UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
OVERVIEW OF THE FACULTY TRACKS

The Medical School utilizes three faculty tracks in addition to several supplemental appointments and we will describe each of these separately.

I. The *Instructional Track* was the original fulltime faculty track in the Medical School with ranks of Assistant Professor through Professor (the Instructor title is no longer an option). This track is governed by Regents' Bylaw 5.09 which mandates a tenure clock of eight years. This is the only faculty track for which tenure applies. The Instructional Track comprises the core faculty element of the Medical School with duties revolving around instruction of medical students and residents, scholarly activity that is typically manifested by medical research, organizational contribution to the mission of the Medical School, and in many instances professional work that usually relates to health care.

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II. The *Primary Research Track* began in the Medical School in 1974. Whereas the rest of the University uses two pathways for the research track, the Medical School has a single path that ascends from Research Investigator at the most junior level to Senior Research Scientist at the most senior level. As the title indicates, Research Track faculty have a predominant commitment to the research arena, and ascension in rank reflects achievements in this area. Many members of this faculty are engaged in teaching missions within the Medical School and may have concurrent joint appointments in the Instructional Track.

III. The *Clinical Track* began in 1986 and actively contributes to the clinical and teaching missions of the Medical School, as well as scholarship and administration. The ranks are Clinical Instructor through Clinical Professor. Although there is no mandated ascension in rank, ascent to senior level titles requires scholarly engagement and productivity as well as excellence in health care and teaching.

IV. The *Supplemental Appointments and Other Titles* are used for entry level faculty (Lecturers) before assignment to one of the three principle tracks or for special faculty appointments that fall outside the standard categories. Adjunct faculty contribute to research and teaching missions of the Medical School while maintaining primary employment outside the Medical School. Visiting faculty spend specified lengths of time at the University of Michigan, usually before returning to their home institution.

I. INSTRUCTIONAL TRACK

A. Definition of the Instructional Track

The Instructional Track was the original fulltime faculty track in the Medical School. Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and health care if it pertains to their professional field. Instructional Track faculty have no significant employment outside of the University of Michigan. Tenure may be granted by the Regents to Instructional Track faculty at the ranks of Associate Professor or Professor. Medical School faculty members assigned to the Ann Arbor Department of Veterans Affairs Medical Center or to the Howard Hughes Medical Institute are included in the Instructional Track, even though their salary support does not come from the University of Michigan. Appointment to the Instructional Track does not preclude concurrent appointment in the Primary Research Track. Affirmative Action Guidelines apply to the Instructional Track.

Faculty in the Instructional Track are voting members of the Executive Faculty (governing faculty) and University Senate, and have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for tenure and sabbatical.

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B. Ranks in the Instructional Track

The Instructional Track includes three professorial ranks: assistant professor, associate professor, and (full) professor. In the past some Instructional Track faculty were appointed as instructors but this is no longer the case inasmuch as two promotional events would be necessary during the eight-year pretenure period.

Assistant Professor

Assistant professor is the rank appropriate to a person who has demonstrated competence in teaching and scholarly activity but has yet to achieve exceptional status as a teacher or regional/national recognition in their professional field. Persons who have begun to publish scholarly work and who have had significant teaching responsibilities before their initial faculty appointment may begin their faculty careers at the rank of assistant professor. Others achieve this rank by being appointed from the rank of lecturer.

Appointments to assistant professor, a tenure-track position, require review by the Advisory Committee on Appointments, Promotions, and Tenure (ACAPT) and approval by the Medical School Executive Committee.

