

**Guidelines and Policies Relating to
Faculty Appointments, Promotions and Tenure**

**University of South Alabama
College of Medicine**

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Guidelines and Policies

- I. Role of the Faculty Committee on Appointments, Promotions and Evaluations (FCAPE)
 - A. FCAPE evaluates requests for appointments, promotions and tenure and makes recommendations to the Dean of the College of Medicine. Associate or full professors in the College of Medicine with full-time non-tenure, tenure-accruing or tenured appointments, excluding department Chairs or individuals holding primary administrative appointments, may be appointed to FCAPE.
 - B. FCAPE reviews and votes on all appointments recommended at the level of Associate Professor or Professor, including new Joint and Adjunct appointments at those ranks. FCAPE also reviews and votes on tenure for new appointments. For new appointments at the rank of Lecturer, Instructor, and Assistant Professor, a review by FCAPE is not required.
 - C. When any administrative recruitment and appointment occurs concomitantly with a request for appointment of that individual to the faculty, the faculty appointment at the rank of Associate Professor or Professor is reviewed by FCAPE.
 - D. Requests for promotions within a primary or secondary (i.e., promotions for Joint appointees) department within the College of Medicine and promotions for Adjunct faculty are evaluated by FCAPE once per year. Annual reappointments do not require FCAPE review.
 - E. FCAPE voting and recusals: FCAPE members at the Associate Professor rank may not vote on appointments or promotions to the Professor rank. FCAPE members must recuse themselves from discussion/voting on any faculty action initiated from their own department in the College. FCAPE members requesting promotion or tenure in any given academic year must recuse themselves from the entire promotion/tenure review process for that year.
 - F. Appeals regarding promotion and tenure decisions should be made directly to the Dean of the College of Medicine, not to FCAPE.
 - G. FCAPE operates from the premise of unbiased objective review, adhering to the University policy of non-discrimination:

"The University of South Alabama does not discriminate on the basis of race, color, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, religion, age, genetic information, disability, protected veteran status or any other applicable legally protected basis in admission or access to, or treatment of employment in its programs and services."

II. Eligibility for Academic Appointment

- A. Primary academic appointments are warranted for individuals contributing a significant portion of their annual effort towards academic work, that is, towards scholarship, medical and/or graduate education, and service to the College. New appointments as tenure-accruing or tenured faculty require an FTE of 1.0. New non-tenure primary appointments for faculty must be at an FTE of 0.5 or greater.
- B. Clinicians employed by USA, USA Health or its clinical affiliates, e.g., AltaPointe Health Systems, are eligible for primary faculty appointments in the College of Medicine, if guidelines set out in Section II. A. are met. Otherwise, Adjunct appointments are appropriate.
- C. Occasional contribution to medical education alone, e.g., as a clerkship preceptor, does not warrant primary faculty appointment. Adjunct appointments are appropriate in such cases.
- D. Due to requirements of LCME accreditation and Stark laws, all individuals participating in education of medical students, graduate students, residents and/or clinical fellows within the College of Medicine must hold at least an Adjunct faculty appointment in the College.

III. Primary Faculty Appointments

- A. **Academic track** for primary appointments. Appointment to a particular academic track is based on the expected primary focus of academic effort for that individual, i.e., research, education or clinical practice. For promotion or tenure, evaluation focuses on the major academic effort defined by the appointment track:
 1. Investigator - focus on research
 2. Educator - focus on teaching
 3. Clinician - focus on service through clinical practice
- B. Primary appointments can be made on a **tenure-accruing or non-tenure basis**, depending on the track.
 1. Appointments to the Investigator and Educator tracks can be tenure-accruing or on a non-tenure basis.
 2. Appointments to the Clinician track will generally not be tenure-accruing.
 3. With the exception of explicit term contracts, appointments to non-tenure track faculty positions are made on an annual basis and reappointments are not automatic. The decision to reappoint, non-reappoint, or non-renew may be based upon an annual performance evaluation of the incumbent, on program needs, or on the financial position of the University.
- C. Primary appointment **rank and title**
 1. The rank of Lecturer is a faculty appointment. However, this is not a tenure-accruing rank. This rank can be used for individuals appointed to a department

- position who deserve faculty status but who do not have a terminal degree.
2. The rank of Instructor is also a faculty appointment, but not a tenure-accruing rank.
 3. Appointment at the level of Assistant Professor may be to a tenure-accruing track. Prior years of service at this rank (up to three years) may be applied toward tenure-accruing years. However, such credit must be specifically negotiated during the offer process and documented in the initial President's appointment letter.
 3. Appointment at the level of Associate Professor or Professor requires evidence of significant academic and/or scholarly contributions by the candidate, commensurate with credentials outlined in these Guidelines for those ranks (see Section VII).
 4. The academic rank will be used as the professorial title for all faculty.
 5. If a Joint appointment is made upon initial appointment to the University faculty, a primary department must be designated at that time.

