



P&T for Junior and New SOM Faculty

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Promotion & Tenure Topics for today

P&T information

Faculty tracks

Criteria for promotion and tenure

Timeline for promotion and tenure


The P&T process and who is involved

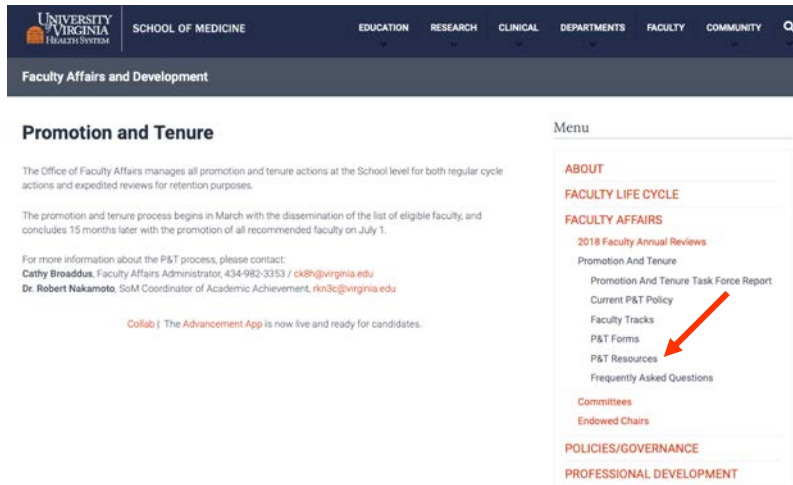
Documentation for P&T – the *Portfolio*

Components of the portfolio

Who to ask for help

Everything you need to know about P&T is on the website:

 <https://faculty.med.virginia.edu/facultyaffairs/advancement/pandt/>



Promotion and Tenure

The Office of Faculty Affairs manages all promotion and tenure actions at the School level for both regular cycle actions and expedited reviews for retention purposes.

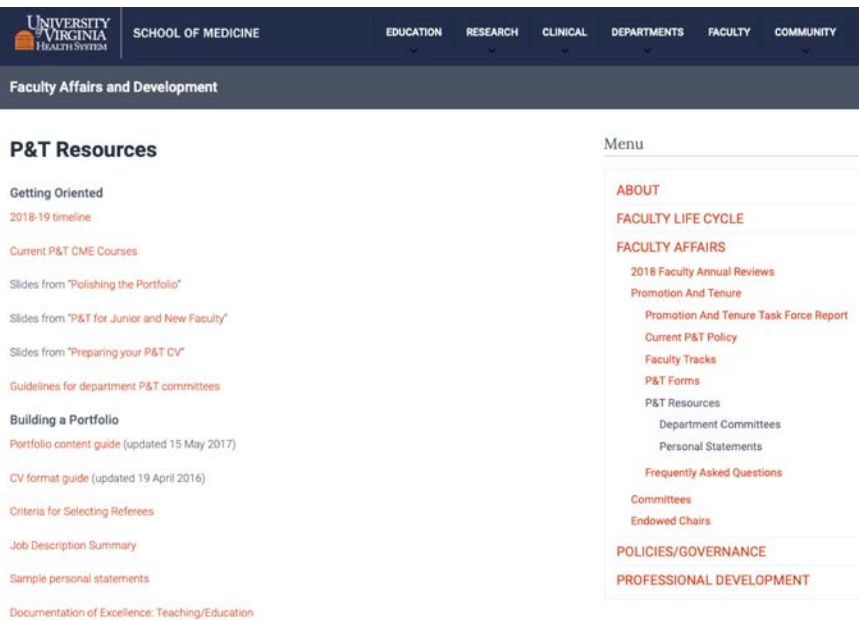
The promotion and tenure process begins in March with the dissemination of the list of eligible faculty, and concludes 15 months later with the promotion of all recommended faculty on July 1.

For more information about the P&T process, please contact:
Cathy Broadus, Faculty Affairs Administrator, 434-982-3353 / cb8h@virginia.edu
Dr. Robert Nakamoto, SoM Coordinator of Academic Achievement, rkn3c@virginia.edu

Collab | The Advancement App is now live and ready for candidates.