Associate Professor

Appointment to associate professor is given only to persons of well-established professional position and demonstrated scholarly or creative ability that positively impacts their field. Those promoted or appointed to this rank must have achieved national recognition for scholarly accomplishment of significance as evidenced by: evaluations from independent national leaders in their field, national lectureships, memberships on editorial boards and peer review committees, significant involvement in peer organizations beyond membership, and scholarship. Scholarly independence is typical for most associate professors. Usually this is

evidenced by peer reviewed publications published over the last five years. For those with a predominate expectation of clinical or laboratory research a sustained level of external research funding is the norm. An associate professor must have demonstrated a significant contribution to the educational missions of this school or another medical school. If it pertains to their professional field, high quality clinical care or clinical service is expected. Persons with clinical responsibilities are board certified before they become associate professors, recognizing that exceptions may be granted by the Executive Committee for some internationally-trained physicians who do not fulfill American Board requirements, but bring critical expertise to the medical school. The associate professor signals the passage into medical academia's senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Respect for diversity and engagement in the community of the university and the world at large are the norms. Unless otherwise specified, appointments and promotions to associate professor are with tenure although persons may be appointed as associate professors without tenure.

Appointments and promotions to associate professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

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Professor

Appointment to (full) professor is given only to persons of nationally and internationally established professional reputation and demonstrated scholarly or creative ability. This title is our highest academic rank. All of the expectations for the associate rank pertain in equivalent or greater measure for the professor. The difference between the ranks of professor and associate professor is primarily one of ongoing achievement usually over a period of five to ten years; promotion to professor is not automatic after a certain time in rank as associate professor. A person appointed to the rank of professor must have demonstrated *continued* scholarship, productive research, contributions to the teaching mission, organizational service, and clinical care when relevant to career. This ongoing achievement is roughly equivalent in quantity to the accomplishments that gained the previous promotional step. National and international impact must pertain to this person's work. Continued and consistent publication which contributes significantly to an area of knowledge is essential. For those involved in clinical, educational, or laboratory research sustained external funding is the norm. Unless otherwise specified, appointments and promotions to professor are with tenure; persons may be appointed as full professors without tenure.

Appointments and promotions to (full) professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

C. Criteria for Appointment and Promotion in the Instructional Track

Teaching, scholarship/research, and service are three areas examined in all appointment and promotion considerations. As we are a Medical School, contributions to health care and human welfare are also a substantial area of consideration for many of the faculty. Interdisciplinary work is a core value of a Medical School and this needs to be accounted for in the evaluative process. Some individuals of great value to our institution have truly outstanding performance and contributions in one area when compared with the norm of faculty performance in that area, yet the performance in other areas may be satisfactory only. A recommendation for appointment, promotion, or the award of tenure to a nominee with such an asymmetrical mix of qualifications must be justified by the department chair. In all cases, the minimum requirements must be met. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

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1. Teaching

Essential qualifications for appointment or promotion are personal integrity and the ability to teach one's professional area of knowledge to relevant learning groups. Critical elements to be evaluated include experience, knowledge of subject matter, skill in presentation, interest in students, ability to stimulate youthful minds, capacity for cooperation, mentorship, and enthusiastic devotion to teaching. A teaching portfolio helps convey the scope of instructional accomplishment. The full responsibility of the teacher as a guide and friend extends beyond the walls of the classroom, laboratory, or clinical arena into other phases of the life of the student as a member of the University and world community. It also involves the duty of initiating and improving educational methods both within and outside the faculty member's department. Outcomes of instruction in the form of teaching evaluations can be described. Pedagogical research and funding are strong evidence of teaching expertise. The spectrum of instruction spans the gamut from premedical students to established practitioners.

2. Scholarship and Research

All Instructional Track faculty must be persons of scholarly ability and achievement. Scholarship may be categorized in terms of the scholarship of discovery (basic research), scholarship of integration, scholarship of application, and scholarship of education. The University of Michigan is, after all, a research university committed to extending and understanding the knowledge base of humanity. This is typically demonstrated by the quality and quantity of published and other creative work, the range and variety of intellectual interests, success in training graduate and professional students, participation and leadership in professional associations, and in editing of professional journals. Peer reviewed papers and grant-funding are strong evidence of scholarship with high impact. Independent and peer-reviewed funding is the norm particularly in research based careers. There should be a strong prediction of continued excellence throughout the faculty member's professional career.

