

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL
DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

7.12 STATEMENT

Statements Required By Section 7.12 of the Board of Regents Policy: *Faculty Tenure*

PART 1. MEDICAL SCHOOL PREAMBLE

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether candidates from the Medical School meet the general criteria for tenure in Section 7.11 and for promotion to professor in Section 9.2 of the Board of Regents Policy: *Faculty Tenure*. All candidates for promotion and/or tenure in the Medical School are evaluated with the criteria and standards in this preamble. In addition, each department in the Medical School has its own 7.12 Statement (Part II of this document) that further delineates the criteria for promotion and/or tenure within that individual unit. For a complete perspective, the reader is advised to review Sections 7 and 9 in their entirety. Section 7.11 is printed in IV: Criteria for Tenure (see below); Section 9.2 is printed in V.C Promotion to Professor. This preamble contains Criteria and Standards pertaining to:

- A. Appointment
- B. Awarding of indefinite tenure
- C. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- D. The process for the annual appraisal of probationary and tenured faculty

The criteria, standards, and procedures are applied without regard to race, religion, color, sex, national origin, handicap, age, veteran status or sexual orientation.

The Medical School issues annually to each department, for distribution and information to faculty members, a set of instructions, memoranda, and other documents, giving detailed information on the procedures to be followed in the preparation and consideration of each proposal for tenure and/or promotion in rank. The pertinent documents are identified as exhibits enclosed with a cover memorandum from the Dean.

The Medical School 7.12 and Departmental 7.12 Statements are reviewed and approved by the dean of the Medical School and the senior vice president for academic affairs and provost.

The relevant University documents regarding criteria for tenure and/or promotion and the procedures for implementing these criteria are:

- University of Minnesota Board of Regents Policy: *Faculty Tenure*
- *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*

II. MISSION STATEMENT

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences. Concordant with the position of the National Institutes of Health, the Medical School values Co-Principal Investigators and interdisciplinary collaboration on major funding proposals as well.

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT

1. Assistant Professor

In the Medical School the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of a terminal degree (MD or equivalent, or Ph.D.)
- b. Board eligibility or certification (if applicable - clinical specialties)
- c. Demonstrated ability in teaching
- d. Demonstrated involvement in high-quality research which has been accepted for publication or is published in peer-reviewed national or international journals
- e. Documentation of competence in the skills of communication, including effective communication in teaching students and in oral and written presentations of research

Each department may add specialty-specific criteria for appointment, in their Departmental 7.12 Statement.

2. Associate Professor and Professor

- a. The criteria and standards for appointment at the rank of Associate Professor are those stated for awarding of tenure.
- b. The criteria and standards for appointment at the rank of Professor are those stated for promotion to this rank.

In addition, for clinically active faculty, it is expected that for appointment at the rank of Associate Professor or Professor they will have achieved appropriate Board Certification in the specific field where they are practicing.

3. Secondary Appointments

The appointment home for a faculty member is always in the primary department (the tenure home is the University of Minnesota). Joint and/or secondary appointment requests will be made by the secondary department with the support of the primary department in the form of a request letter(s) signed by both department heads, addressed to the Associate Dean for Faculty Affairs in the Medical School. In the case that the appointment being requested is at the Associate Professor or Professor level, the secondary department may conduct a faculty vote by written ballot, based on the proposed collaborative activity in the secondary department for the faculty member. The results of the vote should be reported at the time of the request for appointment.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

In fulfillment of Sections 7.11 and 7.12 and in accord with Section 7.2 of the Board of Regents Policy: *Faculty Tenure*; “the tenured faculty of each academic unit annually reviews the progress of each probationary faculty member toward satisfaction of the criteria for receiving tenure. The head of the unit prepares a written summary of that

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review and discusses the candidate's progress with the candidate, giving a copy of the report to the candidate."

All tenure-track faculty will undergo an annual review each academic year. An academic year is defined in Section 5.3 in the Board of Regents Policy: *Faculty Tenure*. Annual appraisals in the Medical School and its departments comply with the procedures described in *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. Each department will outline the specific process and criteria for annual appraisals, but at the very least will include a review by the tenured faculty of the department and an annual conference with the Department Head. These procedures are provided for by Sections 16.3, 7.4, and 7.61 of the Board of Regents Policy: *Faculty Tenure*.

The annual review of probationary faculty will be recorded on the *University of Minnesota (UM) Form 12* and will reflect the faculty member's performance relative to the 7.12 Statement. A record of the vote by the tenured faculty for continuation or recommendation for promotion and/or tenure will be included on the *UM Form 12*, if a vote was taken. (This vote on annual reviews is optional). Each department will determine, and so state in their departmental 7.12 Statement, whether or not such a vote will be taken. If such an annual vote is taken in any department, a 2/3 majority of eligible voting faculty is required for continuation of the probationary appointment. A motion for termination also requires a 2/3 majority of eligible voting faculty for action to be taken. A record of the vote, either for continuation or termination, must be included on the *UM Form 12*. If a faculty member has extended his or her probationary period according to Section 5.5 of the Board of Regents Policy: *Faculty Tenure*, this must be noted on the *UM Form 12* during the annual review.

The department head will meet annually with each probationary faculty member to review his/her completed *UM Form 12*. The department head and faculty member will sign the completed *President's Form 12*. The *UM Form 12* is forwarded to the dean for review, comment, and signoff.

The *UM Form 12* is then forwarded to the senior vice president for academic affairs and provost (SVPP) for review, comment, and signoff. A copy is kept in the SVPP Office. The signed *UM Form 12* will be kept in the probationary faculty member's tenure file and will become a part of the dossier.

For faculty members with joint and/or secondary appointments in another Medical School or University Department, annual reviews will be carried out according to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. For a candidate who has an appointment in more than one unit, the candidate's offer letter will specify how the candidate will be evaluated annually and at the time of the tenure and/or promotion decision, including which unit's 7.12 statement will be used as the basis for evaluation and which unit's votes of tenured faculty will be counted or reported for the second level of review in the Medical School. The primary unit will receive input from the secondary unit on performance of responsibilities specific to that unit prior to each annual review and decision on promotion and tenure.

