

**Effective July 1, 2007**

**TUFTS UNIVERSITY SCHOOL OF MEDICINE**

**CLINICAL FACULTY APPOINTMENTS AND PROMOTIONS**

Tufts University School of Medicine (“the School of Medicine”) is committed to two missions: to provide a comprehensive medical education thereby producing physicians well prepared for a wide range of health-care related careers; and to advance biomedical knowledge with the ultimate goal of improving human health. To accomplish these missions, the School of Medicine depends on the committed participation of excellent faculty in a broad range of disciplines.

This document presents an overview of the clinical faculty academic tracks, and ranks and titles, and offers guidelines and criteria for such appointments and promotions. The procedures for appointments and promotions of the clinical faculty are the subject of a separate document.

**I. The Clinical Faculty**

The clinical faculty are appointed to one of the eighteen clinical departments of the School of Medicine. These clinical departments include: Anesthesiology, Emergency Medicine, Public Health and Family Medicine, Dermatology, Medicine, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology/Head and Neck Surgery, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiology, Radiation Oncology, Surgery, and Urology. In addition, appointments are made to the clinical track of the basic science Department of Pathology that accommodates clinically oriented pathologists who are primarily involved in clinical diagnostic services and teaching. With the exception of full-time members of the Department of Public Health and Family Medicine, clinical faculty are not employees of the University and therefore not entitled to salary and benefits provided to University employees. All appointments of the clinical faculty are designated as “clinical non tenure track appointments”.

The term “geographic full time” is used to identify those members of the clinical faculty who are primarily based at the School of Medicine, its major academic affiliated hospitals/health-care systems, or other health-care facilities operated by the School’s affiliated hospitals/health-care systems who are appointed within clinical departments but who are substantially involved in academic activities beyond clinical practice. The majority, but not all, clinical faculty on the unmodified track and virtually all faculty on the research track qualify as “geographic full time”. Conversely, most, but not all, of the faculty on the clinical track do not qualify as “geographic full time” and are designated as “geographic part time” reflecting the fact that they spend the majority of their professional time in a private-practice setting and are not engaged in substantial academic work. As it can be surmised, neither “geographic full time” nor “geographic part time”

members of the clinical faculty are employed by the University and, therefore, do not receive salary support and benefits directly from the University. Thus, the designations “geographic full time” and “geographic part time” are not *a priori* linked to a certain academic track(s) nor do they have implications for remuneration on the part of the University; rather, they reflect the realities of professional activity of the individual faculty member. The main utility of these terms is for reporting purposes to the Association of American Medical Colleges and other agencies. In general, members of the faculty with unmodified appointments will either be geographic full time (if at an affiliate) or be employees of the university.

## **II. Areas of Academic Endeavor**

Three areas of academic endeavor are recognized for the clinical faculty: investigation, teaching, and clinical service. Clinical faculty is variably engaged in these academic domains in ways that define distinct academic tracks. Appointment or promotion to a certain rank within an academic track is based on evidence of excellence, not adequacy, in the appropriate areas of academic endeavor. But the standard of excellence in a given area of academic endeavor may vary across academic tracks and ranks. Guidelines and criteria for establishing standards of excellence in the areas of academic endeavor commensurate with each academic track and rank are presented in Section VI and are summarized in the accompanying tables.

Administrative functions are a part of academic life and a measure of participation in such functions is expected of all faculty members. Assumption of administrative responsibilities at the School of Medicine, its affiliated institutions, or other professional organizations and societies contributes to the professional recognition of the faculty member and commands credit in the appointment and promotion process.

## **III. Academic Tracks**

Clinical faculty appointments at the School of Medicine are made to one of three academic tracks: the unmodified track, the research track, and the clinical track. The three-track system is not intended to confer differential academic prestige. Rather, it is designed to best accommodate and represent the varied professional portfolios of the clinical faculty. Individuals enter the clinical faculty at the rank of Instructor or, more commonly, Assistant Professor (or equivalent for the modified tracks) and on the track that best represents their professional portfolio, academic and professional interests, planned activities, and professional orientation. Thus, individuals who are likely to pursue a pathway emphasizing clinical service and teaching relating to that work are appropriately placed on the clinical track. Faculty providing clinical service and related teaching but who also are anticipated to engage in significant academic/scholarly work, including such things as direction of clerkships or training programs, curriculum design, and/or development of teaching/evaluation instruments, have substantial participation in academic committees, and/or regularly scholarly publication would enter the unmodified track, as would faculty providing clinical services as well as the development of new knowledge through research. Persons involved almost exclusively in research with

related teaching would be expected to enter the research track. Switches from one track to another can be made on the basis of appropriate changes in the individual's professional activities. It is anticipated that such switches will largely, although not exclusively, occur during the evaluation process for promotion to Associate Professor reflecting the evolutionary status of an individual's professional activities at the early stages of their academic career.

#### **IV. Academic Ranks and Titles**

##### **a. Principal Ranks**

The principal ranks in the unmodified track are Assistant Professor, Associate Professor, and Professor. The equivalent ranks in the research track are Assistant Research Professor, Associate Research Professor, and Research Professor; and in the clinical track, Assistant Clinical Professor, Associate Clinical Professor, and Clinical Professor. Guidelines and criteria for appointment or promotion to these ranks are described in Section VI.

##### **b. Additional Ranks**

Additional ranks include those of Instructor and Lecturer.

###### **1. Instructor**

Instructor is an entry level rank in the unmodified track and is attained by those individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training. They should be committed to pursuing at least two of the three areas of academic endeavor (i.e., investigation, teaching, and clinical service). Chief Residents at affiliated hospitals of the School of Medicine and house staff pursuing further training after having served as Chief Residents are also eligible for this rank.