3. Service

Service may consist of organizational service in the Medical School and University, in the public sector, or in the national organizations of a faculty member's peer group. Service may include participation in committee work and other administrative tasks, counseling, IRBs, and special training programs within the Medical School and University. The University also

anticipates that many of its instructional faculty will render extramural services to other schools, industry, relevant professional organizations, governmental agencies, and the public at large. These services may be paid (within University guidelines), advisory, or volunteered. Organizational and volunteer services are of importance, although given less weight in promotion and appointment decisions than are teaching, scholarship, and clinical activities, when relevant to career.

4. *Health Care/Clinical*

Many faculty have a professional role related to health care, generally in terms of clinical responsibility, teaching or research. Competence is expected at entry levels in the faculty ladder and excellence is expected at the higher levels. Excellence is evidenced by documentation from independent authorities in the relevant field, regional reputation, and published work of clinical successes, innovations, or insights.

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Dual-Track Faculty and Joint Appointments

A faculty member may hold simultaneous appointments in the Instructional Track and the Primary Research Track if fully qualified for appointment in both. For dual-track or joint appointments in two different units, the distribution of responsibility and the part-time status in each unit must be specified and approved by the chairs, directors, and deans of the units involved and by the Vice President for Research and the Provost and Executive Vice President for Academic Affairs. Similar approval must be given for joint appointments to the Medical School and another school or college within the university.

The Medical School reviews all requests for dual-track and joint appointments with diligence to ensure that the effort assigned to each track and/or unit is appropriate to the mission of the department and the skills of the individual faculty member.

II. PRIMARY RESEARCH TRACK

A. Definition of the Primary Research Track

The Primary Research Track actively contributes to the Medical School research mission. Primary research faculty must have achieved or demonstrated the potential for independence, autonomy, and excellence in the initiation, direction, and completion of research projects. Primary research faculty are clearly headed for, or have already established themselves in, independent academic research careers. Teaching is often a facet of the Primary Research Track career path whether for graduate students, postdoctoral students, or medical students. Appointment to the Primary Research Track does not preclude concurrent appointment in the Instructional Track. Affirmative Action guidelines apply to Primary Research Track faculty.

Faculty in the Primary Research Track (except for research investigators) are voting members of the Executive Faculty and University Senate, and have representation on the Executive Committee of the Medical School and University Senate Assembly.

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B. Ranks in the Primary Research Track

The Primary Research Track consists of four ranks: research investigator, assistant research scientist, senior associate research scientist, and senior research scientist.

Research Investigator

The initial primary research rank recognizes persons who hold a doctoral degree or its equivalent in professional and technical experience, who have shown ability as independent researchers, and who typically have completed two to three years of postdoctoral work. A record of publications is expected of persons appointed to this rank, along with evidence of potential for obtaining external funding. A person appointed as a research investigator should have a specific role in a project that could be developed under a specific mentor. Candidates for research investigator are not expected to have a record of instruction or service, although achievement in these areas is a welcome addition.

Research investigator positions are intended for persons for whom a full-time career in independent research is expected. Appointments are made by the department chair or unit head, within the constraints of University appointment procedures, and must be approved by the Associate Dean for Faculty Affairs.

Assistant Research Scientist (proposed new rank: Assistant Research Professor)

Candidates in this rank must have evidenced a potential for independence in research that predicts continued growth (e.g. junior grants, mentored grants). They must have a record of publications in peer-reviewed journals. Regular participation at professional meetings is expected. Candidates for assistant research scientist should show promise of ability to obtain external funding, typically in the form of initial competitive fellowships or grants, and evidence that they can conduct independent research. Again, there are no specific requirements for instruction or organizational service, although achievement in these areas is welcome.

Appointments and promotions to assistant research scientist require review by the Advisory Committee on Primary Research Appointments, Promotions, and Titles (APRAPT) and approval by the Medical School Executive Committee.

