

## **Tenure Track Appointments - Definition**

The College aspires to appoint and promote faculty in the tenure track who are committed to the achievement of excellence in teaching, scholarship, and service. Faculty in the tenure track have the responsibility to teach (see Appendix I) and may achieve promotion by emphasizing scientific inquiry or scholarship in their clinical or professional discipline (see Appendix II).

Tenure track faculty members who do not have patient care responsibilities have the same six-year tenure clock as most of the rest of the University faculty. Tenure track faculty members with patient care responsibilities have an eight year tenure clock. Faculty with patient care responsibilities are defined as faculty in clinical departments who are participants in the University of Iowa Physicians group (UIP).

## **Qualifications for Specific Ranks – Tenure Track**

### **Assistant Professor without patient care responsibilities**

- a. He or she must show promise of ability as a teacher. (See Appendix I).
- b. He or she must hold the doctorate or its equivalent.
- c. He or she must show promise of scholarly productivity. This can be accomplished by publications, clinical reports, presentations or other work of a professional nature (See Appendix II).
- d. The initial term of appointment is typically for three years, although it may be for a shorter period of time. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, scholarship and service. (See Review of Faculty, Section IV, A.1., B.1., and B.2).
- e. Faculty members not to be promoted at the end of six years in the combined ranks of Instructor and Assistant Professor will be given a one-year terminal appointment.

### **Assistant Professor with patient care responsibilities**

- a. He or she must show promise of ability as a teacher. (See Appendix I).
- b. He or she must hold the doctorate or its equivalent.
- c. He or she must show promise of scholarly productivity. This can be accomplished by publications, clinical reports, presentations or other work of a professional nature (See Appendix II).
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements. The faculty member must be a participant in UIP.
- e. The initial term of appointment is typically for four years, although it may be for a shorter period of time. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, scholarship and service. (See Review of Faculty, Section IV, A.1., B.1., and B.2)
- f. Faculty members not to be promoted at the end of eight years in the combined ranks of Instructor and Assistant Professor will be given a one-year terminal appointment.
- g. Within the initial five years of appointment in the tenure track, a faculty member may request to be appointed in the non-tenure clinical track. The department may initiate the appointment by justifying to the Dean the non-tenure track faculty position, and by meeting University requirements. An individual may, as a rule, be appointed to the tenure track only once during his or her career in the Carver College of Medicine (See Appendix VI).

## **Associate Professor**

- a. He or she must have a convincing record of teaching effectiveness, including a record of successful direction of the work of doctoral candidates, fellows or residents where applicable (See Appendix I).
- b. He or she must show evidence of establishing a record of productive scholarship that can be supported by publications or the equivalent. (See Appendix II).
- c. Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level (Appendix III and IV)
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges.
- e. Candidate must have shown such capacity that he or she will continue to strive for excellence in teaching, service, and scholarly pursuit with the clear expectation that he or she will be able to attain the rank of Professor. (See Appendices I, II, III, IV and V).
- f. If a faculty member is promoted to the rank of Associate Professor from within the University of Iowa, tenure is granted automatically. However, initial appointments to these ranks offered to those not on the faculty of the University of Iowa should, whenever possible, be made as probationary appointments for three years.
- g. When a potential faculty member holds a tenured rank at another university, an initial appointment with tenure may be made. In cases where a potential faculty member has not had previous academic experience, but on the grounds of distinguished professional or other scholarly contributions merits the rank of Associate Professor, the initial appointment without tenure should be for 3 years or less. Recognition is given to the fact that 3 years may not be enough time to establish a record of teaching and scholarship sufficient to grant tenure. Accordingly, reappointments without tenure at the Associate Professor rank may be given provided the total probationary period at this University does not exceed six years. If the decision is made to withhold tenure after an evaluation in the sixth year of probationary service at this University as Associate Professor, the faculty member should be given a one-year terminal appointment.
- h. In cases where a potential faculty member has not had previous academic experience and the faculty member will have clinical responsibilities, then the initial appointment without tenure should be for four years or less. Accordingly, reappointments without tenure at the Associate Professor rank may be given provided the total probationary period at this University does not exceed eight years. If the decision is made to withhold tenure after an evaluation in the eighth year of probationary service at this University as Associate Professor, the faculty member should be given a one-year terminal appointment.

## **Professor**

- a. He or she must be recognized as having a continued record of effective teaching success, including a record of successful direction of the work of doctoral candidates, fellows, or residents where applicable (See Appendix I).
- b. He or she must have an established record of productive scholarship supported by substantial publication or the equivalent, with unmistakable evidence of recognition by peers at either the national level, international level, or both. (See Appendices II, III, and V).
- c. Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level (Appendix III and IV).
- d. If the faculty member is responsible for the medical care of patients, he or she must have a license to practice medicine in Iowa and must demonstrate competence as a physician. Competence as a physician will be established by the hospital staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the care of patients should meet the criteria established by hospital bylaws and any relevant state licensure requirements.
- e. The rank of Professor will not be considered to be a reward for long and acceptable service (See Appendix VI).
- f. If a faculty member is promoted to the rank of Professor from within the University, tenure is granted automatically. However, initial appointment to this rank offered to those not on the faculty of the University of Iowa should, whenever

possible, be made as probationary appointments for three years. The individual must agree in writing to a three-year non-tenured appointment.

