Chapter 3: Policies (includes P&T)

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(9) Remuneration of departmental personnel. Chairs are responsible for making recommendations to the Dean of the School of Medicine for faculty compensation in compliance with the established University of Virginia and Health System guidelines. These recommendations must reflect the overall contributions of individuals to the academic and clinical activities of the Health System. The institution is responsible for establishing all policies and guidelines for the remuneration of all faculty and non-faculty personnel.

(10) Cultural values of the institution. The department chair serves as a role model and advocate for the cultural values of the Health System: respect, integrity, stewardship, and excellence.

Robert M. Carey, M.D. Robert W. Cantrell, M.D. Dean of Medicine Vice President and Provost Health Sciences

July 15, 1998
Revised: March 15, 2000

The Guidelines for Administrative Reappointment of Department Chairs, Center and Program Directors, together with the Outline for Self Study for Reappointment of Department Chair, Center or Program Director are contained in appendix H.

**Promotion and Tenure Policy**

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**Executive Summary** (PDF format)

**Annual Calendar for Promotion and Tenure Actions.**

- July 1: lists of internal and external referees due from the chairs to the dean with source (candidate or chair) indicated;
- July-August: faculty portfolio preparation; solicitation by Dean's Office of all letters;
- September: departmental P&T review;
- October 1: departmental appeals;
- October 15: departmental recommendations with summary, vote, portfolios due to the Dean;
- November-December: SOM P&T review;
- January: SOM appeals;
- February 1: SOM actions, summaries, vote, and portfolios due to the Provost;
- March-April: University P&T review, appeals;
- May: Provost sends recommendation to the BOV for approval;
- July 1: BOV actions on website of Inside UVA.

**Introduction**

A university has the obligation to society to explore the nature of the unknown, to question the validity of the known, and to be a repository of knowledge. The first two obligations depend on the creative activity of the individual scholars, who must be unhindered by irrelevant pressure from outside or inside the institution. Thus, academic freedom must be carefully protected and faithfully adhered to in order to maintain a university's well-being and to promote its functions.

Academic tenure is, for the most part, an institution of the twentieth century. At the University of Virginia, positions granted "without term" appear to be the equivalent of tenure, which is not otherwise subscribed to. Nationwide, tenure's initial impetus, as reflected in the American Association of University Professors' "General Declaration of Principles" (1915), was to protect established faculty from arbitrary dismissal by administrators or governing bodies, to assure faculty review of dismissal, "for cause," and thereby to protect freedom of inquiry. Since 1940, when AAUP's "Statement of Principles on Academic Freedom and Tenure" appeared, the tenure system at most institutions has also become a regular scheme of job security, including the "probationary" period for beginning faculty and the notion of "tenure by length of service."
The rationale of academic tenure, however, is somewhat different from job security in the industrial world, especially in an institution which wants its teachers to be engaged in pushing forward the frontiers of learning. This lies in the fact that contributions to human knowledge and understanding which add something significant to what has gone before involve a very high risk and a very long-term intellectual investment. This is true especially of those whose life is more devoted to thought, experimentation, and writing, than it is to practice.

If teaching is to be more than the retailing of the known, and if research is to seek real breakthroughs in the explanation of man and the cosmos, then teachers must be scholars, and scholarship must be more than the refinement of the inherited store of knowledge. If scholarship is to question assumptions and to take the risk of testing new hypotheses, then it cannot be held to a timetable which demands proof of pay-out to satisfy some review committee... At its best the university expects a person literally to make a life-time investment in his special way of looking at the human and natural experience.

In the development of their ideas they should not be looking over their shoulders either in hope of favor or in fear of disfavor from anyone other than the judgement of an informed and critical posterity.

In strong universities, assuring freedom from intellectual conformity coerced within the institution is even more of a concern than is the protection of freedom from external interference.

I have not been able to devise, nor have I heard of, any regime of periodic review with the sanction of dismissal which would not have disastrous effect. It would both dampen the willingness to take long-term intellectual risks and inhibit, if not corrupt, the free and spirited exchanges upon which the vitality of a community of scholars depends. This, not the aberrational external interference, is the threat to the freedom of the academic community which tenure seeks to mitigate. (President Kingman Brewster's Report to Yale University, 1971)

President Brewster clearly states the crucial distinction between tenure in the strict sense as appropriate to university faculties and the normal job security appropriate to other groups of personnel. Job security in the usual nonacademic sense is accrued by length of service: it follows a probationary period during which adequate competence has been demonstrated. But it persists only so long as the individual discharges some exactly prescribed function.

It does not carry with it the freedom to change direction or emphasis, freedom to continue without demonstrable progress for indefinite periods while high-risk ventures are initiated, developed, and perhaps even abandoned without evidence of the creative effort spent. Tenure includes, but is much more than, job security in the usual sense: it is a status appropriate only to those in the total academic community whose recognized function demands it. Academic tenure, unlike job security, is not something to which staff...can rightly lay claim. (Report of the Committee on the Professoriate at Stanford, February, 1974)

Academic traditions differ among departments and schools in many fundamental and significant ways: in type of scholarship, in teaching method, and in views on how faculty time is most effectively employed. The major problems confronting one post-graduate professional school may have little counterpart in another, and even less in arts and sciences. We must seek consistency at the highest and most general levels of principle, and then apply principle consistently in response to the precise needs of the various departments and schools of the university.

One of the post-graduate professional schools with specific needs is the School of Medicine, a major division of the University with great service obligations. This concept of service is frequently taken to mean the provision of clinical care to the sick. In some instances, however, service may be research, which may be on a contractual or programmatic basis with little teaching responsibility, or service to the university itself. The academic faculty of an outstanding medical school performs the usual university functions in teaching and research. In the clinical departments they also assume major responsibilities for the care of patients in order to create an environment for medical teaching and clinical research. Like other academic medical centers, the University of Virginia Health System exists specifically so that medical faculties can accomplish a complex mission: “To improve the health of the people of the Commonwealth of Virginia, the nation, and beyond, by creating an internationally recognized center of excellence for education in the health sciences, biomedical research, and health care delivery.” Outstanding academic medical centers become regional or national centers to which difficult medical problems are referred. These referral cases often require very high caliber diagnostic and treatment skills along
with the attendant special demands on nursing, ancillary personnel, and on physical facilities. Often as a function of its national academic and medical prestige, there is a great demand for instruction in medicine, and in post-doctoral clinical education and training, as well as in graduate and post-doctoral basic medical science. The post-doctoral clinical education and training programs ("internships" and "residencies") combine experience and education in patient care and, often, in clinical and/or basic research. Faculty and students may be involved in more general forms of medical practice outside the medical center in order to teach and to investigate other important aspects of health care. Medical faculties, therefore, interact extensively with the public, and should be considered one of the university's major assets in public relations. The expectations of the public, in turn, place special demands on the faculty, which must be reflected in the faculty structure.

Faculty Structure

In considering the policies for promotions, the award of appointments without term (tenure), and the structure of the faculty of the School of Medicine, we specifically include as members of the faculty to be governed by these rules those appointed in the basic science departments of the School of Medicine and in the clinical departments whether based primarily at the Health System in Charlottesville, or at any other location at which appointments to the faculty may be offered. This inclusion shall apply, subject to the appropriate rules, whether the appointment is to the tenure-eligible track or to the tenure-ineligible track.

Not all service commitments can be met by the tenure-eligible faculty. Some programs are essential, yet may be limited in duration. It is neither feasible nor necessary for the school to provide research support, laboratories, or to assume long-term "tenure" obligations in order to sustain those programs. Some clinical care programs make great contributions to care, teaching, and research. The expansion of staff size and effort which they create is appropriate, but by design is programmatic, to fulfill a need which may well be limited in duration. Some teaching programs may require only transient emphasis.

It is also questionable whether the departments of the School of Medicine should appoint faculty not of their own (or closely related) disciplines, about whom their judgments may be inexpert or for whom their needs are purely for service, to academic line positions leading either to an award
of appointment without term or to compulsory termination of appointment. When appointments of specialists in disciplines represented in other departments or schools of the university are needed, a proposal regarding a plan and process for promotion (and tenure, if eligible) will be negotiated with the dean. Either the department which best represents the individual's principal discipline should agree to a dual appointment, or an appointment which neither requires nor leads to an appointment without term will be appropriate. All secondary appointments in the School of Medicine are tenure-ineligible term appointments. Only tenured, tenure-eligible and full-time salaried faculty shall have voting privileges.

**Tenure-eligible Faculty**

The four tenure-eligible faculty appointment designations are academic investigator (AI), clinician-investigator (CI), clinician-educator (CE), and academic-educator (AE). These four tenure-eligible appointments reflect the diverse responsibilities of faculty at the University of Virginia Health System. Appointment to one of the four tenure-eligible designations is made according to the major focus of faculty effort as specified in the initial or modified letter of appointment. The criteria for assistant, associate, and full professor appointments to the three tenure-eligible designations are described in the "Tenure-eligible Faculty" section of this document.

**Tenure-ineligible Faculty**

The School of Medicine has established, within the academic general faculty, the designations clinical faculty (CF), research faculty (RF), and instructional faculty (IF). The primary reasons for extending to academic general faculty the protection of tenure will not apply to such academic general faculty members. Accordingly, although they may be deserving of protection by contract, we recommend that such faculty be considered outside the scope of the 1940 "Statement of Principles."

Appointment to one of the tenure-ineligible designations is made according to the major focus of faculty effort as specified in the initial or modified letter of appointment. The criteria for assistant, associate, and full professor appointments to the three tenure-ineligible designations are described in the "Tenure-ineligible Faculty" section of this document. (There are separate governing policies for the administrative and professional tenure-ineligible general faculty that apply throughout the University of Virginia.)

