculty, the Research Faculty, and to the Associated Faculty. The latter contains unpaid and paid Associated Faculty. The appropriate track for initial appointment to the College must reflect these differing qualifications, be congruent with the job description of the position within the Department, 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 and the Department needs in determining the most appropriate track for the faculty member.

A. APPOINTMENTS: CRITERIA

1. TENURE-TRACK

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 such as that provided by the National Institutes of Health (NIH). Although excellence in teaching and outstanding service to the Department and College is required, these alone are not sufficient for progress on this track.

Appointments to this track are made in accordance with University Faculty Rule [3335-6-02](#). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. 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 advancement to tenure. The appointment process requires 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].

At the time of appointment, probationary Tenure-Track faculty members will be provided with all pertinent documents detailing Department, College, and University promotion and tenure policies and criteria. If these documents are revised during the probationary

period, probationary Tenure-Track faculty members will be provided with copies of the revised documents.

Each appointee with clinical responsibilities must 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. 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. When an Instructor has not completed requirements for promotion 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. This request must be approved by the Department's APT Committee, the Department Chair, the Dean, and the Office of Academic Affairs.

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 E].

- 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.

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 in the mandatory review year (6th year of appointment for faculty without clinical responsibilities, 11th year of appointment for faculty with significant patient clinical service responsibilities); however, promotion and tenure may be granted 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 Faculty Rule [3335-6-08](#) and the relevant paragraphs of University Faculty Rule [3335-6-03](#).

Consistent with University Faculty Rule [3335-6-09](#), faculty members with significant patient 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.

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 Department's APT Committee, Department Chair, Dean, and Executive Vice President and Provost. Prior service credit shortens a probationary period by the amount of the credit and once granted cannot be revoked except through an approved request to exclude time from the probationary period.

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 E].
- 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.

Appointment: Associate Professor with Tenure on the Tenure-Track

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.

Appointment: Associate Professor in advance of Tenure on the Tenure-Track

While appointments to the rank of Associate Professor may include tenure, a probationary period can be granted after petition to the Office of Academic Affairs. A Department must exercise care in making these appointments, especially if the probationary period will be less than four years. For faculty without patient clinical service responsibilities, the probationary period may not exceed four years. For faculty with significant patient clinical service responsibility, the probationary period may not exceed six years. Requests for such appointments require the approval of the Dean of the College, 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 US residency.

Appointment: Professor with Tenure on the Tenure-Track

Criteria for initial appointment to the rank of Professor with tenure are identical to the 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 US 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.

2. CLINICAL FACULTY

Clinical Faculty are equal to the Tenure-Track faculty in their importance to the College of Medicine. Clinical Faculty are those whose principal career focus is on outstanding teaching, clinical and translational research and delivery of exemplary clinical care. The scholarship of the Clinical Faculty is diverse and encompasses the spectrum of domains that have been defined as the scholarship of practice, integration, education, as well as new knowledge discovery. Faculty members appointed as Clinical Faculty may choose to distinguish themselves in teaching, innovative pedagogic program development, or patient-oriented research. They may choose to distinguish themselves through several portfolios of responsibility including Clinician Educator, Clinician Scholar, and Clinical Excellence pathways. The Clinician Educator pathway reflects pedagogic excellence as measured by teaching evaluations and innovative teaching practices, modules, publications, and the special expertise developed by the faculty member which they transmit to a broad range of learners. Faculty in this area of emphasis may or may not contribute to the field of education scholarship, but will uniformly exhibit excellence in teaching based on the special insight they derive from their own practice expertise. The Clinician Scholar pathway reflects excellence in translational science, clinical research and health services (e.g., health care policy and comparative effectiveness research) as measured by publications and grant funding, respectively. The Clinical Excellence pathway exists for faculty members who focus on exemplary clinical care, unique areas of emphasis in patient management, or outstanding service to the Department, the College, and the University. Faculty members on this pathway typically devote 90% or more of their effort to patient care or administrative service.

Clinical Faculty members 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 University Faculty Rules ([3335-7](#)). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. At the time of appointment, probationary Clinical Faculty members will be provided with all pertinent documents detailing Department, College, and University promotion policies and criteria. If these documents are revised during the probationary period, faculty members will be provided with copies of the revised documents.

Contracts will be for a period of at least three years but no more than five years. The initial contract 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. The following paragraphs will outline the basic criteria for initial appointments in the Clinical Faculty.

Appointment: Instructor on the Clinical Faculty

Appointment to the rank of Instructor is 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 the terminal degree, or other relevant training, at the time of the appointment. 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. When an individual is appointed as an Instructor, the letter of offer should indicate the specific benchmarks and accomplishments that will be necessary for promotion to Assistant Professor.

Instructor appointments are limited to four years, with the fourth year being the terminal year. In such cases, if the instructor has not completed requirements for promotion to the rank of Assistant Professor by the beginning of the penultimate year of the contract period, a new contract will not be considered even if performance is otherwise adequate and the position itself will continue.

When an Instructor is promoted to Assistant Professor on the Clinical Faculty, a new letter of offer with a probationary period of three to five years will be issued. Candidates for appointment to the rank of Instructor on the Clinical Faculty will have, at a minimum:

- Anticipated receipt of an earned doctorate or other terminal degree in the relevant field of study.
- Evidence of potential for contributions to scholarship as demonstrated by activities such as publications or presentation of abstracts as primary or secondary author. The individual may not as yet have demonstrated substantial evidence of independent contributions as reflected by first author publications and/or presentations.
- Post-doctoral clinical training in an appropriate area.
- 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 E].

Appointment: Assistant Professor on the Clinical Faculty

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 Faculty Rule [3335-6-08](#) and the provision of paragraphs (B) and (D) of University Faculty 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, who are expected to be involved in full time teaching and clinical service with more limited contribution to scholarship. This is also the appropriate level for persons assigned major clinical responsibilities who plan to engage principally in the education or clinical and translational science research or health service research. 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 program goals of the Department.

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 scholarship as demonstrated by activities such as presentation of abstracts or peer-reviewed articles as primary, secondary, or corresponding author; or educational or clinical program development leadership; or involvement or leadership in quality or operations initiatives; and 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 E].

Appointment: Associate Professor on the Clinical Faculty

The criteria for initial appointment at the rank of Associate Professor on the Clinical Faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document.

Appointment: Professor on the Clinical Faculty

The criteria for initial appointment at the rank of Professor on 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 are those who focus principally on investigative scholarship as opposed to formal teaching or service. Notably, the standards for scholarly achievement are similar to those for individuals on the Tenure-Track for each faculty rank. A Research Faculty member may, but is not required to, participate in educational and service activities. Research Faculty may not participate in classroom teaching. Research Faculty members are expected to contribute to the Department’s research mission and are

expected to demonstrate excellence in scholarship as reflected by high quality peer-reviewed publications and successful competition for NIH or similar funding.

Appointments to the Research Faculty are made in accordance with Chapter 7 of the *University Faculty Rules* ([3335-7](#)). Each new appointment must enhance, or have strong potential to enhance, the quality of the Department. Unless otherwise authorized by a majority vote of the Tenure-Track faculty in the Department, Research Faculty must constitute no more than twenty per cent of the number of Tenure-Track faculty in the Department. 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 Department. The Department adheres to all University rules governing these appointments.

Contracts will be for a period of at least one year but 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. General funds dollars may not be used to support Research Faculty. 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.

Research Faculty members are eligible to serve on University committees and task forces but not on University governance committees. Research Faculty members are also 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 XV in the Graduate School Handbook (<http://gradsch.osu.edu/graduate-school-handbook1.html>)

Appointment: Assistant Professor on the Research Faculty

A candidate for appointment as a Research Assistant Professor must provide clear and convincing evidence he or she has a demonstrated record of impact and recognition at local or regional level and has, at a minimum:

- An earned doctorate or other terminal degree in the relevant field of study, or possession of equivalent experience.
- Completion of sufficient post-doctoral research training to provide the basis for establishment of an independent research program.
- An initial record of excellence in scholarship as demonstrated by having begun to develop a body of research, scholarship, and creative work, and initial evidence of

program of research as reflected by first or senior author publications or multiple co-authorships and existing or strong likelihood of extramural research funding as one of several program directors or principal investigators on network-type or center grants (multiple-PD/PI) or as a co-investigator on multiple 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 E].
- Strong potential for career progression and advancement through the faculty ranks.

Appointment: Associate Professor on the Research Faculty

The criteria for initial appointment to the rank of Associate Professor in the Research Faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document with the exceptions noted in the first paragraph of Section 3.

Appointment: Professor on the Research Faculty

The criteria for initial appointment to the rank of Professor in the Research Faculty are identical to those criteria for promotion to this rank as outlined in Section VII of this document with the exceptions noted in the first paragraph of Section 3.

4. ASSOCIATED FACULTY

Associated faculty appointments exist for faculty members who focus on a specific and well-defined aspect of the College mission, most commonly outstanding teaching and exemplary clinical care. Associated faculty may be involved in scholarly pursuits and service to the University, but this is not required for advancement.

Associated Faculty, as defined in University Faculty Rule [3335-5-19](#), include “persons with clinical practice titles, adjunct titles, visiting titles, and lecturer titles; also professors, associate professors, assistant professors, and instructors who serve on appointments totaling less than fifty per cent service to the university.” 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 with working titles as outlined below.

Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor.

Adjunct appointments are never compensated. Adjunct faculty appointments are given to individuals who volunteer considerable uncompensated academic service to the Department, such as teaching a course, for which a faculty title is appropriate. Criteria for appointment at advanced rank are the same as for promotion. Adjunct faculty members are eligible for reappointment at a higher rank but not tenure.

Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor. Associated Faculty with patient care responsibilities will be given

clinical associated appointments. Clinical appointments are compensated. The primary titles series applicable to College faculty with these working titles ends with “-Practice” (e.g., Assistant Professor-Practice). Criteria for appointment at advanced rank are the same as for promotion. Associated Faculty with these clinical titles are eligible for reappointment at a higher rank but not tenure.

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 or promotion.

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.

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

Appointment at these titles is for individuals at 49% FTE or below, either compensated or uncompensated. The rank of Associated Faculty with these titles is determined by applying the criteria for appointment of Tenure-Track faculty. Associated Faculty members with these titles are eligible for reappointment at an advanced rank 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. Visiting faculty members on leave from an academic appointment at another institution are appointed at the rank held in that position. The rank at which other individuals are appointed is determined by applying the criteria for appointment of Tenure-Track faculty. 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:

- Those with clinical responsibilities must be a licensed physician or health care provider.
- All must have significant and meaningful interaction in at least one of the following mission areas of the College:
 - a) Teaching of medical students, residents, or 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: Collaboration with the Department in research projects or other scholarly activities.

- c) Administrative roles within the College: This includes participation in committees or other leadership activities (e.g., membership in the Medical Student Admissions Committee).

Appointment and Reappointment: Associated Faculty at Advanced Rank

By definition, Associated Faculty members are appointed for one- to three-year terms. As such, Associated Faculty are not eligible for traditional promotion, but they are eligible to be reappointed at the next rank. Appointment or reappointment at an advanced rank should be based on evidence of excellence in a specific aspect of the College mission. All new appointments at advanced rank require a review and vote of the eligible faculty on the Department's APT Committee, an evaluation by the Department Chair, and an evaluation letter from a person that can attest to the faculty member's primary contribution in clinical care, teaching or scholarship.

Associate Professor on the Associated Faculty

Teaching and Mentoring: For faculty members whose principal focus is teaching and mentoring, benchmarks for appointment or reappointment at advanced rank include sustained excellence in reviews by students and residents supervised by the faculty member, teaching awards, introduction of students to new modes of practice or patient populations not previously available to learners, participation or leadership in curriculum development.

Scholarship: For faculty members whose principal focus is scholarship, benchmarks include participation in research projects, programs, or other scholarly activity that result in enhanced regional recognition of the College through publications, funded programs, or other means. Presentations at regional meetings or leadership or participation in regional organizations dedicated to the faculty member's area of focused scholarship serve as further indicators of advancement to this rank. Although a record of publication is not an expectation for Associated Faculty, publications or other forms of dissemination of scholarship (e.g., web-based documents or other electronic media) are valued and contribute to advancement in rank. This is particularly true for faculty who are appointed based on their collaboration in research or other scholarly activities. Publications may be of diverse types and are not required to be first or senior authored.

Leadership and Administration: For faculty members whose principal focus is service, benchmarks may include the faculty member's membership and participation on committees or other leadership groups. Leadership of subgroups within a committee, such as a writing group, or supervision of a task force is another example of such benchmarks. There must be a sustained commitment to leadership and administration rather than a single interaction with a College or Medical Center committee or leadership group.

Professor on the Associated Faculty

Appointment or reappointment to the rank of Professor is based not only on sustained contributions in the faculty member's area of focus but on a more advanced stage of leadership or greater sphere of impact than that of an Associate Professor.

Teaching and Mentoring: For faculty members whose principal focus is teaching and mentoring, faculty appointed or reappointed to the rank of Professor will not only have the accomplishments of an Associate Professor but will also attain broader recognition for contributions through curriculum development and recognition of excellence in education. This may come in the form of regional and national teaching awards, membership and leadership in national organizations and meetings dedicated to medical education, adoption of teaching innovations and curricula introduced by the faculty member to institutions outside the College, and invitations to speak at outside institutions. Although publications are not an expectation, publications or web sites conveying the faculty member's innovations will serve as an indication for dissemination of innovation outside the College.

Scholarship: For faculty members whose principal focus is scholarship, the scholarly contributions of Associated Faculty appointed or reappointed to the rank of Professor will exceed the scope of those at the rank of Associate Professor. Benchmarks include participation in research projects, programs, or other scholarly activities that result in enhanced national recognition of the College through publications, funded programs, or other means. Authorship or co-authorship of manuscripts and participation in nationally funded programs of research are examples of benchmarks for those achieving this rank. Presentations at national meetings and membership or leadership in national organizations dedicated to the faculty member's focus of scholarship are further benchmarks.

Leadership and Administration: For faculty members whose principal focus is service, the faculty member appointed or reappointed to the rank of Professor will progress to senior leadership roles in the College or Medical Center. This may consist of serving as chair of committees that contribute to the growth in excellence of the College or which have made fundamental and innovative changes in College procedures, practice or culture. There must be a record of sustained senior leadership rather than a single interaction with a College or Medical Center committee or leadership group.

5. COURTESY APPOINTMENT FOR TENURE-TRACK, CLINICAL FACULTY AND RESEARCH FACULTY

A non-salaried appointment for a University faculty member from another department is considered a Courtesy appointment. An individual with an appointment in one department may request a Courtesy appointment in another department when that faculty member's scholarly and academic activity overlaps significantly with the discipline represented by the second unit. Such appointments must be made in the same faculty track, using the same title, as that attained in their primary department. Courtesy

appointments are warranted only if they are accompanied by substantial involvement in the academic and scholarly work of the Department.

6. TRACK TRANSFER

Transfers between tracks are permitted only under the strict guidelines detailed in the paragraphs below, per University Faculty 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 Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the new track is probationary and tenure, or the possibility thereof, is revoked.

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 Department Chair, Dean, and Executive Vice President and Provost. The first appointment to the new track is probationary and tenure, or the possibility thereof, is revoked.

Transfer: Clinical Faculty or Research Faculty to Tenure-Track

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

B. APPOINTMENTS: PROCEDURES

TENURE-TRACK, RESEARCH FACULTY, CLINICAL FACULTY

A national search is required to ensure a diverse pool of highly qualified candidates for all Tenure-Track, Research Faculty and Clinical Faculty positions (with the exception of Clinical Excellence Pathway appointments as noted below). Exceptions to this policy must be approved by the College and the Office of Academic Affairs in advance. Search procedures must be consistent with the University policies set forth in the most recent update of *A Guide to Effective Searches*, <http://hr.osu.edu/hrpubs/guidesearches.pdf>.

Searches for Tenure-Track faculty proceed as follows:

The Dean provides approval for the Department to commence a search. The Department Chair or the individual who has commissioned the search 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 Department. At least 50% of the committee members will be women. 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 that at least one of three of the finalists for the appointment is a woman.
- 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 Department 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 assure that at least one print advertisement is published in one of the discipline's academic journals. Exclusive announcement in electronic media is not sufficient. The University does not grant tenure in the absence of permanent residency ("green card"), and the 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 nationally circulated print journal.
- Screens applications and letters of recommendation and presents its findings to the Department Chair.

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 Department 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.

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

If the offer involves a senior rank (Associate Professor or above), the eligible faculty members on the APT Committee 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.

1. TENURE-TRACK

Virtually all recruitment to the salaried faculty, at whatever rank, is done by a search committee jointly with the Division Director, the Department Chair, and the Vice Chair for Academic Affairs as described above. In general, this requires a national search unless the Office of Academic Affairs approves an exception to this policy.

Appointments of new Assistant Professors do not require review or approval by the faculty. However, the Department Chair may seek advice and recommendations from the Vice Chair for Academic Affairs and the APT Committee. In accordance with Office of Academic Affairs Handbook (Section II – Faculty Appointments: Senior Rank or Prior Service Credit), appointments at rank above Assistant Professor require approval by the APT Committee. The following procedures are followed:

- No fewer than five outside letters are obtained from experts fulfilling the criteria for letters obtained for promotion (see procedures for promotion).
- The candidate's dossier, outside review letters, and supporting letter from the Division Director to which the faculty member will be appointed are presented to the APT Committee. At the discretion of the Vice Chair for Academic Affairs, this may occur at either a meeting of the Committee or through posting of the dossier and supporting material on a secure web server.
- Committee members eligible to vote are members of the Tenure-Track of equal rank or higher than that proposed for the candidate (i.e., Associate Professors and Professors vote on Associate Professor appointments, and only Professors vote on Professor appointments).
- The recommendation of the Committee is advisory and the final decision for or against appointment at the proposed rank is at the discretion of the Department Chair.

2. CLINICAL FACULTY

The search process and review for senior level Clinical Faculty follows the same procedures as Tenure-Track faculty searches including solicitation of outside letters of evaluation. The requirement for national search can be waived by the Dean. A search committee is appointed, a national search conducted, and candidates are reviewed at the Division and Department level as appropriate. The same procedures are followed for senior rank Clinical Faculty appointments as described for Tenure-Track appointments.