Menu

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- FACULTY AFFAIRS
 - 2018 Faculty Annual Reviews
 - Promotion And Tenure
 - Promotion And Tenure Task Force Report
 - Current P&T Policy
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 - P&T Resources**
 - Frequently Asked Questions
 - Committees
 - Endowed Chairs
- POLICIES/GOVERNANCE
- PROFESSIONAL DEVELOPMENT



P&T Resources

Getting Oriented

- 2018-19 timeline
- Current P&T CME Courses
- Slides from "Polishing the Portfolio"
- Slides from "P&T for Junior and New Faculty"
- Slides from "Preparing your P&T CV"
- Guidelines for department P&T committees

Building a Portfolio

- Portfolio content guide (updated 15 May 2017)
- CV format guide (updated 19 April 2016)
- Criteria for Selecting Referees
- Job Description Summary
- Sample personal statements
- Documentation of Excellence: Teaching/Education

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- Know what **track** you are on and what your **Offer Letter/Position statement** says
 - % Effort (clinical care, research, teaching, admin, other)
 - Duties/Responsibilities
- Portfolio (CV, Clinical, Education, Research) should be consistent with **most recent** Offer Letter
- *If your Offer Letter/Position statement) is inconsistent with your position duties, get a new one from your chair*

Tenure Ineligible

- Instructional Faculty
- Research Faculty (Independent Research)
- Research Faculty (Research Support)
- Clinical Faculty

Tenure Eligible*

- Academic Investigator
- Clinician Investigator
- Clinician Educator

*Promotion is “on the clock”



Tenure-eligible Faculty Tracks: Typical Effort Allocation

- Academic Investigator: majority of effort (>80%) devoted to research; variable amount of teaching
- Clinician Investigator: 50-80% of effort devoted to research (protected time); variable amounts of patient care and teaching
- Clinician Educator: 80% of time devoted to patient care/teaching and at least 20% devoted to scholarship; scholarship required

Tenure-ineligible Faculty Tracks: Typical Effort Allocation

- Clinical Faculty: majority of time devoted to clinical service and teaching; scholarship is optional and variable*
- Research Faculty: two tracks; on each, majority of time is devoted to PI research; teaching is optional -- details of position in offer letter are important
 - Independent Research*
 - Research Support*
- Instructional Faculty: majority of time devoted to teaching or service (clinical or other)*

*However.... (promotion to Full Professor-Substantial scholarship is required) !!!!

Criteria for promotion: tenure-eligible tracks

- **Key words** = EXCELLENCE and TRAJECTORY
 - **Assistant to Associate** – excellence in one area (clinical care, medical education, research), scholarship, and local & regional reputation, service
 - **Associate with Tenure** – excellence in two areas plus continuing scholarship with a regional and emerging national reputation, service
 - **Tenure to Professor** – sustained excellence in two areas plus significant sustained scholarship and national & international reputation, service
- Same criteria apply to non-tenure tracks, but generally excellence is expected in only one area



Keep your eyes on the goal: Clinician Educator

THE AWARD OF TENURE:

ABMS Board certification in primary specialty or discipline, or equivalent for non-MD specialties, is required.

Documented excellence in two of the following areas:

- ❖ **Patient care:** Clinical skills, innovations, research and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes. Recognition through formal awards. Documentation of performance metrics should be provided.
- ❖ **Education:** Continued excellence in training, teaching, and advising of undergraduate, medical or graduate students, residents, clinical or postdoctoral research fellows, or colleagues; as evidenced by teaching evaluations and recognition through formal awards, election to honorary educational societies, invited lectures and symposia, and participation in workshops, professional society programs, and/or Continuing Medical Education courses.
- ❖ **Research:** Excellence may be achieved as an independent investigator (1); and/or a team/collaborative scientist (2)
 1. Independent and original investigation recognized by peers and sustained external funding as Principle investigator (PI) or Multi-Principal Investigator (MPI) with substantial effort and funding (for example, NIH, NSF, AHA, ACS or other national level grant, including the award of a project in a Program Project Grant).
 2. Substantial and critical contributions in team or collaborative science projects recognized by peers (with substantial funded effort) on external grants. Development of intellectual property and participation or leadership in clinical trials is also recognized

Keep your eyes on the goal: Clinician Educator

THE AWARD OF TENURE (cont):

❖ **Scholarship:** Publications, preferably as first or corresponding author of original studies, clinical observations, case series or reviews in peer-reviewed journals; books or chapters; and teaching materials. Editorship of textbooks. Emerging national impact on a clinical field or an area of education, evidenced by dissemination of innovative and/or original work in the mission area.

