

## Revised Expectations and Evaluation of Faculty on the Non-Tenure Clinical Track

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**Problem:** Over 90% of MMS clinical faculty are appointed to the non-tenure, clinical (NTC) track. Increasing pressures for clinical productivity have presented new challenges for NTC-track faculty. In turn, it has become increasingly difficult for faculty to meet the expectations required for promotion on this track (70% of NTC faculty are assistant professors, less than 10% have advanced to full professor).

A working group composed of faculty derived from the Faculty Senate and department chairs was convened to evaluate the expectations for promotion and to make recommendations to the Dean for revising the track to better reflect the current realities of academic medicine.

Academic activity on this track can be separated into four basic domains: **Clinical Work/Patient Care, Research/Scholarship, Education** and **Service/Administration**. Current expectations for promotion to associate professor require that faculty excel in all four domains, and establish local or regional reputation and impact. Promotion to full professor requires extended excellence in all four domains and a national or international presence. Surveys of peer institutions revealed that few, if any, still maintain such broad-based effort expectations. Academic medical institutions have either modified expectations or created expertise-specific clinical tracks (e.g., independent Clinician-Educator or Clinician-Scholar Tracks).

**Proposed Changes:** Realizing the benefits of flexibility and a cohesive track structure, we propose that the NTC track be retained and that promotion expectations be modified as follows:

- Activity in any domain that only meets basic employment expectations will be described as *Acceptable* and will not contribute toward consideration for promotion.
- Performance above and beyond this level will be described as *Commendable* and will count toward promotion.
- A second level of extraordinarily high performance will be described as *Exceptional*.
- Quantitatively, these levels of achievement will be given point values of 0, 1 and 2, respectively.

A candidate petitioning for promotion to **Associate Professor** on the NTC track will need to achieve a total of **four points**, with at least one point in the Clinical domain, and performance in at least one domain rated as *Exceptional* (2).

A candidate petitioning for promotion to the rank of **Professor** on the NTC track will need to achieve a total of **five points**, with at least one point in the Clinical domain, and performance in at least two domains rated as *Exceptional* (2).

Candidates and department chairs together will collaboratively make a case for appropriate recognition in each domain in the required faculty promotion narrative and the chair's letter.

It should be noted that a score of 2 should be reserved for truly noteworthy achievement and sustained contributions. By way of comparison, the current system can be viewed as generally requiring a "1" or better in all four domains; the new system will allow faculty to concentrate their best efforts in specific domains, if that is more appropriate to their career goals, skills and department needs. Example scenarios are provided below. Additionally, it will be expected that promotion to full professor on the NTC will

require demonstrated leadership in one or more domains: chairing committees, directorships, conference organization, etc.

As is currently the case, external letters of support, speaking invitations/grand rounds and service to professional organizations will establish the scale of reputation and impact. External letters supporting promotion to Associate Professor should demonstrate local or regional impact. For promotion to Professor, letters should demonstrate national to international impact. In both cases, no more than three letters may be from previous trainers or mentors.

**Projected Benefits:** It is expected that these changes will allow faculty flexibility to chart their academic career course to match their interests and strengths while maintaining academic rigor. Furthermore, this system does not restrict faculty to a specific focus based on appointment – a clinician could segue from an emphasis in education to one in translational research, or vice-versa, without the need for a track change. Most importantly, it is expected that this revision will promote faculty success, reduce burnout and retention issues, and motivate faculty to be more participatory in activities that fulfill the mission of McGovern Medical School with an attainable goal of promotion in recognition of their efforts.

**Example A:** An innovative clinician with high clinical productivity and quality, significant committee service and activity in resident education with little to no published research seeking promotion to Associate Professor might claim Clinical: 2, Service: 1, Education: 1.

**Example B:** A strong clinician with moderate clinical productivity and quality, multi-year appointment as Medical Director, and several published research papers or quality project reports seeking promotion to Associate Professor might claim Clinical: 1, Service: 2, Research: 1.

**Example C:** An innovative clinician with high clinical productivity and quality, bedside supervision of multiple trainees and additional didactic teaching, multi-year appointment as Residency Director, several case studies and one or two peer-reviewed publications and a strong record of hospital committee service, seeking promotion to Professor might claim Clinical: 2, Education: 2, Research: 1, Service: 1.

**Example D:** A strong clinician with moderate clinical productivity and quality, little to no exposure to trainees, no publications and service on several committees in the last five years would be scored Clinical: 1, Education: 0, Research: 0, Service: 1, and would not yet be competitive for promotion. (This last case may also represent a faculty better suited to move to a Staff Physician appointment).

**Non-tenure Clinical Track Revision Working Group:**

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