

TO: All UC San Diego School of Medicine Faculty

FROM: School of Medicine Committee on Academic Personnel, Francesca Torriani (2022-2023 Chair)

Date: March 2024

Subject: 2022-2023 Where SOMCAP Stood

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### **Committee Charge**

During this period, The School of Medicine Committee on Academic Personnel (SOMCAP) was composed of seven appointed School of Medicine faculty from different departments who reviewed salaried faculty and some voluntary non-salaried appointments in the Health Sciences (HS) Clinical and Clinical X series in the School of Medicine (SOM). The Committee includes a Chair and a Vice Chair. Committee members typically serve 3-year terms and report to the HS Faculty Council annually. Due to COVID-19 and related commitments of SOMCAP members, all 2022-2023 review meetings were held virtually.

Since the HS Vice-Chancellor, Academic Affairs has delegated authority over the HS Clinical series, these faculty dossiers are not reviewed by the Campus Committee on Academic Personnel (CAP) for appointments<sup>1</sup>, accelerations, appraisals, consecutive no changes, career reviews, promotions, or terminations. Therefore for these academic actions, SOMCAP makes their recommendations to the Senior Assistant and Assistant Vice Chancellor (AVC) for HS Academic Affairs, based on the department's criteria and consideration of the overall School of Medicine's files for the faculty in its purview, to ensure parity. SOMCAP also reviews and recommends actions for Clinical X faculty to the HS AVC's to include in their letter to CAP, but final authority over the Clinical X series resides with the Executive Vice Chancellor or Chancellor.

The standardization of faculty evaluation criteria across departments was piloted in FY2023 as a tool to ensure equitable standards for faculty with substantial clinical activities (**See Addendum**). SOMCAP members continue to apply this criteria. Nonetheless, SOMCAP continued to encounter variations in departmental requirements, in particular around the interpretation of scholarly/creative activity requirements within the HS Clinical series. This variation continues to create inequity across departments and efforts to standardize requirements should be continued.

Because SOMCAP serves as an administrative recommending body, its members generally abstain from formally voting on academic actions for votes that occur in their own home department. In addition, in order to preserve objectivity, SOMCAP members should not be asked to provide letters of recommendation for faculty under review. If a SOMCAP member has provided a letter of recommendation or if they have collaborated with a faculty member being reviewed, they are required to recuse themselves from the committee discussion and abstain from the SOMCAP vote. Lastly, SOMCAP members should not be asked to provide guidance or review files that will be submitted for review. Assistance in preparing the file should be provided by the department leadership, academic personnel analyst or previous SOMCAP members who may be able to provide their input. Guidance also is offered annually via a series of presentations from the Academic Resource Center and HS Academic Affairs office as part of the Faculty Workshop Series.

### **SOMCAP Activities in AY 2022-23**

The Committee convenes during the Fall and serves through early Summer. If needed, the Committee has accommodated reviews on a case-by-case basis during the Summer to Fall hiatus to support the clinical mission, depending on availability.

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<sup>1</sup> Per the authority and review Chart, the Senior Assistant and Assistant Vice Chancellor of Academic Affairs has final authority for all actions within the HS Clinical series, however appointment files align with the campus practice of requiring committee review for appointments made at the Associate and Full ranks and appointments in the Assistant rank above Step III.

The Committee strives to meet published deadlines to ensure timely review, particularly when reviewing files that require subsequent review by campus CAP, such as contested actions and Clinical X files. All files are assigned to a primary and secondary reviewer on SOMCAP. When both reviewers are completely aligned in their recommendation for 4<sup>th</sup> year appraisals, promotions, or appointments, reviewing them during a regular meeting may not be necessary. These files are designated as non-controversial – “consent agenda” – files and are not slated for discussion. If the primary and secondary reviewers do not agree or if they wish to discuss the file with the entire Committee, the file will be discussed at the regular meeting.

In the 2022/2023 academic review year, SOMCAP held 20 regular meetings lasting up to 3 hours, 1 ad hoc committee, and 3 one-off agendas (e.g., separate agendas outside the normally scheduled meetings) to accommodate urgent files. The Committee reviewed a total of 294 files, 245 of which were review files and 49 of which were appointment or change in series files, which are also considered as “new appointments.” Of the 294 files, 138 (47%) were reviewed as consent agenda files and 156 (53%) required discussion. SOMCAP had an 87% rate of agreement with the review actions proposed by the faculty member’s department, and 88% agreement for the appointments/change in series actions.

### **General Discussion**

Reviewers greatly appreciate the effort candidates, divisions and their departments take in preparing documents for their appointment or academic review. In line with campus practice, in the past year SOMCAP requested that faculty include percent effort devoted to each academic review category discussed in the self-assessment (i.e., Clinical, Scholarly / Research, Teaching, and Service) to allow reviewers to provide the most equitable reviews, we noticed that many faculty still did not provide this data. Having this data allows reviewers to distinguish faculty with varied efforts, for example those that have 90% clinical activity, with minimal time for scholarship might be viewed distinct from faculty in the same series who have 50% clinical activity with much more time allocated to scholarship. We also observed that faculty are sometimes over estimating teaching hours. We would like to remind departments and faculty to provide this valuable information.

Of the actions reviewed, [appointments](#) and accelerations most often warranted further discussion. Departments should continue to follow PPM 230-278 (Appendix A), “*The Health Sciences Clinical Professor series **should not** be regarded as an escape or contingency appointment for faculty in other series who are expected to or fail to receive promotion in the original series*”.