Research Instructor is an entry level rank in the research track and is attained by those individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training. They should be committed to pursuing investigation as virtually the exclusive domain of their academic endeavor.

Clinical Instructor is an entry level rank in the clinical track and is attained by those individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training. They should plan to pursue clinical service as the primary focus of their professional effort but also be committed to a considerable contribution to teaching.

###### **2. Lecturer**

The rank of Lecturer recognizes the academic contributions to the School of Medicine of individuals who have no academic appointment or whose primary academic appointment is at another institution. These individuals command prominence and respect in their fields of expertise. Appointments are made for renewable one-year terms.

c. Academic Titles

Academic titles include those of Adjunct, Visiting, and Emeritus faculty.

**1. Adjunct Faculty**

Adjunct faculty are individuals affiliated with clinical practices, other institutions, or corporations who provide specific educational, research, or consulting services to the School of Medicine or its affiliated hospitals. Full-time members of non-affiliated institutions may be considered for an adjunct appointment only if they perform specific and defined functions in the department. Appointments are made for terms of up to three years for Adjunct Assistant Professor and up to five years for Adjunct Associate Professor and Professor. These appointments may be renewed on the recommendation of the chair of the clinical department.

**2. Visiting Faculty**

An appointment as a Visiting member of the faculty recognizes the contributions of scholars from other institutions or corporations who serve at the School of Medicine for a period not to exceed two years. Typically, these individuals are on leave from their institutions and wish to serve in an academic capacity in conjunction with a member(s) of the School's faculty.

**3. Emeritus Faculty**

Upon retirement from the University of faculty who have served the School of Medicine in a full-time or geographic full-time capacity for at least ten continuous years prior to retirement, the department chair and the Dean may recommend that they be appointed as Emeritus. This recommendation is sent to the Provost and the President of the University for forwarding to and approval of the Trustee Committee on Academic Affairs and the full Board. Emeritus faculty members are encouraged to remain active in the School of Medicine and the University community and join their peers at commencement in a special seating area.

**4. Endowed Chairs**

An appointment to an endowed chair may be made from the faculty ranks of the School of Medicine or through recruitment from outside. Appointment to an endowed chair must be approved by the Dean and submitted to the Provost and the President of the University

for their concurrence and forwarding to the Board of Trustees. All endowed chairs are voted annually by the Board.

## **5. Secondary Appointments**

Clinical faculty may hold only one primary appointment to one of the School's clinical departments. However, they may hold one or more secondary appointments at the same level as the primary appointment to other clinical or basic science departments of the School. Requests for secondary appointments are made to the Dean of the School of Medicine and require a letter of recommendation from the chair of the secondary department substantiating the individual's role in the secondary department, and a letter of recommendation from the chair of the primary department. Secondary appointment to another clinical department requires approval by the Clinical Faculty Appointment and Promotion Committee, whereas secondary appointment to a basic science department must be approved by the Basic Science Faculty Appointment, Promotion, and Tenure Committee. These appointments require approval by the Dean of the School of Medicine, the Provost, and the President of the University.

### **d. Joint Appointments**

The School of Medicine holds a policy that in general a faculty member may have only one voting faculty appointment. Therefore, joint appointments to other medical schools of a faculty member holding a voting appointment at the School of Medicine must be at a non-voting faculty title/rank. Under unusual circumstances, an exception to this policy can occur that requires a special agreement between the Deans of the medical schools involved.

### **e. Voting and Non-Voting Faculty**

Voting faculty of the School of Medicine includes those individuals holding the ranks of Instructor, Assistant Professor, Associate Professor, and Professor (and the equivalent ranks of the modified academic tracks). Lecturers, Adjunct Faculty, Visiting Faculty, and Emeritus Faculty are designated as non-voting faculty.

## **V. Teaching Expectations of the Clinical Faculty**

Appointment to the clinical faculty of the School of Medicine is an academic privilege that confers professional prestige and distinction. Several benefits accrue to the faculty member from this appointment, including membership in a diverse, scholarly community that provides intellectual stimulation, professional and social interaction, and academic enrichment and growth; an advantage in attracting patients and research funds; access to a broad range of teaching, educational, library, and other resources at the School of Medicine and the University; and the opportunity to teach, supervise, and mentor gifted medical students, residents, and fellows.

In turn, the clinical faculty has been highly committed to the teaching mission of the School of Medicine and has contributed generously their professional time and energy to the School's educational programs. Nonetheless, recent, added constraints on the professional time that have been imposed by changes in the health-care delivery system necessitate an explicit declaration of the minimum teaching expectations of the clinical faculty, as follows:

All clinical faculty, including Instructors, Assistant Professors, Associate Professors, and Professors (and the equivalent ranks of the modified academic tracks), are expected to teach Tufts medical students or residents and fellows of Tufts-affiliated training programs at least 50 hours per year, if it is requested by the appropriate School of Medicine or departmental officials, as an obligation of their faculty appointment.

## **VI. Guidelines and Criteria for Appointments and Promotions**

Appointments or promotions to the ranks of Associate Professor or Professor on all three tracks are initiated by a recommendation from the chair of the clinical department and require evaluation and action by the Clinical Faculty Appointment and Promotion Committee. The appointments require approval by the Dean of the School of Medicine and in the case of the rank of Professor, by the Provost and the President of the University as well. All other appointments and promotions are made by the Dean of the School of Medicine, on the recommendation of the chair of the clinical department, without referral to the Clinical Faculty Appointment and Promotion Committee. The procedures for appointments and promotions of the clinical faculty are described in a separate document.

