

II. Medical School Faculty Model

General

Faculty responsibilities and expectations revolve around four principal duties. Ideally, activity is present in all four areas, recognizing that most careers are somewhat asymmetric, particularly in the clinical and research tracks. Such asymmetry and diversity of careers generally enriches the learning community, clinical skills, and scholarly productivity of the University of Michigan Medical School. These are the four principal faculty duties:

1. Instruction
2. Scholarship/research
3. Clinical contributions
4. Organizational service

The Faculty Tracks

Instructional Track

This is the fundamental university faculty career line, which is governed by the concept and timing of tenure. The entry-level position (assistant professor) is the province of the department and the Medical School according to Regents Bylaw 5.08. These positions are renewed annually at the prerogative of the department and Medical School.

Appointments at more senior levels (associate professor and professor) require the approval of the EVPMA, Provost, President, and Regents. Regents Bylaw 5.09, requires that tenure (usually awarded at the associate professor level) be achieved within 8 years with an appointment in the instructional track at 80% effort or higher. Tenure is indicative of *outstanding achievement in one's field*. This is evidenced by contributions that substantially impact and improve a field of work and study as widely recognized at a national level. Independent grant funding is typical evidence of professional scholarly stature and quality of work. Peer-reviewed publication of robust quality and quantity is another measure of academic stature and nationally recognized professional competence.

External evaluation must be obtained from at least five **unbiased** national or international leaders in the relevant academic disciplines. These leaders should have **no** instructional or close personal relationships to the candidate and no collaborative relationship in the 10 years preceding the appointment effective date, unless truly unusual circumstances pertain.

Substantial and high quality instructional (medical school teaching and graduate medical education) and organizational contributions (medical school, university, & national peer organizations) are also mandatory expectations for promotion in the instructional track.

Further ascent to the professorial level requires continued scholarship as well as instructional and organizational efforts roughly equivalent again in quality and quantity to the achievements for the previous step to tenure.

Clinical Track

This track was established in 1986 to create a clinician-educator rank without the contingency of a tenure clock. These individuals have roles that are largely focused on clinical services, with close linkage to instructional activities, generally with medical students and residents. Entry level appointments (clinical instructor) are made by the relevant department with the Office of the Dean. Clinical assistant professor appointments require Executive Committee approval. More senior level appointments require the approval of the EVPMA, Provost, and President.

Scholarship, the backbone of any higher educational organization, is expected for ascent in rank. The professional activity of clinical track faculty at the clinical associate professor level must enjoy strong peer group recognition at a wide regional level or beyond, as evidenced by at least five ***unbiased*** evaluative letters; two of the review letters may be from persons who have seen the clinical work and actual teaching but who are outside of the candidate's department (i.e. within the University of Michigan, but outside the candidate's department). Substantial instructional (medical school and GME) and organizational contributions (medical school, university, & regional) are mandatory expectations for promotion. Promotion or appointment to clinical associate professor requires scholarly engagement as evidenced by contributions with regional or national impact, such as publications, papers and presentations indicative of professional peer group stature beyond the local community.

Further ascent to the clinical professorial level requires continued growth in professional and clinical stature at the national level, as judged by unbiased leaders in the relevant field. Instructional, organizational, and scholarly contributions roughly equivalent again in quality and quantity to the achievements for the previous step to tenure are expected for this rank.

Research Track

This was established in 1974 to permit an asymmetric career track focused primarily on original research. Naturally, in a medical school, these individuals also support the other (instructional and clinical) missions, especially instruction at the graduate student and post-doctoral levels. Contributions to professional organizations are expected at our institution as well as at national peer organizations.

Research track faculty also have opportunities for engagement in the clinical and teaching missions of the medical school in terms of their translational research, interactions with clinically oriented faculty, medical student counseling, laboratory instruction of residents, service on IRBs and other committees with clinical impact, and community volunteerism.

Entry level appointments (research investigator) are appointed by the relevant department with the Office of the Dean. Research assistant professor appointments require Executive Committee approval. Promotion or appointment to research associate professor (the parallel to the associate professor rank) requires the approval of the EVPMA, Vice-President for Research, Provost, and President. This rank is usually based upon outstanding independent research that substantially impacts that individual's scholarly field as evidenced by independent grant funding as well as unbiased evaluations from nationally known peers of high academic rank and stature (at least five ***unbiased*** evaluative letters from leaders in the field who have not had an instructional or close personal relationship to the candidate or a collaborative relationship in the 10 years preceding the appointment effective date, unless truly unusual circumstances pertain). A record of substantial teaching and mentoring within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary setting) with postdoctoral fellows, junior research colleagues, or students at any level is expected. Further elevation to the top academic rank (research professor) requires additional research productivity that significantly affects the field of discipline.

The Interdisciplinary Dilemma - Accounting for the critical interdisciplinary scholar in our appointment and tenure process

In many arenas of medical science (and in other branches of science as well) large teams, often interdisciplinary, create the scholarly products of new knowledge. The position in authorship does not necessarily equate with parsed scholarly contribution. Who is to say that the first or last author was “more important” than a second, third, or middle author? Interdisciplinary teams are often linked by a key middle author who may have provided the critical question or hypothesis that leads to a paper, or the skills that made the paper possible, or the analysis that provided the answer to a question. One hopes that all authors of a paper provided significant value to the end product, and that competitive jockeying for position in authorship will not be mandated by appointment committees that take a purely numerical view of the byline (that is, only first or last place in authorship lists are worthy of claim to a paper).

Collegiality and interdisciplinary mindsets must be core values of academia, and a narrow view of authorship position mars those virtues. Interdisciplinary collaborations need to be identified; indeed they need to be touted up front, by the savvy chair and by the useful external evaluator. Almost by definition, cutting edge interdisciplinary scholarship has few, if any, peers. It may take a resourceful and imaginative chair to provide meaningful external reviewers to give meaningful comment on seminal and novel contributions in new interdisciplinary arenas. Academic leaders will have to break away from the conventional wisdom that every scholar granted tenure will have two dozen peer reviewed papers with first or last authorships. Authorship position and fundamental contribution to the body of work should be explained carefully somewhere in the appointment package.