



University of the Virgin Islands School of Medicine

Policy Name and Section: Medical Sciences and Clinical Departments Appointment and Promotion Guidelines	Effective Date:	UVISOM Policy Number: 006
Responsible Authority: Associate Dean for Faculty and Academic Affairs	UVISOM Documents where Policy Available: UVISOM Faculty Handbook	Approval Body and Date: Executive Council, Self- Study Committee, Curriculum Committee

I. INTRODUCTION

The purpose of this document is to present the criteria and procedures used for the determination of academic rank at the time of initial appointment and for promotion of all multi-year contract (non-tenure track) full-time faculty. These criteria have been developed for faculty recognizing the broad range of faculty activities that support the academic mission, particularly in a developing medical school.

Please note that exceptions to the following policy prior to Academic Year 2019, may be made by the Dean in consultation with the Executive Council. Evaluation of rank for Founding Faculty (faculty hire prior to Academic Year 2015) was made by the Dean and Provost.

II. REQUIREMENTS FOR ACADEMIC RANKS

INSTRUCTOR

MD, PhD or terminal degree in one's discipline is expected. Masters level trained professionals are eligible for the faculty rank of instructor, ~~as are non-board eligible practitioners.~~ The rank of Instructor is considered transient, and is primarily for individuals not qualifying for the Assistant Professor rank. Once qualified, promotion to the rank of Assistant Professor will be automatic upon application by the Chair and approval by the Dean. This advancement will not result in an increase in compensation.

ASSISTANT PROFESSOR

A MD, PhD, DSc, EdD or terminal degree in the discipline from an accredited Institution is required. Faculty involved in patient care shall have successfully completed post-graduate training and be board certified in the applicable specialty. In the absence of American Board Certification, the equivalency of Foreign Boards will be determined by the Chair of the Department based upon specialty-specific objective criteria.

Commented [AM1]: What is the definition of "non-board eligible practitioners"?

Commented [DN2R1]: What is an example? Are there particular health care practitioners who are not MDs and whose training area is not one that has board exams, but that we might hire?

Only a physician whose role is in teaching, research and/or service without a patient care component is exempted from seeking certification, or whose requirement of such a role has been waived by the Virgin Islands Board of Medical Examiners. . The requirement for certification may be waived temporarily if the subspecialty requires a year of clinical practice before being eligible for the Boards. For biomedical scientists with a PhD degree, at least two years post-doctoral training and one first author publication is generally expected.

ASSOCIATE PROFESSOR

Appointments to the rank of Associate Professor shall require additional training beyond the terminal degree with a demonstrated record of achievement in teaching, clinical expertise and innovation, and scholarship (at the regional (Caribbean or national) level). Normally the individual will have publications that have appeared in refereed (peer-reviewed), academic and/or professional journals. For those faculty involved in patient care, the appointee will be board certified or otherwise qualified.

PROFESSOR

Appointment to the rank of Professor shall require additional training beyond the terminal degree with a demonstrated record of achievement in teaching, clinical expertise and innovation, and scholarship. In addition to fulfilling the criteria for the Associate Professor rank, the individual must be recognized as an authority in the field of specialization at a national or international level.

APPOINTMENT AT ALL ADVANCED RANKS (Associate Professor or Professor)

In addition to the requirements set forth above, appointment at advanced rank requires review by the UVISOM Faculty Committee on Appointment, Retention, and Promotion and approval by the Dean and Provost. The criteria for appointment at advanced rank are equivalent to having met the criteria for promotion to advanced rank at UVISOM during a review period of comparable duration at some time in their career.

JOINT APPOINTMENTS IN CLINICAL SCIENCES AND MEDICAL EDUCATION

The UVI undergraduate faculty that will teach in the UVISOM will hold joint appointments between the College of Science and Mathematics and the UVISOM. The specific terms will be delineated in the individual contracts. By agreement between the respective Deans, the academic rank will be the same in both schools, whenever possible. Faculty that hold tenured appointments in the College of Science and Mathematics will not automatically hold tenured appointments in the UVISOM.

III. REQUIREMENTS FOR PROMOTION

A. OVERVIEW

The academic mission of the UVISOM requires that all faculty engage in scholarship, and this will be reported and assessed in the annual evaluation and considered pivotal during recommendation for promotion.