As noted above, overall, SOMCAP agreed with departmental recommendations with some files sent back requesting additional information or with a “preliminary recommendation”, i.e. recommendation of a file action varied from that proposed by the department. When additional information was obtained, SOMCAP frequently was able to understand the reasoning behind the Department’s recommendation. SOMCAP therefore recommends that the Department letter clearly state why the candidate meets criteria for the proposed actions, and request that sufficient justification or supporting materials be provided. This is particularly important for those faculty proposed for accelerated actions. While we understand that departments have varying requirements for merits, accelerations, appointments and promotions, SOMCAP’s goal is to assure equity across the School.

As in previous years, SOMCAP noticed that some faculty list the same roles under different categories (e.g. duplicating clinical roles for service such as Director of “X” Center, Division Chief, or Course Director listed both under teaching and service). While the Committee understands that these roles may fit into more than one category of review, these roles are best listed in the self-assessment under the single most pertinent academic area. SOMCAP reminds faculty and their departments that compensated positions do not qualify as service. Therefore, administrative duties or leadership accomplishments should be addressed in the area that it most affects.

Another trend that led SOMCAP to frequent requests for additional information, was listing of non-peer-reviewed scholarly/creative works, when the listed work was not provided in a documented form included in the file, typically in the associated Dropbox. SOMCAP dually acknowledges that based on a recent HS faculty workgroup, scholarship of some

type is required for all of our faculty, but the types of scholarship for faculty principally involved in clinical work, is broad. Examples include clinical guidelines, protocols, and handouts. Works-in-progress (section C) are similar: Per instructions<sup>2</sup> listed on the Biography/Bibliography document, a work-in-progress should be accompanied by a reprint or an abstract. SOMCAP members review these documents to ensure that they meet the standard for scholarly/creative works. Therefore, faculty should be sure to include documentation of their efforts in a format that can be included for SOMCAP / subsequent reviews.

As in previous years and to allow sufficient time to address problems and take corrective actions, the Committee strongly encourages Department Chairs or Division Chiefs to meet with faculty annually to discuss their progress in the context of their upcoming academic review. This is particularly important with junior or newly hired faculty. In order to ensure a fair and standardized assessment of faculty, SOMCAP is requesting that the departmental reviewing committees' (e.g. DOMCAP, ANESCAP) vote and comments be included in the file. SOMCAP finds that if the departmental reviews are very complete, well-balanced, and equitable, the odds that additional questions are raised by SOMCAP reviewers is decreased.

**Professionalism:** As a continuous reminder and in alignment with the University's Principles of Community and the Faculty Code of Conduct, any issues with professionalism in the workplace should be clearly addressed in the Department Letter, in the self-assessment or in response to the candidate Certifications (1A, 1B and/or 2). In addition, the summary should include the steps that have been taken for resolution. The Committee understands that this information may sometimes be sensitive. To reiterate, SOMCAP does not expect full details, rather the acknowledgment that the faculty and department are aware and that they are mutually addressing these issues.

**Appointments:** The Committee reviewed complex proposals for new appointments. Complexities included prior service at UCSD or another institution, via for instance an MSP contract at UCSD, or work in the community. Assessing the ideal appointment rank and step for candidates with complex histories can be challenging, particularly when the Committee is charged with assuring equity as compared to existing faculty who have advanced for multiple years within the UCSD system. As previously requested, SOMCAP asks that in these cases, Departments include information of current department faculty at the rank and step proposed for the new faculty under review for appointment, with comparisons of clinical, teaching, service, and creative activity and its impact. This proactive approach will increase transparency and help SOMCAP reviewers to reach a decision without delaying the appointment. Further, as needed, analysts and Vice Chancellors within the HS Academic Affairs unit are always available to provide guidance for these types of cases.

**Appraisals:** For Assistant rank appointees, the fourth-year appraisal is critical. This review allows the appointee to obtain feedback concerning the likelihood of promotion at the time of their next review. During this past year, Departments tended to propose Favorable and Favorable with Recommendations appraisals in the 34 fourth-year appraisal files reviewed. The outcomes of the appraisals by SOMCAP, included 12 Favorable and 22 Favorable with Recommendations ratings. There were no Problematic files. Overall, the rate of agreement between Departments and SOMCAP was only 40% (last years was 60%). SOMCAP recommends that departments take time to more accurately assess files and note academic areas that need attention so that faculty have all the tools available for a successful promotion. As indicated, SOMCAP assessed the majority of files as Favorable with Recommendations and thus advises departments to more strongly consider this assessment, if any weaknesses are noted in the dossier. Favorable with Recommendations should not be perceived as a negative assessment, rather as constructive feedback that better prepares the candidate for promotion at the next review.

**Promotions:**

SOMCAP reviewed 142 promotion files with a 94% recommendation as proposed. For promotions from the assistant rank, while the normative time spent at the Assistant rank is 6 years before promotion to the Associate rank, faculty can be

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<sup>2</sup> This section is optional and should include only items for which there is actual material that will be submitted with the file for review.

proposed for promotion at any time while at the Assistant rank. As in previous years, SOMCAP encourages Departments considering promotion of faculty who served less than 6 years at the Assistant rank, to compare them with other faculty members in the Department/Division who are at the proposed rank and step and provide this comparison in the Department Letter to ease review and to better ensure that equity is met within the Department. It is noted that of the very few faculty in recent years who have been denied promotion to the Associate rank, it is notable that these denials are frequently of faculty proposed for promotion at <6 years after appointment.

**Accelerations:** Thanks to the notable efforts of the AVC’s and SOM in defining the criteria, accelerations were considerably less cumbersome for higher performing faculty in the HS Clinical series. However, SOMCAP continues to see some Department letters not clearly listing which areas of accomplishment by their faculty, warrant the proposed acceleration.