**It is intended that the guidelines will be applied equally to all candidates for promotion within the clinical departments regardless of the individuals' academic degree(s). Candidates will be judged on their aggregate achievements, contributions to the medical school, university and academic community, and their perceived contributions and stature as judged from referee letters. It is essential that letters from the department chair and referees clearly address ALL aspects of the candidates work that represent the basis for the proposed appointment/promotion**

The following text offers guidelines and criteria for appointments or promotions to the principal ranks of each of the three tracks. The guidelines and criteria are purposefully broad. They are meant to create a framework of professional models that will serve as an institutional guide for the structuring and evaluation of academic portfolios. Application of these guidelines and criteria seeks to ensure rigorous evidence of excellence in the areas appropriate for each academic track and rank. However, in applying these

guidelines and criteria, a measure of flexibility should be exercised such that the individuality of each candidate's professional portfolio can be reasonably accommodated.

a. The Unmodified Track

Candidates for appointment to the unmodified track are considered for appointments to the unmodified track on the basis of their overall accomplishments in teaching, clinical service, administrative service, and/or research. Successful candidates are awarded the rank of Assistant/Associate Professor or Professor of Clinical Department, e.g., Associate Professor of Medicine. Appointments at the Associate Professor/Professor rank are made for an indefinite duration. **Appointments terminate with either termination of employment by the University or termination of the individual's appointment to the [full-time] staff of an affiliated institution.**

Assistant Professor

Appointments at this rank are intended for faculty in clinical departments who are engaged in some combination of effort in clinical science, basic or clinical research and/or teaching. They should be able to demonstrate substantial potential for excellence in one or several of these areas in addition to clinical excellence. Candidates for the appointment to the rank of Assistant Professor are individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training.

Some individuals may have a major commitment to laboratory or clinical investigation, and plan to make research the centerpiece of their academic endeavor. They should hold promise to evolve into independent investigators. Demonstration of ongoing laboratory or clinical research is an important consideration for appointment; publication of substantial original studies is desirable. In addition, these individuals should have a high level of clinical competence and be committed to providing excellent patient care. Individuals without clinical training may nonetheless be considered for the unmodified track if they have substantial participation and accomplishment in both research and teaching. They should also have an interest and ability in teaching and/or the ability to pursue excellence in clinical practice. Of course, non-physician faculty are limited to pursuing teaching as their second area of academic endeavor.

Other individuals will have a major commitment to teaching and the educational process and plan to make education a principle domain of their scholarly activity. Substantial participation in the teaching process, education committees, administration or leadership of clerkships or graduate educational programs is expected of these faculty. Those who are active teachers are expected to display a high level of teaching excellence as reflected in teaching evaluations.

Still other individuals will make major commitments to academic administration, as well as direct education, as their major domain of scholarly activity. Not only are such faculty expected to have substantial participation in the administration and leadership at the

medical school (for example having a substantive role in the Dean's offices), but also to be involved in improving the teaching process, service on education and strategic planning committees, administration or leadership of clerkships or graduate educational programs. In addition such "administrative scholars" are expected to have a national presence in medical education, such as substantive involvement with the AAMC, the LCME, the ACGME or relevant specialty societies.

Clinically, individuals in this track should have completed training appropriate to their specialty area and be eligible or certified if a certifying board exists in this area of practice. They should expect to be active clinically and to demonstrate a scholarly approach to clinical practice as reflected by some record of publication, delivery of lectures in their field of expertise on a regular basis and participation in the clinical committee work of their departments and clinical institutions.

#### ii) Associate Professor/Professor

Criteria for appointment or promotion to Associate Professor or Professor in this track will require demonstrated excellence in at least two areas those being basic or clinical research, teaching/education, clinical service, and/or administration. Excellence at the Associate Professor level may be demonstrated by such things as: a record of scholarly publication; extramural funding for academic work; excellence in teaching as reflected in excellent learners' evaluations, teaching awards/commendations, record of invitation for visiting lectures, visiting professorships, etc.; leadership role in institutional committees, a leadership role in professional organizations at a regional or national level, a substantial record of invited lectureships, awards at a local or regional level, and referees' letters attesting to peer recognition at a local or regional level. Excellence sufficient for a promotion to the rank of Professor would reflect a sustained record in areas as described above for the rank of Associate Professor. In addition, where local or regional recognition were sought at the junior rank, the Professor rank would carry the expectation of regional, national or international recognition.

For those emphasizing education, an ongoing role in key educational committees, an ongoing leadership role in an educational program such as clerkship or course director, a record of innovation in education or educational assessment, curriculum development, publication in the field of medical education, and/or involvement on a regional, national or international level in educational development are examples of important elements.

For those emphasizing research, a consistent funding record and publication of original investigations in which the candidate has played a leading role are key criteria for judging excellence in investigation. The School of Medicine believes that the quality of original publications takes clear precedence over their cumulative number. But purely for broad guidance, for those emphasizing research, 15-20 original publications is suggested for appointment or promotion to Associate Professor, and 35-40 original publications for appointment or promotion to Professor.