2A. PROCEDURES FOR CLINICAL EXCELLENCE PATHWAY FACULTY

Procedures for appointing faculty in the Clinical Excellence Pathway are the same as the other pathways in the Clinical Faculty with the exception that external letters of review may be obtained from local and regional as well as national experts who are themselves recognized as exemplars of scholarship of practice. In its deliberations, the Department will ensure that the faculty candidate devotes at least 90% of his/her time to patient care or the administration of patient care.

3. RESEARCH FACULTY

The search process and procedures for appointment are the same as those for faculty in the Tenure-Track. The procedures for appointment for senior ranks in this track are the same as described for the Tenure-Track. As with other tracks, appointment at the level of Assistant Professor does not require a review and vote of the faculty.

4. ASSOCIATED FACULTY

Candidates for Associated Faculty appointments must indicate their proposed role in fulfilling the Department's mission. These individuals will provide a dossier including documentation of teaching/research credentials, time "in service" if at another institution, and academic reputation. All appointments require approval of the Department Chair or his/her delegate.

Paid Associated Faculty

Paid Associated Faculty who have appointments involving responsibilities within the Medical Center or its outreach sites will undergo an appointment process that is equivalent to that of Clinical Faculty of the same rank. Assistant Professors in this track may be appointed with the recommendation of the Vice Chair for Academic Affairs with or without consultation with the APT Committee, and with the final approval of the Department Chair. Appointments at a rank above Clinical Assistant Professor require outside review letters and the APT Committee's vote as done for Clinical Faculty. Outside review letters will differ in that there is the recognition that the faculty appointee will not be expected to have a national reputation, and will primarily be known for excellence in clinical care.

Unpaid Associated Faculty

All unpaid Associated Faculty appointed at any rank may be administratively recommended to the Department Chair after review by the Vice Chair for Academic Affairs or without consultation with the APT Committee. Faculty who participate primarily in the teaching of medical students enrolled in physical diagnosis, introduction to clinical medicine, or outpatient clinic rotations are primarily recruited by the College for this purpose.

5. COURTESY APPOINTMENTS

Any Department faculty member may propose a 0% FTE appointment for a Tenure-Track, Clinical Faculty or Research Faculty member from another University department. A proposal that describes the uncompensated academic service to the Department justifying the appointment will be reviewed by the Vice Chair for Academic Affairs and the Department Chair. They will determine whether this appointment will be recommended to the College. All courtesy faculty appointment will be consistent with the Department's APT document, the [University Faculty Rules](#), the Office of Academic

Affairs [Policies and Procedures Handbook](#), and the University's [Office of Human Resources](#).

6. REAPPOINTMENT OF CLINICAL FACULTY AND RESEARCH FACULTY

Reappointment occurs in the penultimate year of the faculty member's current appointment. For Clinical Faculty, the Division Director submits a recommended reappointment for 3-5 years. For Research Faculty, the Division Director submits the faculty member's CV, the College's funding checklist and a support letter to the Department Chair. The support letter indicates the requested number of years (1-5) for reappointment which cannot be for a period greater than there are non-general funds dollars available for their salary support.

If a Division Director is not supportive of reappointment of a faculty member, a letter from the Division Director outlining the reasons for non-reappointment will be reviewed by the Vice Chair for Academic Affairs and the Department Chair.

The Department Chair will make final recommendations which are then forwarded to the College.

7. REAPPOINTMENT OF PAID AND UNPAID ASSOCIATED FACULTY

Each year, the Department will provide to each Division Director a list of any faculty members in their division appointed to the Associated Faculty whose appointments are expiring. The Division Director will indicate which of these faculty members are to be reappointed and which are not. Those who are reappointed will receive a notification of their reappointment and a request to return a document accepting the reappointment. Those who are not to be reappointed will receive notification thanking them for their service and outlining the expected meaningful interactions with the Division and/or Department and stating that reappointment to the Associated Faculty may be reconsidered if those activities resume.

8. TRACK TRANSFER

Tenure-Track faculty may transfer to the Clinical Faculty or Research Faculty if appropriate circumstances exist. Tenure is lost upon transfer, and transfers must be approved by the Department Chair, the Dean, the Executive Vice President and Provost. 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.

Transfers from the Clinical Faculty and Research Faculty to the Tenure-Track are not permitted. Clinical Faculty and Research Faculty may apply for Tenure-Track positions and compete in regular national searches for such positions.

V. ANNUAL REVIEW PROCEDURES

All Department faculty members at all ranks on the Tenure-Track, Clinical Faculty and Research Faculty undergo an annual review. This is an important opportunity for faculty members to evaluate their career goals, their career development, as well as their needs and opportunities for further career growth. The Department uses a review document in which the faculty member lists career goals as well as achievements in specific domains including scholarship, education, clinical service, and leadership. Goals from the previous year are included in this document and there is an assessment as to success in achieving those goals and barriers to those that were not achieved. This document is discussed with the faculty member's Division Director at their annual review. During this discussion, the faculty member's goals for the next academic year should be mutually agreed upon as well as resources that may be available to support these goals. This is also an opportunity for faculty members to review benchmarks for promotion and discuss future plans for advancement in rank.

As a result of this discussion, all faculty members should have a clear understanding of their responsibilities and expectations for their distribution of time and achievements for the coming year. During this review meeting, any problems with performance that may affect the continued appointment to the faculty should be explicitly discussed. Following the annual review meeting, the Division Director will add her or his comments regarding the faculty member's achievement of goals and will specifically state agreed upon goals for the coming academic year. The faculty member will review the final document and must sign the document acknowledging agreement with the Division Director's comments and the accuracy of the review.

Each Division Director will meet with the Department Chair and the Vice Chair for Academic Affairs to discuss each faculty member's annual review. This is another opportunity to identify faculty members who may be considered for promotion in the forthcoming year. It is also an opportunity to identify faculty members who may not be advancing appropriately or whose performance is below the agreed upon goals with the Division Director. The Department Chair and Vice Chair for Academic Affairs will discuss possible avenues to support improvement in performance and achievement of goals.

The Department Chair may add his/her own comments to the annual review if it is deemed necessary or differs from the Division Director's review. **It is essential that all faculty reviews are accurate and clearly delineate areas in which performance has not been satisfactory as well as indicating areas of achievement and success.**

A. REVIEW PROCEDURES: PROBATIONARY TENURE-TRACK FACULTY

1. FOURTH-YEAR MANDATORY TENURE REVIEW

Each faculty member in the fourth year of probationary service must undergo a review. The objective of this review will be to determine if adequate progress toward the achievement of promotion and tenure is being made by the faculty member. External review letters are not solicited but the faculty member prepares a dossier equivalent to that used for application for promotion. The dossier is reviewed and voted on by the

Tenure-Track members of the APT Committee and a written summary of accomplishments and areas requiring improvement is prepared. The results of this review are summarized in a letter by the committee member performing the review and this letter is further reviewed and edited as required by the committee chair. The review letter is then forwarded to the Vice Chair for Academic Affairs and the Department Chair for further review. They will collaborate in writing the Department's probationary review letter, which is then forwarded to the College.

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 APT Advisory 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 independently evaluates all faculty in their fourth year of probationary appointment and will provide the Department Chair with a written evaluation of the candidate's progress.

2. EIGHTH-YEAR MANDATORY TENURE REVIEW

The eighth-year review for Tenure-Track faculty with clinical responsibilities is performed following the procedures stated above for the fourth-year review.

3. EXCLUSION OF TIME FROM PROBATIONARY PERIOD

University guidelines for Exclusion of Time from Probationary Period are specified in University Faculty Rule [3335-6-03](#) (D), and are reproduced as follows:

(1) There are three circumstances under which probationary tenure-track faculty may obtain an exclusion of time from probationary periods. These exclusions are intended to recognize that there are factors that can impact the ability of probationary faculty to meet the criteria for tenure within the probationary period outlined in paragraph (B) of this rule. A request to exclude time from the probationary period for any of the reasons listed in paragraphs (D)(1)(a) to (D)(1)(c) of this rule must be made prior to April first of the year in which the mandatory review for tenure is scheduled to occur.

(a) A probationary tenure-track faculty member will have time excluded from the probationary period in increments of one year to reflect the caregiving responsibilities associated with the birth of a child or adoption of a child under age six. This exclusion is guaranteed provided the faculty member informs the head of her/his tenure initiating unit, the dean, or the office of academic affairs in writing within one year of the birth or the adoption unless the exclusion of time is prohibited by paragraph (D)(3) of this rule., and no later than April first of the mandatory review year. It is the responsibility of the unit head to inform the college dean and office of academic affairs of the birth or adoption. The probationary faculty member may decline the one-year exclusion by informing her/his unit head in writing before April first of the original mandatory review year. The maximum amount of time that can be excluded from the probationary period per birth event or adoption is one year.

(b) A probationary tenure-track faculty member may apply to exclude time from the probationary period in increments of one year because of personal illness, care of a seriously ill or injured person, an unpaid leave of absence, or factors beyond the faculty member's control that hinder the performance of the usual range of duties associated with being a successful university faculty member, i.e., teaching, scholarship, or service. Requests to exclude time from the probationary period made under the terms of this paragraph must be submitted in writing to the head of the faculty member's tenure initiating unit within one year of the illness, care, or other factors. Requests shall be reviewed by the tenure initiating unit promotion and tenure committee which shall advise the head of the tenure initiating unit regarding the appropriateness of the request. In units that do not have a promotion and tenure committee, the eligible faculty shall review the request. Such requests require approval by the head of the tenure initiating unit dean, and executive vice president and provost. A request to exclude time from the probationary period for any of these reasons must be made prior to April first of the year in which the mandatory review for tenure must occur. The extent to which the event leading to the request was beyond the faculty member's control, the extent to which it interfered with the faculty member's ability to be productive and the faculty member's accomplishments up to the time of the request will be considered in reviewing the appropriateness of the request.