B. PROMOTION PROFILE

Faculty members engage in a range of activities, including teaching, scholarship, and clinical care. These activities support the academic mission and thereby allow the promotion profile to reflect the unique combination of activities and accomplishments of each faculty member. Thus, there are different paths for academic advancement for our faculty since their achievements with respect to the academic mission of the UVISOM are considered in their evaluation for promotion.

Individual faculty members will select **one area of excellence** representing the major area of contribution, achievement and impact. The areas of focus are: 1) Teaching and Educational Leadership; 2) Scholarship, and 3) Clinical Expertise and Innovation (for those with a clinical assignment). When, faculty have significant contributions in the areas outside their specific area of excellence, these **significant support activities** will supplement accomplishments in the area of excellence and thereby allow the sum total of an individual's achievements to be considered in the evaluation for promotion.

All faculty members are expected to perform appropriate service that contributes to the effectiveness of UVISOM and its training of medical students. Service is essential to serving the schools mission, and all faculty should be held accountable and rewarded for their service-contributions. The degree to which faculty members may contribute to service will vary based upon their respective role, but service is encouraged for all faculty involved in teaching, clinical activities, and/or research and investigation. Service merit will be based upon the extent that they contribute to the mission of the School of Medicine.

ASSOCIATE PROFESSOR

Candidates must have a terminal degree, post-doctoral experience or training, and board certification as specified previously. The most common time in rank of Assistant Professors is five years. Therefore, requests for promotion to Associate Professor will not be considered until a full five years in the Assistant Professor rank has been served. This means the promotion will occur at the end of the sixth year. . Candidates must demonstrate (1) one area of excellence; and be evaluated on their (2) teaching and educational contributions; and their (3) significant support activities focus at a higher level than that achieved as Assistant Professor.

PROFESSOR

The title of Professor holds special recognition at the UVISOM. Not all Associate Professors will reach the rank of Professor. Promotion to Professor should not be awarded on the basis of longevity, but rather on the basis of superior achievement at national and international levels with the promise of continued contribution.

The most common minimum time in rank at Associate Professor is five years. Intervals longer than five years are commonly necessary to establish acceptable credentials.

Candidates for promotion to Professor must demonstrate (1) national or international prominence in **one** area of excellence; and be evaluated on their (2) teaching and educational contributions; and (3) significant support activities, at a higher level than that achieved as Associate Professor.

C. FOCUS AREAS OF EXCELLENCE

1. Teaching and educational leadership
2. Scholarship
3. Clinical Expertise and Innovation

Excellence in Teaching and Educational Leadership

Teaching is a fundamental area of expertise to the successful training of UVISOM medical students and a critical activity evaluated for promotion of most faculty members. Educational activities may include didactic, clinical, leadership, innovation, and administrative teaching for students, residents, clinical fellows, research fellows, and peers. The quality and quantity of teaching may be two important metrics in teaching; scholarship and service are also expected.

Excellence in teaching implies more than just good teaching. It requires the faculty member to be a major contributor to scholarly work in education, including such things as original research, reviews, and chapters; educational material in print or other media such as syllabi, curricula, web-based training modules and courses; and/or educational methods, policy statements, and assessment tools development. The faculty member's work must demonstrate innovation. Supervisory and peer reviews of the teaching effort must be obtained and should support the rating of excellence. Reviews by the recipients of the teaching efforts (e.g., medical students, graduate students, residents or fellows) must also be obtained and should support the rating of excellence.

It is expected that all faculty will engage in teaching. Faculty will be evaluated for contributions to teaching and educational activities in the UVISOM. For those faculty members whose primary area of excellence is not teaching, competency in teaching of students, trainees and peers is demonstrated by a report of the activity and measures of quality. The documentation should include evaluations by the recipients of the teaching efforts (e.g., medical students, graduate students, residents or fellows). The candidate may note if he/she has devised innovative methods of teaching or taught on issues related to education. The number and stature of trainees whom the faculty member mentored should be listed along with feedback from the trainees and any publications with them.

Clinical teaching and mentorship should be documented by indicating the level of activity and the quality of the teaching as measured by evaluations and success of the program. Other metrics useful for this evaluation are invited presentations, contributions to professional organizations, service on education-related committees, and awards for teaching or mentoring. Examples of educational materials that have been developed, such as syllabi or curricula or publications related to education, may document educational scholarship. Evaluations should demonstrate performance that meets or exceeds performance of others at this stage of their career. Competency in teaching must also be documented by positive supervisory and/or peer reviews of the teaching effort that take into account student evaluations. Teaching excellence may also be supported by student outcomes on exams or assignments that map to learning objectives in the faculty member's teaching specialty.