Tables 1-3 and 4-6 summarize elements that would generally be expected for faculty appointment/advancement in the unmodified track. These are presented as profiles of “prototypical” individuals pursuing focused clinician /investigator, clinician/educator, or mixed (i.e. hybrid) clinical scholar careers. The Profiles of hybrid candidates, while having many of the elements of the more circumscribed prototypes, may not have the same degree of development of any particular element. When viewed in aggregate, however, the level of achievement of these clinical scholar or “hybrid” faculty will be on a par with the prototypes provided in the tables. It is particularly important that chair and referee letters address the aggregate accomplishments and merits of these candidates.

b. The Research Track

The research track is reserved for clinical faculty, who direct nearly all of their professional effort to investigation. These individuals do not carry out clinical activities. **In addition**, although they participate in the teaching and educational programs of the School of Medicine and their departments, their contributions to these programs might be limited. Thus, generation of new knowledge is virtually the exclusive domain of their professional activity. Individuals appointed to the research track are awarded the rank of Assistant Research/Associate Research/or Research Professor of Clinical Department, e.g., Assistant Research Professor of Ophthalmology. **Appointments terminate with either termination of employment by the University or termination of the individual’s appointment to the [full-time] staff of an affiliated institution.**

Candidates for the appointment of Assistant Research Professor are individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training. Individuals should have a strong commitment to investigation, and plan to make research virtually the exclusive domain of their academic endeavor. They should hold promise to evolve into independent investigators. Demonstration of ongoing laboratory or clinical research is an important consideration for appointment; publication of substantial original studies is desirable.

Individuals considered for the rank of Associate Research Professor should have made noteworthy contributions to investigation; be regarded as original, independent investigators; and attained considerable professional recognition. Individuals considered for the rank of Research Professor should have made outstanding contributions to investigation; be regarded as outstanding, original investigators of national/international stature; and attained advanced professional recognition. The rank of Research Professor is reserved for distinguished members of the faculty in recognition of distinctive achievements. Service as Associate Research Professor for even a long period of time is not by itself a sufficient qualification for promotion to the rank of Research Professor.

Among others, a consistent funding record and publication of original investigations in which the candidate has played a leading role (as determined by first or last authorship) are key criteria for judging excellence in investigation. The School of Medicine believes

that the quality of original publications takes clear precedence over their cumulative number. But purely for broad guidance, a minimum number of 20-25 original publications is suggested for appointment or promotion to Associate Research Professor, and a minimum number of 40-50 original publications for appointment or promotion to Research Professor.

Tables 7 and 8 summarize elements that would generally be expected for faculty appointment/advancement to the rank of Associate Research Professor and Research Professor respectively.

c. The Clinical Track

The Clinical Track is reserved for clinical faculty who direct the majority of their professional effort to clinical service but also make considerable contributions to teaching. These individuals are committed to exemplary clinical practice and usually carry a heavy clinical load. Reputed as outstanding clinicians and emulated by their colleagues and students, they make important quantitative and qualitative contributions to the clinical programs of their hospital/health-care system and are often involved in developing or introducing innovative programs or technologies to their institution. In parallel, they make considerable contributions to the teaching programs of the School of Medicine and their department, and contribute meaningfully to the academic life of their department. However, the scope and magnitude of these contributions typically differ from those of faculty in the unmodified track. For those in the clinical track, teaching efforts center principally on the precepting and mentoring of students during the course of day-to-day clinical activities, while for those in the unmodified track teaching includes publications and formal presentations at scientific meetings or responsibility for the development of course or training programs in addition to day-to-day “bedside teaching”. Furthermore, faculty in the clinical track are not expected to play the role in curricular design, educational policy, or administrative leadership expected of more senior faculty in the unmodified track.” In addition to clinical service and teaching, these individuals demonstrate commitment to clinical scholarship through participation in clinical research or publication of clinical observations, reviews, book chapters, etc. Individuals appointed to the clinical track are awarded the rank of Assistant Clinical/Associate Clinical/or Clinical Professor of Clinical Department, e.g., Assistant Clinical Professor of Anesthesiology. Appointments are made for renewable three-year terms for Assistant Clinical Professor, and for renewable five-year terms for Associate Clinical Professor and Clinical Professor. Renewal of these appointments is made by the Dean of the School of Medicine on the recommendation of the chair of the clinical department, and requires a record of excellence in clinical service and evidence of considerable, continuing contributions to teaching and the academic life of the department. **Appointments terminate with termination of the individual’s appointment to the active staff of an affiliated institution.**

Candidates for the appointment of Assistant Clinical Professor are individuals who have obtained a doctoral (M.D., Ph.D., or equivalent) or Masters degree and have completed successfully appropriate postgraduate training. These individuals should have a high level of clinical competence and be committed to providing excellent patient care. Although provision of clinical service is the primary domain of their professional effort, they should be committed explicitly to the teaching mission of the School of Medicine and their department.

Individuals considered for the rank of Associate Clinical Professor should have made noteworthy contributions to clinical service and teaching; and attained considerable professional recognition. Individuals considered for the rank of Clinical Professor should have made outstanding contributions to clinical service and important contributions to teaching; and attained advanced professional recognition. The rank of Clinical Professor is reserved for distinguished members of the faculty in recognition of distinctive achievements. Service as Associate Clinical Professor for even a long period of time is not by itself a sufficient qualification for promotion to the rank of Clinical Professor.

Examples of activities that are commensurate with the level of teaching expected of the clinical track are the following: Preceptor of students in the Principles and Practice of Medicine Program and in Physical Diagnosis; preceptor of students in clinical rotations; mentorship of students and guiding/supporting student community-service projects; supervision of residents and fellows in clinical rotations; delivery of teaching conferences; and active participation in departmental academic activities.

Although many individuals on the clinical track will have a publication record as an expression of their clinical scholarship, a minimum number of publications is not required for attaining even the rank of Clinical Professor. These faculty members are appointed and promoted on the strength of their leadership role in clinical service and their considerable contributions to teaching, not on the strength of their publication record.