IV. CRITERIA FOR TENURE

Section 7.11 of the Board of Regents Policy: *Faculty Tenure* states:

7.11 General Criteria. *What the University of Minnesota seeks above all in its faculty members is intellectual distinction and academic integrity. The basis for awarding indefinite tenure to the candidates possessing these qualities is the determination that each has established and is likely to continue to develop a distinguished record of academic achievement that is the foundation for a national or international reputation or both [FN 2]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 3]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision [FN 4]. Demonstrated scholarly or other creative achievement and teaching effectiveness must be given primary emphasis; service alone cannot qualify the candidate for tenure. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. The awarding of indefinite tenure presupposes that the candidate's record shows strong promise of his or her achieving promotion to professor.*

[FN 2] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual campus.

[FN 3] The persons responsible and the process for making this determination are described in subsections 7.3 through 7.6.

"Scholarly research" must include significant publications and, as appropriate, the development and dissemination by other means of new knowledge, technology, or scientific procedures resulting in innovative products, practices, and ideas of significance and value to society.

"Other creative work" refers to all forms of creative production across a wide range of disciplines, including, but not limited to, visual and performing arts, design, architecture of structures and environments, writing, media, and other modes of expression.

"Teaching" is not limited to classroom instruction. It includes extension and outreach education, and other forms of communicating knowledge to both registered University students and persons in the extended community, as well as supervising, mentoring, and advising students.

"Service" may be professional or institutional. Professional service, based on one's academic expertise, is that provided to the profession, to the University, or to the local, state, national, or international community. Institutional service may be administrative, committee, and related contributions to one's department or college, or the University. All faculty members are expected to engage in service activities, but only modest institutional service should be expected of probationary faculty.

[FN 4] Indefinite tenure may be granted at any time the candidate has satisfied the requirements. A probationary appointment must be terminated when the appointee fails to satisfy the criteria in the last year of probationary service and may be terminated earlier if the appointee is not making satisfactory progress within that period toward meeting the criteria.

A recommendation for tenure is made when an eligible faculty member has fulfilled the General Criteria for tenure, as stated in Section 7.11, and the standards stated by the Medical School and the department. Candidates must be evaluated for tenure during their mandatory decision year at

the latest. The mandatory decision year occurs during the sixth probationary year for tenure-track faculty in the basic science departments, and in the ninth year for tenure-track faculty in clinical departments.

When distinction in research has greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in teaching. When distinction in teaching has the greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in research. Distinction in research requires documented evidence of high-level, independent scholarly effort. Distinction in teaching requires documented evidence of innovation and effectiveness in teaching, which have attracted national recognition.

Probationary faculty can extend their maximum period of probationary service, by one year for each occurrence of circumstances as described in Section 5.5 of the Board of Regents Policy: *Faculty Tenure*. In the case of childbirth, adoption, or foster placement of a child, a probationary faculty member must notify the department head, the dean of the Medical School and the senior vice president for academic affairs and provost of this circumstance using University of Minnesota Form UM 1764 and the extension of the probationary period is automatic. In the case of caregiver responsibilities or personal illness or injury, the probationary faculty member must receive the approval of the senior vice president for academic affairs and provost using University of Minnesota Form UM 1765. No probationary period may be extended for more than three years. (See the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* for more details.)

A. TEACHING

Distinction in teaching for the granting of tenure must include scholarly work in education. Evidence of the generation of new methods of pedagogy with national recognition by peers (AAMC, ACE) and impact on educational programs nationally is required. Activities may occur in a variety of educational settings and formats, including: didactic presentations, lectures, seminars, conferences, tutorials, laboratories, case discussions, grand rounds, hospital and clinic rounds, patient care, surgical and other procedures, and continuing education. Competence in teaching requires participation in appropriate courses with satisfactory learner evaluations.

Assessment of distinction in teaching and advising students is based upon:

1. Innovative contributions to the field of medical education which have been adopted for use by other institutions and are recognized by peers as scholarly contributions.
2. Review of course(s) taught, directed, or developed; a list of students and degree candidates for whom the faculty member has served as academic adviser.
3. Evidence of teaching excellence at the undergraduate, graduate, and/or post-doctoral levels, evaluated by the written statements and/or compiled ratings of students.
4. Written statements by the Head of the Department, academic peers, and others familiar with the candidate's performance in teaching and educational scholarship.
5. Accumulation of above forms of evidence on teaching competence and excellence over a sustained period of time.

Assessment of competence in teaching is based upon:

1. Learner and/or peer evaluations.

B. RESEARCH/SCHOLARSHIP

Assessment of distinction in research is based upon the following:

1. A review of the candidate's scientific publications, particularly those in national or international peer-reviewed journals. Evidence is sought that the work is scholarly, creative, and of high quality and significance, whether focused on laboratory endeavors, clinical investigations, or analysis or synthesis of clinical observations and experience.
2. Independence of research accomplishments or significant contribution to interdisciplinary or collaborative research. Evidence of independence or significant contribution to interdisciplinary or collaborative research may include:
 - a. Naming of the candidate as the first or senior author on multi-authored journal articles and/or documentation of major, substantial contributions by the candidate to the collaborative project and publication.
 - b. Statements of peer evaluators on the creativity and significance of the candidate's contributions to a collaborative research project and/or to multi-authored publications.
 - c. Identification of the candidate as the principal investigator or a major collaborator on peer-reviewed, funded research grants or contracts
 - d. Invitations/nominations to serve on study sections, national policy boards, editorial boards, etc.
3. External research funding from federal and other national granting agencies which sponsor programs in biomedical and other scientific research subject to peer review.
4. Significant original contributions based on clinical observations resulting in new therapies or techniques which impact the practice of medicine.

Assessment of competence in research is based upon:

1. Evidence of significant discipline-related publications, including reports of clinical investigations, identification through case reports of new syndromes or treatments, and descriptions of new techniques.
2. Participation in invited scientific and clinical symposia, meetings and lectures.
3. Letters from authorities in the candidate's clinical discipline assessing his/her contributions to the discipline.

C. CLINICAL SERVICE (if applicable)

Clinical Service expectations in decisions for tenure and promotion to Associate Professor include enjoying an excellent reputation inside and outside the Twin Cities area as an authority in a clinical specialty, as demonstrated by patient referrals from outside the area, invited visiting lectureships, and memberships in professional societies.