**Promotion Considerations**

Any new formulation of policy on faculty promotion must address the increasing competition among the interests and the activities of an outstanding faculty. Historically, professional schools in this century achieved higher standards by adopting an emphasis on faculty research as the principal criterion for excellence, similar to that adopted by other university academic departments. This emphasis brought a greater appreciation for the biological bases of medical practice as well as advances in control of disease.

However, it has recently become apparent that research related effort may compete with teaching rather than enhance it, just as it is possible for undue emphasis on clinical service to compete with teaching. Rewards must be balanced so as to encourage the effective teacher. At the same time, medical students need the intellectual stimulus of a faculty involved in biomedical research and the opportunity to perform as clinical apprentices under the criticism, stimulation, and leadership of expert clinicians. While promotion in grade of faculty members must require demonstration of intellectual excellence through some form of scholarly communication, the promotions policy considers the activities of teaching, research, and service as being of equal importance, for all are essential to the overall mission of the institution.

**Tenure Considerations**

The Committee on Faculty Staffing Policy (Ad Hoc, 1976) of the University of Virginia concluded that the University should adhere to its traditional and unofficial "tenure" policy. In particular, the defined six-year probationary period for promotion may be perhaps the one best assurance of excellence. The University committee believed that the ratio of tenured to non-tenured faculty should be used only in planning of costs, but not to influence decisions of the faculty promotion and tenure committees. The faculty of the School of Medicine endorses this position.

It was the judgment of the University Committee on Faculty Staffing Policy (Ad Hoc, 1976), and
this task force concurs, that the University should continue to adhere to the 1940 "Statement of Principles of Academic Freedom and Tenure" of the AAUP. We affirm that tenure policy does not exist primarily to guarantee job security for faculty, but rather ensures the continuation of an atmosphere of academic freedom which we believe is essential in order for a university to achieve its goals.

The Board of Visitors has not formally adopted a tenure system or policy, and thus far it has avoided the use of the word "tenure" in making appointments. The University's consistent practice has been to follow the 1940 "Statement of Principles" with one principal exception. That exception is that teaching service at other institutions is not included in the probationary period after which a reappointment automatically results in tenure. The practice has been to appoint faculty either "with term" or "without term." The latter is deemed to be the equivalent of tenure as used in the 1940 Statement of Principles and has been so regarded consistently by the administration.

It should be clearly stated that where appointments, including those without term, evolve from the relationship between the University and an affiliated institution, the maintenance of such appointments will depend on the continuance of the institutional relationship.

The adoption of tenure by custom and practice should not be interpreted to be "job security." Both here and elsewhere, consistent with the 1940 "Statement of Principles," a faculty member with tenure can be removed for cause. However, the burden of proof is on the University to establish by procedures satisfying due process requirements, that adequate cause exists to justify the dismissal of the tenured faculty member. Also consistent with University policy, tenured positions may be abolished due to financial stringency or because of substantial economic changes in the curricula or programs at the university. In action similar to the University Committee on Faculty Staffing Policy (Ad Hoc, 1976), we specifically do not recommend a formal endorsement of the AAUP's policy document and reports of 1973, which includes provisions which change from time to time and which tends to grant job security as an extension or corollary of academic freedom.

Criteria for Promotion and Tenure

The following criteria for promotion and tenure are formulated to acknowledge the need for diversity in the faculty, while insuring that each individual, to achieve a permanent position, must demonstrate the superior professional quality appropriate in a medical school. As an academic medical center, the University of Virginia School of Medicine must fulfill complex missions in education, research, and service, particularly patient care. Its ability to do this depends on the committed participation of excellent faculty in a broad range of disciplines. Faculty appointments at the School of Medicine are based on potential for and evidence of academic accomplishment. Over the course of their careers, faculty may become eligible for promotion to higher rank based on distinctive contributions as determined by criteria appropriate to their background and training and their academic and professional responsibilities. However, not all faculty members are expected to be promoted to the rank of full professor.

In granting faculty appointments and titles, three areas of excellence and scholarly endeavor are recognized: research (basic or clinical), teaching (pre- or post-doctoral), or service (patient care, administration, or leadership). Excellence must be achieved and documented in one of the major areas of endeavor for promotion and in two areas for tenure. In addition, documented scholarship in one area is required for promotion and tenure. The awarding of tenure is a serious and significant step for both the faculty member and the University of Virginia School of Medicine. It is not awarded merely on the basis of time in service. In addition to requiring evidence of excellence in two focus areas with scholarship in one, tenure is awarded to individual faculty members upon evidence of the capacity and likelihood for continued intellectual, scholarly and professional vitality; upon evidence of the ability and willingness to perform assigned duties; and upon evidence of a sense of responsibility and dedication to make the continuing exemplary performance of duties a reasonable expectation. For joint appointments, tenure can be granted only in the primary department.

Definition of Excellence and Scholarship

Excellence relates to a quality of performance or product of sufficient quantity to satisfy the
expectation for promotion and/or tenure. Scholarship relates to an intellectual/creative synthesis or analysis which leads to new knowledge or insights.

Given the complexity of the academics and the great diversity of talent within the School of Medicine faculty, it is imperative that the various kinds of academic work be recognized through a broad vision of scholarship. A more broad and dynamic definition of scholarship is one incorporating the categories of teaching, research, and service. Such a definition of scholarship brings legitimacy to the full scope of academic work.

Scholarship of Discovery- comes closest to the meaning of "research." Scholarship of discovery contributes not only to the inventory of human knowledge, but also to the intellectual climate of the School of Medicine.

Scholarship of Integration- gives meaning to collecting isolated facts and synthesizing them into a new perspective. Scholarship of integration means making connections across disciplines, placing specialties in a larger context, and illuminating data in a revealing way. Scholarship of integration seeks to interpret, draw together, and bring new insight to bear on original research and is closely related to the discovery of new information. Scholarship of integration also means interpretation, fitting ones own research or the research of others into larger intellectual patterns. Those engaged in discovery ask, "What is to be known and what is yet to be found?" Those engaged in integration ask, "What do the findings mean?" Thomas Jefferson, the founder of the University of Virginia, recognized the importance of scholarship of integration when he stated "The fact is, that one new idea leads to another, that to a third, and so on through the course of time until some one, with whom no one of these ideas was original, combines all together, and produces what is justly called a new invention."2

Scholarship of Application- is the application of knowledge to deal with consequential problems. In clinical medicine, application of scholarship is tied directly to one's special field of knowledge and relates to, and flows directly out of, this professional activity. Such scholarship of service is serious, demanding work, requiring the rigor and the accountability traditionally associated with research activities. New intellectual understandings can arise out of the very act of application whether in medical diagnosis, treatment, shaping of public policy, etc.

Scholarship of Teaching- the work of academic faculty becomes consequential only as it is understood by others. Teaching both educates and entices future scholars. Teaching is also a dynamic endeavor involving all of the analogies, metaphors, and images that build bridges between the teacher's understanding and the student's learning. A scholarly teacher stimulates active, not passive, learning and encourages students to be critical, creative with a capacity to go on learning after their formal education. Teaching at its best means not only transmitting knowledge, but transforming and extending knowledge.3

Measures of scholarship include evidence of capacity to persuade, influence, or inspire. Regardless of the type of scholarship, it should possess the qualities of excellence, capability for review by peers, and dissemination in the public domain.

**Documentation of Excellence and Scholarship**

While all School of Medicine appointments emphasize different areas of professional focus, they share common elements of excellence and scholarship. These elements and performance in all assigned areas of responsibility are to be documented in a "portfolio" that contains evidence of the particular accomplishments, talents, interests, and responsibilities of each faculty member. In all but the most unusual instances, the portfolio documenting faculty performance will contain evidence of activities drawn from at least two of the three recognized focus areas (i.e. research, teaching, and service). The portfolios also emphasize that, ordinarily, all members of the faculty are expected to teach. At the same time, since the proportion of total effort devoted to any one of the three focus areas may vary considerably from person to person, there will be substantial flexibility in how any one faculty member prepares his or her portfolio. To merit promotion and/or tenure, the faculty member must provide strong evidence of achievement within the areas reflected in their portfolio. Demonstration of excellence sufficient to satisfy the judgment of the faculty member's peers, department and the School of Medicine Promotion and Tenure Committee will be based on at least one of the following.

Research. Documentation of excellence is based on research presentations and publications.
However, it must be clear that the quality of research is evidenced by innovation in published research, by the significance of the problems addressed, and by the opinions of outside reviewers, rather than by a simple compilation of lengthy bibliographies. The School of Medicine Promotion and Tenure Committee will ordinarily discount publications in journals which are known not to employ referees before publication. Success in obtaining continued grant support following peer review may represent meaningful documentation.

Teaching. Evidence for excellence in teaching may be the design and delivery of superior courses for either pre- or post-doctoral students. Evidence should include favorable evaluations by these students and department or School of Medicine teaching awards. (Educational administration, planning, or analysis are to be considered as contributions to service.) The judgment of the members of the department will be given more weight in the evaluation of teaching than in other areas of excellence which are more easily documentable. Nevertheless, anecdotal reports of outstanding ability in teaching will not by themselves suffice to establish this criterion.