D. Board certification and licensure for physicians

1. For credentialing, physicians (MD or DO) must have a current Alabama license.
2. To be appointed as an Assistant Professor, these individuals must be board-eligible in their specialty.
3. Physicians promoted to Associate Professor or newly appointed as Associate or Full Professor must be board-certified in their specialty or subspecialty; this requirement pertains both to academic and adjunct appointees.
4. Board certification must be by a board recognized by the American Board of Medical Specialty or the American Osteopathic Association.

E. Process for new appointments

1. Materials required for new appointments can be reviewed throughout the year.
2. Appointments requested at the level of Associate Professor or Professor, with or without tenure, as well as new Joint and Adjunct appointments at those ranks,
 - a. Must be accompanied by a brief Chair's or Dean's rationale for the requested rank and/or tenure
 - b. Must be reviewed and recommended by FCAPE
3. Review and recommendations on rank and/or tenure for new appointments must be completed prior to issuance of any offer letter.
4. The materials required are outlined on the "Faculty Action Form" available at the Faculty Affairs web page
<https://www.southalabama.edu/colleges/com/administration/faculty-affairs.html>

F. Altering primary appointments

1. Altering a primary appointment is a change in status that can occur in several ways: moving from a tenure-accruing to non-tenure status (or vice versa), moving from one academic track to another, or a change in primary department. Required materials are outlined on the Faculty Action Form.

2. A change from tenure-accruing to non-tenure status must be a voluntary decision of the faculty member, subject to approval by the department Chair and the Dean. Conversion to a non-tenure status does not require FCAPE review. On approval, the faculty member must provide a letter acknowledging relinquishment of the initial tenure-accruing appointment to accept appointment with non-tenure accruing status.
3. A change from non-tenure status to a tenure-accruing appointment is not automatic. Faculty wishing to do so must compete in the application process for an open tenure-accruing position in the primary department, which requires a national search. In these cases, the appointment is treated as a new primary appointment and follows those guidelines. On approval, the faculty member must resign the initial non-tenure-accruing appointment to accept appointment with tenure-accruing status.
4. While in general a change in status may be requested at any time, a request for status change **must not** accompany a request for promotion and/or tenure.

IV. Joint Appointments

- A. Eligibility: The College of Medicine permits joint department appointments, within the College or across Colleges in the University, when there is evidence of meaningful participation of a faculty member in the educational, research and service programs of both units. Joint appointments must be requested by the secondary department in the College of Medicine.
- B. Role of Joint faculty: The merits of the proposed joint appointment will be judged on the impact that appointment will have on the missions of the primary and secondary department. Such appointments must mutually benefit the faculty/departments involved. Appointments that serve as recognition of an individual's achievements in another field are considered unnecessary.
 1. Joint appointments on the basis of research may be made in order to provide space and/or other tangible support to the investigator or to enable the investigator to apply for research funding not available without such appointment. Collaborative research across department lines alone does not provide grounds for joint appointment.
 2. Joint appointments on the basis of teaching reflect substantial contributions of the appointee to teaching within the secondary department. Ordinary interdepartmental cooperative efforts in teaching do not constitute grounds for joint appointment.
- C. Appointment rank: All joint appointments are made at the rank of Assistant Professor or above. Joint appointment as an Associate Professor or Professor requires that the appointee demonstrate accomplishments similar to those required for primary appointment at that rank in the secondary department. Appointments do not have to be parallel, i.e., the individual's rank in the secondary department may be lower than that in the primary department. Appointment in the secondary department is never tenure-accruing.

- D. Annual renewal of Joint appointments: Joint appointments should only be continued for as long as the perceived value of the relationship continues. The Chair of the secondary department and the appointee should review the relationship annually. If warranted, reappointment will occur annually. Reappointment does not require FCAPE review and approval.

V. Adjunct Appointments

- A. Eligibility: Individuals eligible for an Adjunct Faculty appointment in the College of Medicine include: USA faculty with primary appointments in other colleges within the University, clinicians employed by USA or its clinical affiliates primarily to provide clinical services, faculty at other institutions, or other professionals who are not employees of the University or the USA Health System.
- B. Role of Adjunct Faculty: Adjunct Faculty are appointed specifically for their participation in the research, clinical, or educational mission of the College of Medicine, in either basic science or clinical departments. All such faculty must use the word “Adjunct” when referring to their affiliation with the College of Medicine on business cards, publications and presentations. Adjunct Faculty must contribute an average of twenty hours of service to the College of Medicine each year.
- C. Appointment rank: Adjunct rank will depend upon professional credentials and experience. Requests for initial adjunct appointments at the rank of Associate Professor or Professor must be reviewed by FCAPE.
1. Adjunct Lecturer. This rank can be used for individuals who deserve Adjunct Faculty status but who do not have a terminal degree.
 2. Adjunct Instructor. This rank is reserved for those who have a PhD, MD, or equivalent terminal degree, but do not yet have the experience to warrant appointment to adjunct professorial ranks, such as those in fellowship training.
 3. Adjunct Assistant Professor. Adjunct Assistant Professors must have a PhD, MD, or equivalent terminal degree. MDs with clinical responsibilities must have specialty board eligibility or certification and current Alabama licensure.
 4. Adjunct Associate Professor. For appointment as an Adjunct Associate Professor, the above criteria (VII. C. 3) must be met. In addition, MDs must be board-certified. Appointment to Adjunct Associate Professor requires a minimum of 6 years relevant professional experience, with documentation of excellence in one or more of the following: teaching, activity as a role model or mentor, research collaborations, or service contributions.
 5. Adjunct Professor. Appointment to the rank of Adjunct Professor requires the above criteria (VII. C. 4), as well as the demonstration of the individual’s long-term commitment to professional excellence.
- D. Annual renewal of Adjunct appointments: Adjunct appointments should only be continued for as long as the perceived value of the relationship continues. The Chair and the appointee should review the relationship annually. If warranted, reappointment will occur annually. Reappointment does not require FCAPE review and approval.