D. SERVICE

In the Medical School service contributions are an integral part of the academic unit. Such service can be used to demonstrate an additional area of strength for the recommendation of tenure. Examples of service contributions include:

1. Participation in discipline-specific regional and national organizations.
2. Service to the Department, School, or University on governance-related or policy making committees.
3. Service to the community, State, and public engagement.

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

A. ASSISTANT PROFESSOR

In the Medical School, the entry level rank for faculty is at the Assistant Professor level. It is therefore anticipated that there will be no promotions to this rank.

B. TO ASSOCIATE PROFESSOR

The general criteria and standards for promotion to the rank of Associate Professor are those stated for consideration of tenure (see IV above).

In addition, for clinically active faculty, it is expected that they will have achieved appropriate Board Certification in the specific field where they are practicing.

A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure, as stated in Section 7.11, and the specific criteria and standards for promotion to Associate Professor as stated by the Medical School and the Department. It is also an expectation of the University and the Medical School that all faculty promoted to associate professor with tenure are on a trajectory that will result in them achieving the rank of full Professor.

C. TO PROFESSOR

A recommendation for promotion to Professor is based on criteria set by the Medical School and the Department in accord with Section 9.2 of the Board of Regents Policy: *Faculty Tenure*

9.2 Criteria for Promotion to Professor. *The basis for promotion to the rank of professor is the determination that each candidate has (1) demonstrated the intellectual distinction and academic integrity expected of all faculty members, (2) added substantially to an already distinguished record of academic achievement, and (3) established the national or international reputation (or both) ordinarily resulting from such distinction and achievement [FN 7]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 8]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. But the primary emphasis must be on demonstrated scholarly or other creative achievement and on teaching effectiveness, and service alone cannot qualify the candidate for promotion.*

[FN 7] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual campus. Not being promoted to the rank of professor will not in itself result in special post-tenure review of a tenured associate professor.

[FN 8] The persons responsible for this determination are the full professors in the unit who are eligible to vote. The outcome of the vote is either promotion to the rank of professor or continuation in rank as an associate professor. The procedures for voting are identical to those outlined in Section 7.4 for the granting of indefinite tenure, the nondisclosure of grounds for the decision (Section 7.5), and the review of recommendations (Section 7.6). In addition, a petition to the Judicial Committee for review of a recommendation of continuation in rank as an associate professor follows the procedures specified in Section 7.7 for decisions about promotion to associate professor and conferral of indefinite tenure.

Promotion to Professor is not based on time in rank, but on an increasing record of accomplishments. During the period as an Associate Professor, the candidate will have continued to develop his or her already distinguished record in teaching, research, and service and added substantially to the record that was the basis for the promotion to the rank of Associate Professor. The candidate must have achieved a national and international reputation in her or his area of expertise and be recognized as a leader and a mentor.

The proposal of a candidate for Professor will present evidence of additional significant academic, scientific, scholarly, and professional achievements such as:

1. The establishment of a training program for pre- and/or post-doctoral fellows in a specific discipline.
2. Election to prestigious scientific and/or professional organizations which recognize excellence and significant academic contributions.
3. Letters from authorities attesting to the candidate's acknowledged national or international reputation and recognition of leadership in his/her field; letters from prominent senior faculty members at other universities assessing the candidate's qualifications for promotion to the rank of Professor.
4. Nationally recognized leadership roles in the profession or the institution.
5. Evidence of effective mentoring of junior faculty, fellows, and M.D. and Ph.D. trainees.
6. Creating and sustaining a culture that fosters diversity.
7. Ongoing record of peer-reviewed publications.
8. Ongoing record of funding for research or scholarship (if applicable).
9. Ongoing excellence in clinical activity (if applicable).

VI. ANNUAL REVIEW OF TENURED FACULTY

In accordance with Section 7a of the Board of Regents Policy: *Faculty Tenure* and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*, each Medical School department will annually conduct a review of each tenured faculty member. The specific Departmental process for annual review and review criteria (i.e. the goals and expectations for continued performance by tenured faculty) will be described in the Departmental 7.12 Statement Part 2.

The Medical School procedures for annual review of tenured faculty are provided in Part 3 of the document (Annual Review of Tenured Faculty).

VII. VOTING PROCEDURES

- A. Promotion and tenure decisions in the Medical School require a positive vote by two-thirds of all eligible voting faculty members on the question to recommend affirmatively for promotion and/or tenure.
- B. Decisions to terminate the contract of a probationary faculty member also require a vote by two-thirds of all eligible voting faculty members in support of the motion to terminate the appointment.
- C. Tenured faculty are eligible to vote on the awarding of tenure to probationary faculty. Tenured faculty holding appropriate rank are eligible to vote on recommendations for promotion of candidates.

VIII. PROCESS FOR UPDATING THIS 7.12 STATEMENT

The Medical School will review its 7.12 Statement Preamble at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School tenured and tenure-track faculty will be invited to review and give input on the statement, and approval will be obtained through a majority vote of the tenured and tenure-track faculty, in conjunction with approval of their departmental criteria, with the approval date noted on the document.

History of Revisions (approved by vote of the Faculty):

Original Document: Date unknown

Revision: April 15, 1993

Revision: July 2, 2009

Revision Approved by Medical School Faculty: June 21, 2012

Approved by Senior Vice President for Academic Affairs and Provost: June 22, 2012

PART 2. DEPARTMENTAL ADDENDUM

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether faculty in the Department of Family Medicine and Community Health (DFMCH), both in the basic and clinical sciences, meet the general criteria in Section 7.11 of the Board of Regents Policy: *Faculty Tenure*, as defined for this Department. It also provides the specific criteria and standards that will be used to evaluate associate professors for promotion to professor according to Section 9.2 of the *Faculty Tenure* policy.

This document contains the Department's Criteria and Standards pertaining to:

- A. Award of indefinite tenure
- B. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- C. The departmental process for the annual appraisal of probationary and tenured faculty
- D. The goals and expectations for the annual review of tenured faculty.

II. MISSION STATEMENT

- A. *Mission, Vision, and Goals of the Department of Family Medicine & Community Health:*

Mission: To connect the University of Minnesota mission of discovery, learning, and public service with our communities – through teaching, research and practice of family medicine and community health.