Service. Excellence in clinical service will include extensive participation in patient care, but will also be manifested by recognition as a consultant through referrals of significant numbers of patients, by provision of unusual types of service not otherwise available in the region, by the organization of new types of patient care programs, and by other clinical services in addition to routine supervisory assignments. Creditable service may also involve direction of a clinical laboratory, direction of clinical programs considered to be of benefit to the entire School of Medicine, major assistance with departmental or University administration, or educational administration, planning, or analysis of educational programs. The holding of office in national or state professional societies, service on commissions or editorial boards, or other forms of outside recognition of general contributions to the profession is evidence of professional service by the faculty member. Although credit toward promotion will be accorded to members of the academic faculty who make exceptional contributions through administrative activities, administrative functions are a part of academic life and some participation is expected of all faculty. Extraordinary contributions associated with senior administrative responsibilities may carry considerable weight in the promotion and tenure process.

Scholarship. In addition to the evidence of excellence in personal achievement, the candidate must evidence the fruits of scholarship in at least one of the three focus areas for promotion and tenure. In the broadest sense, demonstration of scholarship takes place when a faculty member: (1) questions assumptions, (2) takes risks by testing new hypotheses, and (3) disseminates ideas and findings to colleagues who critically evaluate the substance and implications of the scholarly work and its impact on the profession.

The scope of this definition clearly encompasses more than the research publication which, to date, has been typically offered as evidence of scholarship. While publications in peer-reviewed journals, monographs, meeting proceedings and peer-critiqued grant proposals will continue to provide prominent evidence of scholarly activity, an expanded concept of scholarship is becoming more commonplace and should receive recognition in the promotion and tenure decision process. Such evidence may consist of publication, or similar communications for areas in which publication is not possible or appropriate. For example, documentation in teaching could consist of a widely used text or video tape. Documentation of research productivity is evidenced by publications in scientific journals. In service, such documentation could consist of published clinical reviews, reports of innovative treatment, editorials, or authorship of special reports by major commissions or committees concerning health-related issues. While no single form of documented achievement in scholarship need be presented to achieve promotion, there must be tangible evidence of scholarship by any of a wide variety of objective measures.

A minor criterion for faculty promotion, which may apply in otherwise borderline decisions, is time-in-grade which is a consideration to the degree that consistency of performance is a favorable indication.

The following criteria for excellence in teaching, research, clinical service, and scholarship provide a professional model and related indicators of excellence for academic contributions within each area of endeavor. It is, of course, recognized that there is a rich interdependency between these areas, each informing aspects of the other. As a consequence, in all but rare instances, each tenure-eligible faculty member is expected to make continuous productive progress to eventual substantive contribution (excellence) in at least two of these domains and scholarship in one.
Teaching

Professional Model

Teaching of undergraduate, graduate, and postdoctoral students is a central mission of the academic medical center. Students are an important part of the legacy of our faculty and institution and we are committed to excellence in their education. Indeed, certain members of the faculty may devote a majority of their professional energy to the development, application, and evaluation of teaching. These individuals may be recognized for their achievements in this area.

Teachers are dedicated to students, to the educational process, and to the achievement of excellence in teaching. More importantly, they stand out by virtue of their ability to inculcate in their students a sound mastery of subject, a critical manner of thinking, a healthy skepticism for dogma, and a clear notion for both what is known and what is unknown in their field. Such individuals teach rather than train, serve as role models rather than instructors, and inspire their students to expand the horizons of knowledge.

Criteria: Excellence in Teaching

Contributions to the Educational Mission

Recognition by peers and students for excellence in teaching and training of students, residents, postdoctoral students, and/or fellows documented through:

* Formal acknowledgment of outstanding teaching (e.g., Robley Dunglison Award, Robert Bennett Bean Award, Dean's Award for Teaching Excellence, departmental teaching awards)

* Complete surveys, evaluations, or ratings by students at all training levels (undergraduates, doctoral candidates, post-doctoral students, residents, fellows)

* Written reports by officially designated faculty evaluators from inside or outside the individual's department providing supportive comment based on a significant sample of the individual's teaching

Leadership and major participation in departmental or institutional courses or educational programs for clinical clerks based on:

* Number of years involved in each course or clerkship

* Number and type of students and hours of interaction

* Special accomplishments or recognition

Documentation that the faculty member continues to serve an important function as a role model or mentor to a significant number of students.

Development and implementation of new courses or curricular content or important teaching materials: syllabi, computer-assisted instruction, films, or videotapes.

Measures of learner achievement (e.g., scores on local or national board and in-service examinations, publication of student work).

Leadership or major participation in continuing medical education, design of courses, and/or participation therein.

Leadership or major participation in the education of graduate (Ph.D.) students.

Contributions to the Teaching Mission Outside of UVA

Regional, national, and international contributions in educational and professional leadership; evidence of a regional or national impact through teaching.
Regular invitations to serve as a visiting professor or outside speaker, especially in endowed visiting professorships or lectureships.

Professional and educational leadership roles (e.g., program chair for professional society's annual meeting).

Letters of commendation for exceptional educational contributions to other institutions and organizations.

Evaluations and ratings arising from participation in other teaching programs.

**Contributions to the Teaching Profession**

Published research that involves the development or evaluation of teaching methods and/or new programs, or that defines important and useful changes in medical education.

Editorship or authorship of textbooks, reviews, or other scholarly contributions.

Authorship of important curriculum offerings or teaching materials adopted by other institutions.

**Research**

**Professional Model**

The responsibility and motivation of the investigator is the production of new knowledge. Productive scholarship at all levels, from the molecular to the sociological, is an essential characteristic of an academic medical center. It generates an atmosphere of inquiry that casts the institution as a graduate school rather than a training center.

The biomedical research of today, whether basic or applied, informs the clinical practice of tomorrow. When taught by active investigators, students at all levels are exposed to the scientific method that, in part, underlies excellence in medicine. The investigator nurtures an atmosphere of inquiry that permeates all phases of biomedical training and produces both future investigators and clinicians. These individuals care for patients logically, appreciate the fundamental mechanisms of health and disease, and are equipped to stay abreast of new developments in their field.

**Criteria: Excellence in Research**

Recognition by Peers as an Independent, Original, and Substantive Investigator

Publication of original research in rigorously refereed major journals.

A strong record of national grant support awarded through peer-review.

National or international prizes or awards.

Invitations to hold endowed lectureships.

Invited lectures, particularly at major scientific meetings.

Documented testimonials of research excellence, contributions to the field

Evidence of seminal work.

Participation on editorial boards, associate editorships, editorships of journals.

Participation on national study sections and scientific advisory boards.

Leadership roles in national or international scientific societies.
Leadership roles in major national or international meetings.
Consultancy participation, or institutional or program reviews.

Contributions to the Institution
A strong record of departmental/institutional participation in scientific training.
Leadership or active participation in development of research programs.
Active participation in research-related administrative or committee activity.
Leadership or active participation in program projects, training grants, graduate programs, or postdoctoral training.

Clinical Service

Professional Model
Excellence in clinical practice, departmental, School of Medicine, and University service; professional service, or community service are essential characteristics of an academic medical center. The scholarly clinician brings both superior performance and a clear academic dimension to the care of patients, evidenced by breadth and depth of knowledge, awareness of new procedures and concepts, understanding and appropriate use of medical resources available to assist and improve clinical care and an exemplary willingness to both teach and learn from professional colleagues. The academic clinician demonstrates a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of human suffering.

Excellence in clinical practice can be assessed by a number of indicators, including recognition by peers and patients, intensity and quality of clinical service, and contributions to the profession and institution. In each instance, these are by-products of the individual's dedication to the highest principles of medical practice. Such individuals should be distinguishable from the majority of other clinicians and provide a strong model for physicians within and outside of academic medicine.

Beyond clinical service, faculty at an academic medical center routinely address quality, cost, and ethical issues that are related to health care delivery. An additional aspect of service includes the teaching, research, and patient care outreach programs that address the health needs of individual patients, the community, the state, and the nation. Rewarding faculty contributions to these broader service objectives is consistent with the Health System's mission "to improve the well-being of mankind."

Criteria: Excellence in Clinical Service*
Recognition by peers and patients a physician's physician; a reputation within and outside of UVA for excellence in medical practice

Patient referrals from other physicians and patients taking into account:

* Geographical size of the referral area; it is understood that this aspect will be specialty-dependent in many instances.

* Percentages of referrals/consultations that are requested by other physicians rather than assigned.

* Number and complexity of patients referred.

Consulting -- documented acknowledgement by peers as a premier consultant -- requested involvement in complex clinical problems.

* Documentation of clinician excellence must include evidence of a positive impact on the Health
Sciences Center at the University of Virginia.

Professional contributions to patient care

Introduction of new skills or techniques, including clinical laboratory based technology, that are unique locally or regionally.

Special competencies that improve or extend clinical or training programs.

Development and maintenance of new clinical programs, taking into account:

* Number of years the program has been in existence.

* Impact of the program, based on: number of patients; adoption of similar programs in other settings; influence on related programs within UVA.

* Innovations that improve the quality, efficacy or efficiency of patient care: cost; resource utilization; professional time; length of inpatient stay; laboratory technology or service.

* Clinical productivity in the group practice setting; clinical productivity does not refer to enhancing institutional revenue or individual financial gain. Rather, productivity is an expression of professional commitment based on volume of patients (outpatient and inpatient census), volume of procedures, consultations.

* Peer review evaluations.

Professional contributions to enhancing the profession

Participation in research involving patients including questions relating basic biomedical science to patient care, clinical trials, outcomes in investigations, and cooperative groups. Indicators include number of patients or research samples recruited into the project, role in development or oversight participation; membership on key committees, authorship or reporting responsibilities.

Substantive contributions to the medical literature (e.g., books, chapters, reviews).

Leadership and active participation in continuing medical education at the local, regional, or national level.

Appointed or elected leadership or membership on regional or national societies or specialty governing boards (e.g., American Medical Association, American College of Surgeons, national or regional program boards of professional societies).