(c) Probationary tenure-track faculty members on less than full-time service for part or all of their probationary period may request an exclusion of time from the probationary period on the basis that they are less than-full time. Such requests require approval of the tenure initiating unit chair, dean, and executive vice president and provost. The exclusion shall be for an integral number of years based on the principle that the usual probationary period represents full-time service. The maximum permissible exclusion of a probationary period under this paragraph is one year for a probationary instructor, three years for a probationary assistant professor and two years for a probationary associate professor or professor.

(2) A request to exclude time from the probationary period for any reason will not be granted after a nonrenewal notice has been issued nor will previously approved requests to exclude time from the probationary period in any way limit the university's right not to renew a probationary appointment.

(3) Except in extraordinary circumstances, a maximum of three years can be excluded from the probationary period for tenure track faculty for any reason or combination of reasons covered in the provisions in paragraphs (D)(1)(a) and (D)(1)(b) of this rule. For probationary faculty who are on appointments of less than full time, the maximum is four years for an instructor, six years for an assistant professor, and five years for an associate professor or professor for any reason or combination of reasons covered in the provisions in paragraphs (D)(1)(a), (D)(1)(b), and (D)(1)(c) of this rule. Exceptions require the approval of the tenure initiating unit chair, dean, and executive vice president and provost.

(4) Tenure-track faculty members will be reviewed annually during their probationary periods regardless of whether time is excluded from that period for any of the above reasons unless their absence from campus during an excluded period makes conduct of such a review impractical.

(5) For purposes of performance reviews of probationary faculty, the length of the probationary period is the actual number of years of employment at this university less any years of service excluded from the probationary period under the terms of this rule. Expectations for productivity during the probationary period cannot be increased as a consequence of exclusions of time granted under the terms of this rule. Probationary faculty who are on part-time appointments should be reviewed in the context of their reduced duties.

(6) The exclusion of time granted under for reasons specified in this rule in no way limits the award of promotion and tenure prior to the mandatory review year.

B. REVIEW PROCEDURES: ASSOCIATED FACULTY

Associated Faculty members are appointed on a one- to three-year basis and there is no presumption of reappointment. When considering reappointment of Associated Faculty, their contribution to the Department must be assessed 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. The exception to the above is that paid full-time Associated Faculty (being reappointed at 75% or greater FTE) are required to have a written annual review conducted by the Department Chair or the Chair's designee as described above for other faculty tracks.

VI. MERIT SALARY INCREASES AND OTHER REWARDS

Merit salary increases and other rewards made by the Department are consistent with its APT document and other relevant policies, procedures, practices, and standards established by the [College](#), the [University Faculty Rules](#), the Office of Academic Affairs [Policies and Procedures Handbook](#), and the University's [Office of Human Resources](#).

A. MERIT SALARY INCREASES AND OTHER REWARDS: CRITERIA

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.

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 36 months, with attention to patterns of increasing or declining productivity. Faculty with high-quality performance in all three areas of endeavor and a pattern of consistent professional growth will necessarily be favored. Faculty members whose performance is unsatisfactory in one or more areas are likely to receive minimal or no salary increases.

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.

B. MERIT SALARY INCREASES AND OTHER REWARDS: PROCEDURES

Each faculty member must undergo an annual review utilizing the principles outlined in Section V of this document. The Department Chair or the Chair's designee will compare the faculty member's performance to stated expectations and to those recorded in the APT document, and then determine an appropriate level of merit salary increase (if any). Other rewards will be determined in a similar manner.

C. MERIT SALARY INCREASES AND OTHER REWARDS: DOCUMENTATION

Documentation for the purposes of determining merit salary increases will use the same standards as are applied for considerations of promotion and/or tenure. These standards are described in Section VII of this document.

VII. PROMOTION AND TENURE, AND PROMOTION REVIEWS

A. PROMOTION AND TENURE, AND PROMOTION REVIEWS: CRITERIA

Outlined below are the Department's formal criteria for academic advancement, including promotion on each faculty track and awarding of tenure. When the Department forwards the dossier of a candidate for review by the College and has recommended promotion and/or granting of tenure, every diligent effort has been made to ensure the qualifications of the candidate meet or exceed applicable criteria.

In evaluating a candidate's qualifications in teaching, scholarship, and service, reasonable flexibility will be exercised. As the College diversifies and places new emphasis on interdisciplinary endeavors and program development, instances will arise in which the scholarly work of a faculty member may depart from established academic patterns, especially with regard to awarding tenure. Thus, care must be exercised to apply criteria flexibly, but without compromise in requiring the essential qualifications for promotion. Insistence upon this high standard for faculty is necessary for the maintenance and enhancement of the University as an institution dedicated to the discovery and transmission of knowledge.

Although institutional citizenship and collegiality cannot be used as an independent criterion for promotion or tenure, these positive attributes characterize the ability of a 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 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 of Professional Ethics" of the American Association of University Professors (see Appendix C).

Annually, the University's Office of Academic Affairs establishes specific guidelines, procedures, and schedules for the review of candidates for promotion and tenure. The Dean also establishes and communicates the latest date for the receipt of dossiers for annual consideration by the College. Upon receipt of a candidate's dossier, the Dean will submit the dossier to the College's APT Advisory Committee for formal review. The committee will review the dossier, consistent with responsibilities described in Section X of this document, and convey to the Dean in writing a recommended action to be taken. The Dean will consider the recommendations of the committee and will convey, in writing, a recommended action to the Executive Vice President and Provost.

1. PROMOTION OF TENURE-TRACK FACULTY

A. PROMOTION TO ASSOCIATE 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 significance and recognition of scholarship. In addition, excellence in teaching and outstanding service to the University is required, but alone is not sufficient for promotion and awarding of tenure. These three key achievements (scholarship, teaching and service) are individually discussed below.

Achievement of a national reputation is a prerequisite for promotion to Associate Professor and awarding of tenure. Objective **examples** of a national reputation include service on NIH or equivalent grant review panels, participation on federal steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of 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. Due to the extensive variation in disciplines encompassed by the Department, it is difficult to establish expectations for journal impact factors or other metrics such as the H-index. However, all members of the faculty should strive to publish in the highest quality journals in their field and should provide indication of the relative caliber of those journals in their discipline. The number of times a journal article is cited is further evidence of a paper's impact. A sustained record of high quality and quantity of scholarly productivity as an Assistant Professor is required for promotion to the rank of Associate Professor. A suggested range of publications at time of promotion is 20 to 40 peer reviewed manuscripts reporting original work. In general, a target of 25 papers since time of appointment to the College of Medicine is a recommended range if the candidate was previously appointed to the faculty at another institution. However, these are ranges that suggest a scope of achievement and not an inflexible requirement for promotion. Specific metrics in support of excellence in scholarship may be discipline-specific. For example, clinician investigators will have less time available for research than basic investigators and appropriate adjustments of these criteria should be made. The range of publications may be slightly adjusted in relation to the proportion of the faculty

member's effort that is allocated to clinical service. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; **or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.**

Evidence of sustained or multiple grant support is another crucial indicator of expertise in the field. Candidates for promotion to Associate Professor with tenure who are without significant clinical responsibilities must have obtained NIH funding as a principal investigator (PI) on an R01 grant or as one of several program directors or principal investigators (multiple-PD/PI) on a large NIH grant i.e., multicenter R01 or equivalent such as a project on a P01, U54), equivalent funding from the National Science Foundation (NSF) or have obtained a mid-career K award. They should ideally have demonstrated sustainability of their research program by renewal of the NIH award and/or by garnering a second distinct NIH grant and/or another nationally competitive, peer-reviewed grant. The latter may include support from prominent national charitable foundations (e.g., American Heart Association, American Diabetes Association, American Cancer Society, the Lupus Foundation, or the March of Dimes), a major industry grant, or other federal entities such as the Centers for Disease Control and Prevention or the Department of Defense.

For clinicians seeking tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. For example, a 25-50% clinical commitment might reduce the suggested range of publications by 25%. However, evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above as a prerequisite to tenure and/or strong publication record coupled with clear evidence of a national reputation for clinical excellence and innovation. Similar accommodations can be made on the basis of educational commitments.

As noted, faculty members are encouraged to collaborate with other investigators and are encouraged to meet the requirement for extramural support for their research as a one of several program directors or principal investigators on network-type or center grants or, in some circumstances, by serving as a co-investigator on multiple NIH grants. For clinicians, sustained funding through pharmaceutical or instrumentation companies for investigator-initiated proposals is acceptable. Similarly, faculty members who generate support for their research programs through creation of patents that generate licensing income or spin-off companies will meet the equivalent criteria of extramural funding.

Beyond basic and translational laboratory investigation, development of innovative programs in clinical science, public health and community research, comparative effectiveness research, implementation science, and diffusion research are acceptable fields of inquiry in this track.