Tables 9 and 10 summarize elements that would generally be expected for faculty appointment/advancement to the rank of Associate Clinical Professor and Clinical Professor respectively.

## **VII. Other Issues**

As detailed in the accompanying Guidelines document, special processes are available for appeals, for reappointments after an absence from the faculty, and provide an accelerated evaluation in cases where the candidate's acceptance of a position at TUSM may be affected by the outcomes of the appointments process.

Prepared by the Committee on Redefining Criteria for Clinical Faculty Appointments and Promotions

Approved by the Faculty Senate,

Approved by the General Faculty,  
Approved by the Executive Council,

**Table 1**

**Elements for Appointment or Promotion to the Unmodified Track**

**Clinician/Investigator Prototype**

**Associate Professor**

1. Service as Assistant Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in laboratory or clinical investigation and noteworthy contributions to clinical service, administrative service and/ *or* teaching. Appointment or promotion with less than five years in rank as Assistant Professor will be considered only in cases of exceptional achievement.
2. Noteworthy contributions to investigation as evidenced by most of the following:
  - a. Ongoing generation of new knowledge as demonstrated by publication of original, high-quality, laboratory or clinical investigations in peer-reviewed journals. Substantive contribution of major research ideas with identifiable independence from senior scientific mentors.
  - b. Outside recognition as an original, independent investigator as demonstrated by external funding of investigator-initiated research projects, local and regional invited lectures, participation in symposia and professional society programs, formal awards and prizes, and election to scientific or professional societies.
  - c. Leading role in a major research training program.
  - d. Recognized role model and mentor for students and trainees.
3. Noteworthy contributions to clinical service, administrative service and/*or* teaching as evidenced by most of the following in at least one area:
  - 3.1 Clinical service
    - a. Local and regional recognition by peers and patients as an excellent clinician and authority in the field.
    - b. A wide local or regional referral base.
    - c. Development of clinical skills or programs that are locally or regionally distinctive.
  - 3.2 Administrative Service
    - a. Service in major administrative roles, e.g., Assistant Deans for ....
    - b. Service on major TUSM, hospital/health-care system, or medical staff committees, e.g., Curriculum Committee, IRB, Pharmacy and Therapeutics
    - c. Important role in TUSM,,....
  - 3.3 Teaching
    - a. Ongoing recognition as an effective teacher of students, residents, fellows, or continuing medical education participants. This may be documented by formal evaluations by trainees at all levels.
    - b. Outside recognition as an effective teacher as demonstrated by invited lectures, and by teaching in symposia, professional society programs, and continuing medical education courses.

- c. Substantive role in a major teaching or clinical training program.
4. Professional recognition as evidenced by most of the following:
- a. Membership in editorial boards and scientific or professional societies.
  - b. Important role in clinical department or hospital/health-care system.
  - c. .
  - d. Participation in local or regional clinical affairs through membership in clinical societies and specialty governing boards.

**Table 2**

**Elements for Appointment or Promotion to the Unmodified Track**

**Clinician/Educator Prototype**

**Associate Professor**

1. Service as Assistant Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in education/teaching, administrative service and clinical service. Appointment or promotion with less than five years in rank as Assistant Professor will be considered only in cases of exceptional achievement.
2. Noteworthy contributions to teaching as evidenced by most of the following:
  - a. Ongoing recognition as an excellent teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards and formal evaluations by trainees at all levels.
  - b. Outside recognition of teaching excellence as demonstrated by local and regional invited lectures, and by teaching in symposia, professional society programs, and continuing medical education courses.
  - c. Important role in a major teaching or clinical training program.
  - d. Leadership role in development of educational programs, curricular offerings, and teaching materials.
  - e. Participation in the curriculum committee or other education-related committees.
  - f. Participation in the development of educational policy at the local or national level.
  - g. Recognized role model and mentor for students and trainees.
3. Administrative Service
  - a. Service in major administrative roles, e.g., Assistant Deans for ....
  - b. Service on major TUSM, hospital/health-care system, or medical staff committees, e.g., Curriculum Committee, IRB, Pharmacy and Therapeutics
4. Noteworthy contributions to clinical service as evidenced by most of the following:
  - a. Local and regional recognition by peers and patients as an excellent clinician and authority in the field.
  - b. A wide local or regional referral base.
  - c. Leadership role in development of clinical practice guidelines

d. Development of clinical skills or programs that are locally or regionally distinctive.

5. Professional recognition as evidenced by most of the following:

- a. Publication of original investigations, clinical observations, reviews, chapters, or books, and membership in editorial boards.
- b. Participation in clinical trials and clinical investigation.
- c. Important role in clinical department or hospital/health-care system.
- d. .
- e. D--Participation in local or regional clinical affairs through membership in clinical societies and specialty governing boards.

**Table 3**

**Elements for Appointment or Promotion to the Unmodified Track**

**Clinician Scholar Prototype**

**Associate Professor**

Clinician scholars have a mix of the elements delineated below. The profiles of “hybrid” candidates, while having many of the elements of the more circumscribed prototypes, may not have the same degree of development of any particular element. When viewed in aggregate, however, the level of achievement of these faculty will be on a par with the prototypes provided in tables 1 and 2 above.

1- Service as Assistant Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in clinical investigation, education, administrative and clinical service. Appointment or promotion with less than five years in rank as Assistant Professor will be considered only in cases of exceptional achievement.