VI. Emeritus Appointments

- A. The College of Medicine follows University policy regarding Emeritus appointments. Applications for Emeritus appointments are accepted only once each year. Any packets requesting such an appointment should be submitted to the Office of Faculty Affairs for FCAPE review no later than October 1st. Requests may be submitted at this time in anticipation of a retirement between October 1 and December 1.
- B. The relevant policy is outlined in the University Faculty Handbook:
<http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>

VII. Evaluation for Promotion and Tenure

- A. Annual evaluation: Regular review of progress towards promotion and/or tenure occurs as part of the annual evaluation process when department Chairs review faculty progress. Faculty plans for development of and participation in all aspects of academic work (scholarship, teaching and service) should be reviewed in light of promotion/tenure criteria.
- B. Mid-probationary review for tenure-accruing Assistant Professors
 - 1. A pre-tenure review must be conducted for all tenure-accruing Assistant Professors in the 3rd or 4th year of their probationary period.
 - 2. The department Chair will conduct the mid-probationary review in consultation with the tenured faculty of the department. For departments with a small number of faculty, individuals from other departments may be invited to participate in this review.
 - 3. The Chair will provide the faculty member a written summary of the review. The candidate's materials, the intra-departmental review report and the Chair's summary will be forwarded to the Dean's Office for FCAPE review.
 - 4. The candidate will be provided with a copy of the FCAPE assessment.
- C. "Stop the Clock" for tenure-accruing Assistant Professors
 - 1. Tenure-track assistant professors may request to stop the tenure and promotion clock for two years at any time up to the fourth year of service. This extension of the probationary period will not change the expectations and criteria for promotion and tenure.
 - 2. Only one "Stop the Clock" request may be considered for any tenure-track assistant professor.
 - 3. Tenure-track assistant professors who have already received a letter of non-reappointment are not eligible for "Stop the Clock" consideration.
 - 4. Application and approvals for "Stop the Clock" consideration
 - a. The assistant professor will submit a request to the department chair with the rationale for extenuating circumstances (e.g., external national/regional funding environment, substantial clinical

- commitment).
- b. The chair will make a recommendation to approve or not approve and an intra-departmental committee will do the same. The two recommendations will go to the College of Medicine Dean for a final decision.
 - c. A "Stop the Clock" agreement detailing the terms for the delay in mandatory tenure review and plans to develop credentials supportive of promotion and tenure during this period will be signed by the faculty member, the department chair, the Dean, and the University Provost.
 - d. The faculty member may choose to apply for promotion and tenure on the original timeline by filing a Revocation Agreement prior to January 1 of the year set for the original mandatory promotion and tenure review.
- D. Excellence required for promotion: Regardless of the academic track, promotion to successive ranks and/or tenure in the College of Medicine is based on the expectation of excellence and sustained contributions to academic work. Excellence in the primary area of emphasis is expected for promotion in any track, regardless of whether the appointment is tenure-accruing or on a non-tenure basis. Promotion or tenure is never automatic, regardless of the number of years of service.
- E. Evaluation based on assessment of scholarship, teaching, and service: Faculty are expected to contribute in each of these three areas. The track identifies the major focus of academic work in which excellence should be documented. General criteria for promotion and tenure in each track are outlined in the table below and in Section VIII. C. Note that for tenure, excellence is required in two areas. More specific expectations may be defined within each Department. However, expectations defined within a department may not be less than those outlined in these Guidelines.
- F. Definitions: excellence, scholarship, teaching and service
1. Excellence is defined as a high quality of performance and sufficient quantity of performance (or product). In the examples given below, excellence could be documented by evidence supporting achievement of several benchmarks in one or more areas. Achievement of minimal expectations alone would not meet this standard.
 2. Scholarship is defined as the intellectual/creative synthesis of new knowledge or insights, the testing of new hypotheses, and the dissemination of ideas and findings to colleagues. Scholarship may also be documented in areas related to education, clinical practice, quality improvement. Products of scholarly activity should be peer-reviewed. Expanded definitions and some examples are given in the **Appendix**. Some examples for documentation of scholarship are outlined below. This list is not meant to be exhaustive and all-inclusive.
- Research scholarship may be documented by:
- Publication track record for original research as an independent investigator and/or as part of a collaborative research team
 - Publication in high impact journals and/or publication of highly cited

articles

- Track record of extramural funding for research as a principal investigator
- Participation as a collaborator, co-investigator or co-principal investigator on extramural awards
- Awards or prizes for research from professional societies
- Invitations for endowed lectureships, special lectures at professional meetings, editorship of special journal issues, monograph development, and/or review articles