Vision: We harmonize practice, education, and research through emerging models of care – to improve individual, family, and community health.

Goals:

- Produce outstanding family physicians for the State of Minnesota and beyond
- Deliver innovative, high-quality family medicine education
- Be a leader in family medicine and community health research
- Provide innovative, high-quality patient care at a reasonable cost
- Exercise responsible stewardship of department financial resources
- Create an exciting and rewarding professional community
- A long-term goal for tenure-track DFMCH faculty is to achieve the rank of full Professor

- B. In carrying out these missions and goals leading to rank of full Professor, DFMCH and its individual faculty aspire to a balance of:

- *Research*—scholarship of discovery, application, and translation of clinical science
- *Scholarship of teaching / education*, which among other things may include the translation of advances in care (or care systems) to the education and experiences of medical students and residents.
- *Service*—to disciplinary organizations, Department, Medical School, University or community.
- *Interdisciplinary or interprofessional scholarship, function and relationships* that reflect current and future demands for well-integrated cross-disciplinary approaches to care, education, and research.

- *Public engagement* that identifies priority areas for care, education, and research—and makes a visible, significant impact in those areas on the lives of people in the community

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT OF PROBATIONARY FACULTY

Tenured and tenure-track appointments require pre-approval by the Dean of the Medical School to initiate a search. Faculty hired with tenure are subject to approval by the Senior Vice President for Academic Affairs and Provost of the University of Minnesota.

In the DFMCH, candidates for appointment to Assistant Professor are expected to:

1. Possess a doctoral degree (e.g., M.D., Ph.D., or equivalent)
2. Show evidence of scholarly activity, such as documented involvement in research projects, oral and written presentations on research outcomes, and discipline-related publication(s)

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

1. Process

The overall process for Annual Review of Probationary Faculty in the Department of Family Medicine and Community Health is in compliance with Section 7.2 of the Board of Regents Policy: *Faculty Tenure* and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. The annual review process includes the following components:

- The probationary faculty member names a mentor as he/she enters the tenure track. The mentor meets with and provides advice to the probationary faculty member on a regular basis regarding progress on the tenure track – goals and objectives, methods for reaching goals, and guidance in preparing their dossier.
- The probationary faculty member meets annually with the DFMCH promotion and tenure committee to review the faculty member's accomplishments, as outlined in Part III, Annual Review of Tenured Faculty.
- The Department Head takes an annual vote of the tenured faculty to recommend promotion, continuation, or discontinuation on the track. A 2/3 vote is required for action to proceed.
- The Department Head prepares *UM Form 12* (Annual Appraisal Form), which summarizes the faculty member's accomplishments and the promotion and tenure committee's discussion thereof. The probationary faculty member reviews and signs *UM Form 12*, which is then forwarded to the Dean and then to the Senior Vice President for Academic Affairs and Provost for review and approval.
- Probationary faculty are also reviewed annually by their Program Directors and the Department Head, who together evaluate the faculty member's scholarly activity, other teaching, clinical, and administrative activities, clinical productivity, service, and citizenship.

2. Criteria

The criteria for satisfactory performance to be used for the annual review in the Department of Family Medicine and Community Health are the same as with the appropriate criteria for rank, as defined in this 7.12 Statement.

IV. CRITERIA FOR TENURE

Criteria for Tenure - Department of Family Medicine and Community Health

As a Department of the Medical School with two campuses, DFMCH criteria for promotion and tenure apply equally to Department faculty on both the Duluth and Twin Cities campuses. It is expected that the process described here is compatible with the promotion and tenure process at the Duluth campus.

As stated in University general requirements, every tenure decision requires consideration of research, teaching, and service. Interdisciplinary scholarship and public engagement work (described below) are not *required* for awarding tenure, but for those faculty whose work emphasizes these newer areas, can be included in consideration for tenure.

The Department of Family Medicine and Community Health accepts and subscribes to the criteria and standards for tenure of faculty at the University of Minnesota Medical School, as described in Part 1, Medical School Preamble, with the following department-specific criteria.

A. TEACHING

Distinction in teaching for the granting of tenure must include scholarly work in education, including publications, dissemination, and impact on improving educational practice and meet the general requirements for scholarship and research outlined in Section A. Evidence of the generation of new methods of pedagogy with national recognition by peers (AAMC, ACE) and impact on educational programs nationally is required in this case.

Activities leading to such published scholarship and recognition may occur in a variety of educational settings and formats, including: didactic presentations, lectures, seminars, conferences, tutorials, laboratories, case discussions, grand rounds, hospital and clinic rounds, patient care, surgical and other procedures, and continuing education.

The criteria for competence in teaching are described in the Medical School Preamble.

B. RESEARCH / SCHOLARSHIP

DFMCH assessment of distinction in research is based upon:

1. Substantial scholarly contributions are required, as evidenced by all of the following (a, b, c):
 - a. Review of the candidate's scientific publications, particularly those in national or international, peer-reviewed journals. Evidence is sought that the work collectively and cumulatively advances a body of knowledge. It must also be scholarly, creative, and of high quality, whether focused on laboratory endeavors, clinical or educational investigations, translational or health services research, community participatory research, public engagement research, or analysis and synthesis of clinical observations and experience. Publications in monographs, reviews, and other books—including their impact on the field—are also considered.

A strength of DFMCH is the interdisciplinary composition of our faculty and research. However, this makes it particularly challenging to provide any comprehensive list of outstanding peer-reviewed journals. In addition to publishing in health journals that are universally recognized as outstanding (e.g., JAMA, New England Journal of Medicine, American Journal of Public Health), we accept as outstanding venues those peer-reviewed journals that are well-regarded within a discipline, and in many cases also the official organs of the various professional associations of our faculty members. To illustrate, these may include The Journal of

Family Practice, Journal of the American Board of Family Medicine, Annals of Family Medicine, and Family Medicine for our family physician and PhD faculty; Social Science and Medicine, Health Services Research, and the Journal of the Health Care for the Poor and Underserved for those focused on community health; the Journal of Behavioral Medicine, Journal of Consulting and Clinical Psychology and Journal of Health Psychology for faculty with psychology background or interests; and the Journal of Higher Education, Teaching and Learning in Medicine, Academic Medicine, and Review of Educational Research for faculty whose research focuses on education.