Leadership in clinical care (e.g., membership on major clinical committees at the local, regional, or national levels).

Appointed or elected leadership or membership on UVA service related governing boards.

Service to the Institution, Community, State, and Nation

Administrative contributions associated with a major organization or reorganization of a Health Sciences Center department, center, or other administrative unit.

Initiation of or participation in health care delivery research that is oriented to rural and agricultural populations, minority or geriatric populations, or any other targeted population with documented health care needs. Appropriate issues for analysis might include the cost-effectiveness of, and access to, adequate levels of care, transport barriers access, manpower requirements of rural areas, occupational diseases of agricultural and migrant workers, evaluation of outcomes, health care ethics, and resources available to specific populations.

Identification and coordination of responses to health needs in the surrounding communities, the state and the nation. Examples include increasing public awareness of disease prevention and
health maintenance, providing continuing medical education to practicing health care professionals, and devising strategies to provide health care to underserved and underfinanced populations.

Coordination of public service efforts with government, community, and volunteer organizations, and practicing health care professionals.

Leadership in national and international groups dealing with health care policy, health care planning, health care reform, and health care legislation.

Consultation, education, and public speaking outside the University of Virginia that brings credit to the Health System and furthers its mission.

Membership on site visit teams for funding agencies such as the NIH or private foundations.

Regular participation in peer review activities for funding agencies and/or professional journals.

Organization of programs at national meetings of professional organizations.

Contributions to academic management of departments by recommending and, in some cases, developing policy that relates to faculty affairs, student affairs, academic records, and academic fiscal activities such as student advising.

Participation in hospital, university, or medical school committees.

Community based service (professionally related) including guest lectures, preparation of materials for para-professionals.

Direction of laboratory or service considered to be of benefit to the School of Medicine and the institution.

Outcome evaluations by patients including clinical survey instrument.

Scholarship

Professional Model

Scholarship relates to an intellectual/creative synthesis or analysis which leads to new knowledge or insights. Measures of scholarship include evidence of capacity to persuade, influence, or inspire. Regardless of the type of scholarship, it should possess the qualities of excellence, capability for review by peers, and dissemination in the public domain.

In the broadest sense, demonstration of scholarship takes place when a faculty member: 1) questions assumptions, 2) takes risks by testing new hypotheses, and 3) disseminates ideas and findings to colleagues who critically evaluate the substance and implications of the scholarly work and its impact on the profession. The scope of this definition clearly encompasses more than the research publication which, to date, has been typically offered as evidence of scholarship. While publications in peer-reviewed journals, monographs, meeting proceedings and peer-critiqued grant proposals will continue to provide prominent evidence of scholarly activity, an expanded concept of scholarship is becoming more commonplace and should receive recognition in the promotion and tenure decision process.

Documentation of Scholarship

Tenure-eligible and tenured faculty are expected to demonstrate scholarship in one or more of the three areas of academic endeavor: teaching, research, and service. The value of these scholarly contributions must be assessed systematically by reviewers and based on the following inquiries.

* Does the work demonstrate independent thought, originality, and/or innovation?

* Can and has the work been favorably reviewed by professional peers?
* Can and has the work been published, exhibited, widely circulated, widely publicized, or put to use by other institutions?

* Has the work formed the basis of productivity of others?

* Has the work been pursued thoroughly?

* Has the work benefited the department, School of Medicine, the University, the state, or the nation?

* Has the faculty member received recognition for this work from peer groups as evidenced by election to important offices, appointments to consultative committees, external commitment of support funds, or by prestigious professional awards?

* Has the faculty member received peer recognition for this work by being asked to contribute significant sections to textbooks or other educational media of merit?

* Does the faculty member show promise of continuing scholarly contributions?

Affirmative responses to these nine inquiries would suggest that the work being evaluated does represent a high-quality scholarly contribution to the profession and therefore merits positive consideration in the promotion and tenure decision process.

The following examples of professional productivity might provide evidence of scholarship. Each would be evaluated by the Promotion and Tenure Committee in terms of the questions listed above to determine if the scholarship documentation is sufficient to merit the promotion or tenure award.

* Publication of articles, subject reviews, or editorials in professional journals.

* Publication of books, monographs, manuals, electronic media.

* Organization of a new clinical service, or reorganization of an existing clinical service. Specific examples might include the development of a new inpatient or outpatient referral service or treatment facility, reorganization of a coronary care unit, development of a transplant service, or reorganization of an outpatient department.

* Development of an objective method of evaluating service or educational program in a manner that can be quantified and statistically analyzed.

* Editorial consultation or reviews of scientific books and articles.

* Invited presentations (research seminar) of original scientific data at major national or international meetings, or at major institutions or research organizations.

* Design of course curriculum, teaching tools, or innovative approaches to education (including patient, community, medical, and continuing medical education).

* Demonstration of sustained, externally funded, program of independent scholarship.

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**Tenure-eligible Faculty Appointment**

The four tenure-eligible faculty appointment designations are: academic investigator (AI), clinician-investigator (CI), clinician-educator (CE), and academic educator (AE). These four tenure-eligible appointments reflect the diverse responsibilities of faculty at the University of Virginia Health System. Appointment to one of the four tenure-eligible designations is made according to the major focus of faculty effort as specified in the initial or modified letter of appointment. Part-time faculty are not tenure-eligible.
Appointment on the tenure-eligible clinician investigator track is reserved for a limited number of clinical faculty (usually less than 20%). The expectation is that faculty assigned to the clinician-investigator track will devote at least 50% of their time to the pursuit of original and independent investigation. Such faculty will publish their findings in the highest quality journals and develop national and international recognition. These investigators must produce evidence of sustained external funding of their investigator-initiated, hypothesis-driven, and nationally peer-reviewed research projects.

The creation and nurturing of clinician-investigators is critical to build and maintain the excellence of the School of Medicine in times of increased demands for clinical productivity. Without the careful nurturing of clinician-investigators, the School of Medicine would fail to achieve excellence and leadership in the discipline.

**Criteria for Promotion and Tenure**

Excellence must be achieved and documented in one of the major areas of endeavor for promotion and in two areas for tenure. In addition, documented scholarship in one area is required for promotion and tenure.

In addition to requiring evidence of excellence in two focus areas with scholarship in one, tenure is awarded to individual faculty members upon evidence of the capacity and likelihood for continued intellectual, scholarly and professional vitality; upon evidence of the ability and willingness to perform assigned duties; and upon evidence of a sense of responsibility and dedication to make the continuing exemplary performance of duties a reasonable expectation.

Furthermore, tenure is generally required for promotion to the rank of full professor except in the rare case.

**Probationary Period for Promotion**

An essential ingredient of promotion and tenure as practiced at the University is the principle of the probationary period which is permitted but not explicitly required by the 1940 "Statement of Principles." The expected probationary period for promotion is six (6) years. The six year period is not guaranteed but is the maximum time provided to achieve promotion from assistant to associate professor. In the School of Medicine an assistant professor eligible for tenure who has been appointed for successive terms must henceforth by the end of six years either be granted promotion to the rank of associate professor following positive action by the School of Medicine Promotion and Tenure Committee or be given a one-year terminal appointment. Assistant professors not recommended by their department chair for promotion will be given twelve months of employment commencing on the date that the faculty member receives written notice that he or she will not be recommended for promotion.

**Probationary Period for Tenure**

**Academic Investigator (AI)**

The maximum probationary period for academic investigator tenure eligibility will be ten (10) years from the date of initial appointment to the tenure-eligible track. Following six years in a probationary, non-tenured status, an academic investigator will, if recommended to the Promotion and Tenure Committee by his or her department chair, be considered for promotion, and if promotion is denied, be given a one-year terminal appointment. If the faculty member has been promoted to associate professor by the end of the six-year probationary period for promotion, but is not also awarded tenure, he/she will be reappointed for an additional four (4) years.

The increased flexibility offered by this extended tenure eligibility period will allow the individual additional time to conclude work in progress to satisfy tenure eligibility requirements and allow the School of Medicine to retain faculty whose services are essential to its mission. Tenure eligibility expires after the extended term, such that a decision not to award tenure at the end of the tenth year will result in a one-year terminal appointment.

Academic investigators appointed at the associate professor or professor level without tenure will receive a four (4) year appointment after which, if recommended to the Promotion and Tenure Committee by the department chair for tenure, the academic investigator will either be awarded
tenure or be given a one-year terminal appointment, unless the appropriate approvals are obtained, as discussed below, to permit reappointment of the faculty member on a contractual basis. When such individuals are evaluated for tenure, all aspects of their academic performance (research, teaching, service, and administration) at UVA and at previous institutions will be considered.

Personnel records will reflect tenure eligibility by appending the (AI-te) notation to titles on the appointment form. Once tenure is awarded, the notation appended to the title will be (T). If a faculty member's tenure eligibility expires and tenure has not been awarded, the notation related to eligibility status will be removed from titles on the appointment form. The absence of this notation will document that tenure eligibility has expired and that reappointments can be made only on a contractual basis for up to three years. (Reappointment on a contractual basis requires approval by the department chair, the dean, the vice president and provost for health sciences, and ultimately the University of Virginia Board of Visitors.) These tenure-eligibility notations are for internal documentation purposes only and should not be appended to faculty titles in the usual course of business.

A department chair's decision not to recommend a faculty member for promotion or tenure and consequent nonrenewal will result in twelve months of employment commencing on the date that the faculty member receives written notice that he or she will not be recommended for promotion and/or tenure and will not be reappointed.