2-. Contributions to investigation as evidenced by the following:

- a. Ongoing generation of new knowledge as demonstrated by publication of clinical or perhaps laboratory or investigations in peer-reviewed journals. Substantial and definable contributions as a member of a research team will be considered.
- b. Outside recognition by local and regional invited lectures, participation in symposia and professional society programs, formal awards and prizes, and election to scientific or professional societies.
- c. A role in a major research training program.
- d. Recognized role model and mentor for students and trainees
- e. Record of regular involvement in funded research (co-investigator or principle investigator role).

3. Noteworthy contributions to teaching as evidenced by most of the following:

- a. Ongoing recognition as an excellent teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards and formal evaluations by trainees at all levels.
- b. Outside recognition of teaching excellence as demonstrated by local and regional invited lectures, and by teaching in symposia, professional society programs, and continuing medical education courses.
- c. A role in a major teaching or clinical training program.
- d. Role in development of educational programs, curricular offerings, and teaching materials.
- e. Participation in the curriculum committee or other education-related committees.
- f. Participation in the development of educational policy at the local or national level.
- g. Recognized role model and mentor for students and trainees.

1. Noteworthy contributions to clinical service as evidenced by most of the following:

- a. Local and regional recognition by peers and patients as an excellent clinician and authority in the field.
- b. A wide local or regional referral base.
- c. Development of clinical skills or programs those are locally or regionally distinctive/innovative.
- e. Leadership role in development of clinical practice guidelines

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5. Noteworthy contributions to administrative needs of the Medical School of an affiliated hospital as evidenced by:
  - a. Service in major administrative roles, e.g., Assistant Deans, Assistant Program Directors.
  - b. Service on major committees in TUSM, hospital/health-care system, or medical staff committees, e.g., Curriculum Committee, IRB, Pharmacy and Therapeutics
  
6. Professional recognition as evidenced by most of the following:
  - a. Membership in editorial boards and scientific or professional societies.
  - b. Important role in clinical department or hospital/health-care system.
  - c. Important role in TUSM, hospital/health-care system, or medical staff committees.
  - d. Participation in local or regional clinical affairs through membership in clinical societies and specialty governing boards.
  - e. Publication of original investigations, clinical observations, reviews, chapters, or books, and membership in editorial boards.
  - f. Participation in clinical trials and clinical investigation.
  - g. Important role in clinical department or hospital/health-care system.
  - h. Participation in local or regional clinical affairs through membership in clinical societies and specialty governing boards.

(Newly Added)

**Table 4**  
**Elements for Appointment or Promotion to the Unmodified Track**  
**Clinician/Investigator Prototype**  
**Professor**

1. Service as Associate Professor at TUSM or equivalent institution for at least five years with a consistent record of outstanding performance in laboratory or clinical investigation and outstanding contributions to clinical service, administrative service and/or teaching. Appointment or promotion with less than five years in rank as Associate Professor will be considered only in cases of exceptional achievement. This rank is reserved for distinguished members of the faculty in recognition of distinctive achievement.
2. Outstanding contributions to investigation as evidenced by most of the following:
  - a. Exceptional record of generation of new knowledge as demonstrated by publication of original, outstanding, and innovative laboratory or clinical investigations in peer-reviewed journals. Leadership role in the creation of major and innovative research ideas.
  - b. Outside recognition as an original, outstanding investigator of national/international stature as demonstrated by a strong record of external funding of investigator-initiated research projects, national/international invited lectures, leadership role in symposia and professional society programs, formal and prestigious awards and prizes, membership in study sections and advisory groups, and election to prestigious scientific or professional societies.
  - c. Key role in a major research training program. Impact of research training may be recognized by the professional achievement and stature of former students and trainees.
  - d. Well-recognized role model and mentor for students and trainees.
3. Outstanding contributions to clinical service *or* teaching as evidenced by most of the following:
  - 3.1 Clinical service
    - a. Recognition by peers and patients as a premier clinician/consultant, distinguishable from the majority of other clinicians.
    - b. Regional and national/international reputation for clinical skills. May participate in development of national standards for patient care.
    - c. A regional or national referral base.
    - d. Development of nationally recognized clinical skills or programs and introduction of innovative approaches to patient care.
    - f. Leadership role in development of clinical practice guidelines
  - 3.2 Administrative Service
    - a. Leadership in major administrative roles, .eg., Associate Deans for ....
    - b. Leadership on major committees, e.g., Curriculum Committee
  - 3.3 Teaching
    - a. Ongoing recognition as an effective teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards and formal evaluations by trainees at all levels.
    - b. Outside recognition as an effective teacher as demonstrated by invited lectures, and by teaching in symposia, professional society programs, and continuing medical education courses.
    - c. Substantive role in a major teaching or clinical training program.

4. Advanced professional recognition as evidenced by most of the following:
  - a. Membership in editorial boards and scientific or professional societies, and editorship of textbooks or journals.
  - b. Leadership role in clinical department or hospital/health-care system.
  - c. Leadership role in TUSM, hospital/health-care system, or medical staff committees.
  - d. Leadership role in regional or national professional societies, program committees, and specialty governing boards.