❖ **Reputation:** Emerging national reputation as a clinician educator, supported by letters from external referees and as indicated by: invited lectureships, service on grant review panels, editorial boards of journals recognized in the faculty member's field, or national/international advising boards, service as board examiner, or leadership in professional society governing boards.

❖ **Service:** Contribution in service to the department, School of Medicine, Health System, University, and/or to professional boards and organizations.

Keep your eyes on the goal: Academic Investigator

THE AWARD OF TENURE:

Documented excellence in research and education:

❖ **Education:** Excellence in training, teaching, and advising of undergraduate, medical or graduate students, residents, clinical or postdoctoral research fellows or colleagues; as evidenced by teaching evaluations and recognition through formal awards, election to honorary societies, invited lectures and symposia, and participation in national level workshops, professional society programs and courses.

❖ **Research:** Excellence may be achieved as an independent investigator (1); and/or a team/collaborative scientist (2)

1. Independent and original investigation recognized by peers and sustained external funding as PI or MPI with substantial effort and funding (for example, the renewal or award of a second NIH, NSF, AHA, ACS or other national level grant, including the award of a project in a Program Project Grant).
2. Significant and critical contributions in team or collaborative science projects recognized by peers (with substantial funded effort) on external grants. Development of intellectual property is also recognized.

Keep your eyes on the goal: *Academic Investigator*

THE AWARD OF TENURE (cont):

Scholarship: Sustained publication, preferably as first or senior author of original substantive work in high-quality peer-reviewed journals. For team science, publications as middle author with documented significant contribution in collaborative projects are also recognized. Award of patents.

Reputation: Emerging national and international reputation for research contributions supported by letters from external referees, and as indicated by invited lectureships, service on grant review panels, editorial boards of journals recognized in the faculty member's field, or national/international advising boards, or leadership in professional society governing boards.

Service: Contribution in service to the department, School of Medicine, Health System, University, and/or to professional boards and organizations.

What exactly does tenure confer?

- Appointments are “without term”
 - [Associate Professor without term]
 - Without tenure, you are typically on a 3 year term or contract



Promotion is uncoupled from Tenure

Unlike most schools, promotion to Associate Professor is not linked to Tenure

- Both good and bad

Promotion to Associate Professor can be requested without or with Tenure (“with or without term”)

- Good

Denial can be appealed in another track

- Good

Have two required P&T actions within 4 years

- Bad but can be good

When can I be promoted?

P&T Timeline

- Tenure-eligible tracks
 - Assistant Professor – 6 years (maximum)
 - Associate Professor with term – 4 years (maximum)
 - Associate Professor without term – (time to promotion to full Professor is not mandated)
 - Professor
- Non-tenure-eligible tracks
 - Must be in rank for minimum of 6 years before you can be promoted
 - No maximum time

The Timing of Promotion and Tenure:

How long can I be an Assistant Professor on the tenure-eligible track?

- 1st promotion is usually Assistant Professor with term to Associate Professor with term
 - Must be promoted by end of the 6th year on UVA faculty
 - You can apply early
- Promotions process starts 15 months before promotion
 - Spring of 4th year for Assistant to Associate
- If you and your Chair (Division Chief) feel you meet the criteria for both promotion and tenure, you may request both at the same time (the “double jump” is rarely done)
- Early and double jump promotions – excellence/scholarship must be “sustained”.
 - The committee can only vote for approval or denial of both (if appeal is necessary, it can be changed to promotion without tenure)

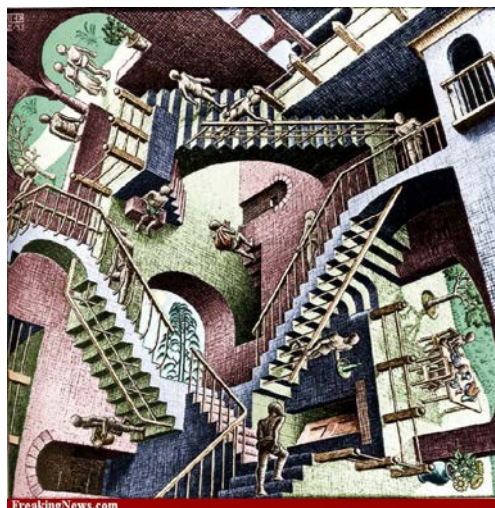
The Timing of Promotion and Tenure

When do I have to get tenured?