**Clinician-investigator (CI) and Clinician-educator (CE)**

The maximum probationary period for tenure eligibility is ten (10) years from the date of initial appointment to the tenure-eligible track. Following six years in a probationary, non-tenured status, a clinician-investigator or a clinician-educator will, if recommended to the Promotion and Tenure Committee by his or her department chair, be considered for promotion, and if promotion is denied, be given a one-year terminal appointment. If a clinician-investigator or a clinician-educator is promoted to the rank of associate professor by the end of the six-year probationary period applicable to promotion, but is not also awarded tenure, the faculty member will be reappointed for an additional four (4) years. If requested by the faculty member and with the concurrence of the departmental chair, the faculty member may be subject to earlier tenure review and recommendation by the School of Medicine Promotion and Tenure Committee.

The increased flexibility offered by an extended tenure eligibility period will allow the individual time to work toward tenure eligibility requirements and allow the School of Medicine to retain faculty whose services are essential to its mission. Tenure eligibility expires after the extended term. If the faculty member is not awarded tenure at the end of the ten (10)-year probationary period (amounting to a maximum of ten years from the date of initial appointment to the tenure-eligible track) after recommendation by the department chairs to the Promotion and Tenure Committee, he or she will receive a one-year terminal appointment, unless the appropriate approvals are obtained, as described below, to permit reappointment of the faculty member on a contractual basis.

Clinician-investigators and clinician-educators appointed at the academic associate professor or professor level without tenure will receive a four (4) year probationary period after which, if recommended to the Promotion and Tenure Committee by the department chair for tenure, the academic investigator will either be awarded tenure or be given a one-year terminal appointment, unless the appropriate approvals are obtained, as described below, to permit reappointment of the faculty member on a contractual basis. When such individuals are evaluated for tenure, all aspects of their academic performance (research, teaching, service, and administration) at UVA and at previous institutions will be considered.
Personnel records will reflect tenure eligibility by appending the (CI-te) or (CE-te) notation to titles on the appointment form. Once tenure is awarded, the notation appended to the title will be (T). If a faculty member's tenure eligibility expires and tenure has not been awarded, the notation related to eligibility status will be removed from titles on the appointment form. The absence of this notation will document that tenure eligibility has expired and that reappointments can be made only on a contractual basis for up to three years. (Reappointment on a contractual basis requires approval by the department chair, the dean, the vice president and provost for health sciences, and, ultimately, the University of Virginia Board of Visitors.) These tenure-eligibility notations are for internal documentation purposes only and should not be appended to faculty titles in the usual course of business.

A department chair's decision not to recommend a faculty member for promotion or tenure and consequent nonrenewal will result in twelve months of employment commencing on the date that the faculty member receives written notice that he or she will not be recommended for promotion and/or tenure and will not be reappointed.

Guideline Summary

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Academic Investigator* Maximum Probationary Period for Tenure Eligibility

Assistant professors must be promoted to the rank of associate professor before they are eligible for tenure. If the faculty member has been promoted to associate professor by the end of the six-year probationary period for promotion, but is not also awarded tenure, he/she will be reappointed for an additional four (4) years. The maximum probationary period for tenure allowed for an academic investigator is ten (10) years. Individuals from outside UVA who are appointed to the academic investigator track at the associate professor or professor level will have a probationary period of four (4) years of tenure eligibility. If an academic investigator is not awarded tenure after recommendation by the chair and consideration by the Promotion and Tenure Committee, he or she will be given a one-year terminal appointment.

Clinician-Investigator and Clinician-Educator** Maximum Probationary Period for Tenure Eligibility

Assistant professors must be promoted to the rank of associate professor before they are eligible for tenure. If a clinician-investigator or a clinician-educator is promoted to the rank of associate professor by the end of the six-year probationary period applicable to promotion, but is not also awarded tenure, the faculty member will be reappointed for an additional four years. The maximum probationary period for tenure allowed for a clinician-investigator or a clinician-educator is ten (10) years. Individuals from outside UVA who are appointed to the clinician-investigator track or the clinician-educator track at the associate professor or professor level will have a probationary period of four (4) years of tenure eligibility. If tenure is not awarded after the extended tenure eligibility period, the faculty member will be given a one-year terminal appointment, unless the dean, the vice president and provost for health sciences, and, ultimately, the University of Virginia Board of Visitors approve further reappointment of the faculty member on a contractual basis.

Time "Off the Clock" During the Tenure Probationary Period

A School of Medicine faculty member may request from the dean that he/she have a period of time excluded prospectively from his/her maximum probationary period (as defined in the Promotion and Tenure Policy). This time "off the probationary clock" may be requested prospectively in order to accommodate the faculty member's duties in childbearing, childrearing, or caring for an ill family member, or his/her experience of and recovery from an illness of more
than six-months’ duration. This period of time, generally one year, is explicitly not a leave of absence, but rather is a defined period during which scholarship expectations for faculty performance are adjusted to reflect the faculty member's current circumstance. The faculty member's job description must be modified to state clearly the performance expectations and the exact duration of time "off the clock." Time "off the clock" must be requested in advance of (e.g. childbirth) or coincident with the event (e.g. diagnosis of critically ill child or spouse). A faculty member may make such a request more than once during the probationary period, although each "off the clock" request is limited to one year.

The request for time "off the clock" during the probationary period is to be submitted in writing by the faculty member to the chair with a reasoned justification for the proposed time "off the clock" and its projected duration. The department chair forwards to the dean for approval the faculty member's written request, the chair's detailed evaluation either approving or denying the request, the faculty member's current curriculum vitae, and his/her original letter of appointment with proposed modifications. The dean's letter of approval or disapproval is sent to the faculty member, his/her chair and the chair of the Promotion and Tenure Committee. If approved, the department will submit a revised faculty appointment form to the Dean's Office for documentation.

Portfolio Prototypes for Appointments and Promotions

Tenure-eligible Faculty

Criteria and Description:

Assistant, Associate, and Full Professor

Each member of the faculty, with the support of his or her departmental chair, is responsible for defining and maintaining a portfolio of academic activities consistent with the original or modified letter of appointment which is tailored to the needs of the institution and to the individual's own talents and goals. In all instances of promotion action, the portfolio for tenure-eligible faculty will contain evidence of accomplishments in at least two of the recognized areas of endeavor with evidence of excellence in one for promotion, and two for tenure. In addition, evidence of scholarship is required for both promotion and tenure.

The following criteria and descriptions for the tenure-eligible faculty ranks are intended as descriptive prototypes. It is understood that outstanding faculty may have a variety of accomplishments. Therefore, the following descriptions are intended to be illustrative of appropriate criteria, and not to provide a checklist of items, each of which must be satisfied. Promotion to the rank of professor without tenure is awarded to distinguished faculty members who consistently demonstrate excellence, scholarship, and long-term commitment to the University of Virginia School of Medicine.

The Academic Investigator:

Assistant Professor

A doctoral degree (Ph.D., M.D., or equivalent) and two years of postdoctoral training, with a major commitment to independent investigation.

Evidence of capacity for original and independent research at a very high level of competence, as demonstrated by recommendations from established senior faculty at other institutions.

Clear capacity for scientific productivity, as evidenced by authorship, preferably as senior or first author, and by major contributions to substantive work published in peer-reviewed journals. Non-reviewed publications, case reports, and non-invited reviews will not be heavily weighted.

A strong interest in and capacity for teaching, as evidenced by recognition by associated faculty, course or program directors, peers at other institutions, and students for excellence in training, teaching and advising of undergraduate, graduate, medical students and post-doctoral fellows.

The Academic Investigator:
Associate Professor

Service as an assistant professor at the University of Virginia, or an equivalent institution, typically for a period of five to six years, with a consistent record of excellence in research and teaching. Continued service and performance at the rank of assistant professor shall not, in itself, constitute grounds for promotion to associate professor.

Documentation of the ability to create new knowledge or manners of thought as evidenced by continued publication of substantive, original studies in rigorously peer-reviewed major journals.

Recognition by scientific peers for independent and original investigation; in most instances this will be evidenced by external funding of competitive peer-reviewed research projects.

Evidence of continued excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues. In the context of major involvement in investigation, service in a major teaching responsibility (e.g., course director with a major teaching role) shall constitute a heavily weighted achievement.

Faculty promoted to the rank of associate professor also may have achieved substantive professional recognition as evidenced by some of the following:

* Elected membership in major scientific societies.
* Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, etc.
* Development of new teaching materials, textbooks, curricula, training materials, syllabi, videotapes, etc.; in the context of this portfolio, such developments that are adopted by other institutions shall be heavily weighted.

Evidence of a leadership role in local or regional scientific affairs by active and ongoing participation in committee, program, and/or governing boards.

The Academic Investigator:

Professor

Promotion to the rank of professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty; continued service and performance at the rank of associate professor shall not, in itself, constitute grounds for promotion to professor.

Service as an associate professor at the University of Virginia or an equivalent institution, typically for at least five years with a consistent record of outstanding performance.

Continued publication of important, innovative, and original studies in peer-reviewed journals.

National and international recognition by peers as a premier investigator; continuation of productive, independent and original investigation as evidenced by sustained external funding of competitive peer-reviewed research projects.

Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral research fellows, and colleagues. Recognition for excellence, as evidenced by formal evaluations and awards and the subsequent achievements and stature of former students. Faculty promoted to the rank of professor should also have achieved substantive professional recognition as evidenced by some of the following:

* Authorship or editorship of textbooks, monographs, or journals.
* Membership on editorial boards, study sections, and/or advisory groups.
Elected leadership and membership in major scientific societies.

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures.

National and international recognition as evidenced by named lectureships and awards or participation in national and international symposia, courses, and teaching programs.