If the area is scholarly/creative activity, a change from HS Clinical to the Clinical X series should be considered since this is preferred for recognition of scholarly/creative achievements over acceleration. Requests for acceleration on consecutive reviews should trigger additional review by the department to identify the most appropriate series for the faculty. In the HS Clinical series, if consecutive requests for acceleration appear warranted, we recommend that divisions and departments focus on candidates who have excelled in their clinical work, and other aspects of the academic missions such as teaching and service, with no weaknesses in the file.

Of note, there were 19 faculty files that were submitted as normal merit advancements which upon review by the AVC’s were forwarded to SOMCAP for further review and recommendation. Of these 19 files, 11 of those files (58%), resulted in an upward modification/acceleration.

To align with the University’s goals of diversity, equity and inclusion, SOMCAP continues to encourage mentoring of women faculty and underrepresented faculty, to prepare their files to reflect their accomplishments and, when appropriate, to request acceleration, as it has been documented in the past that these faculty may not request consideration of this action independently, without mentoring

**Candidate Statement:** The self-assessment is the candidate’s opportunity to describe how they meet the series criteria and highlight impact of their accomplishments during the review period, and possibly, though out their entire career. In the event that performance was affected by a specific situation (e.g COVID-19 pandemic), SOMCAP strongly encourages the candidate to include an “Impact Statement” in their self-assessment addressing how the extra-ordinary event has affected them, their effectiveness, their productivity, or their professional opportunities in any of the four academic categories. This will provide an opportunity for reviewers to consider extenuating circumstances. The self-assessment is intended to complement the bio-bib and should be concisely written, e.g. <5 pages of length as a maximum guidance.

SOMCAP reviewers reiterate that percent effort should be included for each review category. Faculty should provide details of their clinical responsibilities (e.g., patient load, number of clinics, and uniqueness of a clinic or inpatient service in the region), which is very helpful to understand the setting and constraints that faculty might have to devote to efforts aside from clinical care, as well as ensures equity between faculty members and departments. Following is an example of how to provide this to reviewers.

	<b>Effort (100%)</b>	<b>Details</b>
<b>Clinical</b>	90%	8 clinics/week, 250 patients/year
<b>Teaching</b>	5%	Rounding with residents and fellows
<b>Service</b>	3%	Department Clinical Competency Committee
<b>Scholarly</b>	2%	1 new presentation

**Scholarly and Creative Activities:** As noted above, faculty in all series, including the HS Clinical series are required to demonstrate evidence of scholarly or creative activity. For the HS Clinical series, though publication in a peer-reviewed

journal is applauded, it is not necessary as the only means of scholarship. Evidence of a wide variety of scholarship, disseminated among peers and outside the department is required. Quality Improvement projects and other material should be included (i.e. in Dropbox) for SOMCAP and other reviewers to evaluate. Peer-review of these types of scholarship does not necessarily constitute the type of review attained by submission of a written article to a formal journal. For instance, a QI project can be assessed by committees within the health system or department, that judge the item suitable for use by a wide group of faculty, as but one example In addition to listing scholarly products, self-assessments and Department Letters should provide a **detailed description** of the impact, quality, and dissemination of work to the intended audience. The goal of reviewers is to confirm the existence of otherwise inaccessible scholarly products. Assessing the quality and impact of scholarly work is beyond SOMCAP's charge and so should be explicitly addressed by the candidate and departmental letter. Refer to addendum for Academic Advancement Guidelines

SOMCAP continues to encourage Departments to develop creative work advancement and promotion criteria in the HS series that also consider quality improvement projects, development of course content, curricula, and teaching content so as to recognize faculty who are excelling and being innovative in teaching and are meeting review guidelines in the clinical, and service categories, but who are not actively publishing their work in peer reviewed journals.

**Service:** The Committee recognizes that most faculty are very active in fulfilling the service criteria. As faculty reach higher ranks (Associate and Full professor, barrier steps and especially, above scale), service outside of the department and the faculty member's clinical and scholarly sphere-of-interests, should be actively pursued and clearly documented. A simple concept to consider is that service should not be "Self-Serving service" as was emphasized by our campus CAP colleagues.

**Diversity:** SOMCAP commends continued departmental efforts to highlight the faculty's contribution to diversity, equity, and inclusion.

### **Final Thoughts**

The UC academic review process is complex and includes many layers of review. SOMCAP advises the Health Sciences Senior Assistant and Assistant Vice Chancellor of Academic Affairs on faculty actions, and strives to serve and retain our outstanding faculty. While cumbersome and stressful sometimes, the academic review and appointment experience can certainly be further improved and standardized to ensure a supportive, transparent, and equitable process for all faculty.

In summary, some items that bear reiterating as a reminder to departments and faculty:

- compensated positions do not qualify as service
- include the percent effort for each criterion in the self-assessment
- be conservative when estimating teaching hours
- provide documentation for both peer-reviewed and non-peer reviewed works
- list service roles in the self-assessment under the single most pertinent academic area.

Lastly, we encourage faculty to take advantage of the Academic Resource Center and the Division/Departmental liaisons who can provide valuable assistance with document preparation. SOMCAP encourages faculty to attend annual workshops on how to get promoted hosted by the Offices of Faculty Affairs and Academic Affairs, and to actively participate in the departmental review of academic files. This training and service will provide faculty with knowledge of the file preparation and review and will ensure constructive feedback and improvement of the academic review process.