Other areas of merit may include development of new and innovative teaching materials, development and leadership in educational workshops and training programs, success in novel clinical training programs, and recipients of honors awards in teaching.

For PROMOTION TO ASSOCIATE PROFESSOR, the candidate must have a strong regional (Caribbean or national) reputation as an independent leader in education. The faculty member must have developed

innovative teaching methods, curricula, educational policy or educational assessment tools. The candidates expertise must be demonstrated through scholarship as described in this document.

For PROMOTION TO PROFESSOR, the candidate must demonstrate a national reputation as an educational leader and innovator. The candidate's expertise must be demonstrated through high impact scholarship that influences the field nationally. Evidence of national recognition in this area includes election to national committees or boards involved with education, invitations as a visiting professor to present on innovations in teaching activities, participation in subspecialty board review or test development committees, or invitation to be an accreditation (RRC, ACGME, LCME, or Middle-State) site visitor.

Excellence in Scholarship

Scholarship is the creation of new knowledge, its dissemination and the acceptance of the new knowledge by peers. The scholar plays a pivotal role in the creation of new knowledge and assumes primary responsibility for its dissemination and submission for peer review. This definition of scholarship is intentionally broad and meant to include creative works in teaching, clinical activities or investigation/research. Additional, description of what is meant by scholarship and it how it applies to teaching, research, and clinical roles follows.

A variety of criteria may be used to distinguish scholarship among faculty members whose duties may include teaching, clinical activities, and research/investigation. Historically, the primary metric used for evidencing scholarship in medical schools has been publications and grant-funding. However, a variety of additional scholarship metrics may be used in promotion.

Teaching itself, no matter how scholarly, is not scholarship; however, the associated products of scholarly teaching may be. These may include development of teaching tools, educational outcomes studies, textbooks, workbooks, curricula or curricular models, study guides, computer-aided tools, and new evaluation methodologies that are widely accepted outside of the home institution.

Publications on pedagogic issues, review articles, case reports, clinical outcomes studies, electronic disseminations (e.g., computer programs, CD-ROM, Videos, Web-based publications) requiring peer-review, books, book chapters, technology transfer, patents, development of new clinical or research protocols that are written, disseminated and widely accepted outside of the home institution would all be examples of faculty scholarship. Abstracts are not an acceptable form of scholarly dissemination for the purpose of promotion evaluation.

Other scholarly activities include participation as a primary or contributing author in book chapters, monographs, brochures, patient materials, with consideration of quality (impact factor, H index) as well as quantity. First and senior authorship on publications carry considerably more weight. Educational materials in print, or other media, such as syllabi, curricula, web-based training modules and courses that are widely adopted, and/or educational methods, policy statements, and assessment tools developed may also be considered.

Evidence of success in obtaining, current and sustained, extramural research funding and participation in research has significant merit for those involved in investigation. This may be demonstrated by status as a principal investigator, participation in clinical trials, providing clinical skills for research.

Other areas of merit may include: recipient of regional/national/international awards for education innovation; invited speaker to regional/nation/international professional meetings regarding activities in education; effective mentoring of medical, allied health, students, and junior faculty toward scholarship in medicine and medical practice; and participation and teaching of others to participate effectively in medical and public health research.

Clinicians may demonstrate contributions to scholarship in the same manner as those involved in teaching or research and investigation; particularly in the demonstration of publications and obtaining extramural research support. This may include clinical trials or medical educational research. Participation in professional participation in grant-review panels, editorial boards, and national scientific committees is of merit. Mentoring of students towards scholarship in medicine and medical practice is also of great value.

Faculty involved in research are likely most familiar with the value of scholarship and its particular importance for their activities in promotion. Those involved in basic research, clinical research, translational research, population and social science research, and public health research are expected to obtain extramural support and publish findings.

For PROMOTION TO ASSOCIATE PROFESSOR, the candidate must have a reputation as an independent investigator and major contributor to the field. There must be a record of independent scholarship which includes first and senior authorship on high quality publications. There should be a record of successful extramural funding and evidence of teaching trainees.