In addition, many of our faculty specialize in health-, disease-, and community-specific research, publishing in the leading journals on that topic. Such specialty areas include human sexuality (Journal of Sex Research and Archives of Sexual Behavior), HIV/AIDS care and prevention (AIDS Care, Journal of AIDS Education and Prevention), diabetes (Diabetes Care), cancer (Cancer), child and adolescent medicine (Pediatrics), and rural health (Journal of Rural Health).

The list above is illustrative, not exhaustive. Because the composition of our faculty prohibits us from providing a comprehensive list, candidates for promotion and tenure are asked to submit a list of the leading peer-reviewed journals in their area of research to our Promotion & Tenure Committee for review during their probationary period.

- b. It is expected that a candidate for tenure would have articles that are well-known on a national or international level, with weight given to factors such as authorship, impact of articles and journals, consistency of publication record.
 - c. Scientific presentations. In addition to published contributions, invitations to present at national scientific and clinical symposia and other professional, discipline-related national meetings provide evidence of recognized research accomplishment.
2. Independence in research and interdisciplinary work.
- Independence in research accomplishments is required. Evidence of independence may include (a, b, & c are expected):
- a. Naming of the candidate as the first or senior author on multi-authored journal articles and/or documentation of major, substantial contributions by the candidate to the collaborative project and publication.
 - b. Statements of local and national peer evaluators on the creativity, significance, and independence of the candidate's contributions to a collaborative research project and/or to multi-authored publications.
 - c. Identification of the candidate as the principal investigator or a major collaborator (e.g., co-P.I. or site P.I.) on peer-reviewed, funded research grants or contracts.
 - d. Invitations/nominations to serve on study sections, national policy boards, editorial boards, etc.

Interdisciplinary work is desirable, in keeping with the inherently interdisciplinary nature of Family Medicine, but is not required for tenure. Interdisciplinary research is of large and increasing importance to family medicine, the Medical School, the AHC and to the communities we serve, especially for DFMCH as it deals with care, education, and research in primary care and primary care systems and teams. The role a candidate has in an interdisciplinary project is the basis for evaluation. Examples of interdisciplinary work are:

- a. Conducting interdisciplinary and interprofessional research that addresses problems that require the contributions of several disciplines—and cannot be fully addressed within any one department or discipline
- b. Service as a member (e.g., PI, co-PI, Investigator) on an interdisciplinary research team.
- c. Providing critical input that improves team-based scientific inquiry.

Note that *independence* and *interdisciplinary* are regarded as *complementary* rather than *contradictory* criteria. Interdisciplinary research mirrors the interdisciplinary working environments in family medicine and primary care and the research questions that emerge from those environments. But the value of independence and candidate role in interdisciplinary work still plays within that context, e.g., making distinct identifiable contributions to a larger interdisciplinary picture, being first author on some of the publications, receiving local and national attribution for expertise in particular aspects of an interdisciplinary work, and serving on policy or editorial boards related to the place one has on an interdisciplinary team or line of research.

3. External research funding. One dimension associated with outcomes and accomplishments is a record of doing significant research over time. This can be associated with peer-reviewed sponsored funding of research and the continuity of that funding, in particular peer-reviewed research funding from federal or other national granting agencies, or reputable private granting agencies. Therefore, the candidate must have had external funding during the probationary period, though the quantity and sources of funding will depend upon the availability of research funding for the candidate's specific area of interest. Although continuity of funding is important, the candidate need not necessarily have funding at the time he/she goes up for promotion. Examples of funding agencies include, but are not limited to:

- National Institutes of Health
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Department of Justice
- March of Dimes
- American Cancer Society
- American Heart Association
- American Diabetes Association
- Robert Wood Johnson Foundation
- Kellogg Foundation
- Rockefeller Foundation
- Health Maintenance Organizations
- Minnesota Department of Health

Grants received from private industry, particularly researcher-initiated grants, may also be considered.

4. Significant original contributions based on clinical observations resulting in new therapies or techniques which impact the practice of medicine.

DFMCH Assessment of Competence in Research

Assessment of competence in research is based upon evidence of significant discipline-related publications, including reports of clinical investigations, identification through case reports of new syndromes or treatments, and descriptions of new techniques; participation in

invited scientific and clinical symposia, meetings and lectures, and letters from authorities in the candidate's clinical discipline assessing his/her contributions to the discipline. Most weight will be given to indexed journal articles and research books and monographs which have gone through rigorous peer review and provide an enduring contribution that is accessible to others and adds to a base of knowledge on which others can build.

C. CLINICAL SERVICE

Clinical service, if applicable, is desirable and is expected of DFMCH faculty, unless otherwise specified. Promotion and tenure decisions are primarily based on scholarly achievements; however, clinical excellence, particularly when accompanied by local and external recognition, will also be considered.

D. SERVICE

In the Department of Family Medicine and Community Health, discipline-related service contributions are an integral part of the academic unit. Such service can be used to demonstrate an additional area of strength for the recommendation of tenure, but service alone is not a basis for awarding tenure. Assessment of significant discipline-related service contributions is based upon:

1. Active roles in discipline-specific regional and national organizations, and
2. Service to the Department, School, or University on governance-related or policy making committees.

Public engagement

Definitions and general criteria for “publicly engaged scholarship” are characterized by partnership and collaboration with the community, rather than the community only as recipient of University attention and services. This distinguishes “public engagement” from “outreach” and “service”.

Public engagement work / publicly-engaged scholarship combines research, teaching, and service in projects that involve community stakeholders as co-creators and collaborators (not just recipients of services or consultation), generally with the goal of developing useful knowledge for innovations in community practices, public policies, or social or economic change. Public engagement may involve activities included in disciplinary work and interdisciplinary work, but research, teaching, and service complement and mutually inform one another in one planful picture.