**Ultimately, we thank all of our faculty for their incredible efforts in making UCSD an outstanding academic institution.**

# **ADDENDUM**

**DRAFT**



School of Medicine  
Health Sciences Clinical Series  
Academic Advancement Guidelines

Report from the Health Sciences Faculty Council  
Task Force on Academic Advancement in the  
Health Sciences Clinical Series

## EXECUTIVE SUMMARY

The Health Sciences (**HS**) Clinical academic series is unique in the variability of effort distributed across the domains of scholarship, professional competence, teaching, and service. In the HS Clinical series, the hours devoted to clinical activity vary broadly, and faculty with increasing clinical responsibilities are finding it more challenging to participate in service, teaching, and scholarly activity. Each School of Medicine (**SOM**) Department has independently provided advancement criteria by rank for the HS Clinical faculty series; however, the criteria do not necessarily account for variations in the distribution of effort. In response to the growing number and diversity of faculty in the HS Clinical series, the Health Sciences Faculty Council convened a task force to establish a basic set of uniform criteria across all departments that should be achievable by faculty regardless of their clinical effort. By level setting minimum or basic criteria, the task force intends to create equity among SOM faculty in the HS Clinical series. It is important to note that these recommendations reflect minimal or basic criteria, which Departments may augment to reflect their specific needs. These guidelines are not designed to be the basis of acceleration decisions, which would need to be developed relative to the proportionate effort that a faculty member allocates to each domain, nor are they designed for faculty in the Skaggs School of Pharmacy and Pharmaceutical Sciences or Herbert Wertheim School of Public Health and Human Longevity Science.

### Recommendations

- All Departments should utilize a uniform format for presentation of the departmental criteria to enable ready comparison between Departments to ensure equity across SOM.
- At the time of appointment in SOM, HS Clinical faculty, regardless of rank, should have two senior mentors assigned to them to provide guidance on the promotion process.
- All Departments should provide a set of guidelines for academic advancement in the HS Clinical series that aligns with the APM and PPM provisions.
- All Departments should review the guidelines below and provide feedback for adoption throughout SOM.
  - Clinical excellence and institutional, local, national, or international reputation should progressively increase through the ranks.
  - Teaching expectations should build from Assistant to Full Professor level, with increasing breadth and depth of activities as faculty advance.
  - Scholarly activity should yield a tangible product that reviewers can evaluate. The type of creative work is not limited to publications in peer-reviewed journals and can be broadly defined, but the work should be peer-reviewed at some level. Team science participation is highly encouraged, and the resultant products should be counted as scholarly work of the HS Clinical faculty.
  - University and public service should progressively increase in scope and influence as the SOM faculty member advances in rank.
- A separate set of guidelines for acceleration in the HS Clinical series in SOM should be developed that stratifies the required achievements by relative effort allocation.

## 1. INTRODUCTION AND BACKGROUND

In line with the tripartite mission and service requirements of an academic institution, the traditional criteria for academic appointment and promotion are scholarship, professional competence related to clinical activities and patient care, teaching, and service. Determination of faculty advancement based on a balanced evaluation of a faculty member's achievements and contributions in these areas is usually guided by a set of standards that are aligned with the candidate's academic series and professional duties. At UC San Diego the largest faculty series is the Health Sciences (**HS**) Clinical series, which also has the broadest distribution of relative effort in the four domains of academic achievement a. In this series within the School of Medicine (**SOM**) there have been growing demands on faculty time with increasing clinical responsibilities, making it more challenging for these faculty to participate in service, teaching and scholarly activities beyond the hours needed to complete their clinical service-related tasks.

General criteria for promotion in each faculty series are outlined in the Academic Personnel Manual (**APM**) that applies to the entire UC system, and locally in the UC San Diego Procedures and Policy Manual (**PPM**). Specifically, APM 278, APM 201-6, and PPM 230-278 relate to appointment and promotion in the HS Clinical series. Each Department within SOM has established criteria within the general guidelines. These policies have been designed with sufficient latitude to allow their use across Health Sciences; however, the gradations and numeric quantifications are not uniformly set between Departments. These differences are in part based on the broad composition of faculty activities and large variations in the interpretations of the general guidelines across the Departments.

As the time pressures of clinical practice have increased due to a variety of reasons (e.g., electronic medical records, prior drug authorizations, etc.), faculty with large (75% or more) clinical effort have become frustrated and concerned they may not be able to meet promotion criteria. Although likely time limited, the increased stressors during the pandemic for faculty, especially those who are primary care givers, have compounded time issues and compromised well-being. Hence, it was timely to examine the current advancement criteria in the HS Clinical series across Departments and prepare recommendations on a set of standards relevant to busy clinicians to acknowledge their engagement in the pillars of academic endeavors.

## 2. PURPOSE

Each Department has independently provided advancement criteria by rank for the HS Clinical series; however, the criteria do not necessarily account for variations in the distribution of effort for the faculty. Faculty with heavy clinical responsibilities have raised concerns that meeting the criteria set for all faculty with a broad distribution of activities in this series is challenging. The Chair of the Health Sciences Faculty Council formed a task force to recommend a set of guidelines for advancement criteria geared toward faculty who spend most of their time in patient care.

**Health Sciences Faculty Council Task Force on Academic Advancement Guidelines in the Health Sciences Clinical Series was charged with reviewing the following:**



- [APM 278](https://www.ucop.edu/academic-personnel-programs/files/apm/apm-278.pdf) - Appointment & Promotion in the HS Clinical Series
- [APM 210-6](https://ucop.edu/academic-personnel-programs/files/apm/apm-210.pdf) - Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series (In depth criteria for HS Clinical appointment and promotion)
- [PPM 230-278](https://adminrecords.ucsd.edu/PPM/docs/230-278.html) - Appointment & Promotion in the HS Clinical Series
- The criteria set by individual Departments of the UC San Diego School of Medicine for advancement in the HS Clinical series.