Senior Associate Research Scientist (proposed new rank: Associate Research Professor)

Appointment to this rank requires continued independent, distinguished, and productive research. There should be clear evidence of independent external funding as a principal investigator past the level of initial research grants and fellowships, in the form of, for example, grants, subprojects, program projects, and center programs. There should be a strong record of publication in peer-reviewed journals including numerous first author and senior author publications and evidence that this accomplishment will continue. Many researchers appointed or promoted to senior associate research scientist also have a substantial record of textbook coauthorships, book chapters, and abstracts.

A senior associate research scientist must have produced research that has achieved a national reputation. A candidate for this rank should have a record of invited national lectures, seminars, study sections, and ad hoc reviews. Administrative and teaching contributions (such as committee service and mentoring) are frequently seen in researchers at this rank, but are not mandatory and cannot substitute for distinguished research performance. The senior associate research scientist signals the passage into medical academia's senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Respect for diversity and engagement in the community of the university and the world at large are the norms. This position is roughly equivalent in terms of experience and accomplishment to the associate professor in the Instructional and Clinical Tracks.

Appointments and promotions to senior associate research scientist require review by APRAPT, approval by the Medical School Executive Committee, and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President.

Senior Research Scientist (proposed new rank: Research Professor)

Appointment to this highest rank in the Primary Research Track requires an internationally recognized record of continued excellence and independent accomplishment in research. First author and senior author publications in peer-reviewed journals must have continued since the last promotional step. A senior research scientist should appear as principal or co-principal investigator on center grants or major grants (e.g. NIH RO1). A candidate for this rank is expected to serve as a mentor for younger faculty members and as a supervisor for graduate students. National and international lectures, seminars, study sections, and ad hoc reviews are usual features of a senior research scientist career. Senior research scientists typically perform teaching in a number of venues including mentorship. The senior research scientist is roughly equivalent to the professorial positions in the Instructional and Clinical Tracks in terms of experience and accomplishment.

Appointments and promotions to senior research scientist require review by APRAPT, approval by the Medical School Executive Committee, and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President.

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C. Criteria for Appointment and Promotion in the Primary Research Track

Excellence and independence in research are necessary for advancement in the Primary Research Track. Contribution to the educational mission and organizational service responsibilities of the Medical School is expected of the Primary Research Track faculty for the sake of their own development as scientists and to enrich and invigorate the intellectual climate and reputation of the University. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

The University and the Medical School envision parallelism between the Primary Research Track and the Instructional and Clinical Tracks, not only in accomplishments but also in the mechanics of appointment and promotion.

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Dual-Track Faculty and Joint Appointments

A faculty member may hold appointments in both the Instructional Track and the Primary Research Track if fully qualified for appointment in both. For dual-track or joint appointments in two different units, the distribution of responsibility and the part-time status in each unit must be specified and approved by the chairs, directors, and deans of the units involved and by the Vice President for Research and the Provost and Executive Vice President for Academic Affairs. Similar approval must be given for joint appointments to the Medical School and another school or college within the university.

The Medical School reviews all requests for dual-track and joint appointments with diligence to ensure that the effort assigned to each track and/or unit is appropriate to the mission of the department and the skills of the individual faculty member.

III. CLINICAL TRACK

A. Definition of the Clinical Track

The Clinical Track actively contributes to the clinical and teaching missions of the Medical School, and also participates in scholarship and administration. Although there is no mandated ascension in rank, scholarly engagement and ascent in rank are typical. The University is the sole employer of Clinical Track faculty. Appointments are made for up to seven years and are renewable. Affirmative Action guidelines apply to Clinical Track faculty.

Faculty in the Clinical Track are voting members of the Executive Faculty of the Medical School and have representation on the Executive Committee of the Medical School. They are not members of the University Senate and do not participate in the election of representatives to the University Senate Assembly, and do not qualify for sabbatical leave. Clinical privileges in the units are granted only by the Medical Staffs Executive Committee or Clinical Affairs.

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B. Ranks in the Clinical Track

The Clinical Track includes four ranks: clinical instructor, clinical assistant professor, clinical associate professor, and clinical professor.