Public engagement can be the primary basis for tenure when it includes these familiar concepts of scholarship:

1. Clear academic and community change goals
2. Adequate preparation on content area and grounding in community
3. Appropriate methods: scientific rigor *and* community engagement
4. Significant results: Impact on the field and the community
5. Effective presentation/dissemination to academic and community audiences
6. Reflective critique: Lessons learned to improve the scholarship and community engagement
7. Leadership and personal contribution
8. Consistently ethical behavior: Socially responsible conduct of research

Distinction in public engagement for the granting of tenure must include scholarly products of public engagement, such as publications, dissemination, and broad impact on the community, and national peer recognition—applying the familiar standards of excellence

and peer review. But public engagement work may involve additional forms of documentation, each of which are also evaluated for originality, independence, coherence, impact, and collaborative skills, e.g.;

- Descriptions of sustained programs, projects, and partnerships, including details about the process and collaborative relationships involved
- Products such as videos, websites, CD ROMs, or educational manuals.
- Popular media, with information on types of media, populations reached, circulation, influence, citations
- Summary of public influence such as involvement in policy development, policy changes, new laws, or changes in agency practices
- Multiple, complementary products integrating teaching, research, and service, e.g., a package containing a refereed journal article, community education materials and facilitation tools, and media stories—all emerging from one collaborative project.
- Summary of involvement of community stakeholders as collaborators and co-creators of projects

Additional documentation such as this for public engagement work may be different than for traditional disciplinary scholarship, but evaluation of these products is not held to lower standards than traditional disciplinary activities. Determining whether certain products (such as on-line media or CD-ROMs) meet these evaluation criteria may require efforts by tenured faculty to determine the standards of quality in unfamiliar areas and to locate peer reviewers who can evaluate these products by the best contemporary standards.

(Peters SJ, Jordan NR, Adamek M, Alter TR (Eds). Engaging Campus and Community: The Practice of Public Scholarship in the American Land-Grant University System. Dayton, Ohio: the Kettering Foundation Press, 2005)

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

Promotion decisions in the Department of Family Medicine and Community Health require a positive vote by two-thirds of all eligible voting faculty on the question to affirmatively recommend for promotion. Eligible members include faculty at the proposed rank and above voting for promotion; and faculty with tenure voting for tenure.

If a faculty member has a joint appointment in another department and is being considered for promotion, the Department of Family Medicine and Community Health will contact the other department(s) to obtain their assessment and record of vote on the proposed promotion. (See the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* for details on the evaluation of faculty with joint appointments.)

A. ASSISTANT PROFESSOR

Not applicable in the Medical School (entry level rank is Assistant Professor).

B. TO ASSOCIATE PROFESSOR

The criteria and standards for promotion to the rank of Associate Professor in the Department of Family Medicine and Community Health are those stated for consideration of tenure (see IV above). A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure.

C. TO PROFESSOR

The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* requires that the tenured faculty of departments review and provide

feedback to tenured associate professors every four years regarding their progress toward promotion to the rank of professor. A recommendation for promotion to Professor assumes that the candidate continues to meet the criteria for tenure (see Section IV) and is additionally based on the following required criteria:

1. National and international recognition as a leader in his or her field by virtue of having attained *one or more* of the following categories (a, b, c) of scholarly achievement, with the recognition that both teaching and research are the basis of every decision concerning promotion to the rank of professor:
 - a. Significant achievements in research, including educational research and publicly engaged scholarship: Serving as principal investigator or significant collaborator (e.g., co-P.I. or site-P.I.) on major research projects, including interdisciplinary projects; acquisition of major research grants and/or contracts; participation and leadership in regional national, and/or international research organizations; and scholarly publications in major professional journals.
 - b. Significant achievements in education: having developed educational programs that are used and/or recognized nationally and/or internationally. Excellence in teaching and advising should be documented through such activities or outcomes as innovations, peer and student evaluations, teaching awards, and/or student outcomes. When consideration for promotion to Professor is largely based on educational innovations, the candidate's teaching innovations should demonstrate evidence of peer review, dissemination (e.g. national and international presentations and publications on learning outcomes), and broad acceptance and use of these innovations. Here the expectation for peer-reviewed publications and presentations would be similar to that of the candidate with a research focus.
 - c. Significant achievements in methodological or technical innovations: having developed significant innovations, such as new instruments or technologies that are used and/or recognized nationally and/or internationally for advancing practice, research, or education in the field.
 - d. Mentoring of junior faculty members.
 - e. Interdisciplinary accomplishment, though not an absolute requirement for promotion to Professor, will be strongly considered, as this is an area of increasing importance to family medicine, the Medical School, the AHC, and to the communities we serve. This is particularly important for the DFMCH as it relates to primary care education, research, and practice. Examples of interdisciplinary accomplishment are listed under "Criteria for Tenure, IV.B.2."
2. Letters from authorities attesting to the candidate's acknowledged national and international reputation and recognition of leadership in his/her field; letters from prominent, senior faculty members at other universities assessing the candidate's qualifications for promotion to the rank of Professor.
3. Nationally recognized leadership roles in the profession or the institution, which could include serving on national committees or having other major leadership roles within national primary care, academic, or research organizations. Examples of such organizations include The Society of Teachers of Family Medicine (STFM), the American Academy of Family Physicians (AAFP), and the North American Primary Care Research Group (NAPCRG), The Association of

American Medical Colleges, National Institutes for Health (NIH) or other federal research review panels, and contribution to Institute of Medicine (IOM) reports.

4. Creating and sustaining a culture that fosters diversity.

VI. ANNUAL REVIEW OF TENURED FACULTY

The Department of Family Medicine and Community Health utilizes the process for Post-Tenure Review defined by Part 3. Annual Review of Tenured Faculty. The faculty member will be reviewed on the basis of the quality of efforts in research, teaching, and service. The review will focus on whether the faculty member continues to meet the expectations for tenured faculty members as outlined in the departmental 7.12 Statement. Tenured faculty members are also expected to participate actively in advancing the interests of the department, medical school, and university for the benefit of the institution, medical profession, and community.

Satisfactory performance in teaching, research and service are expected of all tenured faculty members in the Department of Family Medicine & Community Health. The distribution of effort among these three spheres of academic activity may vary by individual and over time during the course of a faculty member's career. For example, a tenured member of the faculty may sometimes assume administrative or committee duties that have the potential of diminishing the time available for research and teaching. Some members of the faculty may at some stages of their careers legitimately devote relatively more effort to teaching and service than to research or vice versa. The department and college should nurture and benefit from the special strengths brought by each individual member of the faculty while not losing sight of the overall responsibilities and obligations that tenure confers upon all members of the faculty.