**Based on the above, this task force was charged with:**

- Proposing guidelines for advancement criteria across ranks in the HS Clinical series that:
  - align with APM 278, APM 201-6 and PPM 230-278;
  - can be implemented across Departments / Divisions; and
  - are realistically achievable for faculty with more than 75% clinical effort.
- Proposing guidelines on how team science should be integrated into these criteria.
- Identifying existing effective practices at UC San Diego that should be encouraged for broader adoption.

### 3. TASK FORCE MEMBERS

**Health Sciences Faculty Council representatives**

Marianna Alperin, Obstetrics, Gynecology, and Reproductive Sciences; Chair, Health Sciences Faculty Council

Dustin Lillie, Family Medicine; Nominating Committee

Kristin Mekeel, Surgery; Vice Chair, Health Sciences Faculty Council

**Faculty representatives**

Ramez Eskander, Obstetrics, Gynecology, and Reproductive Sciences

Tudor Hughes, Radiology

Cynthia Kuelbs, Pediatrics

Jess Mandel, Medicine

**Administration representatives**

Christine Chung, Vice Chair Radiology

Jacqueline Corbeil, Analyst Academic Affairs

Maripat Corr, Associate Dean Academic Affairs

### 4. PROCESS

The task force convened on August 18, 2021, and met on a monthly basis. In preparation for discussion and as a group the committee reviewed the Academic Personnel Manual (**APM**) and the UC San Diego Procedure and Policy Manual (**PPM**) documents listed below as relevant to the criteria for advancement in the HS Clinical series.

- [APM 278](#) - Appointment & Promotion in the HS Clinical Series
- [APM 210-6](#) - Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series
- [PPM 230-278](#) - Appointment & Promotion in the HS Clinical Series
- The criteria set by individual Departments of the UC San Diego School of Medicine for advancement in the HS Clinical series (Appendix A).
- A comparison chart of the APM and PPM criteria for HS Clinical and Clinical X appointees (Appendix B).

Task force members divided into four subgroups, each chaired by an HS Clinical faculty member (Table 1) to draft a set of guidelines in one of the four major domains that then were discussed by the entire membership.

**Table 1. Task Force Subcommittees**

	Professional Competence and Activity	Performance in Teaching	Scholarly and Creative Accomplishments	University and Public Service
<b>Chair</b>	<b>Lillie</b>	<b>Kuelbs</b>	<b>Eskander</b>	<b>Hughes</b>
Member	Mandell	Chung	Alperin	Mekeel
Member			Corr	Corbeil

The draft guidelines were shared with Dr. Michael Albo, Chair of the Academy of Clinical Scholars, who provided his input and support.

The draft was presented to the Health Sciences Faculty Council on January 4, 2022, for further input and to the Council of Health Sciences Chairs on 01/10/22.

## 5. RECOMMENDATIONS

### A. Anchor Format for Criteria

Committee members uniformly noted that each SOM Department had a different format for their criteria that made it difficult to readily compare the documents. A uniform format across Departments was highly encouraged to facilitate a more standard approach to creating appointment and promotion standards. Of the criteria formats in Appendix A, the Department of Pediatrics had a document that presented a condensed table format and an expanded test version of their Departmental criteria. Medical Physics-Radiation Medicine and Applied Sciences (**RMAS**) followed a detailed numeric-based rubric that could complement the Pediatrics format; however, this format was difficult to assess with coded entries. It was noted that the Academic Senate’s Committee on Academic Personnel (**CAP**) has requested that the RMAS format be revised as it is too cumbersome for reviewers, and the committee’s recommendations should align with campus requirements. If a point system was recommended there would also need to be a standardized weighting within each of the categories on the Merit and Promotion sections in the rubric. It would be necessary for individual Departments to define how the points are allocated and assessed so that there is reproducibility and fairness to the process. Departments could still

have the option of devising a numeric system, but the Chair would be responsible for describing the system and providing data interpretation and the result. Thus, the committee proceeded with the development of fundamental criteria that capitalized on the best features of existing formats.

### B. Professional Competence and Activity (Clinical Patient Care)

For the HS Clinical series, professional competence criteria are an important aspect of academic accomplishments and should reflect high quality patient care as consistently as possible. It is expected that faculty establish a clinical focus and be recognized for clinical excellence. Assessments of quality could include, but are not limited to, patient satisfaction surveys, efforts in quality improvement initiatives, as well as performance targets consistent with departmental goals. Advancement should be predicated on continued expertise and clinical excellence with demonstrated leadership within local, national, and/or international clinical and/or professional groups.

At the appointment level, an HS Clinical Assistant Professor should be eligible for a CA license or equivalent faculty permit or certification. As an Assistant Professor, the HS Clinical faculty member should start to build their practice and provide high-quality care that can be supported by high patient satisfaction scores, quality improvement initiatives, or other metrics that are uniformly applied. The faculty member should be meeting performance targets as defined in their annual meeting with the Division Chief or Department Chair, and any required citizenship metrics.

At the Associate Professor level, the faculty should be starting to build a reputation of clinical excellence within the institution and be responsive as a consultant. By this time the clinician should be certified by one or more of the medical specialty boards or demonstrate equivalent achievement and recognition. The breadth of clinical responsibilities will typically be expanding and should include significant participation or leadership roles in the activities of clinical and/or professional groups. Effective development, expansion, or administration of a clinical service would provide support for recognition of clinical focus area expertise and excellence.

To advance to HS Clinical Professor Step VI, a master clinician should be exceeding usual clinical metrics and providing clinical care of exceptional quality supported by formal recognition (awards, patient satisfaction, etc.). In addition, there should be evidence of innovation and contribution to clinical care such as the development of new approaches or clinical services. These accomplishments should have regional and national recognition for expertise in the field. To be promoted above scale there should be continued momentum, with a sustained upward trajectory and acclaim that may be evidenced by national and international recognition of clinical focus area expertise and excellence.