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are adopted by other institutions shall be heavily weighted. In the context of major involvement in investigation, service in a major teaching responsibility (e.g., course director with major teaching responsibility) shall constitute a heavily weighted achievement.

Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

Formal acknowledgment of outstanding teaching. (e.g., Dean's Award for Teaching Excellence, Robley Dunglison Award, departmental teaching awards)

**The Clinician-Investigator:**

**Assistant Professor**

A doctoral degree (Ph.D., M.D., or equivalent) with successful completion of a postgraduate training program; ABMS board certification or equivalent (e.g., Royal College) or board eligibility in a clinical discipline or the equivalent for non-M.D. specialists; and a major commitment to research (clinical, methodological, or laboratory with 50 percent or more protected time), teaching, and participation in clinical service.

Commitment to excellent patient care with evidence of a high level of clinical competence with or without unique clinical skill or expertise, as demonstrated by recommendations from the program director and associated faculty.

Demonstration of a consistent and deeply held dedication to human welfare, the promotion of good health and the relief of suffering.

A strong interest in and capacity for teaching, as evidenced by recognition by associated faculty, program directors, peers at other institutions, and students, for excellence in training, teaching, and advising of undergraduate, graduate, medical students, and clinical and research postdoctoral fellows.

Potential for substantial academic research contributions as evidenced by senior authorship and publication of substantive original studies, either clinical or basic, in peer-reviewed journals; case reports or reviews will not be as heavily weighted.

**The Clinician-Investigator:**

**Associate Professor**

Service as an assistant professor at the University of Virginia, or an equivalent institution, typically for a period of five to six years, with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of excellence in research and/or clinical service, and teaching. Continued service and performance at the rank of assistant professor shall not, in itself, constitute grounds for promotion to associate professor.

Documentation of the ability to create new knowledge or manners of thought as evidenced by continued publication of substantive, original studies in peer-reviewed journals.

Recognition by scientific peers for independent and original investigation; in most instances this will be evidenced by sustained external funding of investigator-initiated, hypothesis-oriented,
Evidence of continued excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; in the context of major involvement in investigation, service in a major teaching responsibility (e.g., director of residency training in discipline) shall constitute a heavily weighted achievement.

Faculty promoted to the rank of associate professor also may have achieved substantive professional recognition as evidenced by some of the following:

- Elected membership in major scientific societies.
- Local and regional recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.
- Development and maintenance of clinical skills and/or programs that measurably improve patient outcomes, and are regionally distinctive; programs that measurably improve patient outcomes, the efficiency of care that represents a category of care not otherwise available in the region shall be given particular significance. Clinical innovations, significant original research and elected or invited service to the profession will be weighted such that clinical productivity in the average range is sufficient.
- Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs and CME courses.
- Development of new teaching materials, textbooks, curricula, training materials, syllabi, videotapes, etc.; in the context of this portfolio, such developments that are adopted by other institutions shall be heavily weighted.
- Evidence of a leadership role in local or regional clinical affairs by service as a section chief and/or active and ongoing participation in committee, program, and/or governing boards.

The Clinician-Investigator:

Professor

Promotion to the rank of professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty. Continued service and performance at the rank of associate professor shall not, in itself, constitute grounds for promotion to professor.

Service as an associate professor at the University of Virginia, or an equivalent institution, typically for at least five years with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of outstanding performance.

Continued publication of important, innovative, and original studies in peer-reviewed journals.

Regional and national recognition by peers as a premier investigator. Continuation of productive, independent, and original investigation as evidenced by a strong record of sustained external funding of competitive peer-reviewed research projects.

Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; recognition for excellence, as evidenced by named lectureships and awards, participation in regional or national CME symposia and teaching programs, formal evaluations and the subsequent achievements and stature of former students.

Faculty promoted to the rank of professor also may have achieved substantive professional recognition as evidenced by some of the following:

- Authorship or editorship of textbooks, monographs, or journals.
- Membership on editorial boards, study sections, and/or advisory groups.
Elected leadership and membership in major scientific societies.

Recognition by peers and patients as a premier practitioner and consultant, based on outstanding competence and accomplishment in clinical service as evidenced by a regional or national referral base.

Development and maintenance of nationally or internationally recognized research, clinical skills and/or programs.

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures.

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are adopted by other institutions shall be heavily weighted. In the context of a major involvement in investigation, service in a major teaching responsibility (e.g., director of residency training in discipline) shall constitute a heavily weighted achievement.

Exceptional leadership or administrative performance, as evidenced by major roles in regional or national clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

Formal acknowledgment of outstanding teaching. (e.g., Dean's Award for Teaching Excellence, Robley Dunglison Award, departmental teaching awards).

The Clinician-Educator:

Assistant Professor

A doctoral degree (Ph.D., M.D., or equivalent) with successful completion of a postgraduate training program; ABMS board certification or equivalent (e.g. Royal College) or board eligibility in a clinical discipline or the equivalent for non-M.D. specialists; and a major commitment to teaching and clinical service.

Commitment to excellent patient care, with evidence of a high level of clinical competence, with or without unique clinical skill or expertise, as demonstrated by recommendations from associated faculty.

Demonstration of a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of suffering.

A strong interest in and capacity for teaching, as evidenced by recognition by associated faculty, program directors, peers at other institutions, and students, for excellence in training, teaching, and advising of undergraduate, graduate, medical students, and clinical and research postdoctoral fellows.

Potential for academic contributions to clinical care as evidenced by publication of original studies, clinical observations, or reviews in peer-reviewed journals.

The Clinician-Educator:

Associate Professor

Service as an assistant professor at the University of Virginia, or an equivalent institution, typically for a period of five to six years, with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of excellence in clinical service, teaching or research; continued service and performance at the rank of assistant professor shall not, in itself, constitute grounds for promotion to associate professor.

Local and regional recognition by peers and patients as an excellent clinician and/or consultant; evidence of unusual competence and accomplishment in clinical service.
Development and maintenance of clinical skills and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes, the efficiency of care that represents a category of care not otherwise available in the region shall be given particular significance. Clinical innovations and/or participation in significant clinical research will be weighted such that clinical productivity in the average range is sufficient.

Evidence of continued excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; in most instances, this is evidenced by recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs and CME courses; by itself, assignment to a major teaching responsibility shall not constitute a heavily weighted achievement.

Faculty promoted to the rank of associate professor also may have achieved substantive professional recognition as evidenced by some of the following:

Active and ongoing participation in development and/or conduct of clinical trials; continued publication of original studies, clinical observations, or reviews in peer-reviewed journals.

Development of new teaching materials, textbooks, curricula, training materials, syllabi, videotapes, etc.; such developments that are adopted by other institutions shall be heavily weighted.

Evidence of a leadership role in local or regional clinical affairs by service by participation as a section chief and/or active and ongoing participation in committee, program, and/or governing boards.

**The Clinician-Educator:**

**Professor**

Promotion to the rank of professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty. Continued service and performance at the rank of associate professor shall not, in itself, constitute grounds for promotion to professor.

Service as an associate professor at the University of Virginia, or an equivalent institution, typically for at least five years with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of outstanding performance.

Recognition by peers and patients as a premier practitioner and consultant, based on outstanding competence and accomplishment in clinical service as evidenced by a regional or national referral base.

Development and maintenance of nationally recognized clinical skills and/or programs; programs or skills that measurably improve patient outcomes, the efficiency of care or that represent a category of care not otherwise available in the region shall be given particular weight.

Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; recognition for excellence, as evidenced by named lectureships and awards, participation in regional or national CME symposia and teaching programs, formal evaluations and the subsequent achievements and stature of former students.

Development of, major responsibility for, and active participation in significant clinical trials. In almost all instances, promotion to the rank of professor requires continued publication of original studies, significant clinical observations, or comprehensive clinical reviews in peer-reviewed journals.

Faculty promoted to the rank of professor also may have achieved substantive professional recognition as evidenced by some of the following:

Authorship or editorship of textbooks, monographs, or journals.
Distinctive national or international recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures.

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are adopted by other institutions shall be heavily weighted.

Formal acknowledgement of outstanding teaching. (e.g., Dean's Award for Teaching Excellence, Robley Dunglison Award, departmental teaching awards).

Exceptional leadership or administrative performance, as evidenced by major roles in regional or national clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

Tenure-ineligible Faculty Appointments (Academic General Faculty)

Clinical faculty (CF) will be salaried individuals appointed specifically for clinical service and/or clinical teaching with little or no research responsibilities. The research faculty (RF) designation will be used for faculty members whose principal duties fall in one of two categories, (1) independent research programs or (2) research support activities. The teaching duties of such faculty are in the area of guidance of graduate students whose research is directly related to that of the research faculty member. The instructional faculty (IF) designation will be used primarily for (1) volunteer medical faculty appointed primarily for clinical instruction but may include clinical service and (2) full or part-time faculty whose contractual duties are strictly defined and related to educational support and instruction. (There are separate governing policies for the administrative and professional tenure-ineligible general faculty that apply throughout the University of Virginia.) All appointments to these tenure-ineligible positions are made on a contractual basis of up to three years, and renewable with mutual consent. Only tenured, tenure-eligible, and full-time salaried faculty shall have voting privileges. Part-time faculty are not eligible for tenure and do not have voting privileges.