Scholarship related to education may be documented by:

- Publication of peer-reviewed articles or textbooks
- Publication of peer-reviewed educational materials, such as through MedEdPortal
- Development of other pedagogical materials
- Contribution to board review or step exam question writing

Scholarship related to clinical practice may be documented by:

- Publication of peer-reviewed articles or textbooks
- Publication of practice guidelines
- Engagement in clinical research trials, or other research efforts
- Accrual of extramural funding for clinical and/or translational research
- Development and/or participation in quality improvement projects, outcomes research
- Leadership or substantive participation in studies that contribute to improved patient care and safety (QA/QI).
- Development of new clinical programs or innovations that improve clinical care, e.g., medical homes projects, chronic disease management paradigms/programs, interprofessional education and/or practice
- Recognition of clinical expertise by peers, professional societies
- Accreditation of clinical practice programs

3. Teaching encompasses the breadth of educational endeavors within the College, including undergraduate and graduate medical education, predoctoral education, training and mentoring of postdoctoral trainees, other mentoring of research fellows at any training stage, and development of curricula.

Contributions to teaching can be documented by:

- Sustained contributions to teaching, with substantive numbers of lectures, courses, and students taught
- Consistently positive evaluations of teaching by students, residents, fellows and/or other faculty
- Measures of student achievement
- Teaching awards
- Effective mentoring of medical, graduate, and/or undergraduate students
- Effective mentoring of clinical or postdoctoral fellows
- Participation in curricular design, assessment and renewal
- Development of textbooks or curricula utilized regionally or nationally

4. Service encompasses both public and institutional service. Public service includes health care delivery and its related areas of disease prevention, health promotion and health education. Public service also refers to service to the discipline through work with government or agency boards, journal reviews, society engagement, etc. Institutional service includes engagement in the community of the college and university. This could include contributions through committee service, college and/or institutional governing boards, or administrative service. All faculty are expected to contribute to both public and institutional service.

Contributions in public service may be documented by:

- Clinical productivity above national discipline norms
- Excellent patient outcomes
- Introduction of new clinical skills or services to the institution
- Development of needed clinical programs
- Contributions through leadership or committee service to professional societies or organizations, at the local, regional or national level
- Contributions through leadership or participation in peer review for funding agencies, journals or accrediting bodies (e.g. ACGME or LCME)
- Participation in program review and/or sites visits for other institutions or accrediting bodies
- Participation in community outreach

Contributions in institutional service may be documented by:

- Contributions through leadership or membership in College and/or University standing committees
- Contributions through leadership or membership in task forces, working groups, search committees or other special committees appointed in the College and/or University
- Substantive participation in institutional self-studies for accreditation, such as for SACS, LCME, ACGME

G. Comparison of expectations in tenure-track vs non-tenure accruing appointments

Track	Academic contributions	Tenure-track/ tenured	Non-tenure accruing
Investigator	Scholarship	Excellence in scholarship required	Excellence in scholarship required
	Teaching	Contributions expected in teaching and service; For tenure, excellence must also be documented in teaching or service	Contributions expected in teaching and service
	Service		
Educator	Teaching	Excellence in teaching required	Excellence in teaching required
	Scholarship	Contributions expected in scholarship and service; For tenure, excellence must also be documented in scholarship or service	Contributions expected in scholarship and service
	Service		
Clinician	Service	In general, this track is not tenurable	Excellence in service required
	Scholarship		Contributions expected in scholarship and teaching
	Teaching		

VIII. Promotion

- A. The College of Medicine and the University have a uniform promotion date of August 15th. Faculty should note that any attendant salary increases do not become effective until October 1st, i.e., the beginning of the next fiscal year.
- B. Probationary periods - time in rank for primary appointments
1. Assistant Professors in a tenure-accruing track must be recommended for promotion to the rank of Associate Professor prior to the end of the 7th year of total creditable service. A recommendation relating to tenure must accompany the request for promotion.
 2. Generally, candidates in either tenure-accruing or non-tenure appointments must have at least 6 years of full-time professorial experience as an Assistant Professor before a promotion to Associate Professor will be considered. If the faculty member being recommended for promotion has served less than 6 years at the Assistant Professor rank, the Chair's letter must outline the rationale for the early request.
 3. Credit for previous full-time academic service may be granted up to a maximum of 3 years. If credit is granted, the number of years will be designated in the individual's initial letter of appointment from the University President. Lacking this specification, prior experience cannot be used to meet time-in-grade requirements for promotion.
 4. To be considered for promotion to the rank of Professor, the candidate must have at least 4 years of full-time academic experience as an Associate Professor.
 5. Time spent on sabbatical leave may count toward the required probationary

period, whereas other types of leave (e.g., family or medical leave) do not count.