Clinical Instructor

A clinical instructor is fully trained to provide clinical care and is qualified to participate in educational programs at the University of Michigan Medical School. Appointment to this rank requires evidence that the individual has received an appropriate medical and graduate medical education and documentation of full clinical competence. Certification by the relevant professional board must be pending or completed, recognizing that exceptions for some internationally-trained physicians may be granted by the Executive Committee of the Medical School. Evidence of competence in clinical and didactic teaching is expected. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate's clinical competency, suitability for an academic medical environment, potential as a teacher and clinical role model, and potential for growth in clinical and scholarly areas. Publications in a candidate's professional field are encouraged but not required.

Clinical instructor appointments are made by the department chair or unit head, within the constraints of University appointment procedures, and must be approved by the Associate Dean for Faculty Affairs.

Clinical Assistant Professor

A clinical assistant professor has demonstrated ability in teaching and clinical service. Ability and accomplishment in medical education are expected. Appointment or promotion to this rank requires evidence of clinical competence beyond that of an instructor. Certification by a relevant professional board or the equivalent is a usual expectation at this rank, although this qualification may be in progress at the time of appointment according to the requirements of the relevant professional board. Letters, which may be from local sources, must attest to the quality

of clinical service. The candidate's teaching and organizational service to his or her department (here or at another institution) in areas related to clinical care and education should be documented. Invited presentations as well as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, and other educational materials are evidence of scholarly engagement. These are highly desirable, although not required at this rank.

Appointments and promotions to clinical assistant professor are reviewed by the Advisory Committee on Clinical Track Appointments and Promotions (CLINACAP) and approved by the Medical School Executive Committee.

Clinical Associate Professor

A clinical associate professor has excelled in teaching and clinical service, and has achieved recognition in these areas. The candidate should have produced scholarship that influences knowledge and/or clinical care. Appointment or promotion to this rank requires board certification or the equivalent and evidence that development as a clinician has progressed to the point of establishing broad interdepartmental and regional recognition by professional colleagues. Typically, a reputation of this sort is documented by letters from internal and impartial external sources; administration or leadership in local, regional, or national organizations; presentations on clinical topics at local, regional, or national meetings; and articles in professional publications. Although years in rank alone neither compels nor precludes advancement to clinical associate professor, promotion after less than five years in rank is based on extraordinary accomplishment produced during those years in rank.

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The clinical associate professor signals the passage into medical academia's senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Respect for diversity and engagement in the community of the university and the world at large are the norms. A person promoted to this level should have achieved an ongoing influence on the quality of medical service. Examples include leadership in organization of clinical services; improvements in quality of care; measurements of outcomes or patient satisfaction; and involvement in utilization management activities. Contributions in these areas are documented by relevant peers.

Evidence of continued contribution to medical education is expected. This may be through customary teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, web based learning, and other instructional interfaces. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from appropriate knowledgeable faculty, students, and peers.

Evidence of excellence in clinical service or teaching includes favorable departmental evaluation, formal awards for performance, and invitations to speak at significant meetings or institutions of distinction. Scholarship should be judged with the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or some other mode of communicating results and ideas.

Appointments and promotions to clinical associate professor are reviewed by CLINACAP, approved by the Medical School Executive Committee; and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President.

Clinical Professor

A clinical professor performs outstanding and regular teaching and clinical service as outlined above, usually over an additional period of five to ten years and has attained further regional or national recognition for teaching and clinical expertise. Typically, the same qualitative criteria used for the clinical associate professor apply (see above) with expected quantitative differences in the number and impact of achievements. Service in regional or national specialty societies or boards is the norm. Faculty at this level often have many products of their scholarly activity that have been subjected to peer review and that have resulted in broad peer recognition in the area of clinical medicine or medical education. Scholarship should be judged on the basis of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or other modes of communicating observations, investigations, results, and ideas.