- g. When a potential faculty member holds a tenured rank at another university, an initial appointment with tenure may be made. In cases where a potential faculty member has not had previous academic experience, but on the grounds of distinguished professional or other scholarly contributions merits the rank of Professor, the initial appointment without tenure should be for three years or less. Recognition is given to the fact that three years may not be enough time to establish a record of teaching and scholarship sufficient to grant tenure. Accordingly, reappointments without tenure at the Professor rank may be given provided the total probationary period at this University does not exceed six years. If the decision is made to withhold tenure after an evaluation in the sixth year of probationary service at this University as Professor, the faculty member should be given a one-year terminal extension of appointment.
- h. In cases where a potential faculty member has not had previous academic experience and the faculty member will have clinical responsibilities, then the initial appointment without tenure should be for four years or less. Accordingly, reappointments without tenure at the Professor rank may be given provided the total probationary period at this University does not exceed eight years. If the decision is made to withhold tenure after an evaluation in the eighth year of probationary service at this University as Professor, the faculty member should be given a one-year terminal appointment.

### **APPENDIX I**

#### **Operational Criteria for Teaching**

Teaching includes any of the following activities:

1. Teaching of students and post-graduate students, residents or fellows in the classroom, laboratory, or other specific area of expertise, etc.
2. Direction of graduate research.
3. Teaching of students and post-graduate students, residents, or fellows in the clinical setting.
4. Curriculum development: development of objectives, materials and methods, methods of evaluation, etc.
5. Student, resident, or fellow advising and counseling; student, resident, or fellow recruiting.
6. Facilitation of teaching efforts of the faculty, e.g., helping to assess the value of teaching objectives, or of methods of evaluation, providing content material for courses of study, etc.
7. Serving as a member of education, curriculum, or admissions committees.
8. Serving as a faculty instructor in continuing medical education activities.
9. Organization of a new teaching program, or integration of teaching effort within or between departments.
10. Development of teaching techniques.
11. Development of short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
12. Development of teaching materials for any medium, including web-based venues.

### **APPENDIX II**

#### **Operational Definition of Scholarship**

Scholarship requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated. This is best accomplished by publication in appropriate journals, monographs, or books, and by presenting scientific papers and exhibits at scholarly meetings. Such activities provide the most compelling evidence of scholarship.

The following are methods by which scholarship is demonstrated (Relative importance is not necessarily indicated by item number).

1. Publication of articles in professional journals. Greater importance will be attributed to publications in journals that require a critical review, but all publications will be evaluated.

2. Publication of books, monographs, manuals, on paper or in electronic media. Material in these formats should advance the field in order to be considered scholarship; materials produced primarily for student teaching should be listed under teaching.
3. Invited or submitted presentations of original scientific data at major national or international meetings, or at major institutions or research organizations.
4. Demonstration of a sustained, externally funded, independent research program.
5. Leadership and/or organization of clinical trials.

Academic creativity (scholarship) may also manifest itself in teaching and professional activities (see Appendix I and IV), and for these activities to be considered evidence of scholarly activity, they must be innovative and/or published or presented.

### **Appendix VI Operational Guidelines for Tenure Track**

These guidelines assume that the Department Head apprises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her academic performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

The rank of Assistant Professor does not confer tenure, and the performance during that period should determine whether promotion is justified. Because the ranks of Associate Professor and Professor carry with them the University commitment of tenure, the future leadership of the departments and Carver College of Medicine is determined by the quality of such appointments.

1. ". . . rank will not be considered merely as a reward for long and acceptable service." (*University of Iowa Operations Manual*)
2. The maximum time in probationary status before promotion to Associate Professor with tenure is 6 years. This time may vary considerably and may be shortened for performance that is truly exceptional. It is clear, however, that time in rank cannot be the primary factor related to any promotion/tenure decision. It is strongly encouraged that junior faculty are provided with sufficient time for scholarly pursuit.
3. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the national level, international level or both. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve on the panels of the NIH or other granting bodies; invitations to serve as an editor to scholarly journals; election to membership in societies stipulating meritorious professional achievement; election to offices in national or international societies; letters written by peers outside the University; successful competition for awards, prizes, grants, or contracts; invited lectureships; invitations to be a visiting professor at other universities.
4. In considering the published evidence of academic creativity, where papers have many authors, the contribution of the candidate to the work should be defined and determined.
5. The quality and importance of published work should be considered more important than the number of publications.
6. Interdisciplinary research. The college recognizes that interdisciplinary research is becoming the norm rather than the exception. This type of research, which is associated with multi-author publications, can lead to questions about the independence of each individual author, particularly junior authors. In order to clearly identify an investigator's role in interdisciplinary research, annotation of the bibliography, in which the faculty member clearly describes her/his contribution to the work, is critical. Letters from other members of the research group can be used to identify the unique contributions of the investigator, and to indicate the level of contribution, on the spectrum from marginal to substantial. These letters would serve as supportive documents for the dossier, but would not replace the required independent review by outside neutral evaluators.
7. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank. Contributions made before appointment to the current rank are of secondary importance because they forecast less about future productivity.
8. Consideration for promotion in clinical departments includes assessment of clinical skills and patient care as well as assessment of teaching and research. Examining the sum of the faculty member's contributions in teaching, research, and patient care is traditional in an evaluation of the clinical teacher, and strength in one area may compensate for less strength in another.