C. General criteria for promotion within academic faculty tracks

1. **Investigator**. Faculty in this academic track are full-time faculty whose professional effort is focused on basic, translational and/or clinical research. **Evidence for excellence in scholarship related to research is required for advancement in rank.** Faculty in the Investigator track are also expected to make contributions to teaching and service.
 - a. Assistant Professor
 - At the Assistant Professor level, faculty in the Investigator track must have an MD, PhD, or equivalent terminal degree.
 - The major commitment of scholarly effort in this academic track is to research.
 - During the term of appointment at this rank, development of the faculty member with respect to scholarship, teaching and service is expected.
 - Assistant Professors are expected to contribute to teaching and service and to begin to build excellence in one of these areas if on the tenure-accruing track.
 - b. Associate Professor
 - Promotion to Associate Professor within this track will ordinarily be awarded to faculty who demonstrate a significant body of independent research and research support that is recognized by scientific peers at the national level.
 - Independence and national-recognition can be measured by success in obtaining and maintaining extramural funding for investigator-initiated, peer-reviewed research projects from one of the major national funding agencies, and a solid publication record in peer-reviewed journals.
 - Significant contributions to team-based scholarship and research also can provide evidence of excellence.
 - Invited talks at conferences, workshops, or other scientific meetings also provide evidence for national recognition.
 - Investigators are expected to contribute to teaching and service. For awarding of tenure, excellence must be documented in one of these areas.
 - Teaching may focus on undergraduate or graduate medical education and/or doctoral education. Measures of excellence include evaluations by peers and students, significant hours of engagement, the breadth of contributions across courses or curricula, and/or development of new curricula.
 - Service should include that in both public and institutional domains: such as participation in the peer-review process for scholarly journals or study sections, and in professional scientific organizations, and active membership in College of Medicine

committees.

- Continued service and performance at the rank of Assistant Professor shall not, by itself, constitute grounds for promotion to Associate Professor.
- c. Professor
- Promotion to the rank of Professor in the Investigator track requires a consistent record of excellent performance at the Associate Professor level. However, accumulated years of service at the rank of Associate Professor shall not, by itself, constitute grounds for promotion to Professor.
 - With respect to research, a track record of obtaining and maintaining independent NIH grants or extramural funding of equivalent status is expected, as is the attainment of a strong national reputation for research.
 - Continued contributions to teaching and service are expected. For tenured faculty in the Investigator track, continued evidence for excellence in one of these areas is required for promotion to Professor.
 - Evidence of leadership is also expected for promotion to this rank, both within the College of Medicine and within the scientific community.
 - The individual would be expected to demonstrate leadership within the College through successful course directorships, as Chair of College of Medicine committees, or via administrative duties for the College.
 - Leadership in service is also evidenced by serving as an officer or committee Chair for national and international scientific societies, in the design of national or international scientific meetings, as a regular member of a study section, or as a member of a peer-reviewed journal editorial board.

2. **Educator.** Faculty in the Educator track are full-time faculty whose major professional effort focuses on teaching. **Evidence for excellence in teaching is required for advancement in rank in this track.** Faculty in the Educator track are also expected to make contributions to scholarship and service.

- a. Assistant Professor
- Faculty in this track must have an MD, PhD or equivalent doctoral degree.
 - During the term of appointment at this rank, development of the faculty member with respect to teaching, scholarship and service is expected.
 - The major commitment of academic effort in this track pertains to education.
 - Assistant Professors in this track are expected to contribute to scholarship and service and to begin to build excellence in one of these areas if in a tenure-accruing appointment.

b. Associate Professor

- Promotion to Associate Professor within this track will be based on a consistent record of excellence in teaching, as well as contributions to scholarship and service. Continued service and performance at the rank of Assistant Professor shall not, by itself, constitute grounds for promotion to Associate Professor.
- At this rank, faculty are expected to have developed excellence in teaching, as evaluated by students and peers. Since curricular materials are often not peer-reviewed, the applicant will be expected to include sufficient documentation to demonstrate the importance and quality of these contributions.
- Contributions to scholarship and service are expected. For faculty requesting tenure in the educator track, evidence for excellence in one of these areas is required.
- Scholarship may include peer-reviewed original articles, book chapters, development of new curricular materials, and/or contributions to textbooks. Though not the only criteria, publication and/or presentation of scholarly efforts in national forums or acquisition of extramural funding to support curricular efforts will be considered strong evidence as to the importance of the work.
- Service is expected in both public and institutional domains, through participation in College of Medicine and/or University committees and in professional organizations.

c. Professor

- Promotion to the rank of Professor in the Educator track requires a consistent record of excellent performance at the Associate Professor level. However, accumulated years of service at the rank of Associate Professor shall not, by itself, constitute grounds for promotion to Professor.
- This individual should be recognized by peers and students or other trainees as a preeminent educator and should have a national reputation for continued scholarship with respect to integration, application, or teaching as well as excellence in teaching.
- Continued contributions to scholarship and service are expected. For tenured faculty in the educator track, continued evidence for excellence in one of these areas is required for promotion.
- Leadership is expected for promotion to the rank of Professor. This could be evidenced through initiation and completion of major revisions of the curriculum or major curricular innovations. Similarly, service as residency program director or course director of a major academic course would provide evidence of leadership.
- At this rank, the individual would also be expected to demonstrate leadership within College of Medicine committees or via administrative duties to the College and/or in professional societies.

