Career-line Appointment Process for Clinical Track

I. PREAMBLE:
A. The quality and impact of the University of Utah School of Medicine depends on the quality of our faculty members and their contributions. Criteria for formal and informal review of faculty members are established to allow the School of Medicine to recognize the accomplishments and impact of individual faculty members. In the context of the faculty review processes, criteria and standards for appointment, retention, promotion, and award of tenure (which are described fully in Part V below) are grounded in the mission of the University of Utah School of Medicine: to advance health. The University of Utah School of Medicine serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research; each is vital to our mission and each makes the others stronger.
   1. We provide compassionate care without compromise.
   2. We educate scientists and health care professionals for the future.
   3. We engage in research to advance knowledge and well-being.

B. College-wide career-line Faculty Appointment Review and Advancement (FARA) Statement. This document provides guidelines for all School of Medicine departments regarding faculty review decisions for career-line faculty members. For the purpose of this document, the term “faculty review” encompasses reviews for the purpose of initial appointment, and subsequent formal reappointment and advancement (including formal reappointment at higher rank / promotion) of career-line faculty members.

This document serves as the basis for “Evaluation and Reappointment of members of the Career-line” (University Policy 6-310-III-A-2). Having been approved by a majority of the tenure-line and career-line faculty of each adopting department, it constitutes a “Statement of academic unit rules that provide for criteria, standards, evidence and, procedures for the initial appointment and subsequent review processes for evaluation and reappointment of each category of career-line … faculty appointed in the unit" as described in University Policy 6-310-III-A-2, governing for all departments of the college. Within the parameters established by University Regulations and this college-wide FARA Statement, any department may adopt further specific details regarding the criteria, standards and evidence and procedures for FARA decisions by describing them in a department-specific Supplemental Rule (see appendix) which, upon by the tenure-line and career-line faculty of the department, the dean of the college, the cognizant senior vice president, and the Senate Faculty Review Standards Committee, shall be appended to this document.

This document (particularly Part IV), also serves as a description of School of Medicine policy on appointments of career-line faculty, and within the parameters
established by University Regulations (particularly Policy 6-302—Appointments of Faculty) and this college Statement, a department may adopt further specific details regarding appointments by describing them in a Supplemental Rule approved and appended to this document.

Nothing in this document (including any appended Supplemental Rule of a department) shall be interpreted to conflict with University Regulations. The most important University Policies regarding career-line faculty review are 6–310 (Reviews of Career-line, Adjunct, and Visiting Faculty Members, and Other Instructional Personnel) and 6-302 (Faculty Appointments). The full policy for each is available at the University Regulations Website http://www.regulations.utah.edu/.

This document is not intended to directly govern formal reviews of career-line faculty (CFR) that occur every 5 years after the 4th year formal reappointment review after initial appointment. It governs only the initial 4th year formal reappointment review and all promotion reviews. CFR are governed by a separate SOM “Career-line Faculty Review (CFR) Statement” in accord with Policy 6-310. This document is not intended to directly govern appointments or reviews of faculty in the tenure-line, adjunct, or visiting categories, or reviews of non-faculty instructional personnel, which matters are addressed in a separate Statement in accord with Policy 6-310, 6-302, 6-303, and 6-311.

C. Implementation Date and Application to Existing Faculty. The revised faculty review criteria, standards and procedures contained in this FARA Statement take effect January 1, 2015. All faculty members appointed on or after this date will be considered under the new faculty review standards and procedures. Candidates whose appointments began prior to that date who are reviewed for promotion to Assistant Professor, Associate Professor, or Professor rank may choose the old requirements for reviews completed in or before the 2016-2017 academic year. In each case, the new requirements will apply unless the candidate's choice of the previous requirements is communicated to the department chair by signed letter before evaluation materials are sent to evaluators for external evaluations.

Procedures for Appointments (U-Policy 6-302 and 6-310)

Appointments to the faculty of the SOM are governed by University Policy 6-302. SOM-specific procedures and criteria & standards for appointments of career-line faculty members are described below.

Faculty Review File Contents for Appointments are similar to those for review and advancement, excluding the personal statement, teaching evaluations, Master Summary Document, and SAC review. For appointments, the candidate and department will develop a file that documents achievements in each of the applicable areas of Investigation, Education, Clinical Practice Advancement, and Administration / Service in Support of the Mission. At a minimum, the completed file submitted to the Office of Academic Affairs will include 1) a curriculum vitae prepared by the candidate; 2) at least two internal and two external letters of
evaluation; 3) the report of the Departmental Faculty Appointments Advisory Committee (DAC-A); and 4) other materials deemed pertinent to review.