For PROMOTION TO PROFESSOR, the candidate must have sustained federal or nationally competitive funding. Evidence of national and international prominence in the field must be provided. The candidate must have a longstanding record of exceptional scholarship, which includes senior authorship on high impact publications and invited lectures, service on national study sections or editorial boards, and national awards.

Excellence in Clinical Expertise and Innovation

This area of excellence is appropriate when a specific area of clinical expertise provides the unifying theme for the candidate's activities and achievements. The individual is considered a leader in a clinical field. Clinical excellence implies more than just providing good patient care, it requires the extra effort required of a major contributor to innovation in clinical care for which some tangible evidence must be presented. The candidate may have a reputation as an innovator in approaches to diagnosis, treatment or prevention of disease, applications of technology to clinical care and/or in developing models of care delivery. The candidate must demonstrate scholarship as defined in this document. There should be a strong educational component in the clinical field in their Teaching and Education contributions.

For PROMOTION TO ASSOCIATE PROFESSOR, the clinical candidate must have a strong regional reputation as an expert who has influenced the clinical field. An emerging regional reputation should be documented by referral streams or invitations to speak that are peer-reviewed in the area of clinical expertise. Reviews by the recipients of the service (for example colleagues, referring physicians or collective reviews such as patient satisfaction inventories) should support the rating of excellence. The clinician should have

obtained support for the program through, for example, significantly increased revenues, new patient referral streams, grants, contracts etc.

For PROMOTION TO PROFESSOR, extra-university leadership in clinical service or other significant recognition as a national expert must be demonstrated. The candidate must have a sustained national reputation as a leader and innovator in a clinical field. Scholarship must also be demonstrated. National recognition in this area is evidenced by participation in extramural clinical initiatives such as election to national committees or boards, invitations as a visiting professor for clinical activity, participation in subspecialty board review, test development committee, or invitation to be an accreditation (RRC, ACGME, LCME or Middle-State) site visitor.

Focus on Service

All faculty members are expected to perform appropriate service that contributes to the effectiveness of UVISOM and its training of medical students. Service is essential to serving the School's mission and all faculty members should be held accountable and rewarded for their service contributions. The degree to which faculty may contribute to service will vary based upon their respective role, but service is encouraged for all faculty involved in teaching, clinical activities, and/or research and investigation. Service merit will be based upon the extent that they contribute to the mission of the School of Medicine.

Administrative activities should generally be considered in the area to which they apply. For example administrative responsibility for an educational activity (e.g., residency director; course director; vice chair for education, associate dean for CME, GME, Curriculum, national teaching and leadership activities such as participating in Board review) should be considered part of the teaching and educational leadership area. Administrative responsibility for a clinical activity (e.g., clinic director, clinical program director, chief of service, and national clinical and leadership activities such as participating in disciplinary societies) should be considered part of the clinical expertise and innovation area. Administrative responsibility for a research activity (e.g., departmental vice chair for research, departmental research coordinator, associate dean for research, national research and leadership activities such as participating in study sections) should be considered part of the investigative area.

For those involved in teaching examples of service may include their contribution as a Department member in the operation and development of their Department and the School of Medicine. Leadership is Departmental, School, and Clinical committees, governance, mentoring, clinical care activity (e.g. clinical specialty, laboratory service), and national board committees all constitute important contributions. Recipient of honors and awards from institutional, national, and community entities for aspects of service will also be considered.

Clinicians' contribution to service may also include membership, participation, and leadership in the committees and governance of regional or national professional societies of the faculty member's field; participation and leadership in clinically relevant community services or outreach; or participation in committees and bodies advisory to government agencies and foundations.

Significant administrative assignments that do not fall into one of these areas, but serve a broader function (e.g., division chief, department chair, some associate deans), may be considered for promotion under the category of "service". Excellence of this type of administrative activity, is not herein defined, and will rarely be presented as credentials for promotion since most individuals attaining these roles will be professors. However, on occasion faculty of lesser rank are appointed to such roles and general

administrative activities, which should not be precluded as promotable activities, and the same general guidelines for excellence in the clinical expertise and innovation area should be followed.

Service to the community is valued and plays a large role in the mission of the School of Medicine. It may be reported under one of the primary criteria if appropriate, or under the criteria for other activities.

It is expected that faculty seeking promotion to the highest ranks should demonstrate a breadth of achievements in addition to their primary area of focus.