- Tenure eligibility continues for 4 years (maximum) after promotion to Associate Professor with term
- A faculty member hired as an Associate Professor has 4 years of tenure eligibility



- Must be requested from the Dean by your Chair
- Granted in one-year increments
- Granted for various reasons, such as:
 - change in professional responsibilities
 - personal illness
 - childbirth, child care
 - illness of a child, parent, spouse
- Should be requested *when needed*, not after the absence from duties has occurred
- Should not be requested after faculty member is nominated for promotion or tenure



The Journey: *When things happen*

- Spring – Chairs receive list from Dean's office of who must achieve promotion to Associate Professor, or awarded tenure, by July 1 of the following year. Also who is eligible for promotion.
 - Annual performance review.
 - Candidates and department prepare the P&T CV, personal statement, and generate list of potential references for letter requests.
 - **Early June** – Department Administrators submit P&T CV, personal statement, and list of potential references to Dean's office.
- Sept – Department Committee review entire portfolio and vote.
- **Oct 1** – Chairs nominate candidates and portfolios submitted to the Dean's Office.
[Candidates can appeal Chair's decision to Dean's office]

The Journey: *When things happen (cont.)*

- Oct–Dec – SOM P&T Committee reviews portfolios.
- Dec 14 – only *the chairs* of candidates not recommended for promotion/tenure are notified.
[Depts have 1 month to appeal SOM Committee recommendation ("must provide new information")]
- End of Jan – Dean's office notifies outcome of appeals.
- Feb 1 – Dean forwards nominations to the Provost.
[Candidates have 1 month to appeal Dean's decision to Provost ("process or substantive grounds")]
- Feb–May – Provost P&T Committee reviews.
- June – **Final approval by the President and the BOV.**
- July 1– Promotion or tenure is awarded.

The Journey – who's involved

- Department P&T committee
 - Usually tenured full Professors.
- School of Medicine P&T Committee
 - 15 tenured and 3 non-tenure track Professors.
 - Review Clinical and Academic-All portfolios are discussed unless information is missing.
 - Review all tracks (non-tenure track members only discuss non-tenure track applications).
 - Members with COI are absent during discussion and abstain from vote.
- Dean, School of Medicine
- Provost and Provost Committee (representatives from each school or college)
- President and Board of Visitors

Portfolio Structure

- Nomination
 - Promotion Request Form from the Dept., Chair's letter
 - + Division Chief, Chair of 2^o appointment, or Center Director)
 - Letter from Dept. Committee including their vote
 - Appointment letter
- *Curriculum vitae*
- Personal statement
- Documentation of excellence in clinic and/or research
 - Clinical and research portfolios are free form
- Teaching Portfolio (Not the application for Academy of Distinguished Educators, 30 page limit)
- Documentation of scholarship
 - 3 publications (pdfs)
 - Books, videos, software (materials not available on-line)

Portfolio Structure – *Letters of Recommendation*

- Candidate and Chair make list of up to 20 potential referees
- At least 7 must be “independent external” (recommend more)
 - Cannot be former advisor/mentor, institutional colleague, or collaborator
 - *Dean’s office must receive at least 3 for committee consideration*
- Rest are combination of internal and external
- Waiver to view letters
 - You will not know who sends and does not send letters
- *You may ask if they are willing to write a letter, but only before you enter the promotion cycle*

Questions asked of each referee:

Have you had any prior work or collaborative history with the candidate?

If you have had a prior work or collaborative history with the candidate, please describe it briefly.

Do you feel the candidate would be awarded advancement on an equivalent rank/track at your own institution?