3. **Clinician**. Faculty in the Clinician track are full-time faculty whose professional effort is focused on patient care or clinical diagnostics. **Excellence related to clinical practice is required for promotion within this track.**

Faculty in the Clinician track are also expected to make contributions to teaching and scholarship.

a. Assistant Professor

- Assistant Professors in the Clinician track who provide direct patient care must have an MD or equivalent terminal degree, must have completed an ACGME-accredited (or equivalent) training program and be eligible to take the specialty examination in his or her field. Others with other terminal degrees may be appointed to this track in specialized practice settings, such as clinical laboratory medicine.
- During the term of appointment at this rank, development of the faculty member with respect to clinical practice, scholarship, teaching and service is expected.
- Faculty in the Clinician track must have demonstrated commitment to excellence regarding patient care and/or clinical diagnostics, documented through patient satisfaction measures, clinical performance measures, peer evaluations, practice specific productivity measures, laboratory test volume and/or laboratory accreditation.
- At the rank of Assistant Professor, commitment participation in teaching and service is also expected.

b. Associate Professor

- Promotion to Associate Professor within this track will be based on evidence of excellence with respect to clinical practice and the delivery of exceptional clinical service to the local and regional community. Applicants should continue to demonstrate excellence in direct care delivery as documented through patient satisfaction measures, clinical performance measures, quality outcomes, and peer evaluations and should maintain clinical certification by his or her specialty board when appropriate. Although the primary focus of this track is clinical care, delivery of such care will not in and of itself constitute grounds for promotion to Associate Professor.
- Academic efforts will focus on the scholarship of application with respect to clinical practice. The applicant will be expected to include sufficient information to the committee to demonstrate the importance of this work to the institution.
- Though not the only criteria, publication and/or presentation of scholarly efforts in national forums will be considered strong evidence as to the importance of the work.
- Evaluation of clinical services by outside organizations, which demonstrates a level of care or performance that meets or exceeds national standards, will provide strong evidence for excellence.
- Contributions to medical education, through delivery of grand rounds, one-on-one mentoring of medical students and/or participation in educational activities during clerkships or in residency programs.
- Active participation in College of Medicine committees, particularly those which pertain to clinical care, is required. Participation in

planning and program committees for local or regional medical organizations constitutes another measure of service.

c. Professor.

- Promotion to the rank of Professor requires a consistent record of excellence and scholarship at the Associate Professor level. However, accumulated years of service at the rank of Associate Professor shall not, by itself, constitute grounds for promotion to Professor.
- This individual should be recognized as a preeminent clinician and should have a record of continued excellence with respect to clinical practice. Continued demonstration of excellence in direct care delivery or clinical diagnostics as documented through patient satisfaction measures, clinical performance measures, and peer evaluations, practice specific productivity measures, laboratory test volume and/or laboratory accreditation is expected, as is maintenance of clinical certification by specialty boards when appropriate.
- This could be evidenced through introduction and implementation of major clinical innovations or major improvements in the delivery of clinical services within the College of Medicine.
- Continued contributions to scholarship and teaching are expected for promotion to Professor in this track.
- Leadership is expected for promotion to this rank, as evidenced by clinical leadership within the department, leadership within College of Medicine committees or via administrative duties to the College, and/or leadership within professional medical organizations.

D. Collaborative/team-based scholarship

Often the complexity of biomedical and healthcare projects will require an interdisciplinary approach to scholarship. This effort may require the creation of teams of faculty from multiple departments, colleges, institutions, governmental agencies, non-governmental foundations, and industry. Department and FCAPE review should take into account the success and productivity of team-based scholarship when reviewing a candidate's credentials for promotion and/or tenure. Team efforts often create grant proposals with multiple co-Principal Investigators or co-Investigators, as well as publications with multiple authors. The contributions of the candidate to these efforts must not be discounted because of the number of participants on a team. To assist Department and FCAPE review, candidates should provide information on their specific roles on, and the importance of their contributions to, multi-investigator grant proposals, multi-author papers or other team-based scholarship.

E. Promotion for Joint and Adjunct faculty: Materials must document excellence in contributions of those faculty to the department in which the faculty holds the Joint or Adjunct appointment.