### C. Performance in Teaching

Teaching expectations build from Assistant to Full Professor level, with increasing breadth and depth of activities as faculty advance. Faculty must teach UC San Diego trainees; however, the task force members acknowledge that this can be difficult for faculty who spend substantial time in clinical settings without learners (i.e., remote sites). Thus, Departmental leadership should ensure that their faculty members have adequate teaching opportunities. In addition to medical students, residents, and fellows, other trainees can include, but are not limited, to APPs and other non-physician clinicians. The committee acknowledges that Health Sciences is expanding and evolving with new training programs including an incipient physician assistant program; hence teaching efforts should be inclusive of a broad spectrum of learners.

As many new faculty members are appointed directly from training, demonstrated teaching ability as measured by evaluations may not be available upon appointment. Divisional / Departmental recruitment committees and leadership should assess a candidate's potential to teach effectively based on the letters of recommendation, curriculum vitae, candidate seminar, and interviews. By the time of the 4th-year appraisal, faculty are expected to have been engaged in teaching and have evaluations, which attest to their effectiveness as an educator. If there is an insufficient number of evaluations, feedback from faculty who have attended teaching sessions by the faculty member may be solicited as an orthogonal review.

An emphasis should remain on quality as each faculty develops their teaching portfolio. Associate Professors should be consistently recognized as effective teachers and should be expected to mentor trainees as well. Mentorship may be provided in many different formats and at multiple levels. It is best if the mentees provide evaluations in the file that gauge the level of interaction and any successes attributed to their engagement with their faculty mentor. Mentoring of junior faculty may be considered service, but this topic is currently under review for changes in the PPM.

At the Professor level, recognition of teaching excellence should be beyond individual learner evaluations. Teaching awards and leadership roles in educational courses and sessions in the Health Sciences support excellence as do invitations to speak at seminars, Grand Rounds, and organizations outside UC San Diego. For advancement to Step VI, a faculty member should demonstrate innovation in teaching by developing innovative educational methods or materials and consistently demonstrate high-quality teaching/mentoring.

For teaching performance to meet criteria for above scale, a faculty member should be expected to have received invitations to lecture externally and recognition through an award for teaching, mentoring, or from a professional society.

#### **D. Scholarly and creative accomplishments**

The task force carefully considered multiple factors to assess scholarly and creative activities as it prepared goals to define promotion criteria. As with previous domains, requirements should escalate based on rank and achievability. As an example, providers initially appointed at the HS Clinical Assistant Professor level should be asked to develop a plan for focused scholarly/creative activity. Given the importance of mentorship and adequate resources, it is expected that Division Chiefs/ Department Chairs would be cognizant of the requirements and work to provide the necessary resources to permit success. Faculty should be expected to show meaningful progress in areas of scholarly or creative work during their transition through the Assistant Professor rank. A diverse portfolio of scholarly opportunities should be made available to help catalyze faculty progress.

As part of developing clinical expertise and building a reputation for excellence, the faculty should be encouraged to produce enduring work that reflects their expertise. Such work products are significantly broader than an authorship on a peer-reviewed original research manuscript. Examples include, but are not limited to: patient educational material; quality improvement projects that are submitted to a Health System review or external reviewing body; new educational curriculum that is partially or fully adopted; partially or fully adopted clinical guidelines; collaborative research projects leading to publication; co-authorship of peer-reviewed manuscripts (original research, case reports, systematic or narrative reviews, book chapters, etc.); participation in appropriate national and international organizational document / guideline development; position statements reflected in a published product; and podium presentations, posters, and/or abstracts at conferences. The task force emphasized the importance of these work products being available for review. For example, a patient brochure is reviewed for accuracy and any criteria for dissemination. Blogs and op-ed pieces for example do not have the same level of university quality metrics normally applied to publicly disseminated medical information. The task

force also emphasized the need to provide appropriate infrastructure for the successful participation of HS Clinical faculty in team science, as detailed below.

As faculty ascend the HS Clinical series rank, it is anticipated that they would remain engaged in scholarly/creative activity with preservation of momentum. Ultimately, it is expected that faculty at the Professor rank will begin to distinguish themselves nationally and internationally in their respective fields with continued peer-reviewed materials, publications, presentations, and formal recognition of their scholarly work. Understandably, these objective criteria should be developed as guidelines, and it is anticipated that Department Chairs would have the ability to interpret and recommend promotion as they deem appropriate for individual faculty.

### Team Scholarship

Increasingly clinical advancements involve investigations by multidisciplinary teams. Review committees recognize that assessing contributions of team scholars is becoming more complex. Criteria for judging excellence of publications is similar to that described under Creative Work and Scholarship, except that collaborative output (e.g., abstracts, publications, programs) may represent a significant portion of the portfolio. The portfolio should include a detailed explanation of the candidate's role and contribution on each of the collaborative activities. Clinical faculty should be offered an authorship at the planning phase of the project as recognition of their contribution to participant recruitment and/or procurement of biospecimens, in addition to their contributions that stem from their clinical expertise. Although the order of authorship on publications can be a consideration, there is recognition that the order may not reflect the importance of the contributions as a member of a scientific team. In the HS Clinical series, first or senior authorship is not required. Clinicians play key roles in multidisciplinary teams and in large multi-institutional studies. For some, principal interests may be in study design, successful recruitment of patients who meet criteria, or biological sample acquisition – all of which are critical to the success of investigative endeavors across multiple areas. Clinicians may not have the time necessary to lead the research programs but should be appropriately acknowledged for the intellectual engagement that enable projects to come to fruition. Their efforts should be rewarded by being included in a named consortium or other publication mechanism.