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 while a faculty member at the University. It should be appreciated that evidence of scholarship below the specified range does not preclude a positive promotion decision and that 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.

Entrepreneurship is a special form of scholarship valued by the College. Entrepreneurship includes patents and licenses of invention disclosures, software development, and materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, formation of startup companies and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the College 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 revenues 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 distinctive record of teaching and mentoring excellence is required for promotion and tenure. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also highly supportive of teaching excellence. A faculty member may also demonstrate a favorable impact on teaching and training programs, including curricular innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of innovative programs having significant impact that integrate teaching, research and patient care are valued.

Teaching excellence is most commonly demonstrated in this track through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. Active participation as a mentor in training grants such as NIH T32 or K-awards, F31, F32 or other mentored fellowship awards for graduate students or postdoctoral fellows is highly valued as a teaching and mentoring activity.

Service: Service includes administrative service to the University, excellent patient care, 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 can include appointment or election to Department, College, hospital, and/or University committees and mentoring activities. Evidence of professional service to the faculty member's discipline can include journal editorships, reviewer for journals or other learned publications, offices held and other service to local and national professional societies. Evidence of the provision of professional expertise to public and

private entities beyond the University includes: service as a grant reviewer including service on ad hoc or regular NIH study sections, serving as an external program examiner, service on panels and commissions, program development, professional consultation to industry, government, and education. Professional expertise provided as compensated outside professional consultation alone is insufficient to satisfy the service criterion.

As noted throughout this document, requirements for advancement will vary for each faculty member based on their specific clinical expectations.

B. PROMOTION TO ASSOCIATE IN ADVANCE OF TENURE

Promotion to Associate Professor in advance of tenure is available to faculty members with 11-year probationary periods. The Department may propose a faculty member for promotion to Associate Professor in advance of tenure when the faculty member has attained a level of achievement that demonstrates that she or he is making significant progress towards tenure, but has not yet satisfied all the expectations for its award. In addition, the Tenure-Track members of the APT Committee or the Department Chair 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 final 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 final mandatory review year, whichever comes first.

Scholarship: Qualitative indicators consistent with promotion in advance of tenure might include an advancing record of scholarly excellence that demonstrates substantial progress toward meeting the scholarship expectations for the award of tenure. This may be demonstrated by publications in high quality peer-reviewed journals, evidence of emerging external recognition, and progress toward an extramurally supported research program. An example might be clear evidence of escalating productivity indicating acquisition of momentum that will propel the candidate toward the sustained record of productivity required for tenure. Publications in journals of lesser impact that reflect the preliminary stages of development of a research career, or a predominance of publications in which the candidate is not first or senior author are also examples. A suggested range of publications at time of promotion is 10 to 25 peer reviewed manuscripts reporting original work. In general, a target of 15 to 20 papers since time of appointment to the College of Medicine is a recommended range. However, these are ranges that suggest a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; **or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.** Criteria for a promising trajectory in extramural funding might be reflected by serving as a PI or multiple-PD/PI on a new NIH grant award, as co-investigator on several NIH projects, as PI on local extramural grants,

or as local PI for multi-center clinical trials may also meet the requirement of extramural funding. Evidence of an emerging national recognition might include invitations to lecture at statewide or regional institutions or scientific meetings. Although the quality of scholarship is of the utmost importance, quantity is also important, and the record of accomplishment must demonstrate discovery of a substantial body of important, new knowledge.

It is noted that scholarship below the suggested benchmarks does not preclude promotion in advance of tenure nor does achievement beyond guidelines for promotion in advance of tenure assure promotion. See section VII.1.a for a discussion of quality metrics for publications. As for promotion with tenure, expectations for scholarly achievement must be calibrated based on the clinical commitment of the faculty member.

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, a clear trend of improving teaching evaluations, or divisional (as opposed to department or college-wide) teaching awards. Teaching excellence may also be demonstrated through evaluations for presentations at other academic institutions, scientific or professional societies or other hospitals.

Service: Indicators of service consistent with promotion in advance of tenure might include a sufficient volume of outstanding service; or service as a member or chair of committees within the Department or College, but the absence of significant service roles at the national level. This might also include activities as an ad hoc reviewer for journals, or service on the advisory board for local organizations.

B. PROMOTION TO PROFESSOR

Awarding promotion to the rank of Professor with tenure must be based upon convincing evidence that the candidate has a sustained, eminent record of achievement recognized nationally and internationally. 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.

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.

See Section VII.A.1.A for a discussion of quality metrics for publications. Candidates for promotion to Professor should ideally have 25-35 peer-reviewed publications since their promotion to Associate Professor. However, this is a range that suggests a scope of achievement and not an inflexible requirement for promotion. As noted above, participation in collaborative, multidisciplinary research and team science is highly

valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding; **or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.** Clear evidence of an international reputation including: election to a leadership position in an international society or repetitive appointments to a national office, 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, and editorships and lectures in international venues. Candidates for promotion will be expected to have developed and maintained nationally competitive and peer-reviewed extramural funding to support their research program including sustained NIH funding. At a minimum, basic science candidates for promotion to Professor must be a PI or multiple-PD/PI on at least one NIH funded R01 or equivalent grant with a history of at least one competitive renewal and another nationally competitive grant, or have simultaneous funding on two NIH awards.

For clinician scientists seeking promotion to Professor with tenure, accommodation should be made for the time devoted to clinical practice as reflected in percent effort or average RVUs/FTE. However, for those with 25-50% clinical effort evidence of at least co-investigator status in one of the grant categories listed above is a prerequisite to tenure. For clinicians with a greater than 50% clinical commitment there should be either evidence of co-investigator status in one of the grant categories listed above and/or strong publication record coupled with international recognition of clinical excellence. Similar accommodations can be made on the basis of educational commitments.

Teaching and Mentoring: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. Evidence for exemplary teaching includes outstanding student and peer evaluations, course or workshop leadership and design, a training program directorship, teaching awards, organization of national course and curricula, and/or 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.

Mentorship of junior faculty may also demonstrate teaching excellence. 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 mentoring relationships by submitting mentees' evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the College the University, and/or national and international professional societies. Service can include leadership roles on University 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.

2. PROMOTION OF CLINICAL FACULTY

Clinical Faculty members have a greater responsibility for clinical teaching and patient care 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 in this track, and less emphasis on traditional scholarship.

Clinical Faculty members may continue their service to the Department, College 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 Department, College and the University are best served when all faculty members, in all tracks, strive for continued improvement in all academic areas as measured by meeting or exceeding the requirements for promotion to the next faculty rank.

Promotion to the rank of Associate Professor for 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 typically pursue careers as clinician scholars, clinician educators or experts in the scholarship of practice (i.e., clinical excellence).

A. PROMOTION TO ASSOCIATE, CLINICIAN EDUCATOR PATHWAY

Promotion of Clinical Faculty to the rank of Associate Professor in the Clinician Educator Pathway should be based upon convincing evidence that 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.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are necessary evidence of teaching excellence. Candidates should demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of, innovative programs that have significant impact and that integrate teaching, research and patient care are particularly valued. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring 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. Evidence of service can include membership on Department, College, Medical Center, or University committees, or mentoring activities.

Scholarship: The candidate should demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications and scholarly review articles focused

on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules. 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 range of 10-15 scholarly written or digital publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Associate Professor. However, this range does not represent an inflexible requirement for promotion.

B. PROMOTION TO PROFESSOR, CLINICIAN EDUCATOR PATHWAY

Promotion of Clinical Faculty to the rank of Professor in the Clinician Educator pathway must be based upon convincing evidence that the candidate has developed a national level of leadership or international recognition as a teacher since being appointed to the rank of Associate Professor.

Teaching and Mentoring: A distinctive record of sustained superlative teaching and mentoring excellence is required for promotion. Excellence is demonstrated by sustained positive evaluations by students, residents, fellows, local colleagues and national peers. Multiple teaching awards and other honors are indicative of this level of teaching excellence. Candidates must demonstrate favorable impact on teaching and training programs, including curriculum innovation, new teaching modalities or methods of evaluating teaching, and program or course development. Development of multiple innovative programs with significant impact and that integrate teaching, research and patient care are valued. Teaching excellence may also be demonstrated through participation in specialty boards such as Resident Review Committees, specialty boards and the Accreditation Council for Graduate Medical Education.

Mentorship of junior faculty may also demonstrate teaching excellence. 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 mentoring relationships by submitting mentees' evaluations.

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. Evidence of service can include appointment or election to College, Medical Center, and/or University committees and mentoring activities. Evidence of professional service to the faculty member's discipline should include journal editorships, and offices held and other service to national professional societies.

Scholarship: The candidate must demonstrate sustained contributions to scholarship as reflected by authorship of peer-reviewed journal publications (16-30) and scholarly review articles focused on pedagogic theory, innovative teaching techniques or development of web-based or video-teaching modules. As noted above, 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 range of 16 to 30 scholarly written or digital publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Professor. However, this range does not represent an inflexible requirement for promotion.

C. PROMOTION TO ASSOCIATE, CLINICIAN SCHOLAR PATHWAY

Promotion of Clinical Faculty to the rank of Associate Professor in the Clinician Scholar pathway is based on convincing evidence that the candidate has developed a national level of impact and recognition as a clinician scientist since being appointed to the rank of Assistant Professor.