**Responsibilities in the Faculty Review Process**

a. Faculty members are responsible for providing documentation of their contributions and impact in applicable areas of accomplishment. This documentation requires both a description of the importance and impact of the faculty member’s overall body of work and contributions to their field, and detailed description of specific products that demonstrate the faculty member's impact in specific areas of accomplishment. The CV ([http://healthsciences.utah.edu/mbm/cvSystem/index.html](http://healthsciences.utah.edu/mbm/cvSystem/index.html)) and structured self-assessment template ([https://pulse.utah.edu/site/academicaffairs/Documents/Forms/Faculty%20Review%20Advancement%20FRA.aspx](https://pulse.utah.edu/site/academicaffairs/Documents/Forms/Faculty%20Review%20Advancement%20FRA.aspx)) provide a structure in which the faculty member can document his or her impact, accomplishments, and body of work.

b. The institutional responsibility begins at the time of appointment, when the department should provide clear expectations in the Offer Letter ([https://pulse.utah.edu/site/academicaffairs/Documents/Forms/Appointment.aspx](https://pulse.utah.edu/site/academicaffairs/Documents/Forms/Appointment.aspx)). These expectations may be modified in written annual faculty departmental reviews. The department and institution should provide faculty development programs and mentoring that will help a faculty member identify and pursue opportunities that will lead to a high impact body of work and on time promotion.

**C. Areas of Accomplishment:**

a. **Areas of Accomplishment (“Criteria”)**

As noted above, the criteria for review for career-line faculty members have been renamed to be better aligned with the SOM mission and SOM faculty contributions, while remaining consistent with Policy 6-310. Instead of the term “criteria,” the term “areas of accomplishment” is used. Areas of accomplishment pertinent to review of SOM faculty members include:

Areas of accomplishment pertinent to faculty review include:

- **a. Investigation (“Research / Creative Activity”)**
- **b. Education (“Teaching”)**
- **c. Clinical Practice Advancement**
- **d. Administration / Service in Support of the Missions (“Service”)**

**D. Scholarship**

Excellence in an area of accomplishment generally requires some form of scholarship; the degree of dissemination required and venue depend on rank and area of accomplishments. To be considered scholarship, faculty contributions must have demonstrable impact; that is the work must be:

- Made public
- Peer-reviewed based on the standard of the field at the time
Built on by others¹
Scholarship may stem from any mission or from administration / service activities that support one or more of the missions. It should be aligned with departmental missions. The focus and requirements relating to scholarship should be defined at the time of appointment and during annual departmental review in consultation with a faculty member’s mentors, chair, and division chief. Areas of focus may include discovery, application, integration, and educational scholarship². Departments may limit which areas of scholarship may be considered for faculty review in alignment with departmental mission (which shall be explained in the Supplemental Rule of the department, see [Appendix C]). Team science³, Clinical Practice Advancement and quality improvement, collaboration, technology commercialization, education, community engagement, advocacy, inclusion, sustainability, web-based dissemination, administration / service, and global health can all be areas for effective and excellent scholarship. Other areas that emerge as vital to academic health systems may also be appropriate areas for scholarship. The key metrics for evaluating scholarship are dissemination and impact. Excellence requires durable dissemination and cumulative impact; excellence in investigation specifically requires national dissemination.

E. Standards Definitions--- “Excellence” and “Effectiveness”

1. Excellence

Excellence requires outward-facing (external to the division / department or institution, depending on rank and area of accomplishment) contributions and impact.

As examples, the following would be considered excellent contributions in the context of promotion to associate professor:

- Clinical Practice Advancement: service on a national guidelines committee; contributions to an interdisciplinary quality improvement initiative
- Education: service on the SOM Curriculum Committee; presentation of a workshop at a conference
- Investigation: publication of original research in a peer-reviewed journal; licensing of a patent
- Administration / service: Residency Program Director; Committee Chair for a national society

2. Effectiveness

Effectiveness requires inward-facing (within the division / department or institution, depending on rank and area of accomplishment) contributions and impact.

As examples, the following would be considered effective contributions in the context of promotion to associate professor:
• Clinical Practice Advancement: delivery of high quality patient care; note that delivery of high quality clinical service is an absolute requirement for faculty members with clinical appointments.
• Education: high quality teaching
• Investigation: participation in planning and enrolling participants in published clinical trials
• Administration / Service: service on a committee

F. Area of Accomplishment - Investigation
Investigation involves efforts by the faculty member that generate or advance creation or development of new knowledge. These could include such activities as bench research, clinical trials, quality improvement, and evaluation of educational efforts. Team science, clinical care, collaboration, technology commercialization, education, community engagement, advocacy, inclusion, sustainability, web-based dissemination, administration / service, and global health can all be areas for effective and excellent investigation.