### E. University and Public Service

UC faculty are engaged in shared governance through committee work in service to the University. Service to the profession is also required as part of the criteria and the two categories of service are not interchangeable. University and public service starts within the department, and then expands to the Health System, broader Health Sciences and campus, local and regional communities, and subsequently moving nationally and internationally. Consistent with the other three domains, the requirements increase in responsibility and scope with ascending career stages. The ladder system takes into account that some junior faculty will take on more significant roles than expected at an early stage and these too will certainly count toward merit and advancement. Standardization of the requirements for appointment and promotion will aid both the faculty, who will know the expectations ahead of time and be able to plan accordingly to achieve their goals, and the academic leadership team, who will need to evaluate an individual's efforts.

When appointing an Assistant Professor, prior leadership, or service during training or prior professional effort is preferred. By the time of the 4th-year appraisal there should be evidence of Department service/participation on committees. Service roles should continue to expand at the Associate level, with participation in committees beyond the Department with a broader scope including Health System and University/affiliate service.

Participation in local community, professional, or national organizations may include membership of local or national organizations, committees, or boards, service as a journal reviewer or meeting organizer, or any criteria below at a higher level.

At the Professor level, an increase in the level of service is expected, preferably with leadership capacity, in the Department, Health System, and/or University/affiliate. Service to the profession should be expanded to include activities such as reviewer or editor for an academic journal, participation in regional, national, or international professional organizations. External teaching activities such as CME or professional society courses may overlap with teaching and scholarly activity and the faculty should avoid listing an activity twice.

To advance to Professor Step VI, the criteria above should apply with evidence of major contribution in service activities in the Department, Health System, and/or University/affiliate, including leadership roles with clear evidence of excellence and momentum including committees with broad institutional interest. National service could be demonstrated by visiting professorships, invited lectures at educational events, programs, or professional meetings. To advance to Above Scale a candidate should have performed highly meritorious service activity including leadership positions with highest distinction whose work has been internationally recognized and acclaimed.

## 6. GUIDELINES for MINIMAL CRITERIA for ADVANCEMENT in the HS CLINICAL SERIES

### GUIDELINES FOR CRITERIA FOR APPOINTMENT/PROMOTION IN THE HS CLINICAL PROFESSOR SERIES

School of Medicine template

APM 210-6; PPM 230-278 Appendix A

1. The division of time and effort among the four areas of activity need to be included in the file. The areas are 1) Professional Competence & Activities, 2) Teaching, 3) Scholarly & Creative Activities, 4) University & Public Service.
2. Scholarly / creative activities and University / public service are typically derived from primary clinical teaching and professional service and need to be appropriately weighted to take into account the primary emphasis on clinical teaching and patient care.
3. Appointees in this series will be evaluated in relation to the nature and time commitments of the University assignments.

<b>Assistant Professor</b>	<b>Initial appointment</b>
Professional Competence & Activities	<ul style="list-style-type: none"> <li>- Eligible for a CA license or equivalent</li> <li>- Faculty permit or seeking Board eligibility or certification</li> </ul>
Teaching	<ul style="list-style-type: none"> <li>- Plan in place to teach trainees or at UCSD or an affiliated program.</li> <li>- Demonstrated teaching ability or clear potential as a clinical teacher</li> </ul>
Scholarly & Creative Activities	<ul style="list-style-type: none"> <li>- Scholarly &amp; Creative activities are a requirement for the HS Clinical series and differentiate this series from MSP positions</li> <li>- Develop a focus and a plan for scholarly or creative activity</li> </ul>
University and Public Service	<ul style="list-style-type: none"> <li>- Leadership or service during training or prior professional effort is preferred.</li> </ul>

<b>Assistant Professor</b>	<b>4th-Year Appraisal</b>

Professional Competence & Activities	<ul style="list-style-type: none"> <li>- Established clinical focus and recognized clinical excellence</li> <li>- Provides consistent high-quality care. Can be evidenced by standardized assessment of quality which could include: <ul style="list-style-type: none"> <li>- Satisfactory patient satisfaction scores</li> <li>- Satisfactory scores on quality metrics</li> <li>- Meeting performance targets as defined in annual meeting with division chief</li> <li>- Meeting citizenship metrics</li> </ul> </li> </ul>
Teaching	<ul style="list-style-type: none"> <li>- Documented teaching engagement and effectiveness with average learner evaluations.</li> <li>- Other holistic forms of evaluation may include opinions of other faculty members knowledgeable in the candidate's field, particularly if based on class visitations</li> </ul>
Scholarly & Creative Activities	<p>Demonstrated measurable progress in previously identified areas of scholarly or creative interest</p> <ul style="list-style-type: none"> <li>- Evidence of at least one tangible peer-reviewed work product which can include but is not limited to: <ul style="list-style-type: none"> <li>- Patient educational material</li> <li>- Quality Improvements valued by the Department/Health System</li> <li>- New educational curricula</li> <li>- Clinical guidelines or pathways</li> </ul> </li> <li>- Participation in collaborative research projects within or across Departments/Health Sciences/University, not necessarily as primary or independent investigator, leading to publication <ul style="list-style-type: none"> <li>- Authorship of peer-reviewed papers (research, case reports, reviews, book chapters, etc.)</li> <li>- Participation in appropriate national and international organizational document / guideline development, position statements reflected in a published product</li> <li>- Podium presentations, posters at conferences</li> </ul> </li> <li>- Involvement in funded awards considered evidence of progress</li> <li>- Involvement on an IRB proposal supports trajectory but plan for authorship on completed project should be included.</li> </ul>
University and Public Service	<ul style="list-style-type: none"> <li>- Evidence of Department service/participation on committees. Involvement in the governance of the department.</li> </ul>