Teaching and Mentoring: A distinctive record of teaching and mentoring excellence is required for promotion. Excellence is demonstrated by positive evaluations by students, residents, fellows, local colleagues and national peers. Teaching awards and other honors are also supportive of teaching excellence. Teaching excellence must be demonstrated through evaluations and peer feedback based on presentations at other academic institutions, presentations or tutorials at scientific conferences or meetings, presentations at other medical centers or hospitals, and the like. 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: The candidate must demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational or clinical research projects or in clinical trials. 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 study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. A range of 15 or more publications of this type at time of promotion is suggested as a scope of work consistent with promotion to Associate Professor. However, this range does not represent an inflexible requirement for promotion. Participation in collaborative multidisciplinary research and team science is highly valued even though it may result in "middle" authorship, as long as the faculty member's unique contribution can be discerned. Faculty on this track should have acquired external funding in support of their program of scholarship. Candidates should have a track record of being investigators in foundation, industry or NIH studies. Entrepreneurship and appropriate commercialization of new discoveries are also evidence of scholarly activity as described in Section VII.A.1.A and will be viewed most favorably.

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. Evidence of service can include membership on Department, College, Medical Center, and/or University committees and mentoring activities.

D. PROMOTION TO PROFESSOR, CLINICIAN SCHOLAR PATHWAY

Promotion of Clinical Faculty to the rank of Professor in the Clinician Scholar pathway must be based upon convincing evidence that that the candidate has developed national leadership or international recognition as a clinician scientist since being appointed to the rank of Associate Professor.

Teaching and Mentoring: A record of teaching excellence as an Associate Professor must continue to justify promotion to the rank of Professor. The faculty member should have made unique contributions of significant impact to the teaching mission as an Associate Professor. Active participation as a mentor in training grants such as NIH T32 or K-awards and other such mentored programs is highly valued as a teaching and mentoring activity.

Mentorship of junior faculty may also demonstrate teaching excellence. 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 mentoring relationships by submitting mentees' evaluations.

Service: Promotion to the rank of Professor requires service with distinction to the College, the University, and in a national context. The faculty member should have made new service contributions of significant impact as an Associate Professor. Candidates should have led the development of new and innovative clinical or clinical research programs which received national recognition and participated in leadership positions of learned academic education professional societies.

Scholarship: The candidate must demonstrate contributions to scholarship as reflected by authorship of peer-reviewed journal publications, scholarly review articles and case reports, and participation in basic, translational and/or clinical research projects or in clinical trials. 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 expertise was essential to study design, study implementation, data acquisition, data interpretation and manuscript preparation are regarded as having merit equivalent to those that are first or senior author. A range of 15 or more scholarly publications since time of promotion or appointment to the Department is suggested as a scope of work consistent with promotion to Professor. However, this range does not represent an inflexible requirement for promotion.

Faculty members on this track should ideally have been co-investigators on multiple NIH, Pharma, or major national clinical trials. Entrepreneurship and inventorship are also evidence of scholarly activity, as described in Section VI.A.1.A and will be viewed most favorably.

E. PROMOTION TO ASSOCIATE PROFESSOR, CLINICAL EXCELLENCE PATHWAY

A faculty member assigned major responsibilities (90% time or greater) for clinical care and clinical administrative activities they may seek promotion for excellence in activities categorized as “scholarship of practice” (or “scholarship of application”). The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments; however, their unique contributions serve to enhance the national recognition of the Department, College, Medical Center or University. Their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition. Metrics should include consistent rankings among the Nation’s elite in the Castle-Connolly or U.S. News Physicians Survey or similar entities (e.g., Best Doctors, Inc.). At a minimum they should demonstrate:

1. Referral patterns beyond the typical distribution for their discipline, which demonstrates a reputation external to our organization as “best in class”.
2. Referral of the most complex and sickest patients which identifies those physicians with clinical skills beyond their peers.
3. Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
4. Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to University Medical Center patients.
5. A sustained track record of exemplary clinical leadership and unique program development within the institution.
6. 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.
7. Demonstration of collaboration with researchers and educators in the Department and beyond.

Promotion to the rank of Associate Professor on the Clinical Excellence Pathway must be based upon convincing evidence that the candidate has demonstrated a level of excellence and a record of impact beyond the usual physician’s scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems.

The Department in accordance with the College guidelines for creation of a Clinical Excellence Pathway has defined metrics for promotion based on criteria relevant to Internal Medicine. This pathway is not to be mistaken for an easier route to promotion, but provides an alternate based on rigorous criteria for those whose primary activity and interest is in Clinical Practice. Promotion will require presentation of tangible and credible evidence by the clinical faculty of not only achievement of their goals, but also of excellence and impact in their respective clinical area, related to the scope of their practice.

According to Boyer's taxonomy, scholarship exists in the domains of Discovery, Integration, Application and Teaching (Boyer EL. Scholarship reconsidered. Priorities of the Professoriate. The Carnegie Foundation for the Advancement of Teaching. Lawrenceville, NJ: Princeton University Press. 1990). Scholarship of practice is scholarship of application as defined by Boyer. Due to the diverse nature of the activities of clinical faculty, scholarship of practice can be evidenced in a wide variety of behaviors but all must have demonstrable impact on practice and patient care. While excellence in patient care is expected of all clinicians, scholarship of practice denotes new contributions to patient management, approaching new patient populations, quality initiatives, and other innovations that advance the field of practice. Other important criteria relate to the level of excellence as well as achievement of reputation. Citizenship and service are certainly required to fulfill the basic criteria before these special attributes can be considered for promotion.

Evaluation for promotion based on scholarship of practice requires that the candidate document specific metrics of practice innovation and impact including changes in quality metrics, numbers of patients served and dissemination of innovation to other practice sites. It is important to highlight the importance, originality and significance of the clinical work that is being cited for promotion.

As with all applications for promotion, external review letters will be solicited. However, the nature of the external reviewers will differ from the usual expert reviewers who are remote professionally and often geographically from the candidate. Review based on scholarship of practice may require the objective evaluation of local expert clinicians outside the University but who may refer patients to the candidate or who have collaborated on patient care with the candidate. The careers of these experts will differ from the external reviewers in other pathways in being characterized by excellence in patient care rather than a history of scholarly publications or grant funding.

The following are criteria for promotion to Associate Professor in the Clinical Excellence Pathway (See Table 8 for behaviors and impact characterizing scholarship of practice).

Basic requirements: Achievement of clinical goals for service
Citizenship

Promotion criteria: Demonstration of excellence: Expertise in clinical field
Demonstration of reputation: At least local or regional

Demonstration of impact: Limited impact locally or regionally
 (All 3 areas are important, but are not mutually exclusive)

F. PROMOTION TO PROFESSOR, CLINICAL EXCELLENCE PATHWAY

Promotion to Professor in the Clinical Excellence Pathway requires the benchmarks for Associate Professor with additional evidence of regional or national impact on practice or involvement with regional and national programs of patient care, practice innovation, and advancement of quality of care.

Basic requirements: Achievement of clinical goals for service
 Citizenship

Promotion criteria: Demonstration of excellence: Leadership in clinical field
 Demonstration of reputation: National
 Demonstration of impact: Wider impact preferably regional/national
 (All 3 areas are important, but are not mutually exclusive)

The table in this section relative to promotion is only a summary of the guidelines for promotion and do not convey the flexibility and judgment that must be exercised in the recommendation for or against promotion. Faculty should consider the entirety of the document text in addition to the summary tables.

Table 8. Suggestions/Examples of areas in which clinicians can achieve excellence, reputation or impact for promotion to Associate Professor or Professor
 (Please note that this is not an exhaustive list and the areas mentioned are only examples.)

CRITERIA	CONTENT	EXAMPLES OF ACTIVITY OR MEASUREMENT	COMMENTS
Practice Quality Improvement	Efficiency Access Volume	Helping EMR improvement process Will need to show data supporting these (e.g. decreased wait time, improved flow for outpatients, decreased medication errors)	Have you improved practice, how? Some quality improvement processes may be measurable
Practice Development and Growth	New Area of Practice/Therapeutics Innovation Extension of practice to new population	Developing interventional nephrology or pulmonary programs Development of new methods of clinical monitoring for specific disease processes or treatment New drug therapy development/trial Women’s Health Rare disease clinics	Have you served an area of need for patient care?

CRITERIA	CONTENT	EXAMPLES OF ACTIVITY OR MEASUREMENT	COMMENTS
Patient-related Outcomes and Improvements	Practice Area Focus Improving patient satisfaction Improving patient safety	Excellence in treatment of hyperlipidemia, glomerulonephritis, etc Depression screening in cardiac patients Implementing processes that can potentially be duplicated	Various outcome measures could be tracked
Practice-Related Awards	Local/Regional/National Community recognition	Best Doctors Top Doctors, etc Impromptu letters from peers	Measurable
Professional Clinical Education and/or Mentoring Efforts	Lectures Student / Housestaff supervision Peer mentoring Grand Rounds CME / Curriculum development (internal or external) Scientific event participation	Regular and insightful participation Providing on time evaluations and feedback Judging for science fair	Time involvement can be measured vis a vis impact Evaluations are measurable Grand Rounds and CME development would be considered higher impact than routine lectures
Participation in Community / Societal Outreach, Education Development and Impact	Public events Support groups Advocacy Campaigns Philanthropic efforts Board of Trustees Media coverage	Heart/Kidney Foundation participation Fundraising for particular disease cause	
Research Collaboration	Clinical Research support	Direct involvement in study recruitment Providing clinical phenotype	Show effort and impact
Leadership (Internal and External)	Internal External professional organizations	Committees, role model for peers, judging for science fair etc Lead physician/Medical Director Office bearer	

3. PROMOTION OF RESEARCH FACULTY

The criteria for promotion of Research Faculty focus on original research accomplishments. The standards for promotion are comparable to those for the Tenure-Track Faculty for each faculty rank with the exception of classroom teaching. These

faculty members participate in education through mentorship of developing scientists and students.

