

## **Carle Illinois College of Medicine Clinical Tenure Track Research Faculty Appointment and Promotion Policy**

**Owner Department:** Department of Clinical Sciences and Office of Faculty Affairs and Development

**Owner:** Department Head of Clinical Sciences and Associate Dean for Faculty Affairs and Development

**Affected Department(s) or Parties:** All Clinical Sciences Faculty in the Carle Illinois College of Medicine.

**Effective Date:** 03-13-2019

**Revision Date:** 08/02/2022

**Next Review Date:** 08/02/2025

**Policy Number:** FS-4

### **I. INTRODUCTION**

The Carle Illinois College of Medicine (Carle Illinois) recognizes that there are significant variations in how candidates qualify for and secure initial appointment, reappointment and promotion, according to field or discipline. Scholars come from different backgrounds and have different educational training. Nevertheless, all faculty appointments have in common the requirement of excellence, however measured.

Excellence in scholarship, service, and teaching (and clinical care, if applicable) is an important prerequisite for a tenured appointment at Carle Illinois because the University is dedicated to outstanding achievement in several areas. The purpose of the appointment, reappointment or promotion evaluation is to appraise, on the basis of the record to date, the candidate's standing in and impact on his/her scholarly discipline (broadly defined) and the candidate's quality as a teacher (and as a clinician, if applicable). Service to both the institution and national and international organizations should also be considered, as well as other non-traditional metrics of academic achievement, such as patents, entrepreneurship, consulting (to the extent that these benefit the institution, academia, the profession or society at large (not the individual)).

### **II. CLINICAL TENURE TRACK RESEARCH FACULTY**

This track is for faculty with primary clinical responsibilities who also demonstrate a significant commitment to research and scholarly activities, in addition to teaching, service, and clinical care (where applicable). Appointment or promotion of faculty in this track

depends primarily on achievement in scholarly productivity. It is anticipated that most faculty in the clinical tenure track will have their primary appointments at Carle or another clinical affiliate site, with a smaller but significant level of effort in the Carle Illinois.

The following procedures and criteria provide a structure for appointing, evaluating, and promoting faculty members in the Clinical Tenure track. Evaluation and promotion policies for these faculty are detailed in Provost Communications #9, #21 and #23. Policies described in this document are meant to augment, and do not supersede, these University policies.

### **III. STANDARDS FOR CLINICAL TENURE TRACK FACULTY RANKS**

#### **Assistant Professor**

1. Faculty at this rank will have a doctoral degree (usually an MD or its equivalent) and have completed post-graduate training (residency or fellowship) or at least two years of postdoctoral experience. Clinicians would be board certified, board eligible or enrolled in the process to become certified. The usual length of time in this rank would be 6 years.

#### **Associate Professor**

1. Faculty at this rank should ordinarily have completed at least five years as an Assistant

Professor (or equivalent) at the time the review for promotion (and the award of tenure) is initiated. Under certain circumstances, early promotion can be considered. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank. Documentation of academic excellence is required. This is not an "up or out" promotion decision, the candidate could move to a non-tenure track clinical position.

2. Promotion to the rank of Associate Professor with tenure will be reserved for an individual who has achieved true distinction in research and who is not only recognized as among the best in his or her cohort in a broadly defined field but also is likely to become one of the very best in the field. The candidate should be capable of sustaining a first-rate teaching program, and (if he or she has clinical responsibilities) be an excellent clinician. There should be evidence that the candidate will successfully continue to fill the programmatic need for which the appointment is made and make meritorious contributions to his or her discipline and to the School.
3. For promotion to Associate Professor, the candidate must have a strong regional, and most often national, reputation as an independent expert who has influenced the clinical field. He/she may have demonstrated innovation in approaches to diagnosis, treatment or prevention of disease; the development/application of technology for clinical care; and/or the development of novel models of care delivery that influence care at a regional and often national level. The candidate must have an active teaching role and have influential scholarship, almost invariably as a first and senior author, in

the area of clinical expertise. The candidate should have a record of extramural funding, which most often will include principal investigator funding, and must have evidence of effective teaching and supervision as demonstrated by the number and stature of his/her trainees.