IV. PROCEDURES

A. COMMUNICATION WITH FACULTY MEMBERS AT THE TIME OF APPOINTMENT

1. Each regular faculty member, when appointed, shall receive:
 - a. An Employment Agreement which stipulates the initial rank, salary, tenure status, start date, length of appointment, and any special conditions of employment.
 - b. The UVISOM Faculty Handbook and its appendices, which include the UVISOM Bylaws and this document (Promotion Guidelines for Multi-Year Contract Faculty).

Within the first month of employment, the Department Chair will provide the faculty member with the Annual Faculty Performance Objectives Form to develop specific expectations and goals for the first year of service.

B. ANNUAL REVIEWS OF PROGRESS TOWARD PROMOTION

1. An Annual Faculty Performance Objectives shall be developed and signed by Chairs and each faculty member and shall specify effort in Teaching and Educational Leadership, Scholarship, or Clinical Expertise and Innovation. The requirement of scholarship will also be defined. The Performance Objectives shall respect both the faculty member's need to shape his or her career and the missions of the Department and UVISOM. In order to accomplish this, the Performance Objectives shall start with draft goals provided by the faculty member to the chair and permit individual faculty members to concentrate, at various times in their careers, on one or more of the areas of teaching and education, clinical expertise and innovation, scholarship and/or service. The Chair is charged annually to accomplish specified goals and meet certain expectations by the Dean. The collective departmental expectations must be designed to meet that charge.

2. At the end of the academic year, each faculty member prepares an Annual Faculty Report and Evaluation based on their planned Performance Objectives. The faculty member should keep a record of activities engaged in throughout the calendar year to facilitate submission of an annual report. Once the report is completed, each faculty member will receive an annual evaluation on their overall performance in fulfilling their assigned responsibilities. The purpose of the evaluation is to assist in decisions relating to salary, retention, assignment, and promotion to other responsibilities. An evaluator may evaluate the faculty member based on direct observation and from information solicited from the faculty member and other sources that may include, but are not limited to, surveys, interviews, and the faculty member's annual report. The policy requires that the immediate supervisor prepare a written evaluation and review it with the faculty member.

3. The Annual Faculty Performance Objectives and the Annual Faculty Report and Evaluation shall be part of all faculty members' files submitted as the basis for promotional reviews.

4. A central focus of the annual evaluation meeting between chair and faculty members will be a review specifying the progress toward the next promotion for faculty holding less than full professor rank. The discussion will be in the context of the distribution of the effort and goals indicated in the prior year's assignment. At the time of this review, the next year's efforts and goals shall be established and agreed to in the form of a new Faculty Performance Objectives. A copy of the new Faculty Performance Objectives will be submitted to the Dean's Office for review and approval. Disagreements between chairs and faculty will be resolved by the Dean or Dean's Designee. The faculty member will have the opportunity to reply in writing.

5. The Annual Faculty Report and Evaluation, together with the faculty member's reply and all supporting documentation, will be forwarded to the Unit Manager (Associate Dean) for their review and recommendations to be sent to the Dean for final approval. Term renewal of faculty, as well as all promotional career reviews, must be linked to, at minimum, satisfactory performance including proficiency under the distribution of the effort and satisfactory attainment of the goals in the assignment. Since positive annual reviews are based on satisfactory performance and positive promotional reviews require excellence for a positive outcome, satisfactory annual reviews shall not in and of themselves constitute sufficient grounds for successful promotion reviews.

6. If the Faculty contract is up for renewal, the Faculty Committee on Appointment, Retention, & Promotion (F-CARP) will review the Department Chair's written evaluative summary and the supporting documentation. The F-CARP will evaluate the performance of each faculty member and assign a rating. The F-CARP evaluation will be sent to the faculty member, the Department Chair, and the Unit Manager (Associate Dean). The Associate Dean will send their comments and recommendation to the Dean regarding renewal of the contract, with final approval required by the Provost and President.

Termination of Appointment

Policies/Procedures on separation or termination from the university are described in the UVI Faculty Policy Manual: <http://www.uvi.edu/files/documents/Provost/fpm.pdf>

An employee who resigns, or is terminated from employment should meet with their supervisor for an exit interview.

Circumstances and procedures describing layoffs are governed by the regulation described in the UVI Human Resources Policy Manual: (http://www.uvi.edu/files/documents/Administration_and_Finance/Human_Resources/HR_Policy_Manual/Final_v4.1%2011-27-12%20approved.pdf)