Nomination - from your Chair

- Make sure your reappointment letters from your Chair reflect your actual job requirements and activities
- If your letter is out of date and not accurate, ask your Chair for a new one

Curriculum vitae

- Content not context
 - Review P&T website for formatting of promotion materials
 - Keep simultaneous “P&T version” of CV, *not a “normal” CV (format on the P&T webpage)*
 - P&T committee needs to see what you do, not what you are known for
 - Keep track of everything
 - Keep CV *updated* regularly

Excellence in Education and the Teaching Portfolio

- Keep list of all lectures and dates
 - Students, residents, CME, other Departments, outside of UVA
- Keep all CME, course evaluations



Documenting Excellence in Education

- **Didactic Teaching:**
 - quantity and quality
 - evaluations by students, residents, or fellows (compared to other instructors)
 - evaluations by peers (letters from course directors)
 - teaching awards in the department or SOM
 - development of new courses
 - leadership of courses
 - responsibility for innovations
 - *Ask the course directors if they are collecting this information and if not tell them it is important for your next promotion.*
- **Training in Laboratory and Clinical Research:**
 - Attracting students, residents, and fellows to collaborate in your activities
 - Outcomes – *where are they now*
 - Evaluations by them
 - Posters and papers presented by them at national meetings
 - Papers co-authored by them
 - Awards won by students, residents or fellows

Excellence in Education (cont)

- Clinical Training:
 - directing residency or fellowship program
 - innovations in training
 - initiating a new fellowship
 - papers, posters, presentations co-authored with students, residents, or fellows
 - awards won by residents or fellows
 - evaluations by students, residents, or fellows

Documenting: Clinical Excellence

- Document the impact of your clinical contributions: *Clinical skills, innovations, research and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes.*
- RVUs (*with comparison to national norms-UHC*) have become an important factor
- Adjusted (based upon cFTE) wRVUs
- Keep track of all notes from grateful patients/staff
- Provide all indices of evaluation

Documenting Clinical Excellence

- Some suggested criteria for clinical excellence (see details on the P&T website)
 - Productivity – expected to be 50% of UHC scale
 - Adherence to practice standards – specialty specific
 - Examples are P4P, JCAHO core measures, National Patient Safety Goals, etc.
 - Candidates should be above the median
 - Patient satisfaction scores-Press Ganey
 - Institutional performance standards
 - Practice improvement & innovations



Documenting Clinical Excellence: Other Possible Measures

- Specialty-specific outcome measures
 - i.e., mortality rates, readmission rates, case complexity
- Scholarly activity applicable to the candidate's clinical activity is expected
 - This may include peer-reviewed publications, participation in clinical trials, etc.

Excellence in Research



- Judgments of peers:
 - funding from nationally competitive sources, NIH, NSF, other federal, foundations; external letters are important
- Research productivity:
 - papers in peer-reviewed journals
 - quantity is considered, quality is weighted more heavily than quantity. Looking for impact and significance
- Impact of Research:
 - (journal rankings, citations)
 - invitations to speak at national/international meetings and other institutions
 - letters from leaders in the field that specify candidate's contributions to field
- Ability to attract students and fellows and evidence of productive interactions with other investigators
 - Publishing with your trainees

Collaborations in Research

- **Collaborations are good (Team Science)**, but you must explain and document your own original and scholarly contributions
- If your research is inherently collaborative, important to indicate your roles and contributions:
 - Multi-PI vs Co-I grants
 - Independent publications in your specialty or area of scholarship
 - Indicate clearly your contributions to projects
- If all your research is with a senior colleague:
 - Independent funding
 - Independent publications, or senior/corresponding authorship
 - Independent invitations establishing your own reputation
- Independent referee letters will help establish your reputation in the field.
- Letters from collaborators should emphasize the “unique, invaluable, innovative contributions” to the success of the projects

Scholarship of Application

- As an alternative to traditional research, *applying knowledge to solve problems*:
 - a physician may establish a new field or a new school of thinking in clinical medicine,
 - adapt a major application of new knowledge to the clinical setting,
 - develop or improve a diagnostic or therapeutic technique,
 - design or implement a new program of patient care and/or education,
 - develop patient education materials,
 - pursue health services research,
 - create a new and innovative mode of health care delivery.
- *Scholarship of application should result in peer-reviewed publications and presentations at regional or national meetings and other institutions.*

Evaluating publications

- Peer review
- More weight is given to first- and senior- (corresponding) author papers
 - If you are not the first or senior author, describe your role and contributions
- Must demonstrate your independent contributions
- Quality is as important as quantity
- Special attention is paid to the papers published at UvA and since the last promotion (helpful to indicate pubs since last promotion action)
- The quality of journals is considered, but the research is evaluated by the committees

Evaluating publications (cont)

- Citations to the candidate's papers tell us the impact the candidate's publications have on his/her field. We know that publications in some fields garner more citations than others.
 - Consider reporting the number of journal site hits or downloads, if the information is available (Altmetrics)
- Un-refereed publications (chapters, invited articles) are considered but are given less weight (track dependent)
- Be careful of the journals/publications (publishers) in which you publish or join the editorial boards. They should be known to your field.

