Instructional Track Task Force

Membership:

Chair: Margaret R. Gyetko, Associate Professor of Internal Medicine (Pulmonary)(Assoc Chair Faculty Affairs)

Gerald Abrams, Professor of Pathology (Past Member, ACAPT)

Louis D'Alecy, Professor of Physiology, Depts of Physiology & Surgery (Past Member, ACAPT)

Paul Gauger, Assistant Professor of Surgery (General)

Theodore Sanford, Clinical Professor of Anesthesiology (Assoc Chair)

Daniel Remick, M.D., Professor of Pathology (Past Member, ACAPT)

Charge:

- Review and improve new track and rank descriptions.
- What is the role of tenure in a medical school faculty?
- Is the length of the tenure clock appropriate?
- Is independent grant funding mandatory for promotion and tenure?
- What should trigger a track switch and how should it be achieved?
- What is the role and ideal relative proportionality of the Instructional Track in the Medical School?
- Consider other issues including:
  - educator's portfolio
  - peer review papers and independent grant metrics,
  - types of scholarship,
  - the specific criteria for promotion
  - mentorship
  - 3rd year review
  - undifferentiated starting faculty positions.

What is the role of tenure in a medical school faculty?

- The overwhelming opinion was that tenure has significant value in the Medical School.
  - It is viewed as a measure of achievement that grants a degree of intellectual independence and professional autonomy.
  - It is an important component in the recruitment and retention of world-class faculty.
  - It gives protected time for innovative research and scholarship.
  - It signifies that the faculty member is an expert who has found a theme and focus to his/her research or scholarly activity.
  - In some cases, tenure might not be meaningful, but the lack of it is.

What should the criteria be for achieving tenure?

- Tenure denotes that a faculty member has attained national stature for a focused area of achievement/scholarship/research.

- Tenure should be awarded to faculty members who have substantially fulfilled each of the three major functions, teaching, service and research. An individual faculty member's contributions to these 3 areas needs to be judged in aggregate, but there must be evidence for activity in each of the areas. It is not anticipated that all faculty members will be strong in all arenas such as an outstanding teacher who has limited service responsibilities.

- Evidence for significant contributions in research and teaching may be found in peer-reviewed publications, letters from independent evaluators, membership and leadership in specialty organizations, service as a journal reviewer, teaching documentation, and grant support.

- Evidence for significant contributions in service may be documented by serving on committees both locally and at the national level, development of innovative programs or programmatic initiatives, including educational initiatives, and providing clinical service to patients.

What should the criteria be for achieving tenure?

- Grant funding should not be MANDATORY for achieving tenure. However, since this represents an expression of national prominence in the field, it is desirable.

- While Principal Investigator status in grant funding is highly valued, also of value, given the increasingly interactive nature of research, is collaborative participation as a Co-investigator in funded interdisciplinary or interdepartmental initiatives.

- Each Department should provide criteria and guidelines to instructional track faculty members outlining the specific metrics used to evaluate the faculty member's suitability for tenure that are appropriate to the Department, and consistent with Medical School guidelines.

Is the length of the tenure clock appropriate?

- No. Due to changing times, dual career families, etc. the tenure clock should be extended to ten years.
- It was recommended that the faculty be reviewed annually at the department level, be reviewed at the three year point by the Dean's Office, and that a five year (or mid-point) review be done by ACAPT.
- It was suggested however, that faculty still be allowed to be put up for promotion at earlier time points, if appropriate.

The three faculty tracks (Instructional, Clinical, and Research) and benchmarks for promotion.

- Beginning faculty appointments can be "undifferentiated", thus allowing the faculty member to gain in experience before having to commit to a given track.

- Tenure in the Clinical or Research Tracks and the tenure probationary period
  - Difficulties in extending the tenure track include markedly variable job descriptions with variable amounts of protected time for scholarly activities. This would necessitate a variable tenure probationary period, which would be very difficult, if not impossible, to determine with equity across the faculty.

- Since one of the benefits of tenure is a sense of institutional support over time, it was then suggested that the concept of a "rolling" five-year appointment be considered for more senior faculty in the non-instructional track.

Teaching in each track

- The instructional and clinical tracks both have teaching expectations, while teaching is not a necessary part of a primary research track appointment.
- Teaching is and should continue to be an important and required component of the instructional track, but that the constitution of the groups taught (medical students, graduate students, and students from other schools within the University) was up for discussion.

Track switches from the instructional track to the clinical track.

- Currently, when switches occur during the first three years on faculty, it is generally acceptable; at the five-year point a track switch is still possible--but more difficult. There was general agreement of this structure, at least in principle. Clear guidelines need to be established to allow track switching beyond 5 years.
- It was suggested that this issue be addressed by the Chairs of the Medical School Departments and the Associate Dean of Faculty Affairs, and guidelines formulated for track switches, particularly those in the fifth year and beyond.

What is the ideal relative proportionality of the Instructional Track in the Medical School?

- While there was general consensus that it is important to have a substantial number of Instructional Track faculty members in the Medical School, there was no specific ratio or proportion that could be suggested as ideal for the Medical School as a whole.

- Ideal mix is specific to each Department. We suggest that the Department Chairs, in conjunction with the Dean, formulate an 'ideal mix" for each Department that is in keeping with the overall mission of and vision for the Medical School in the future.