**Excellence** in Investigation: requires scholarship, as defined by durable dissemination outside the institution and cumulative impact for promotion to Associate Professor. For promotion to Professor, the faculty member should have developed a body of work that has changed practice, understanding, process, or methods in the field. Scholarship, dissemination, and impact could include authorship on peer-reviewed original articles; peer-reviewed, durable workshops; dissemination of innovation through commercialization that leads to improvements in patient care or outcome; or other metrics that demonstrate durable dissemination and impact. Glassick’s criteria for scholarship (see V.D) must be met for work to be considered scholarship. External funding is evidence of impact, dissemination, and a national reputation, but it is not an absolute requirement for promotion. As a measure of the ability to sustain excellence, individual departments can define external funding as a required component of excellence (see Appendix C).

**Effectiveness** in Investigation: requires participation in investigation projects that have impact. External dissemination by the individual faculty member is not required, although external dissemination of the work (scholarship) by others involved in the project is considered important evidence of impact. Substantial contributions to enrolling patients in published clinical trials for which the faculty member is not an author and completion of quality improvement projects are examples of effective investigation. Investigation without participation in scholarship and external dissemination by the individual faculty member cannot qualify as excellent.

G. Area of Accomplishment - Education
Education is defined broadly to include dissemination of knowledge, skills, and attitudes to trainees, faculty members, clinicians, staff, colleagues,
patients, and the public within or external to the institution. Education includes teaching activities; learner assessment; curriculum development; mentoring, advising, and supervising; and educational leadership and administration. Curriculum development may be considered both scholarship and educational activity. Educational leadership may be considered both administration and educational activity. Patient education may be considered both Clinical Practice Advancement and educational activity.

**Excellence** in Education: requires participation in education at an administrative, development, scholarly, or investigational level with involvement outside the division / department for promotion to Associate Professor, and outside the institution for promotion to Professor. Involvement could be evidenced by service on curriculum committees, dissemination of curricula or teaching methods, or presentations on educational topics, or curricular development.

**Effectiveness** in Education: requires active participation in at least one area of education, ongoing commitment to improving educational skills, and positive assessments.

**H. Area of Accomplishment - Clinical Practice Advancement**

Clinical Practice Advancement is defined broadly to include direct patient care; development of algorithms, care process models, protocols or templates; decision support tools to improve patient care; participation in quality improvement projects or programs; and oversight of patient care. Quality improvement projects and development of protocols may be considered both Clinical Practice Advancement and application scholarship. Oversight of patient care may be considered Clinical Practice Advancement, administration / service, and education.

**Excellence** in Clinical Practice Advancement: requires participation in Clinical Practice Advancement at an administrative, development, scholarly, or investigational level with involvement outside the division / department for promotion to Associate Professor, and outside the institution for promotion to Professor. Involvement could be evidenced by service on a clinical guidelines committee, service on a professional society committee, dissemination of quality improvement projects, or presentations on clinical topics. Excellence may include efforts to improve the quality of care or clinical education.

**Effectiveness** in Clinical Practice Advancement: includes provision of high quality care, participation in quality improvement projects, and ongoing commitment to maintaining and improving clinical skills. *Provision of high quality clinical service (effectiveness) is an absolute requirement for promotion for faculty members with a clinical service commitment.*

**I. Area of Accomplishment - Administration / Service in Support of Missions**
Administration includes leadership and work within and outside the institution on committees; participation in organizational efforts to meet strategic goals; and program or unit leadership. Service includes leadership and work within and outside the institution as part of inclusion, sustainability, outreach, and other service efforts. Administration / Service will often overlap with Clinical Practice Advancement, Investigation, Scholarship, and Education.

**Excellence** in Administration / Service: requires substantial administrative and / or service effort and impact, generally in a leadership role with involvement outside the division / department for promotion to Associate Professor, and outside the institution for promotion to Professor. Involvement could be evidenced by service on committees related to administration / service, presentations related to administration / service, or dissemination of administrative / service innovation. Developmental, scholarly, and / or investigational contributions are evidence of excellence.

**Effectiveness** in Administration / Service: requires competent participation in administrative / service roles.

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**J. Evidence of Excellence and Effectiveness**

1. Demonstration of *excellence* in a given category (Investigation, Education, Clinical Practice Advancement, or Administration / Service in Support of Missions) requires a synthesis of the body of work as evidenced by overall contributions reflected in the CV, and evidence of significant contributions of quality and impact as reflected in the self-assessment. **Excellence** should be captured in the self-assessment for a given area based on three individual products or contributions of high external impact and quality. These could include, for example, a high impact original article with a major intellectual contribution by the candidate (investigation), development of a curriculum that improved learner outcomes (education), a quality improvement project that reduced morbidity or mortality in a targeted group of patients (Clinical Practice Advancement), or leadership of a committee that recommended and implemented valuable process changes in an administrative unit (administration and service).