Further, all tenured faculty members are expected to continue to make contributions according to their current effort distribution between research, teaching and service that are agreed upon in annual discussions between the faculty member and their Department Head. A significant contribution is expected in areas in which the most effort is allocated.

To facilitate this review, the faculty member prepares an updated C.V., Faculty Time-Contribution and Goal-Setting Form, and Faculty Self-Evaluation Form. Also, the faculty member meets individually with the head of the unit and Department Head, to discuss his/her accomplishments of the preceding year, and goals for the upcoming year.

The goals and expectations for performance of tenured faculty for teaching, research, and service in the Department are shown here. Tenured faculty must demonstrate excellence in two of the three areas (research, teaching, and service).

Research

Tenured faculty are expected to pursue an active agenda of research in their area(s) of academic specialization. While the extent and nature of research activity may vary over time, within any given period of three years, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- An independent or active collaborative role in a research program or programs;
- Refereed or invited research presentation(s) at a scholarly conference or another academic institution;
- Organization or active participation in a scholarly conference, symposium, workshop, or panel;
- Evidence of grant submissions to support research efforts;

- Publication or submission of research articles, case studies, and/or research reviews in refereed medical or scientific journals;
- Publication of scholarly books, book chapters, review articles, and postings to web-sites or other non-refereed venues.
- Mentoring residents and/or other faculty in their research

Teaching

Tenured faculty are expected to remain effective teachers and to be actively engaged in communicating knowledge and in supervising, mentoring, or advising students, in compliance with collegiate and University policies. While the extent and nature of teaching activity may vary over time, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- Teaching on clinical, research, or other educational topics as assigned by the Department Head in light of department and collegiate curricular needs;
- Precepting residents and students in clinic
- Supervising hospital rounds
- Maintaining effectiveness in teaching as demonstrated by teaching innovations, student evaluations, and peer review of teaching, including peer review of syllabi and other course materials;
- Scholarship in teaching and learning as evidenced by publication of scholarly articles, book chapters, or submission of educational grant proposals;
- Advising and mentoring students, residents, graduate students, and postdoctoral fellows;
- Instructional development that leads to products (textbooks, published manuscripts, instructional videos, instructional software, etc);
- Evidence of active participation on department, university, hospital, or other committees;
- Educational outreach activities related to the faculty member's scientific or professional expertise.

Service

Tenured faculty are expected to perform service within the department, the college and university, and in their scholarly disciplines, although the extent and types of service performed may vary over the course of a career. While the extent and nature of service activity may vary over time, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- Active departmental, collegiate or University leadership or administration;
- Election or appointment to standing or ad hoc committees of the department, medical school, or University;
- Reviewing and/or editing scholarly articles, book manuscripts, and grant proposals written by others, serving on Journal editorial boards or grant review panels;
- Presiding over paper presentation or platform sessions at conferences;
- Active service as an office holder or committee member for relevant professional organizations;
- Outreach activities related to the faculty member's scientific and professional expertise with clear benefit to the department, medical school or University;
- Providing patient care in university affiliated practices;
- Taking call

VII. VOTING PROCEDURES

A. VOTE

1. A vote will be taken for decisions to recommend a candidate for continuation or promotion and/or tenure. Such a vote will require a 2/3 majority for the motion to pass.
2. A vote will be taken for all decisions to terminate the contract of a probationary faculty member. Such a vote will require a 2/3 majority for the motion to pass.

B. OTHER

As a department of the Medical School with two campuses, DFMCH criteria for promotion apply equally to faculty on both the Duluth and Twin Cities campuses. It is expected that the process described here is compatible with the promotion and tenure process at the Duluth campus.

VIII. PROCESS FOR UPDATING 7.12 STATEMENT

The DFMCH will update its 7.12 Statement every 5 years, or more frequently as needed. Revisions will be made by an appointed DFMCH Promotions and Tenure Subcommittee. All departmental faculty will be invited to review and give input on the statement, and approval will be obtained through a vote by DFMCH faculty, with the approval date noted on the document.

History:

Revision approved by Faculty Affairs February 2009

Voted on by secret ballot and approved by the Family Medicine and Community Health Faculty: April 4, 2012

Approved by the Senior Vice President for Academic Affairs and Provost: June 22, 2012

PART 3. ANNUAL REVIEW OF TENURED FACULTY

A. ANNUAL REVIEW

All tenured faculty must undergo an annual review each year. This process is key in allowing the faculty member and the department to assess individual progress. It also helps to protect the faculty member, the department, and the School, in case of any misunderstanding or conflict that may arise. For any questions about this process, please call the Office of Faculty Affairs and/or the Vice Provost for Faculty and Academic Affairs.

1. During the spring of each academic year, all department heads will schedule an annual review conference with each tenured faculty member. This responsibility may be delegated to Division Chiefs, Departmental Review Committee, Center Directors or other designee. All reviews must receive final approval and signature from the Department Head.
2. Prior to this conference the individual faculty member will provide the requisite information, as well as an updated curriculum vitae, following the department's annual review reporting format.
3. Annual reviews may be carried out in the format preferred by each department but must, at a minimum, be compliant with the rules detailed in the Board of Regents Policy: *Faculty Tenure*, Section 7a, and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*.
4. The annual review documentation should include:
 - a. Accomplishments of the previous year, particularly in relation to goals set for the year.
 - b. Detailed accomplishments in each domain relevant to the faculty member (as applicable: teaching, research and/or scholarship, service, and clinical activity (if applicable)):
 - i. Evaluation of quality and quantity of teaching, attitude towards learners, knowledge of subject matter, and specific contributions to continuing education.
 - ii. Evaluation of research and/or scholarly activity including current projects, grants applied for or funded, publications, and papers presented or submitted.
 - iii. Evaluation of service.
 - iv. Evaluation of clinical activity (when applicable), including volume of patients served, breadth of referrals, incorporation of patient care into teaching program, activity in local and national professional organizations.
 - c. Percentage of effort in each domain, to be updated annually.
 - d. Agreed upon goals for the upcoming year.