Clinical Faculty (CF)

The clinical faculty (CF) is composed of full or part-time faculty salaried and appointed specifically for clinical service and/or clinical teaching, and for whom research is not a significant reason for appointment. Appointments to the clinical faculty (CF) should be in accordance with the procedures for the tenure-eligible or tenured faculty. All appointments must be recommended by a department chair (or center or institute director) and approved by the dean, the vice president and provost for health sciences, and ultimately, the University of Virginia Board of Visitors. Individuals on the clinical faculty (CF) are appointed on a contractual basis for up to three years, renewable with mutual consent of the individual and the department chair or center or institute director. Reappointment requires department and dean's office approval. For the full or part-time salaried clinical faculty, the title shall be modified by adding the suffix “clinical,” viz: associate professor of clinical medicine; associate professor of clinical surgery, assistant professor of clinical pediatrics.

Promotion for individuals appointed to the clinical faculty, where permitted by university policy, is awarded for excellence in the responsibilities described in the initial or modified letter of appointment. Promotion of clinical faculty to full professor requires demonstration of scholarship in addition to the promotion criteria mentioned above. However, promotion is not required for reappointment. (The letter of appointment must include a description of the responsibilities and specified goals and expectations.) The portfolio for clinical faculty (CF) promotion will be initiated by the head of the appropriate medical school unit (department, division, center, etc.) and shall include a current curriculum vitae, a letter of nomination, and a list of references who will be solicited by the dean to review the clinical faculty member's achievements. The portfolio will be evaluated by the School of Medicine Promotion and Tenure Committee in the usual sequence. Again, it must be clear that no "tenure" can be acquired in these ranks, and that notice of termination will be consistent with university policy governing tenure-ineligible positions.

Research Faculty (RF)

The title of research added to faculty rank designates faculty members whose principal duties fall in one of two categories, independent research programs or research support activities.
Appointments to the research faculty (RF) should be in accordance with the procedures for the tenure-eligible or tenured faculty. All appointments must be recommended by a department chair (or center or institute director) and approved by the dean, the vice president and provost for health sciences, and ultimately the University of Virginia Board of Visitors. Individuals on the research faculty (RF) are appointed on a contractual basis for up to three years, renewable with mutual consent of the individual and the department chair or center or institute director. Reappointment requires department and dean's office approval. Notice of termination will be consistent with university policy governing tenure-ineligible positions. For research appointments, examples of the appropriate title form would be: associate professor of research in biochemistry; associate professor of research in surgery, etc.

Promotion to associate professor and/or professor is possible for research faculty. As with other faculty, promotion for individuals appointed to the research faculty is awarded for excellence in the responsibilities described in the initial or modified letter of appointment.

The one major criterion for promotion of research faculty shall be excellence in the performance of independent research or in research support activities. However, the extent and the quality of any teaching or service activities should also be taken into account when the research faculty member is evaluated for promotion. Promotion of research faculty to full professor requires demonstration of scholarship in addition to the promotion criteria mentioned above. Promotion is not required for reappointment. It is important that the letter of appointment for research faculty include a detailed description of the responsibilities and specified goals and expectations. The portfolio for research faculty (RF) promotion will be initiated by the head of the appropriate medical school unit (department, division, center, etc.) and shall include a current curriculum vitae, a letter of nomination, and a list of references who will be solicited by the dean to review the research faculty member's achievements. The portfolio will be evaluated by the School of Medicine Promotion and Tenure Committee in the usual sequence. Again, it must be clear that no "tenure" can be acquired in these ranks.

**Instructional Faculty (IF)**

The instructional faculty (IF) is composed of (1) volunteer medical faculty appointed primarily for clinical instruction but they may also perform clinical service and (2) full or part-time faculty whose contractual duties are strictly defined and related to educational support or instruction. (There are separate governing policies for the administrative and professional tenure-ineligible general faculty that apply throughout the University of Virginia.) Appointments to the instructional faculty (IF) should be in accordance with the procedures for the tenure-eligible or tenured faculty. All appointments must be recommended by a department chair (or center or institute director) and approved by the dean, the vice president and provost for health sciences, and ultimately, the University of Virginia Board of Visitors. Individuals on the instructional faculty (IF) are appointed on a contractual basis for up to three years, renewable with mutual consent of the individual and the department chair or center or institute director. Reappointment requires department and Dean's office approval. For the instructional faculty, the title shall be modified by inclusion of the term "medical education," viz: assistant professor of medical education in medicine. For the volunteer medical faculty, the title shall be modified by inclusion of the prefix "clinical," viz: clinical assistant professor of medicine.

Promotion for individuals appointed to the instructional faculty (IF) is awarded, where permitted by university policy, for excellence in the responsibilities described in the initial or modified letter of appointment. However, promotion is not required. (The letter of appointment must include a description of the responsibilities and specified goals and expectations.)

The portfolio for instructional faculty (IF) promotion will be initiated by the head of the appropriate medical school unit (department, division, center, etc.) and shall include a current curriculum vitae, a letter of nomination, and letters from individuals in that department of the university representing the individual's scholarly discipline and/or from outside the university. The portfolio will be evaluated by the School of Medicine Promotion and Tenure Committee in the usual sequence.

Promotion to clinical associate professor for volunteer clinical faculty requires documentation of superior teaching evaluations over a period of five to eight years. Documentation should include standardized assessment measures and other evidence of teaching excellence. Volunteer faculty who contribute many hours to the School of Medicine programs may receive early consideration for promotion (e.g., preceptors for PCAM generally contribute more time than volunteer faculty involved in the one week preceptorship). Again, it must be clear that no "tenure" can be acquired
in these ranks, and that notice of termination will be consistent with university policy governing
tenure-ineligible positions.

Portfolio Prototypes for Appointments Academic Ranks

Tenure-ineligible Faculty

The responsibilities and activities of research, clinical, and instructional faculty vary greatly,
particularly across departmental and divisional boundaries. Each member of the research, clinical,
and instructional faculty with the support of his or her departmental chair is responsible for
defining and maintaining a portfolio documenting professional activities consistent with the original
or modified letter of appointment. Promotion for tenure-ineligible faculty, where permitted by
University policy, is awarded for excellence in the responsibilities described in the initial or
modified letter of appointment. A fundamental criterion for progression in the tenure-ineligible
track is the demonstration of excellence in at least one category of professional endeavor. The
achievement of this goal will be viewed more favorably than performance at a satisfactory level in
several areas.

The following criteria and descriptions for tenure-ineligible faculty must be considered as
guidelines for appointment and promotion rather than a comprehensive set of requirements that
are applicable without change to every research, clinical, and instructional faculty member.
Promotion to the rank of professor without tenure is awarded to distinguished faculty members
who consistently demonstrate excellence, scholarship, and long-term commitment to the
University of Virginia School of Medicine.

Research Faculty (Independent Research): Assistant Professor

A doctoral degree (Ph.D., M.D., or equivalent) and at least two years of postdoctoral training, with
a major commitment to independent investigation.

Evidence of capacity for original and independent research at a very high level of competence, as
demonstrated by recommendations from established senior faculty at the University and/or other
institutions.

Clear capacity for scientific productivity, as evidenced by authorship of peer-reviewed publications
describing significant research contributions. Non-reviewed publications, case reports, and non-
invited reviews will not be heavily weighted.

Research Faculty (Independent Research): Associate Professor

Service as an assistant professor of research at the University of Virginia, or an equivalent
institution, typically for a period of five to six years, with a consistent record of excellence in
independent research. Continued service and performance at the rank of research assistant
professor shall not, in itself, constitute grounds for promotion to research associate professor.

Documentation of the ability to create new knowledge or manners of thought as evidenced by
continued publication of substantive, original studies in rigorously peer-reviewed major journals.

Recognition by scientific peers for independent and original investigation; in most instances this
will be evidenced by external funding of competitive peer-reviewed research projects.
Faculty promoted to the rank of associate professor may also have achieved professional recognition as evidenced by some of the following:

- Elected membership in major scientific societies.
- Distinctive recognition through formal awards, local, regional, and national invited lectures, and participation in symposia, professional society programs, etc.
- Evidence of a leadership role in local or regional scientific affairs by active and ongoing participation in committee, program, and/or governing boards.

When the research faculty member is evaluated for promotion, the extent to which the School of Medicine has provided space and facilities to support the research endeavors of the faculty member will be taken into account. The extent and the quality of any teaching activities should also be considered.

**Research Faculty (Independent Research): Professor**

Promotion to the rank of professor of research will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty. Continued service, and performance at the rank of associate professor of research shall not, in itself, constitute grounds for promotion to professor. Demonstration of substantial scholarship is required.

- Service as a research associate professor at the University of Virginia or an equivalent institution, typically for at least five years with a consistent record of outstanding performance.
- Continued publication of important, innovative, and original studies in peer reviewed journals.
- National and international recognition by peers as a premier investigator; continuation of productive, independent and original investigation as evidenced by sustained external funding of competitive peer-reviewed research projects.

Faculty promoted to the rank of professor should also have achieved substantial professional recognition as evidenced by some of the following:

- Authorship or editorship of textbooks, monographs, or journals.
- Membership on editorial boards, study sections, and/or advisory groups.
- Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures.
- National and international recognition as evidenced by named lectureships and awards or participation in national and international symposia, courses, and teaching programs.
- Exceptional leadership or administrative performance, as evidenced by major roles in local or regional scientific affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

When the research faculty member is evaluated for promotion, the extent to which the School of Medicine has provided space and facilities to support the research endeavors of the faculty member will be taken into account. The extent and the quality of any teaching activities should also be considered.

**Research Faculty (Research Support): Assistant Professor**

A doctoral degree (Ph.D., M.D., or equivalent) and at least two years of postdoctoral training in an area of study appropriate to the duties detailed in the letter of appointment.