Appointments and promotions to clinical professor are reviewed by CLINACAP, approved by the Medical School Executive Committee; and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President.

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C. Criteria for Appointment and Promotion in the Clinical Track

The criteria for appointment and promotion in the Clinical Track will be applied with an emphasis on the impact of the nominee on his or her professional environment. This impact may be in the teaching arena, in professional activity usually manifested by clinical care, in service (organizational, administrative, community, or volunteerism for example), or in scholarship. Supporting letters must specifically address how the nominee made an impact, with a detailed description of the work and its influence. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

Although tenure is not a facet of Medical School Clinical Track, the University and the Medical School envision parallelism between the Clinical Track and the Instructional and Primary Research Tracks, not only accomplishments but also in the mechanics of appointment and promotion. Long-term (up to seven years, renewable) commitment can be made in this track.

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Teaching

Successful teaching of medical students and residents is a cornerstone of the Clinical Track. In the senior ranks sophisticated and broad-based educational achievement is expected with the creation/integration of new (clinical) knowledge, and the teaching of other teachers. Educational excellence may be demonstrated in a variety of settings. Some Clinical Track faculty will have assigned responsibility for teaching individual medical students and house officers or for organizing and leading clinical educational programs. The educational roles of other clinical faculty may involve a broad range of educational activities targeted at diverse audiences such as organizing or participating in local or regional CME activities or developing patient education tools, health profession education modules, or public health education programs.

In the Adjunct Clinical Track, sufficient involvement in the educational program of the department is defined as a minimum of *50 hours of direct participation* in clinical education per year or an *equivalent contribution* to the academic mission of the Medical School, as documented by the department chair or unit leader. In the Clinical Track, the required teaching may be provided in a one-on-one manner in the course of delivering clinical care or as otherwise defined by the chair of the department.

In addition to the usual peer sources, letters from former trainees or from colleagues may document educational impact.

Clinical Work

A clinical faculty member's work is usually dominated by clinical responsibilities, and a high level of clinical competency is expected in all ranks. Clinical excellence may be documented by letters from UM faculty, current or former colleagues, or former trainees. Letters typically attest that the nominee is considered by the medical community as a clinical resource, is sought out for clinical expertise, and has a strong referral base. By their nature these letters will often come from sources who have personal knowledge of the individual's clinical skills and character. A clinician is a role model for medical students and must demonstrate collegiality, integrity, professional excellence, respect for diversity, engagement in community, and commitment to individual learning and scholarship.

In exceptional circumstances, for a faculty member who has had a profound effect on his or her environment in the role of clinician or educator, this alone may qualify the candidate for appointment or promotion, with such extraordinary service offsetting the usual expectation of some scholarly activity. In this case, letters of support must explain the individual's impact with great detail and specificity.

Service

Many organizational service activities are appropriate to faculty in the Clinical Track, such as participation in committee work, IRBs, administrative tasks, counseling, and special training programs. Medical staff activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also pertain to this type of service. In addition, the University expects many of its staff to render extramural services to other schools, industry, governmental agencies, relevant professional organizations, and the public at large. Examples include

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- Memberships and offices held in professional societies.
- Continuing participation and leadership roles in medical service organizations (e.g., American Cancer Society, Planned Parenthood, American Red Cross).
- Public service activities that relate to the health of the general public.

Scholarship

Scholarly engagement in relevant professional arenas is typical of senior level Clinical Track faculty members. Research achievements, though not required of entry level clinical faculty members, are a welcome addition to their records. Promotion to the senior levels of the Clinical Track usually requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by published and other creative work, the range and variety of intellectual interests, success in training graduate and professional students in scholarly methods, and participation and leadership in professional associations and in editing of professional journals. The ideal clinical professor is a scholar, engaged in life-long professional learning related to some aspect of the human condition. Such individual scholarship is an essential part of the clinical professoriate, as it professes its work through instruction, demonstration, and role modeling for the next generation of physicians.