A. PROMOTION TO RESEARCH ASSOCIATE PROFESSOR

Scholarship: Scholarship is broadly defined as the discovery and dissemination of new knowledge. Achievement of excellence in scholarship is demonstrated by discovery of 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, etc. Participation in collaborative, multidisciplinary research and team science is highly valued, especially to the extent that a faculty member's record of collaborative scholarship includes manuscripts on which authorship is first, senior, or corresponding, or the individual input of the faculty member as a middle author is uniquely contributory and clearly evident.

The development of a competitive, innovative and distinctive program of scholarship is also evidenced by acquisition of peer-reviewed, nationally competitive extramural support as a PI or multiple-PD/PI or as co-investigator on several awards. Similarly, status as core director in a program grant is an acceptable criterion for extramural funding.

Although funding by the NIH is highly desirable, it is not required for promotion on this track. Other nationally competitive, peer-reviewed funding, including support from national charitable foundations (e.g., American Heart Association or American Cancer Society), industry, or federal entities such as the Centers for Disease Control and Prevention and the National Science Foundation will satisfy the criterion for nationally competitive peer-reviewed funding should evidence exist for a sustained record of funding from these types of agencies. Faculty members are encouraged to collaborate with other investigators and may therefore meet the requirement for extramural support for their research as a co-investigator on NIH awards, or other comparable roles on awards from private foundations. Funding through pharmaceutical or instrumentation companies for investigator initiated proposals, or as local principal investigator for multi-center trials also meets the requirement of extramural funding. Similarly, faculty members who generate support for their research programs through their contribution to the creation of patents with associated license-derived income or spin-off companies also meet the criteria for extramural funding. It is expected that the successful candidate will have a sustained record of 100% salary recovery from extramural sources.

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. Publication as at least a co-author in the field's highest impact factor journals is an important variable that converges with other factors such as the extent of external funding, invited lectures, invited manuscripts, editorial boards, peer-review panels, and

external letters of evaluation in the decision to promote. 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.

Entrepreneurship is a special form of scholarship valued by the College.

Entrepreneurship includes, but may not be limited to, invention disclosures, software development, materials transfers (e.g., novel plasmids, transgenic animals, cell lines, antibodies, and similar reagents), technology commercialization, patent and copyrights, formation of start-up companies, and licensing and option agreements. Inasmuch as there are no expressly defined metrics for entrepreneurship, the Department will exercise flexibility in interpreting these accomplishments as metrics for promotion. 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 revenues 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 dossier.

Criteria: Promotion to Rank of Research Associate Professor

Promotion to Research Associate Professor in the Department is awarded to those faculty members presenting compelling evidence of a career productive of high impact research. Effective teaching in the form of research mentorship of graduate students, residents, and fellows is a further characteristic of the faculty member advancing to Associate Professor.

Specific benchmarks include the following:

1. Funded research projects including at least one externally funded proposal reflecting national peer respect for the candidate's research program are expected. If the faculty member is not principal investigator, he/she must document a significant scientific role as a collaborator on funded research programs with original, independent, and innovative contributions to the research program which exceed simple technical expertise. It is recognized that the current era of medical investigation often requires the integration of multiple investigators with differing expertise. Therefore, faculty with meaningful participation and essential contributions to such efforts must be recognized and rewarded for these activities, even if not the principal investigator for such projects.

2. A substantial record of research publication in refereed journals as first author or as co-author with significant contribution. The publications should reflect consistent productivity over years. It is emphasized that although peer review funding is one benchmark of academic achievement and recognition, the ultimate realization of a successful research program is publication of novel findings in high impact peer-reviewed journals. **It is important to note that although a record of peer review funding is one sign of academic success and recognition, it does not replace the**

ultimate goal of contribution to new medical knowledge through publications in high impact journals. In general, candidates for promotion to Research Associate Professor will have published in the range of 20 to 25 peer-reviewed publications or the equivalent in peer-reviewed scholarship. It is expected that this work will consist predominantly of publications or scholarly works for which the faculty member is a primary author as evidenced by contribution of twenty percent or more of the total effort of the work, or for which he or she is first or senior author. These publications and works should reflect original innovative scholarly work in the faculty member's field of expertise. It is further expected that at least 10 to 15 of these works will have been published since the faculty member's appointment to the rank of Research Assistant Professor.

B. PROMOTION TO RESEARCH PROFESSOR

Promotion to the rank of Research Professor must be based upon convincing evidence that the candidate has developed a national leadership role or an international level of impact and recognition.

Scholarship: A sustained record of external funding and an enhanced quality and quantity of scholarly productivity as a Research Associate Professor is required for promotion to the rank of Research Professor. Clear evidence of national leadership and/or an international reputation must be achieved. Examples of such a national reputation include service on NIH or equivalent grant review panels, participation on steering, guideline or advisory committees, selection for service in a national professional society, invitation for lectureships or scholarly reviews, receipt of national scientific awards, external letters of evaluation and other measures of national impact.

B. PROMOTION AND TENURE, AND PROMOTION REVIEWS: PROCEDURES

Review of applications for promotion or tenure is performed by the Department's APT Committee. The APT committee represents the opinion of the eligible faculty members and constitutes a voice separate from the Department Chair who formulates his or her own decision regarding the support of a faculty member's promotion.

1. REVIEW PRIOR TO APPLICATION FOR PROMOTION

Each year, the Department will ask Division Directors to provide names faculty members who the Director believes may have achieved benchmarks for promotion. These faculty members will submit their dossiers to the APT Committee External review letters will not be solicited at this point. The Committee will conduct a pre-review of the potential candidates for promotion according to procedures the committee determines are most effective and appropriate. University Faculty Rule 3335-6-04 states "a faculty member may ask to be considered for non-mandatory promotion and tenure review or for promotion review at any time; however, the tenure initiating unit promotion and tenure committee may decline to put forth a faculty member for formal non-mandatory promotion and tenure review or promotion review if the candidate's accomplishments are

judged not to warrant such review. The promotion and tenure committee may not deny Tenure-Track Faculty a formal review for promotion more than one year.” It is further stated in the University Faculty Rules that procedures pertaining to the screening of clinical faculty shall be “consistent with review procedures established for tenure-track faculty.” Accordingly, the Committee will determine as a result of its review whether a faculty member will go forward for consideration for promotion and/or tenure. This determination by the Committee is final.

All faculty members reviewed by the Committee will receive a written summary indicating the Committee’s decision. For those not recommended to proceed with their promotion application, the summary will include areas that require further achievement. For those recommended to proceed with their application, the summary will include areas to further emphasize or revise in their dossier. **NOTE: Addressing the areas listed in the summary does not assure that a faculty member will be recommended to proceed with promotion in the future or that a faculty member will be promoted in this or subsequent applications.**

The faculty member has the primary responsibility for preparing a dossier documenting his/her accomplishments according to the Office of Academic Affairs guidelines issued each year.

The faculty member must submit a copy of the department’s APT Document that was in effect at the time of the candidate’s hire or when the candidate was last promoted, whichever is more recent, if s/he wishes to be reviewed under that document’s criteria and procedures. This must be submitted when the dossier is submitted to the department.

2. EXTERNAL EVALUATORS

In collaboration with the candidate, the Division Director will provide the Department Chair with the names of at least ten external evaluators for each candidate in his/her division. The candidate should review the list and may suggest two of the ten evaluators but the Department is not required to use these reviewers. The faculty member may also request that up to two of reviewers suggested by the Division Director and Department Chair be removed from the list. . There must be no significant personal or professional relationship between the candidate and the evaluators. For Tenure-Track faculty, Research Faculty, Clinician Scholars and Clinician Educators, these evaluators should be recognized leaders in their field at peer or better institutions and of higher rank than the candidate. For faculty on the Clinical Excellence Pathway, the evaluators may be selected based on a more regional or local recognition of the candidate based upon the candidate’s area of emphasis. For Associated Faculty, evaluators will in general be local experts and physicians who can evaluate the candidate, and who know the candidate by reputation but do not maintain a close personal relationship with the candidate.

The Department Chair with the assistance of the Vice Chair for Academic Affairs will make the final selection of external evaluators and send electronic and/or written requests for an evaluation of the candidate’s qualifications for promotion. It will be explicitly stated that the external evaluator should not comment as to whether the candidate would

be promoted to the proposed rank at the evaluator's own institution. The written request will include a letter from the Department Chair, the candidate's curriculum vitae, the Department's criteria for promotion, and, if applicable, three representative publications and teaching evaluations.

No more than half of the external evaluator letters in the final dossier, or at most two if only five letters are submitted, will be from evaluators suggested by the candidate. All letters received must be included in the dossier. There must be at least five external letters.