- e. Plans for subsequent years with specific recognition of outstanding accomplishments and plans to maintain high performance level.
5. The Annual Review conference should emphasize frank discussion concerning the faculty member's past and present performance in given areas of responsibility, noting progress in achieving previously established goals and objectives. In particular, it is important to frame the evaluation in the context of the proposed distribution of responsibilities in the four domains of Teaching, Research/Scholarship, Service, and Clinical Activity (if applicable). If the faculty member is working towards promotion, the Department Head and the faculty member should ensure that year-by-year progress, consistent with the Departmental 7.12 Statement, has been appropriate to date and specific goals for the coming year should be agreed upon.

Pursuant to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*, each department's tenured faculty shall review their tenured associate professors at a minimum of every four years regarding their progress toward achieving the rank of professor. This review is based upon the criteria for promotion to professor in the department 7.12 statement. This four-year progress review can be part of the annual review process.

6. Following the Annual Review conference, the Department Head or designee will complete the Medical School Annual Review Form, summarizing the conference and stating the agreed upon goals for the upcoming year. The Medical School Annual Review Form must be signed by the faculty member, the evaluator (if applicable), and the Department Head.
7. For faculty members who have met the goals and expectations for tenured faculty for the department, according to the department 7.12 statement, the signed Medical School Annual Review Form is sent to office of Associate Dean for Faculty Affairs who signs on behalf of the Dean. The review form will be handled confidentially by the Dean and the Associate Dean and will assist them in supporting recommendations for promotion, special recognition, or salary adjustments.
8. If the department head or designee finds that the tenured faculty member's performance is below that of the goals and expectations of the department as specified in the 7.12 statement, then the case is referred to a committee of elected, tenured faculty members in the department. If that committee concurs with the judgment of the department head, then both the department head and the committee formulate a detailed written Faculty Improvement Plan for the faculty member. The letter from the department head and the elected committee must identify the ending date for the period of performance improvement and must request that the faculty member provide a report at that time describing his or her progress towards meeting the goals and expectations of the department.

The department head and the committee chair should make reasonable efforts to meet with the faculty member to discuss the plan for meeting the goals and expectations of the unit. The faculty member may request modification of the plan from the department head and the committee but may not at this stage file a complaint with the Senate Judicial Committee.

At the end of the time period specified for performance improvement, the faculty member under review must provide a report describing his or her progress toward meeting the goals and expectations of the department. The department head and the elected committee of tenured faculty will then review the progress that the faculty member has made regarding the recommendations as specified in the report from the faculty member.

This process above may be repeated for a second year if the faculty member has failed to complete the initial plan.

B. SPECIAL PEER REVIEW

1. Initiation

In compliance with Section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, a Special Peer Review may be requested by the department head and the departmental review committee of elected, tenured faculty members following the unsuccessful completion of a Faculty Improvement Plan as described in Section A.8 above.

2. The Medical School Dean will be notified and asked to initiate a Special Review. The Dean must first review the file independently to determine that the faculty member falls below the department's goals and expectations and has not successfully completed the Faculty Improvement Plan. S/he determines that special peer review is warranted.

3. The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* describe details of the process for the special peer review. Some of these are highlighted below but the reader is referred to the *Procedures* and the *Faculty Tenure* policy for a complete perspective. All of the steps in the *Procedures* and subsection 7a.3 of the *Faculty Tenure* policy must be followed even if they are not described in this document.

4. Review Panel

A Special Review Panel composed of tenured members at the same rank or above the rank of the faculty member under review:

- i. Members are elected independently for each Special Review, by the tenured faculty of the department.
- ii. Members (5) include:
 1. 1 member appointed by the faculty member being reviewed.

2. 4 members elected from a slate of candidates nominated by department head and the tenured faculty.
 - iii. Members may be in the department or outside, if appropriate – case by case. If the faculty member has a secondary appointment in another department, that department should be represented on the committee.
 - iv. Members should not be the same as any previous review committee for that faculty member
5. Special Review materials include:
- a. Department head and previous Review Committee statement(s) requesting Special Review.
 - b. Annual review with goals and effort distribution (at least 5 years if available).
 - c. Previous recommendations for faculty development and outcomes (Performance Improvement Plans).
 - d. Personal statement by the faculty member.
 - e. Current annotated curriculum vitae.
 - f. Teaching evaluations.
 - g. Reprints.
 - h. Supporting documentation, including, but not limited to, letters of acceptance for articles in press, and acknowledgement by journal or funding agency of manuscript or proposal receipt.
 - i. Any other relevant documentation.
6. Review Criteria and Methodology
- a. The main focuses of the Special Review are the area(s) of deficiency identified in previous review(s).
 - b. Due process procedures, as defined in University documents, will be applied to address disagreements at different levels of the review and to offer protection for academic freedom.
 - c. Faculty members undergoing review may examine any material in their file at any time in the review process
 - d. Faculty member's performance will be evaluated as either:
 - i. Satisfactory: meeting department and/or Medical School goals and expectations for tenured faculty members.
 - ii. Unsatisfactory: not meeting department and/or Medical School goals and expectations for tenured faculty members.
 - e. The actions that the Panel may recommend, listed in section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, include:
 - i. Terminate review if the Panel finds that the faculty member's performance meets the goals and expectations of the department.
 - ii. Alter allocation of effort if the Panel determines that the faculty member's strengths are not being fully utilized: it might suggest that the allocation of effort between teaching, research, and service be altered so as to maximize the faculty member's contributions to the University.

- iii. Suggested improvements: if the faculty member's performance is likely to be improved by specific steps, and that process can adequately be monitored by further regular Annual Reviews, the Panel may suggest that those steps be taken and remit the case to the Annual Review process.
- iv. Salary reduction if the faculty member's performance has declined in such a way as no longer to warrant the base salary that is attached to the position, the Panel may recommend a reduction in base salary of up to 10% (see Board of Regents Policy: *Tenure Faculty* for complete details).
- v. Dismissal: if the faculty member's performance has fallen below the standard of the Board of Regents Policy: *Faculty Tenure* Section 10.21(a), "sustained refusal or failure to perform reasonably assigned duties adequately," the Panel can recommend the commencement of proceedings for termination of appointment, or involuntary leave of absence (see details below).
- vi. The Panel may also recommend a combination of these measures.
- f. The recommendations of the Panel will be implemented by the Department, the Dean's Office or other administrative body, as appropriate, depending on the specific recommendation.

History of Revisions (approved by vote of the Faculty):

Original Document: Date unknown

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