IV. SUPPLEMENTAL APPOINTMENTS AND OTHER TITLES

A. Definition of the Supplemental Titles

Supplemental Titles are used for entry level faculty before assignment to one of the three principal tracks (e.g. lecturers) or for special faculty appointments that fall outside the standard categories.

Lecturer

Some faculty members are appointed as lecturers by the Medical School before moving into the Instructional or Clinical track. Lecturers have shown competence as teachers and hold a doctoral degree or its equivalent in professional and technical experience. An appointment as a lecturer does *not* start the tenure clock for a faculty member. If a person is appointed lecturer as the result of a normal, open, national search process that includes posting, advertising, and efforts to secure a diverse applicant pool, an Affirmative Action document is filed at the time of the initial appointment as lecturer. Otherwise, the lecturer must compete in a national search process in order to be recommended for appointment at a higher rank.

Appointments of lecturers are the prerogative of the department chair or unit head, within constraints of University appointment procedures, and must be approved by the Associate Dean for Faculty Affairs. The appointments are for one year and are renewable, usually for up to four years.

Visiting I

- This title may be used in conjunction with all instructional, clinical, and primary research titles.
- Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution.
- Appointees may be full-time, with a maximum length of appointment of one year or less.
- Written requests to extend appointments beyond one year may be granted under unusual circumstances. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and what provisions are being made for allocation of space and for payment of any salary.

Visiting II

- This title may be used in conjunction with all instructional, clinical, and primary research titles.
- Appointees to this title *must* have explicitly temporary employment responsibilities and have no other affiliations within or outside the University.
- Appointees may be full-time, with a maximum length of appointment period of one year or less.
- Written requests to renew appointments beyond one year may be granted under unusual circumstances. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and what provisions are being made for allocation of space and for payment of any salary.

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Adjunct

Adjunct appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities.

According to the Regents' Bylaws (Sec. 5.22 Adjunct Professorships and Sec. 5.23 Clinical Instructional Staff):

- Require annual renewal.
- Are part-time (less than 50%).
- Used for the Instructional Track, Clinical Track, or Primary Research Track.
- Are usually uncompensated.

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Further Special Notes on Adjunct Faculty

Increased collaboration between the University and industry has resulted in requests for faculty appointments in the Medical School from qualified employees of industrial companies. These appointments should enhance the Medical School's instructional programs and foster research collaboration with industry. Adjunct appointments are appropriate for individuals with special talents to provide this industrial interface. People whose primary employer is a for-profit organization should be appointed only as adjunct faculty.

In 1990, the Medical School Executive Committee compiled procedures, privileges, and restrictions for adjunct faculty whose primary employment is with an industrial organization. At the time of appointment, there must be full disclosure of all details of employment status so that any potential for conflict of interest can be prospectively addressed. Ownership of intellectual property must be thoroughly disclosed; the nominating chair should define claims to patent ownership and royalties, and should identify eligibility to publish and present findings. Appointment of adjunct faculty as principal investigators on University extramural grants will not occur under ordinary circumstances. Any University space, for example, must be requested by the department chair of the prospective adjunct faculty and must be used primarily for the academic benefit of the department and the Medical School.

Adjunct faculty are generally *not* eligible for clinical privileges at the UMMC or VA Medical Center. Adjunct faculty may be involved in medical education, graduate medical education, or clinical research in the clinical setting at UMMC, but they should *not* be the attending of record or responsible for the delivery of patient care.

Adjunct Clinical Track

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 0% to 49% effort, are for no longer than one year, are renewable, and are without tenure. Ranks in the Adjunct Clinical Track follow the same guidelines mentioned above and must fulfill the 50 hours of teaching requirement per year. Even though appointments in this track are not mandated to follow the Affirmative Action procedures of the University, it is the policy of the Medical School to seek as diverse a group of people as possible as teachers and role models for students.

Faculty in the Adjunct Clinical Track are not voting members of the Executive Faculty of the Medical School, may not serve on the Executive Committee of the Medical School, are not members of the University Senate, do not participate in the election of representatives to the University Senate Assembly.