### **Professor**

1. Faculty at this rank should ordinarily have completed at least five years as an Associate

Professor or equivalent at the time the review for promotion is initiated, although in special circumstances early promotion can be considered. The rank of Professor is the highest academic rank and signifies a very high level of professional accomplishment. This rank is not awarded solely on the years in rank, and many faculty members will never achieve this rank. Demonstration of excellence is required.

2. For promotion to Professor, the candidate must have a sustained national, and in many cases international, reputation as one of the top researchers in the field. He/she must be the leader of an exceptional independent research program and/or have key leadership roles in collaborative studies. The candidate must have a longstanding record of exceptional scholarship, which most often includes senior authorship on high-impact publications of original research. The candidate may also have played a leadership role on, and made critical contributions to, publications of high-impact collaborative research. The candidate should have a sustained record of extramural funding, which most often will include principal investigator funding, and must have evidence of effective teaching and supervision as demonstrated by the number and stature of his/her trainees.

## **IV. PROCEDURES FOR APPOINTMENT AND PROMOTION**

Promotion will be based on Provost Communicant #9.

## **V. CRITERIA/EMPHASIS AREAS FOR PROMOTION**

The qualifications to be evaluated for the promotion of clinician tenure track faculty shall include primarily research, scholarly activity, clinical excellence, and service.

Teaching may also be evaluated based on individual faculty responsibilities. Continued effort for the University is expected after such an appointment or promotion.

The hallmark of academic achievement is the generation of new knowledge through original research, and excellence in this area is usually the main criterion for promotion. The quality of publications, consistency of performance, and the extent of involvement of the candidate in research are more important than overall quantity of articles.

Measurement of academic productivity may differ from one discipline to another.

External support after significant peer review is another metric that can be used to assess scholarly achievement. Invited papers presented at scholarly meeting and conferences; visiting professorships; research seminars presented at other institutions;

service on national scientific advisory boards; and evidence of entrepreneurial activities are additional criteria for promotion on this track.

The first criterion for promotion and tenure is that the candidate must have demonstrated promise (in the case of promotion to Associate Professor) or fulfilled the promise (in the case of promotion to Professor), of true distinction in scholarship. For promotion to Associate Professor the scholarship must reveal that the candidate is not only among the best in his or her experience cohort in a broadly defined field, but is also likely to become one of the best in that field. For promotion to Professor, the scholarship must reveal that the candidate is one of the best in the broadly defined field. In short, the judgment is comparative and (for the Assistant and Associate Professor ranks) predictive. Elements to be considered include number and type (e.g., peer-reviewed articles, book chapters) of publications (impact factor, h-index); regional, national, and international presentations (podium vs. poster); grants and contracts received (source of funding, candidate's role in the project, duration and amount of award); other works in progress.

The second criterion for an academic appointment is promise – or a record demonstrating –that the candidate is capable of initiating, participating in, or sustaining a first-rate educational program. This may include actual teaching of medical students or other doctoral students. Other forms of teaching include didactics, time on rounds, the clinic, or in the operating room. Mentoring of students, residents, or post-doctoral fellows can also be considered. Other ways of achieving excellence in this domain include developing presentations of educational materials, or courses, either at the medical school level or national/international realm.

Excellence in clinical practice or clinical care is a requirement for those candidates whose duties include such activities. This can include patient volumes, RVUs, development of a niche/specialty practice, and recognition as an outstanding clinician.

Professional and academic service is another criterion for advancement. These activities can include service to the medical center (Carle Health or other clinical affiliations), the medical school (Carle Illinois), or the University (UIUC). Contributions in this area could include, but are not limited to, participation and leadership in professional organizations; editorial activities; legislative committees; national policy or standards development; service as an expert in the media, review panels; service on the FDA; organization of scholarly meetings. Outreach to the local community can also be considered in this category.

**Governing Body: Carle Illinois College of Medicine Appointments, Promotions, and Tenure Committee**

**History:**

Created: B. Rowitz, MD, March 5, 2019

Revised: March 10, 2020

Revised: June 2022

**Approved By/Date:**

Appointments, Promotions and Tenure Committee, March 13, 2019

Appointments, Promotions and Tenure Committee, March 10, 2021

Appointments, Promotions and Tenure Committee, August 2, 2022