Scholarship (for the clinician)

- Write review papers
- Invited reviews and book chapters
- Keep track of clinical projects, including those funded by drug company studies on which you are a co-PI
 - Include patient accrual
- There is no specification of # of papers or grant \$ required for promotion or tenure [there is a requirement for continued funding at a national (NIH or equivalent) level for some]

Reputation

- Get involved with specialty and subspecialty societies
- Make yourself known to people outside the institution



Indicators of Regional/ National/ International Reputation

- Service on a study section or grant review panel of a regional or national agency
- Membership on editorial boards of major journals
- Editorships of journals in your field
- Officer, chair, or member of a committee of regional or national professional or scientific society
- Service as a board examiner
- Invited reviews and articles
- Invited talks at regional/ national/ international symposia and at other institutions; visiting professorships

Before you submit your portfolio, you are encouraged to consult P&T Committee members

We want you to understand the P&T guidelines, know the criteria for P&T for your particular track, and learn how to construct your best possible portfolio.

Current P&T Committee Members

Frances Shen, Chair, Orthopaedic Surgery
Jeff Smith, Vice Chair, Biochem Mol Genetics

Zygmunt Derewenda, Physiology	Thomas Copley, Dermatology
Linda Duska, Ob/Gyn	Wendy Novicoff, PHS
Julia Iezzoni, Pathology	
Kim Kelly, BME	
Norbert Leitinger, Pharmacology	
Ed Nemergut, Anesthesiology	
Bettina Winckler, Cell Biology	
Zhiyi Zuo, Anesthesiology	

Other Able Consultants

Veterans of the SOM P&T Committee

Stuart Berr, Radiology
Bob Bloodgood, Cell Biology
Bill Brady, Em Med
Ken Brayman, Surgery
John Bushweller, Physiology
Jim Casanova, Cell Biology
Brent French, BME
Adam Goldfarb, Pathology
Lou Hammaraskjold, Microbiology
Lin Harrison, Neurology
Jennifer Harvey, Radiology
Fern Hauck, Fam Med
Lee Jensen, Radiology
Jaideep Kapur, Neurology
Bea Lopes, Pathology
Paul Matherne, Pediatrics
Vicky Norwood, Pediatrics
Mark Okusa, Medicine
Kim Penberthy, Psych & NBS
Joann Pinkerton, OB/GYN
BJ Purow, Neurology
Jason Sheehan, Neuro Surgery
Lois Shepherd, PHS
Elizabeth Warren, Psych & NBS

Susan Pollart, Senior Associate Dean
Bob Nakamoto, P&T Coordinator
Cathy Broaddus, Faculty Advancement
Administrator

Remember

- Check out the website for formatting and instructions
- Go to presentations offered by the Dean's office
 - *"Polishing the Portfolio"*
 - Thursday, May 2, 4:00 pm Pinn Conference Center G1/G2
 - Tuesday, May 14, 7:00 am Pinn Conference Center G1/G2
 - *"Preparing the CV for P&T"*
 - [Wednesday, October 23, 5:00 pm]

Summary

- It's not as intimidating as you may think
- If your Chair and Dept do a good job, there should be a 100% "pass rate"
- Keep track of all activities in real time
- READ and BELIEVE the website
- The P&T criteria appear to be vague, but this allows flexibility in covering the wide range of activities we do as a faculty. Don't be vague is telling the committee what you do.
- Keep and maintain both a standard and a P&T CV
- Your portfolio should create your narrative, i.e., tell the committee your story. Don't assume they can interpret everything in your portfolio.

Summary (Cont'd)

- Think about inside and outside letters
- P&T Committee members in your department or with whom you work will recuse themselves and will not be present in the room for discussion. Don't be afraid to ask their advice and help.
- The Committee members are supportive; feel free to contact any of us.