<b>Associate Professor, Step I</b>	<b>As above with evidence of:</b>
Professional Competence & Activities	<ul style="list-style-type: none"> <li>- Evidence of building a reputation of clinical excellence within the institution.</li> <li>- Be certified by one of the medical specialty boards, or demonstrate equivalent achievement and recognition</li> <li>- Responsive as a clinical consultant</li> </ul>
Teaching	<ul style="list-style-type: none"> <li>- Recognition as a consistently effective clinical teacher</li> <li>- Expanded mentoring activities for students, residents, fellows</li> </ul>
Scholarly & Creative Activities	<ul style="list-style-type: none"> <li>- Continued scholarly/creative activity productivity, with clear evidence of preservation of momentum. Candidates need to provide reviewers with completed work products which can include any of the above.</li> </ul>
University and Public Service	<ul style="list-style-type: none"> <li>- Evidence of participation in Department, Health System, and University/affiliate service.</li> <li>- Participation in local community / professional or national organizations.</li> <li>- This may include membership of local or national organizations, committees, or boards, service as a journal reviewer or meeting organization or any criteria below at a higher level.</li> </ul>

<b>Professor, Step I</b>	<b>As above with evidence of:</b>
Professional Competence & Activities	<ul style="list-style-type: none"> <li>- Expanded breadth of clinical responsibilities</li> <li>- Significant participation or leadership roles in the activities of clinical and/or professional groups</li> <li>- Effective development, expansion, or administration of a clinical service</li> <li>- Regional/National recognition of clinical focus area expertise and excellence</li> </ul>
Teaching	<p>Sustained or continued excellence as a clinical teacher and/or mentor.</p> <ul style="list-style-type: none"> <li>- Evidence can include and is not limited to: Teaching evaluations or the receipt of teaching awards. Or may include invitations to present Grand Rounds, seminars, lectures, or courses at UC or other institutions</li> <li>- Leadership/coordination role in Health System or University educational sessions, core trainee educational activities.</li> </ul>
Scholarly & Creative Activities	<p>As detailed above for Associate Professor and at least one of the following:</p> <ul style="list-style-type: none"> <li>- Clear distinction in their respective field with respect to research productivity and scientific</li> </ul>

	<p>advancement</p> <ul style="list-style-type: none"> <li>- Recognition as a leader in their field on a regional or national level</li> <li>- Continued publication and presentation</li> <li>- Emerged as a leader within the institution, with respect to scholarly and creative activity within their domain.</li> </ul>
University and Public Service	<ul style="list-style-type: none"> <li>- Increase in level of service, preferably with leadership capacity, in Department, Health System, or University/affiliate.</li> <li>- Service as reviewer or editor for an academic journal.</li> <li>- Participate in regional, national, or international professional organizations.</li> <li>- May overlap with teaching and scholarly activity: <ul style="list-style-type: none"> <li>- Evidence of mentorship of junior faculty.</li> <li>- External teaching activities such CME courses, professional society courses.</li> </ul> </li> </ul>

<b>Professor, Step VI</b>	<b>As above with evidence of trajectory and acclaim which may be evidenced by:</b>
Professional Competence & Activities	<ul style="list-style-type: none"> <li>- Exceptional clinical caseload supported by objective evidence (e.g., wRVUs)</li> <li>- Formal recognition regarding clinical work of exceptional quality (awards, patient satisfaction etc.)</li> <li>- Evidence of innovation and contribution to clinical care such as the development of new clinical services.</li> <li>- National/regional recognition of clinical focus area expertise and excellence.</li> </ul>
Teaching	- As above with continued trajectory of excellence.
Scholarly & Creative Activities	<ul style="list-style-type: none"> <li>- As above and demonstrated trajectory and contributions with respect to scholarly and creative productivity.</li> <li>- Formal recognition regarding scholarly / creative work</li> <li>- Evidence of leadership in scholarly / creative work</li> </ul>
University and Public Service	<ul style="list-style-type: none"> <li>- As above with evidence of major contribution in service activities in Department, Health System, or University/affiliate including leadership roles with clear evidence of excellence and momentum including committees with broad institutional interest.</li> <li>- Visiting professorships, invited lectures at educational events, programs, professional meetings.</li> </ul>

<b>Professor, Above Scale</b>	<b>Performance in all areas is excellent; demonstration of additional merit and distinction beyond the performance on which advancement to Step IX was based</b>
Professional Competence & Activities	<ul style="list-style-type: none"> <li>- As above with continued momentum, trajectory and acclaim which may be evidenced by: <ul style="list-style-type: none"> <li>- Exceptional clinical caseload supported by objective evidence (e.g., w RVUs)</li> <li>- Formal Recognition regarding clinical work of exceptional quality and impact (awards, unusual quantity of demonstrated patient compliments, etc.)</li> <li>- Evidence of innovation and contribution to clinical care such as the development of new clinical services.</li> <li>- International /National recognition of clinical focus area expertise and excellence</li> </ul> </li> </ul>
Teaching	<ul style="list-style-type: none"> <li>- As above with continued trajectory of excellence, which may be evidenced by: <ul style="list-style-type: none"> <li>- Teaching awards, mentoring awards, professional society recognition.</li> <li>- Invited lectureships</li> </ul> </li> </ul>
Scholarly & Creative Activities	- As above with continued trajectory of excellence and broad impact.
University and Public Service	- Highly meritorious service activity including leadership positions with highest distinction whose work has been internationally recognized and acclaimed.