IX. Tenure

- A. Tenure is evaluated separately from promotion or appointment. Recommendations for tenure are based on: 1) evidence of the capacity and likelihood for continued academic excellence, including continued intellectual, scholarly, and professional vitality; 2) evidence of dedication to the educational mission of the College; and 3) ability and evidence of contributions through service.
- B. Tenure in faculty tracks. Tenure acquisition is never automatic, regardless of the number of years of service and does not apply to all tracks.
 1. Investigator. Tenure may be granted to faculty whose excellence in research and scholarly activities is recognized at the national level, who have also demonstrated excellence in teaching or service, *and* who demonstrate a long-term commitment to the institution.
 2. Educator. The granting of tenure to faculty in this track is limited to a small number of faculty who demonstrate excellence in teaching, who have also demonstrated excellence in scholarship or service, *and* who demonstrate a long-term commitment to the institution. It is expected that the professional activities of these individuals are recognized at the national level.
 3. Clinician. In general, this is not a tenure-accruing track.
- C. Probationary periods - time in rank
 1. Tenure for faculty promoted from within the College of Medicine
 - a. Assistant Professors in tenure-accruing tracks must be recommended for promotion to the rank of Associate Professor and tenure prior to the end of the 7th year of service in the College of Medicine. If the faculty member being recommended for tenure in Investigator or Educator tracks has served less than 6 years at the Assistant Professor rank, the Chair's letter must outline the rationale for the early request.
 - b. For newly appointed Assistant Professors, credit for previous full-time tenure-accruing service at other institutions may be granted up to a maximum of 3 years. If credit is granted, the number of years will be designated in the President's letter of appointment.
 - c. Faculty promoted to the rank of Associate Professor, but not awarded tenure will be considered for tenure after no more than a 3-year probationary period as Associate Professor. The total duration of non-tenured appointment at the University of South Alabama for these individuals should not exceed 7 years. If the term of prior non-tenured appointment as Assistant Professor exceeds 4 years, the length of service as Associate Professor before tenure eligibility will be reduced so that the total non-tenure appointment does not exceed 7 years.
 2. Tenure for new appointments
 - a. Professors and Associate Professors holding tenure at other institutions

may request tenure when appointed to the faculty of the University of South Alabama College of Medicine in the Investigator or Educator track. Note that the awarding of tenure is subject to approval from the University Board of Trustees.

- b. Individuals recruited from outside the institution at the rank of Professor or Associate Professor into tenure-accruing faculty appointments must be considered for tenure after probationary periods of no more than 4 and 5 years, respectively.
 - c. Lecturers, Instructors and Assistant Professors will never be eligible for tenured appointments.
3. According to University policy, the “tenure clock” begins on the first August 15th date following the initial appointment to a tenure-accruing position, unless credit for prior service has been explicitly stated in the letter of appointment. Time spent on sabbatical leave does count toward the required probationary period, whereas other types of leave (e.g., family or medical leave) do not.

X. Requests for Promotion and/or Tenure: Materials and Process

- A. Requests for promotion in all primary, Joint and Adjunct faculty appointments or tenure in primary tenure-accruing appointments are reviewed once per year by FCAPE.
- B. Requests are typically initiated by the Department Chair. The Chair’s letter accompanying the request should summarize the rationale for promotion and/or tenure. In rare cases, the request may be initiated by the faculty member.
- C. All requests for promotion and/or tenure will be prepared and submitted in a standardized form.
 1. Materials needed to prepare packets can be found on the “Request for Promotion and Tenure Checklist” located on the Faculty Affairs page (<https://www.southalabama.edu/colleges/com/administration/faculty-affairs.html>).
 2. Packets must include documentation of the candidate’s qualifications and other required materials that can be used in support of a candidate (e.g., letters of recommendation, the Chair’s letter, and the summary from the intra-departmental review).
- D. Letters of evaluation for promotion and/or tenure in primary appointments
 1. The packet must include a minimum of three letters from individuals outside the institution and three letters from individuals within the institution, which address the candidate’s academic credentials relative to scholarship, teaching and/or service. These letters must not be solicited from prior mentors.
 2. The evaluators from whom letters are obtained must, taken together, have expertise that covers the areas of the candidate's work. Evaluators must be individuals with faculty positions at Universities and/or individuals who hold senior positions at government or private sector agencies, institutes, or