3. VOTING MEETING PROCEDURES

The APT Committee will review the dossiers and supporting documents for candidates for promotion and/or tenure. The structure and leadership of the Committee and its responsibilities are explained in Section III.B.

4. CANDIDATE COMMENT PROCESS

At the end of the promotion review cycle when the combined Vice Chair for Academic Affairs/Department Chair letter has been completed, the candidate will be provided with a copy of the letter as well as the APT Committee letter and his/her Division Director's letter. The candidate may provide the Department Chair with written comments on the review for inclusion in the dossier within ten business days of receipt of the letters for review. The Vice Chair and/or Department Chair may provide written responses to the candidate's comments for inclusion in the dossier.

C. PROMOTION AND TENURE, AND PROMOTION REVIEWS: ADMINISTRATION

The APT process will be supervised and implemented by the Vice Chair for Academic Affairs with the advice and assistance of the APT Committee as appropriate.

1. VICE CHAIR FOR ACADEMIC AFFAIRS

The duties and responsibilities of the Vice Chair for Academic Affairs include the following:

- a. Supervision and administration of the APT process.
- b. Confirming and validating all faculty votes regarding APT recommendations.
- c. Meet with all potential new faculty by the second visit to the Department to discuss and review faculty tracks and the APT procedures. Possible outside reviewers will also be solicited at these meetings.
- d. Meet with the Department Chair to review recommendations made by the APT Committees regarding promotions, tenure, and new appointments.

- e. Assist the Department Chair in writing the Departmental recommendation letters to the College regarding APT.
- f. Notify members of faculty under review of the comments and recommendations of the APT Committee. The Vice Chair will meet with probationary faculty to discuss mandatory reviews and outline achievements and areas for improvement.
- g. Supervise all faculty searches and assure that equal consideration has been given to candidates from outside institutions, from a diversity of ethnic and cultural backgrounds, and that both male and female candidates have been considered.
- h. To meet with faculty considering promotion to discuss appropriate timing and likely success of application.
- i. To examine all faculty annual reviews and provide Departmental comment regarding faculty performance. These reviews will be forwarded to the Department Chair for final comments, if any.

2. APPOINTMENTS, PROMOTION AND TENURE COMMITTEE

The structure and leadership of the Committee and its responsibilities are explained in Section III.B of this document.

D. PROMOTION AND TENURE, AND PROMOTION REVIEWS: DOCUMENTATION

Faculty members preparing their dossiers for promotion and/or tenure review should consult [Volume 3](#) of OAA's policies and procedures manual to ensure that all required documentation is included. Additionally, it is highly recommended that faculty members consult the College's Dossier Standardization guidelines as well as the appropriate Departmental Dossier Coach for information about how and where to enter information into the core dossier in alignment with College objectives.

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

1. TEACHING

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

All Tenure-Track and Clinical Faculty members in the College must be engaged in teaching, development of the Department's and College's academic programs, and mentoring of students. Evidence of effective teaching must be demonstrated by documentation of teaching activities over a sustained period of time. The College's Office of Medical Education can provide assistance with appropriate documentation and assessment tools to be used in evaluation of teaching.

The Department has established in this APT document how evidence of a faculty member's quality and effectiveness as a teacher will be documented and assessed. Evidence for effective teaching may be collected from multiple different sources including students, trainees, peers, self-evaluation and administrators. Student evaluations

and peer evaluations, at a minimum, are required. Excellence is demonstrated by positive evaluations from students, residents, fellows, local colleagues and national peers. The Department has established the use of the College's grading system as a consistent methodology and assessment tool for teacher evaluation by students in specific types of instructional settings. Importantly, administration of this assessment tool is not under the control of the faculty member being evaluated. Faculty members may supplement the required assessment tool with others if they wish. Students are provided an opportunity to assess the instructor and course using the required assessment tool in every regular classroom course. Guidelines are established for the frequency with which required assessment tools is administered in other types of instructional settings such as outpatient clinics and inpatient services. Regardless of the instructional setting, effort has been made to obtain evaluations from the largest number of students possible. When there is a significant discrepancy between the number of students enrolled and the number providing evaluations, the evaluations cannot be assumed to represent a consensus of student opinion.

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
- VITALS evaluations
- peer evaluation of teaching reports as required by the Department's peer evaluation of teaching program (details provided in the Appendix to this document)
- 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.

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.

2. SCHOLARSHIP

Scholarship is broadly defined as the discovery and dissemination of new knowledge by research, study and learning. In the Department, a faculty member's scholarship must be demonstrated to be of high quality, significance and impact.

The Department's APT document establishes how the evidence of a faculty member's scholarship will be documented and assessed in terms of quality and significance.

All Tenure-Track faculty, Clinical Faculty, and Research Faculty 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.

Evidence of scholarship can include: 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, 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 or sales figures, adoption of texts or procedures by external departments or academic health centers, and so forth.

3. 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. In the Department, a faculty member'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. The Department's APT document specifically establishes how the evidence of a faculty member's service will be documented and assessed in terms of quality and effectiveness.

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 by the Department. 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. Evidence of the provision of professional expertise to public and private entities beyond the University includes service 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, it is insufficient in and of itself for meeting the service requirement for Tenure-Track and Clinical Faculty.

VIII. APPEALS

University Faculty Rule [3335-6-05](#) sets forth general criteria for appeals of negative promotion and tenure decisions. Appeals alleging improper evaluation are described in University 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 clinical responsibilities, 6th year for those without 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 head of the Department, and may not come from the faculty member himself/herself. Details of the criteria and procedures for a review in the final year of probation are described in University Faculty Rule [3335-6-05](#) (B).

If a terminal year review is conducted by a Department and the College, it will be made consistent with that Department's APT document, the College's APT document, and other relevant policies, procedures, practices, and standards established by the College, the [University Faculty Rules](#), the Office of Academic Affairs Policies and Procedures Handbook, and the University's Office of Human Resources.

X. APPENDICES

A. GLOSSARY OF TERMS

Adjunct Faculty – 0.1% FTE, non-salaried, non-clinical Associated Faculty who participate in the education and training of medical students in the College or research within a division. (See also Associated Faculty)
Note: An Adjunct Appointment is not the same as a Courtesy Appointment.

APT – Appointments, Promotion and Tenure

APT Committee – the body of faculty that recommends to the Department Chair the rank of senior faculty hires and represents a voice of the eligible faculty separate from the Department Chair regarding faculty promotions and tenure. The APT Committee also performs a pre-review of faculty members suggested as possible candidates for promotion or tenure and recommends for or against application for promotion or tenure based on this review.

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

Associated Faculty – these faculty fall into many sub-categories (See Clinical Associated Faculty, Adjunct Faculty, and Full-Time Paid Associated Faculty)

Clinical Associated Faculty – 0.1 FTE community physicians who participate in the education and training of medical students and residents. (See also Full-time Paid Associated Faculty)

Clinical Faculty – the faculty track for physicians who primarily engage in clinical teaching and practice.

Courtesy Appointment – a no-salary associated appointment for a Tenure-Track, Clinical Faculty or Research Faculty member from another academic department within the University or another division with the Department. The rank and track of the no-salary appointment is always the same as that held in the candidate's TIU.

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

Eligible faculty – the faculty who are authorized to vote on appointment, promotion and tenure matters. These faculty must hold a rank at or above the candidate's proposed rank. Clinical Faculty and Research Faculty may not vote on Tenure -Track faculty matters.

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

Faculty tracks – the College has four tracks (Tenure-Track, Clinical Faculty, Research Faculty and Associated Faculty) with separate guidelines for appointment and promotion for each

FTE – Full-Time Equivalent, the percentage of time worked expressed as a decimal. Full-time is 1.0, half-time is 0.5, quarter-time is 0.25, and unpaid is 0.1.

Full-time Paid Associated Faculty – 0.5 – 1.0 FTE physicians working within (and being paid solely by) the OSU Health System. (See also Clinical Associated Faculty)

Joint Appointment – when a faculty member's FTE and salary support is split between two or more academic departments it is considered to be a joint appointment. (See also Courtesy Appointment)

Mandatory review – a required 4th year (and 8th year for some) 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. MOUs are used during transfer of TIU and for joint appointments.

Non-mandatory review – voluntary promotion or tenure review requested by a faculty member

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 Faculty and Research Faculty review dates

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 (6 years for faculty without clinical service, 11 years for faculty with significant patient 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 Clinical Faculty and Research Faculty in the penultimate year of their contract to determine if the contract will be renewed

Research Faculty– the faculty track for basic scientists who engage exclusively in research-based scholarship.

Research in View – the University’s online dossier and CV creation tool
(See <https://osu.researchinview.thomsonreuters.com/>)

Rules of the University Faculty –*University Faculty Rules*

SEI – Student Evaluation of Instruction

Tenure – permanent employment status only granted to faculty on the Tenure-Track when the probationary period is successfully completed

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

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

B. FACULTY RANK TITLE CODES

The chart at <http://oaa.osu.edu/assets/files/documents/FacultyRankTitleCode.pdf> lists the various types of appointments, job codes, job titles, and academic ranks that are available as faculty positions.

C. AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS (AAUP) STATEMENT ON PROFESSIONAL ETHICS

The statement on professional ethics is available at the website listed here (<http://www.aaup.org/report/statement-professional-ethics>) and is reproduced as follows:

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.