**(Newly Added)**

**Table -5**

**Elements for Appointment or Promotion to the Unmodified Track**

**Clinician/Educator Prototype**

**Professor**

1. Service as Associate Professor at TUSM or equivalent institution for at least five years with a consistent record of outstanding performance in teaching and clinical service. Appointment or promotion with less than five years in rank as Associate Professor will be considered only in cases of exceptional achievement. This rank is reserved for distinguished members of the faculty in recognition of distinctive achievement.
2. Outstanding contributions to teaching as evidenced by most of the following:
  - a. Ongoing recognition as an outstanding teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards, election to faculty AOA, and formal evaluations by trainees at all levels. Impact of teaching may also be recognized by the professional achievement and stature of former students and trainees.
  - b. Outside recognition of teaching excellence as demonstrated by regional and national/international invited lectures, named lectureships and awards, visiting professorships, and by teaching in specialty societies and national continuing medical education courses.
  - c. Leadership role in a major teaching or clinical training program.
  - d. Ongoing, leadership role in development and major participation in departmental or institutional courses or educational programs, curricular offerings, and original teaching materials.
  - e. Leadership role in curriculum committee or other education-related committees.
  - f. Leadership role in the development of educational policy at the local or national level.
  - g. Well-recognized role model and mentor for students and trainees.
- 3 Outstanding contributions to Administrative Service
  - a. Leadership in major administrative roles, e.g., Associate Deans for...
  - b. b-Leadership on major committees in TUSM, hospital/health-care system, or medical staff committees, e.g., Curriculum Committee, IRB, Pharmacy and Therapeutics
4. Outstanding contributions to clinical service as evidenced by most of the following:
  - a. Recognition by peers and patients as a premier clinician/consultant, distinguishable from the majority of other clinicians.
  - b. Regional and national/international reputation for clinical skills. May participate in development of national standards for patient care.
  - c. A regional or national referral base.
  - d. Development of nationally recognized clinical skills or programs and introduction of innovative approaches to patient care.
5. Advanced professional recognition as evidenced by most of the following:
  - a. Publication of original investigations, clinical observations, reviews, chapters, or books, membership in editorial boards, and editorship of textbooks or journals.
  - b. Leadership role in clinical trials and clinical investigation.
  - c. Leadership role in clinical department or hospital/health-care system. .

- d. Leadership role in regional or national professional societies, program committees, and specialty governing boards.
- g. Leadership role in development of clinical practice guidelines

**Table 6**  
**Elements for Appointment or Promotion to the Unmodified Track**  
**Clinician Scholar Prototype**  
**Professor**

Clinician scholars have a mix of the elements delineated below. The profiles of hybrid candidates, while having many of the elements of the more circumscribed prototypes, may not have the same degree of development of any particular element. When viewed in aggregate, however, the level of achievement of these faculty will be on a par with the prototypes provided in tables 4 and 5 above.

1. Service as Associate Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in clinical investigation, education, and administrative or clinical service. Appointment or promotion with less than five years in rank as Associate Professor will be considered only in cases of exceptional achievement. This rank is reserved for distinguished members of the faculty in recognition of distinctive achievement.
2. Outstanding contributions to investigation as evidenced by most of the following:
  - a. Exceptional record of ongoing clinical or perhaps innovative laboratory investigation, as evidenced by publications in peer-reviewed journals. Leadership role in the creation or dissemination and implementation of major and innovative research or clinical ideas. Substantial and definable contributions as a member of a research team will be considered.
  - b. Outside recognition as an original, outstanding investigator of national/international stature as demonstrated by a record of external funding, national/international invited lectures, leadership role in symposia and professional society programs, formal and prestigious awards and prizes, membership in advisory groups, and election to prestigious scientific or professional societies.
  - c. A significant role in a major research training program.
  - d. Well-recognized role model and mentor for students and trainees.
3. Outstanding contributions to education as evidenced by most of the following
  - h. Ongoing recognition as an outstanding teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards, election to faculty AOA, and formal evaluations by trainees at all levels. Impact of teaching may also be recognized by the professional achievement and stature of former students and trainees.
  - i. Outside recognition of teaching excellence as demonstrated by regional and national/international invited lectures, named lectureships and awards, visiting professorships, and by teaching in specialty societies and national continuing medical education courses.
  - j. Major role in a major teaching or clinical training program.
  - k. Ongoing, leadership role in development and major participation in departmental or institutional courses or educational programs, curricular offerings, and original teaching materials.
  - l. Leadership role in curriculum committee or other education-related committees.
  - m. Leadership role in the development of educational policy at the local or national level.
  - n. Well-recognized role model and mentor for students and trainees.
4. Outstanding contributions to clinical service as evidenced by most of the following:
  - a. Recognition by peers and patients as a premier clinician/consultant, distinguishable from the majority of other clinicians.
  - b. Regional and national/international reputation for clinical skills. May participate in development of national standards for patient care.
  - c. A regional or national referral base.
  - d. Development of nationally recognized clinical skills or programs and introduction of innovative approaches to patient care.

- e. Recognition by peers and patients as a premier clinician/consultant, distinguishable from the majority of other clinicians.
  - f. Regional and national/international reputation for clinical skills. May participate in development of national standards for patient care.
  - g. A regional or national referral base.
  - h. Development of nationally recognized clinical skills or programs and introduction of innovative approaches to patient care including a leadership role in development of clinical practice guidelines.
5. Noteworthy contributions to administrative needs of the Medical School of an affiliated hospital as evidenced by:
- a. Service in major administrative roles, e.g., Associate Deans, Associate Program Directors, etc.
  - b. Leadership role on major committees in TUSM, hospital/health-care system, or medical staff committees., e.g., Curriculum Committee, IRB, Pharmacy and Therapeutics.
6. Advanced professional recognition as evidenced by most of the following:
- a. Membership in editorial boards and scientific or professional societies, and editorship of textbooks or journals.
  - b. Major role in clinical department or hospital/health-care system.
  - c. Major role
  - d. Major role in regional or national professional societies, program committees, and specialty governing boards.
  - e. Publication of original investigations, clinical observations, reviews, chapters, or books, Membership in editorial boards, and editorship of textbooks or journals.
  - f. G-Major role in clinical trials and clinical investigation.