- laboratories with significant research missions.
3. Letters must be solicited from individuals who have an appointment at minimum equivalent to the candidate's proposed rank.
 4. One additional external letter may be requested from among individuals who served as major professors or mentors for postdoctoral training.
 5. For the letters recruited from within the institution, preferably three (but at least two) must be from outside the candidate's primary department. Regardless, these letters must not be obtained from any faculty participating in the intra-departmental review.
 6. Members of FCAPE who hold primary appointments outside the candidate's department and who write letters of recommendation must abstain from voting on that candidate's request.
- E. Promotion for Joint and Adjunct faculty: Abbreviated packets are required for promotion requests from Joint and Adjunct faculty. Materials must document contributions of those faculty to the department in which the faculty holds the Joint or Adjunct appointment. Inclusion of a summary and recommendation from the intra-departmental review is required (see next section).
- F. Intra-departmental review
1. Requests for promotion and/or tenure must be initially reviewed within the candidate's primary department by regular department faculty at or above the candidate's proposed rank.
 2. A summary of the department review and recommendation must be included in the packet forwarded to FCAPE, outlining major strengths and weaknesses of the request. This summary must provide the rationale underlying the recommendation and be signed by all faculty participating in the review.
 3. For departments with a small number of faculty, individuals from other departments may be invited to participate in this review.
 4. The chair will meet with the candidate to discuss the intra-departmental recommendation.
 5. In response, the candidate may wish to add documentation to the packet prior to submission for FCAPE review. The candidate will have one week from the meeting with the department Chair to provide any additional materials. Such additions must be annotated in the Request packet. Note that the annual deadline for submission of packets must still be met (see below).
- G. Packets documenting required materials must be submitted in two formats:
1. One original set of documents organized in a 3-ring binder (Dean's Office copy)
 2. One collated set of documents organized in one PDF file (for FCAPE review)
- H. The annual deadline for submission of packets for FCAPE review is March 1st.
1. Incomplete packets will not be reviewed.
 2. Packets received after 5pm on this date will not be reviewed. If March 1 falls on a weekend or University holiday, the deadline will move to the next working business day at 5pm.

3. Packets can be pre-submitted up to 1 week in advance of the deadline for administrative review of completeness.
- I. Recommendations for promotion and tenure are forwarded from FCAPE to the Dean of the College of Medicine. Packets and the Dean's recommendation are forwarded to the University President. The final administrative action is taken by the President who submits recommendations to the Board of Trustees. Promotions and/or tenure are granted only by the Board.

XI. Termination

A. Non-reappointment

1. For faculty in tenure-accruing appointments
 - a. Reappointments are made on an annual basis through the probationary period or until tenure has been granted. Non-reappointment of an individual during this period is not considered dismissal.
 - b. If a decision has been made not to grant tenure at the end of the probationary period for faculty in a tenure-accruing appointment, the faculty member will receive a letter of non-reappointment no later than August 15th of that year. In such cases of non-reappointment, the period of untenured service is extended one year beyond the probationary period.
2. For faculty with non-tenure appointments
 - a. Reappointments are made on an annual basis.
 - b. In general, notification periods for non-reappointment of faculty in non-tenure positions follow University guidelines outlined in the University Faculty Handbook:
<http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>
 - c. Note that additional terms for physician faculty are outlined in their Physician Employment Agreement.
3. There will be no salary increases or further evaluations in this notice period.
4. Once a letter of non-reappointment has been issued, the terminal employment date will not change unless an earlier date is chosen by the faculty member.

- B. Dismissal is defined as termination of employment prior to the expiration of the appointment term. Policies governing dismissal are outlined in the University Faculty Handbook: <http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>. Additional terms related to dismissal for physician faculty in the clinician track are outlined in their Physician Employment Agreement.

XII. Grievance

- A. Normally only final decisions of the College Dean are subject to grievance proceedings.
- B. Policies and procedures for faculty grievance are outlined in the University Faculty Handbook: <http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>

APPENDIX: Additional Examples of Scholarship

Category	Definition	Examples
Scholarship of discovery	<ul style="list-style-type: none"> • basic research • clinical research • investigation of translational or applied problems in clinical medicine 	<ul style="list-style-type: none"> • peer-reviewed research publications • success in obtaining peer-reviewed extramural grant funding • recognition by peers as independent investigator • invited presentations at national or international scientific meetings • participation in development of program projects and training grants
Scholarship of integration	<ul style="list-style-type: none"> • synthesis of isolated facts into a new perspective • connections made across disciplines • illumination of data in revealing and creative way • development of new insight on original research 	<ul style="list-style-type: none"> • publication of clinical or basic science reviews • publication of monographs or book chapters
Scholarship of application	<ul style="list-style-type: none"> • application of clinical or basic science knowledge • scholarship with respect to service requires rigor, excellence, and accountability • development of new intellectual understanding relating to medical diagnoses, treatment, or public policy 	<ul style="list-style-type: none"> • published clinical or basic science reviews • reports of innovative treatment • editorials or special reports regarding health care • organization of a new clinical service • implementation of new, cutting edge treatment modalities or clinical services • documented quality improvement projects which impact clinical care • outcomes- or community-based research projects • recognition by peers regionally and nationally as a preeminent clinician • success in obtaining extramural funding to support and develop clinical infrastructure
Scholarship of teaching	<ul style="list-style-type: none"> • teaching to excite and educate future scholars • transmission of knowledge and extension of knowledge regarding the educational process • development of mechanisms to stimulate active learning • development of mechanisms to develop critical thinking skills in students 	<ul style="list-style-type: none"> • design and delivery of superior courses • development of (or significant contributions to) a widely used textbook or comparable instructional materials • regional and national contributions on education • published research relating to education • development of new approaches to medical education • recognition by peers as a preeminent teacher/scholar • success in obtaining extramural funding to develop new curricular tools • development of internet-based curricula (distance learning)