2. Demonstration of *effectiveness* in a given category (Investigation, Education, Clinical Practice Advancement, or Administration / Service in Support of Missions) requires a synthesis of the body of work as evidenced by overall contributions reflected in the CV, and evidence of significant contributions of quality and impact as reflected in the self-assessment. **Effectiveness** should be captured in the self-assessment for a given area based on two individual products or contributions of internal impact and quality. These could include, for example, a quality improvement project within the institution (investigation), high quality teaching in a required course (education), provision of high quality patient care (Clinical Practice...
Advancement), or service on a departmental committee (administration / service).

3. For formal reappointment, the record must demonstrate reasonable potential for meeting standards established for promotion in the future. Because there is no formal clock for promotion in the career-line, there is no stipulation as to the rate at which a career-line faculty member is making progress toward promotion. Faculty of all School of Medicine departments are expected to comply with requirements of the Faculty Code and to conduct their interactions with other members of the University community in a professional, collegial, and constructive manner.

K. Clinical Track
Appointments
1. Appointment to Instructor (Clinical)
This rank is intended for individuals who are completing training or acquiring essential experience while simultaneously serving a faculty role.
   a. Education: A degree appropriate to expected academic and clinical roles from an accredited institution of higher education.
   b. Clinicians: Faculty members who will provide clinical care should have completed the training normally required for board certification in their specialty and be board eligible. Expedited promotion to Assistant Professor is possible for faculty members appointed at the Instructor rank who meet all requirements for appointment as Assistant Professor except board certification and subsequently meet board certification criteria as defined for appointment to at the rank of assistant professor.
   c. Expectations: Faculty members appointed at the rank of Instructor in the Clinical track should demonstrate the potential and commitment to develop and demonstrate excellence in two areas of accomplishment, and effectiveness in the others.

2. Appointment to Assistant Professor (Clinical)
This rank is intended for individuals who have completed training, who have demonstrated commitment and potential and are beginning to develop a record of excellence in two areas accomplishment, and effectiveness in the others.
   a. Education: A degree appropriate to expected academic and clinical roles from an accredited institution of higher education.
   b. Clinicians: Faculty members who provide clinical care should be board certified, if it is possible to attain certification within the specialty without practice requirements. For specialties with practice requirements, only the written board exam must be successfully completed prior to appointment. Application for board certification must be made as soon as eligible and certification must be attained within two rounds of eligibility.
   c. Expectations: Faculty members appointed at the rank of Assistant Professor in the Clinical track should demonstrate commitment and
progress toward developing a record of excellence in two areas of accomplishment, and effectiveness in the others.

3. **Appointment to Associate Professor (Clinical)**
   This rank is intended for individuals who have served at the rank of Assistant Professor or the equivalent for at least 5 years or at the rank of Associate Professor or the equivalent at another institution or in the tenure-line and who have a demonstrated record of excellence in one area of accomplishment, and at least effectiveness in the other three. It is expected that the individual will develop and demonstrate excellence in one additional area of accomplishment by the 5th year review.
   a. **Education:** A degree appropriate to expected academic and clinical roles from an accredited institution of higher education.
   b. **Clinicians:** Faculty members who will provide clinical care should be board certified.
   c. **Expectations:** Faculty members appointed at the rank of Associate Professor in the Clinical track should demonstrate a cumulative record of excellence in one area of accomplishment, progress toward developing excellence in one additional area, and effectiveness in the others.

4. **Appointment to Professor (Clinical)**
   This rank is intended for individuals who have served at the rank of Associate Professor or the equivalent for at least 5 years or at the rank of Professor or the equivalent at another institution or in the tenure-line and who have a demonstrated record of excellence in at least one area of accomplishment and effectiveness in the others. It is expected that the individual will have demonstrated durable impact in at least one area of accomplishment outside their institution, including a body of work that has changed practice, understanding, process, or methods in the field;
   a. **Education:** A degree appropriate to expected academic and clinical roles from an accredited institution of higher education, or record of post-doctoral or other training commensurate with expectations.
   b. **Clinicians:** Faculty members who will provide clinical care should be board certified.
   c. **Expectations:** Faculty members appointed at the rank of Professor in the Clinical track should have a cumulative record of excellence in at least one or areas of accomplishment and effectiveness in the others. It is expected that the individual will develop and demonstrate excellence in a second area of accomplishment by the 5th year review.