**Table 7**

**Elements for Appointment or Promotion to the Research Track**

**Associate Research Professor**

1. Service as Assistant Research Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in laboratory or clinical investigation. Appointment or promotion with less than five years in rank as Assistant Research Professor will be considered only in cases of exceptional achievement.
2. Noteworthy contributions to investigation as evidenced by most of the following:
  - a. Ongoing generation of new knowledge as demonstrated by publication of original, high-quality investigations in peer-reviewed journals. Substantive contribution of major research ideas with identifiable independence from senior scientific mentors.
  - b. Outside recognition as an original, independent investigator as demonstrated by external funding of investigator-initiated research projects, local and regional invited lectures, formal awards and prizes, and election to scientific or professional societies.
  - c. Leading role in a major research training program.
  - d. Recognized role model and mentor for students and trainees.
3. Professional recognition as evidenced by most of the following:
  - a. Membership in editorial boards and scientific or professional societies.
  - b. Important role in TUSM or hospital/health-care system committees.
  - c. Participation in symposia and professional society programs.

**Table 8**

**Elements for Appointment or Promotion to the Research Track**

**Research Professor**

1. Service as Associate Research Professor at TUSM or equivalent institution for at least five years with a consistent record of outstanding performance in laboratory or clinical investigation. Appointment or promotion with less than five years in rank as Associate Research Professor will be considered only in cases of exceptional achievement. This rank is reserved for distinguished members of the faculty in recognition of distinctive achievement.
2. Outstanding contributions to investigation as evidenced by most of the following:
  - a. Exceptional record of generation of new knowledge as demonstrated by publication of original, outstanding, and innovative investigations in peer-reviewed journals. Leadership role in the creation of major and innovative research ideas.
  - b. Outside recognition as an original, outstanding investigator of national/international stature as demonstrated by a strong record of external funding of investigator-initiated research projects, national/international invited lectures, formal and prestigious awards and prizes, membership in study sections and advisory groups, and election to prestigious scientific or professional societies.
  - c. Key role in a major research training program. Impact of research training may be recognized by the professional achievement and stature of former students and trainees.
  - d. Well-recognized role model and mentor for students and trainees.
3. Advanced professional recognition as evidenced by most of the following:
  - a. Membership in editorial boards and scientific or professional societies, and editorship of textbooks or journals.
  - b. Leadership role in TUSM or hospital/health-care system committees.
  - c. Leadership role in symposia and professional society programs.

**Table 9**

**Elements for Appointment or Promotion to the Clinical Track**

**Associate Clinical Professor**

1. Service as Assistant Clinical Professor at TUSM or equivalent institution for at least five years with a consistent record of excellence in clinical service and noteworthy contributions to teaching. Appointment or promotion with less than five years in rank as Assistant Clinical Professor will be considered only in cases of exceptional achievement.
2. Noteworthy contributions to clinical service as evidenced by most of the following:
  - a. Local and regional recognition by peers and patients as an excellent clinician and authority in the field.
  - b. A wide, local referral base.
  - c. Participation in clinical programs that are locally or regionally distinctive.
3. Noteworthy contributions to teaching as evidenced by most of the following:
  - a. Ongoing recognition as an effective teacher of students, residents, fellows, or continuing medical education participants. This may be documented by formal evaluations by trainees at all levels.
  - b. Contributing role in a major teaching or clinical training program.
  - c. Recognized role model and mentor for students and trainees.
4. Professional recognition as evidenced by most of the following:
  - a. Important role in clinical department or hospital/health-care system.
  - b. Important role in TUSM, hospital/health-care system, or medical staff committees.
  - c. Participation in local or regional clinical affairs through membership in clinical societies.

**(Newly Added)**

**Table 10**

**Elements for Appointment or Promotion to the Clinical Track**

**Clinical Professor**

1. Service as Associate Clinical Professor at TUSM or equivalent institution for at least five years with a consistent record of outstanding performance in clinical service and important contributions to teaching. Appointment or promotion with less than five years in rank as Associate Clinical Professor will be considered only in cases of exceptional achievement. This rank is reserved for distinguished members of the faculty in recognition of distinctive achievement.
2. Outstanding contributions to clinical service as evidenced by most of the following:
  - a. Recognition by peers and patients as a premier clinician/consultant, distinguishable from the majority of other clinicians.
  - b. Regional/national reputation for clinical skills. May participate in development of national standards for patient care.
  - c. A regional referral base.
3. Important contributions to teaching as evidenced by most of the following:
  - a. Ongoing recognition as an effective teacher of students, residents, fellows, or continuing medical education participants. This may be documented by outstanding teacher awards and formal evaluations by trainees at all levels.
  - b. Outside recognition as an effective teacher as demonstrated by invited lectures, and by teaching in symposia, professional society programs, and continuing medical education courses.
  - c. Substantive role in a major teaching or clinical training program.
  - d. Well-recognized role model and mentor for students and trainees.
4. Advanced professional recognition as evidenced by most of the following:
  - a. Publication of clinical observations, reviews, chapters, or books, or membership in editorial boards.
  - b. Participation in clinical trials and clinical investigation.
  - c. Leadership role in clinical department or hospital/health-care system.
  - d. Continuing role in TUSM, hospital/health-care system, or medical staff committees.
  - e. Important role in regional or national clinical affairs through participation in professional societies.

Revised 11/06/06