Adjunct Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings in which the University is not the sole employer.

Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings.

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Emeritus

An honorary title after retirement (assistant professor, associate professor, professor, assistant research scientist, senior associate research scientist, and senior research scientist) given by the Regents on recommendation of the School.

Joint Appointment Criteria

Are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration beyond routine collegial interactions. The primary or home department usually is responsible for the paperwork. Joint appointments are extraordinary, they are not used for perfunctory title dissemination or routine recruitment enticements. They may be funded or unfunded (dry). Joint appointments are usually for three years and are renewable.

B. Supplemental Appointments

Supplemental appointments are made under the same criteria as appointments in the regular tracks to which they correspond. For example, the criteria for a *visiting* associate professor are the same as for an associate professor in the Instructional Track: the recommendation packet has the same documents and the approval procedure is the same. ACAPT, APRAPT, or CLINACAP has jurisdiction according to whether the supplemental appointment is an instructional, primary research, or clinical appointment.

No Appointment Activity Record (AAR) is required for any supplemental appointment, but departments are urged to be aware of the need for diversity among UMMC faculty.

C. Supplemental Promotions

Visiting faculty, appointed for a year or less, are normally not involved in any promotion considerations. The appointment of each adjunct faculty member, however, is subject to annual review and renewal on September 1 of each year. At the time of reappointment, a request for appointment at a higher level may be made, with documentation as would be required in the corresponding regular track. An adjunct associate professor, for instance, must meet the requirements of an Instructional Track associate professor appointment.

DRAFT

GLOSSARY

Adjunct

Adjunct appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities. Are part-time appointments (less than 50%).

Adjunct Clinical Track

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 49% or less. Ranks in the Adjunct Clinical Track follow the same guidelines as the Clinical Track below.

DRAFT

Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings.

Clinical Care

The provision of health services and medical care to patients or experimental subjects.

Clinical Track

Supports the clinical and teaching missions of the Medical School. There are four faculty ranks within this track: clinical instructor, clinical assistant professor, clinical associate professor, and clinical professor.

Dual Track Appointment

A faculty member may hold simultaneous appointments in the Instructional Track and the Primary Research Track if fully qualified for appointment in both.

Emeritus

An honorary title after retirement (assistant professor, associate professor, professor, assistant research scientist, senior associate research scientist, and senior research scientist), given by Regents on recommendation of School.

Instructional Track

Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and clinical care as it pertains to professional fields of study. There are three faculty ranks within this track: assistant professor, associate professor, and professor.

Instructor

The clinical instructor position is one of the entry-level options in the Clinical Track. It is a position no longer used in the Instructional Track (see lecturer).

Joint Appointments

Are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration, beyond routine collegial interactions.

Lecturer

The most preliminary entry level position to the faculty ladder.

Research

n. scholarly or scientific investigation or inquiry. close careful study.
tr. to study thoroughly so as to present in a detailed accurate manner.

DRAFT

Research Track

Supports the Medical School research mission. There are four faculty ranks within this track: research investigator, assistant research scientist, senior associate research scientist, and senior research scientist.

Scholarship

1. The methods discipline, and attainments of specialists in branches of knowledge.
2. Knowledge resulting from study and research in a particular field.

Split Track Appointment

A faculty member with an appointment split (typically 50-50) usually in the Instructional Track and the Research Track.

Supplemental Titles

Are used for entry level faculty before assignment to one of the three principle tracks (e.g. lecturers) or for special faculty appointments that fall outside the standard categories (e.g. visiting/adjunct).

Tenure

May be granted by the Regents to Instructional Track faculty at the ranks of Associate Professor or Professor.

Tenure Probationary Period (Tenure Clock)

The maximum probationary period of Instructional Track faculty consists of service with the University for a total of eight years in the ranks of assistant professor or higher.

Visiting I

Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution.

Visiting II

Appointees to this title *must* explicitly have temporary employment responsibilities and have no other affiliations within or outside the University.