Evidence of capacity for research at a very high level of competence, as demonstrated by recommendations from established senior faculty at the University of Virginia and/or other
Research Faculty (Research Support): Associate Professor

Service as an assistant professor of research at the University of Virginia or at a comparable institution, typically for a period of five to six years, with a record of excellence in research or in research support activities. Continued service and performance at the rank of research assistant professor shall not, in itself, constitute grounds for promotion to research associate professor. In evaluating the faculty member performing research support activities, close attention will be paid to his/her duties as detailed in the letter of appointment.

In evaluating the research support activities of the faculty member, the extent to which these activities contribute to research excellence, and the recognition the individual has attained at the local, regional, and national level, shall be considered.

Contributions to excellence in research at the School of Medicine may be evidenced by the following criteria:

The establishment of new research support activities of demonstrated excellence.

Letters from investigators at the University of Virginia attesting to the contributions made by the activities of the research faculty member toward the progress of the investigators' research programs.

Authorship of peer-reviewed publications to which the research faculty member has clearly made a substantial contribution.

Local, regional, and national recognition of the achievements of the faculty member may be evidenced by:

Authorship of articles, reviews or book chapters.

Elected membership in major scientific societies.

Recognition through formal awards, local, regional and national invited lectures, and participation in symposia, professional society programs, etc.

Evidence of leadership in local, regional and national scientific affairs by active and ongoing participation in committee, program, and/or governing boards.

When the research faculty member is evaluated for promotion the extent to which the School of Medicine has provided space and facilities to support the research endeavors of the faculty member will be taken into account. The extent and the quality of any teaching activities should also be considered.

Research Faculty (Research Support): Professor

Promotion to the rank of professor of research will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty.

Service as an associate professor of research at the University of Virginia or at a comparable institution, typically for at least five years, with a record of excellence in research or in research support activities. Continued service and performance at the rank of research associate professor shall not, in itself, constitute grounds for promotion to research professor. Demonstration of substantial scholarship is required.

In evaluating the research service activities of the faculty member, the extent to which these activities contribute to research excellence and the recognition the faculty member has attained at the regional, national, and international level shall be considered.
Contributions to excellence in research may be evidenced by the following:

The establishment of new research support activities of demonstrated excellence that have clearly enhanced the research capabilities and the research excellence of the University.

Letters from investigators at the University or other institutions attesting to the contributions made by the activities of the research faculty member toward the progress of other investigators' research programs.

Letters from administrative officials documenting ways in which the achievements of the faculty member have enhanced the overall research excellence at the University of Virginia.

Letters from authorities from outside the University attesting to the contributions made by the faculty member to research excellence at the University of Virginia.

Authorship of peer-reviewed publications to which the research faculty member has clearly made substantial contributions.

Regional, national, and international recognition of the achievements of the research faculty member may be evidenced by:

Authorship of articles, reviews, or book chapters, and invited reviews and articles in authoritative publications.

Letters from authorities outside the University attesting to regional, national, and international recognition of the excellence of the achievements of the faculty member.

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards, and major invited lectures.

National and international recognition as evidenced by named lectureships and awards and participation in national and international symposia, courses, and teaching programs.

Exceptional leadership or administrative performance as evidenced by major roles in regional, national, or international professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

When the research faculty member is evaluated for promotion, the extent to which the School of Medicine has provided space and facilities to support the research endeavors of the faculty member will be taken into account. The extent and the quality of any teaching activities should also be considered.

**Clinical Faculty: Assistant Professor**

M.D., Ph.D., or other terminal or doctoral level degrees; board eligible for M.D.s; practice relates to the missions of the University of Virginia Health System.

Demonstrated clinical competence; board-eligible or board-certified in primary specialty; documented above average teacher.

Above average teaching evaluations in one or more of the following teaching settings: bedside, practicum, or field teaching; lectures to students and residents; lectures within school to peers; conducting reaching rounds or small group sessions; preparing syllabus materials.

Demonstrated competence and promise of excellence in clinical or professional work; directs clinical or professional program; considered very good clinician or professional by students, residents, fellows, faculty, and patients; consultant on local level.

Demonstrates skills in managing activities or programs in division or department; serves on division or department committee.
Clinical Faculty: Associate Professor

Board-certified in primary specialty or board-eligible or certified in subspecialty or discipline. At least two terms as assistant professor (6 years).

Continued active teaching locally and above average performance on evaluations. Supervises other faculty and fellows; develops/directs postgraduate courses regionally; lectures at state/regional level; lectures at Grand Rounds invited lecturer at other schools; receives local teaching award; develops computer teaching programs; develops teleconference consultations.

Established consulting physician or professional; devises new method or procedure; directs critical laboratory that provides service support to clinical program; considered excellent clinician or professional by local and regional peers and patients; consultant on local or regional level; demonstrates new referral patterns; participates in multi-center grants; develops programs that measurably improve clinical care efficiency; develops programs that measurably improve patient outcomes; develops programs that address individual and institutional ethics.

Independently directs major program or project in division or department; effective participant in decision-making in division or department; chairs committee in division or department; member of committee for medical specialty or professional society; member of school, hospital or University committee; serves as assistant or associate dean.

Clinical Faculty: Professor

Board-certified in primary specialty, or board-eligible, or certified in subspecialty or discipline. At least two terms as associate professor (6 years).

Recognized regionally or nationally for contributions to the mission and prestige of the School of Medicine. Demonstration of substantial scholarship is required.

Continued active teaching locally and above average performance on evaluations. Known regionally or nationally as a teacher; textbook author or editor; develops/directs postgraduate courses regionally or nationally; lectures at regional or national meetings; receives national education or teaching award; develops teaching or evaluation materials used regionally or nationally; supervises training program; receives national teaching award.

Known regionally or nationally as an expert clinician or professional; attracts patients/clients regionally or nationally; contributes significantly to board exam in specialty; consultant on a regional or national level; officer in national clinical/professional society; provides a category of care not previously available in the region.

Directs a division or department; directs multi-center project; chairs committee for school, hospital, or university; serves as assistant or associate dean; consults nationally; member of national society professional committee; chairs medical subspecialty or professional society committee; attracts substantial gifts or endowments to school; serves as officer in state, regional or national professional society.

Instructional Faculty Volunteer Clinician: Assistant Professor

M.D./Ph.D. or equivalent terminal degree; specialty board eligibility/certification; Virginia licensure; practice relates to the missions of the University of Virginia Health System; successful completion of a preceptor training course; dedicates at least twenty (20) hours of service to the School of Medicine each year.

Instructional Faculty Volunteer Clinician: Associate Professor

Superior teaching evaluations, documented over a period of five to eight years by standardized assessment measures.

Documentation of activity as a role model or mentor (i.e., number of students advised); participation as DPI small group leader; receipt of an outstanding preceptor award.
Demonstration of style, effectiveness, knowledge, compassion, and other characteristics of an excellent practitioner.

Participation at the University of Virginia School of Medicine as a visiting professor or guest lecturer; teaching participant in a seminar or workshop; active participation in the course planning, training, or evaluation; successful modification of a curriculum to address special problems or needs of the medical practice or students that enhances the educational experience (i.e., new methods of organizing a practice to include students); publication of reviews, case reports, syllabi or "pearls" to be disseminated on an institutional level or higher.

Active participation on School of Medicine educational or curriculum committees; participation on a local, state, or national level in professional societies (i.e., program chair for a society); providing consultation, technical assistance, or program evaluation.

Review Procedures and Responsibilities

Faculty Member, Departmental, and Dean's Office Responsibility

It is the responsibility of the faculty member and the department chair to develop a clear understanding of the faculty member's goals, supported by plans for developing and documenting the academic dimensions of his or her career. This process, documented in the academic portfolio, becomes the framework for academic development and should be periodically reviewed and updated; each faculty member should do this in consultation with her or his department chair.

An annual conference must be conducted between each chair or designate and each of his/her faculty members eligible for promotion and/or tenure. (For dual appointments, the job description should indicate each department's responsibility in the annual review.) The conference should include a review of the original or modified letter of offer (job description) for consistency with actual activities, the faculty member's performance and accomplishments of the prior year, and his/her plan for the forthcoming year. It would be appropriate for the faculty member to prepare a written agenda for the conference. If the faculty member does not wish such a conference, he/she must so indicate in writing. The occurrence of this conference must be documented by written memorandum, signed by both parties, and kept on file in the department. Associate professors must be reviewed similarly until receiving tenure and then at five-year intervals. Any faculty member may request such a review earlier. The dean or designate has the responsibility to monitor the faculty review process for each department.

Maintenance of relatively small academic School of Medicine departments does place tremendous responsibility on the dean and the chair, since all assistant professors potentially will wish to advance academically. This situation makes very careful initial appointment essential. The appropriate department chair must assess the assistant professor's ability, encourage his/her continuing education and training, document his/her professional growth, and aid him/her in setting goals. The chair must then assume the responsibility for providing the assistant professor appropriate support that he/she may have a reasonable opportunity to achieve his/her goals.

Procedures for Promotion and Tenure Review

Departmental review of candidates by professors or tenured faculty would be an appropriate method of initiating a promotion and/or tenure request. It is of paramount importance that a candidate's initial letter of appointment (and subsequent negotiated modifications) include a careful description of the position with its special responsibilities and specified goals. The chair's letter recommending promotion and/or tenure must refer to the achievement in each of those areas, and relate it to the expectation implied in the initial or modified letter of appointment.

Faculty not recommended by their department chair will not be reviewed by the Promotion and Tenure Committee of the School of Medicine whether or not they are tenure-eligible. However, at the discretion of the dean, the dean may refer such cases to the Promotion and Tenure Committee for ad hoc review and a nonbinding recommendation back to the dean.

The portfolio prepared by the chair or designate and the faculty member includes the following: