

***CRITERIA AND GUIDELINES  
FOR APPOINTMENT AND  
PROMOTION OF FACULTY***

**UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE**

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**CRITERIA AND GUIDELINES FOR  
APPOINTMENT AND PROMOTION OF FACULTY  
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE**

**SECTION I. INTRODUCTION**

This document presents criteria and procedures applicable to the appointment and promotion of faculty in the University of Illinois College of Medicine. This document is intended to be consistent with standards and procedures for academic rank as described in the University of Illinois Statutes and Campus operating guidelines for both Chicago and Urbana-Champaign. Should there be inconsistencies, the Statutes and the Campus guidelines shall prevail.

The following areas are discussed:

SECTION II. Academic Ranks

SECTION III. Faculty Tracks/Standards for Academic Rank

SECTION IV. Documentation of Qualifications

SECTION V. Procedures for Appointment and Promotion

**SECTION II. ACADEMIC RANKS**

Appointment and promotion in academic ranks are a means by which the University recognizes and rewards achievement for the academic endeavors of research, teaching, service, and patient care where applicable. The following academic ranks are recognized:

**Assistant:** Individuals at this rank should have a minimum of a baccalaureate degree (or equivalent) and participate in the teaching or research programs of the College. The titles "teaching assistant" and "research assistant" are reserved for students currently enrolled at the University of Illinois.

**Associate:** Individuals at this rank should have a minimum of a master's degree and should participate in the teaching or research programs of the College. The title "research associate" is reserved for postdoctoral fellows.

**Instructor:** Faculty at this rank have earned a doctoral degree, and clinicians have completed at least three years of residency training. Individuals should demonstrate potential for excellence in and commitment to research, teaching, and/or service, including patient care where applicable. An appointment as an Instructor is normally given for a relatively short period of time.

**Assistant Professor:** Faculty at this rank meet the criteria for Instructor and ordinarily have completed a residency/fellowship training program or at least two years of postdoctoral experience. Clinicians should normally be board certified.

**Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank. Documentation of excellence is required.

**Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank. Documentation of excellence is required.

These ranks may be used in conjunction with the College's various tracks, which are described in Section III. It should be noted that appointments in the clinical discipline, research, teaching, clinical, adjunct and visiting tracks, (rank with "of clinical \_\_\_\_\_ " or modified by "research," "teaching", "clinical", "adjunct", and "visiting" respectively) may not be for an indefinite term (e.g., with tenure), nor is one on the probationary term in these tracks. Rather, appointments in the research, teaching, clinical, adjunct and visiting tracks are on an annual basis and notice of non-reappointment is not required. Appointments in the clinical discipline track are on a "W" contract (see the [Policies and Procedures](#) section of the College of Medicine's Faculty Affairs page).

The rank of "departmental affiliate" may be awarded to individuals in other academic units of the University when their participation in the programs of the College of Medicine warrants it. This appointment does not carry tenure and is made annually with the concurrence of the College, the primary department, and the individual. Notice of non-reappointment is not required.

The rank of "lecturer" is normally used to denote an individual who has responsibilities at the College of Medicine at Chicago and simultaneously holds a faculty appointment at another medical school in the Chicago area. Use of this rank evolved from agreement by Chicago area deans that primary faculty appointments for individuals should be limited to one medical school. This appointment does not carry tenure. Notice of non-reappointment is not required.

### **SECTION III. FACULTY TRACKS/STANDARDS FOR ACADEMIC RANK**

Faculty of the College of Medicine are normally in one of the following tracks: Tenure (Research/Teaching or Clinical/Teaching) or Non-tenure (Clinical Discipline, Research, Teaching, Clinical or Adjunct). Visiting as a prefix before the rank may be used in special cases normally for a limited duration. While it is possible to switch tracks, there are logical points in career development when changes should be considered and other times when changes are not

permitted (see Section V).

Standards for each track/rank are described in this section, with further details on [Research and Scholarly Activity](#), [Teaching](#), [Patient Care and Related Clinical Activities](#), and [Service](#) described in [SECTION IV. DEMONSTRATION OF QUALIFICATIONS](#).

Operational definitions of the above categories are provided below.

Scholarly activity: We accept and employ the definition of scholarly activity that was first espoused by Boyer (1990) and then modified for the Land-Grant system by Weiser (1996). Scholarly activity is a creative work that is peer reviewed and publicly disseminated. There are several basic forms of scholarship, which are:

- Discovery of new knowledge;
- Development of new technologies, methods, materials, or uses; and
- Integration of knowledge leading to new understanding.

Teaching: Teaching is defined as any activity undertaken by a faculty member within the formal academic programs of UI COM that contributes to the efforts of students and other trainees to acquire intellectual skills, to extend knowledge and understanding, or to develop attitudes and habits that foster continuing growth.

Patient Care and Related Clinical Activities: Patient care is broadly defined to include clinical practice or consultation services based on the faculty member's area of clinical expertise.

Service: Service is defined as contributions and activities, including some administrative activities, which promote the general welfare of a department, school, the university, or the broader community. Service at the regional, national, and international level may include, but is not limited to, engaging actively in the development of a professional discipline or professional society; participating in the committees and governance of institutional, regional, national, and international societies; and organizing symposia, seminars, lectureships, and continuing education programs. Involvement in an outside agency or community-based volunteer service also is a highly valued form of service.

In addition, **all College of Medicine faculty, regardless of track or rank, are expected to demonstrate a commitment to Diversity, Equity and Inclusion (DEI)**, which is defined here and in [SECTION IV](#).

Diversity: The UIC Diversity Strategic Plan, *A Mosaic for UIC Transformation*, defines diversity as the totality of the ways that people are similar and different, including **race, ethnicity, class, gender, gender identity, sexual orientation, disability, national origin and citizenship status, age, language, culture, religion, and socioeconomic status, particularly when those similarities and differences are used as a basis for unfair advantage and inequity**. UIC has a firm commitment to providing access to groups that have been historically under-represented, excluded, marginalized, or otherwise discriminated against in higher education.

Equity: Equity work assumes that we don't all start from the same place and attempts to address this imbalance by working towards providing equality of opportunities and pursuing the

elimination of disparate outcomes for members of historically marginalized populations (by race, gender, disability, sexuality, etc). Equity work requires reducing or eliminating the institutional, social, financial and physical barriers that create and reinforce inequalities.

Inclusion: Refers to the process whereby different groups feel welcome and valued in a given environment. In an inclusive environment, people feel that they are seen, that they belong, that their voice counts, that they have leverage, and that they are able to participate in decisions that impact their lives. Building inclusive environments often requires redesigning curricula and creating innovative learning environments, rethinking pedagogy, and mentoring intentionally and holistically.

#### **A. Tenure Track**

Faculty appointed in this track are in the tenure system and must be salaried greater than 50% for University-related activities. The two tenure sub-tracks are designated as Research/Teaching (RT) and Clinical/Teaching (CT). Criteria for the RT and CT Tracks emphasize excellence in different areas, as described below. While recommendations for appointments and promotions must signify the track and the track designation is a part of official College records, there is no public distinction in terminology of titles in the tenure sub-tracks.

- 1. Research/Teaching (RT) Track:** This track is for faculty with significant research commitment in addition to teaching and service, including patient care where applicable. Appointment or promotion of faculty in the RT Track depends primarily on documented achievement in scholarly research activities and excellence in teaching. The hallmark of scholarly achievement for this track is the generation of new knowledge through creative and original research, and excellence in this area is usually the primary basis for promotion. The quality of publications, consistency of performance, and the extent of involvement of the candidate in research are more important than overall quantity of articles. For advancement in rank to Associate Professor or Professor, demonstration of and potential for attainment of substantial peer-reviewed external support is required, as appropriate to the discipline and faculty role in the department and the College of Medicine. Invited papers presented at scholarly meetings and conferences, research seminars presented at other institutions, and service on national scientific advisory boards are additional criteria for promotion in the RT Track. Excellence in teaching may include outstanding performance in classroom teaching, as well as successful mentoring of undergraduate, medical, graduate, and postdoctoral trainees in laboratory settings. Service to the University is an important faculty responsibility and is therefore a factor in appointment and promotion considerations, but it is not sufficient for promotion in the absence of research accomplishments and recognition and excellence in teaching. A commitment to the College's diversity, equity and inclusion goals is expected.

**Assistant Professor:** Faculty at this rank have demonstrated evidence of original research in the form of publications in refereed journals and demonstrated

excellence in teaching.

**Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank have developed a competitive and funded independent research program, as appropriate to the discipline and faculty role in the department and the College of Medicine, demonstrated excellence in teaching, and have a strong record of service. They are contributing significant new information to the scientific literature, have demonstrated promise of becoming leaders in their fields, and have attained recognition at the national level.

**Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank demonstrate a sustained record of excellence in research, teaching, and service, and have shown significant innovation and/or impact in their work. They have a sustained independent funded research program, as appropriate to the discipline and faculty role in the department and the College of Medicine. They are leaders in their field at the national and/or international level which brings recognition and enhanced stature to the University.

- 2. Clinical/Teaching (CT) Track:** This track is for clinical faculty with a primary commitment to, and demonstrated excellence in, teaching and service including patient care. Promotion in this track is achieved through the development and/or application of creative advances in medical care, the fostering of such clinical care in students through teaching excellence, and scholarly activity leading to advances in medical practice and/or education.

It is expected that individuals being appointed or promoted in the CT Track will be excellent clinicians. The development of a quality practice, which is used as a base for teaching students and residents, enabling the faculty member to serve as a role model and providing the opportunity for the development of new clinical approaches and technologies is of major importance when performance is judged. Affirmation of the high quality of clinical practice is demonstrated by peer recognition, including but not limited to patient referrals and consultation relationships, internal and external awards, and positions of leadership or responsibility in medical organizations, agencies and professional societies.

Evidence of scholarly activity includes but is not limited to articles in refereed journals, which may include original research papers and review articles, as well as book chapters and case reports. The candidate must show evidence of significant involvement in the work or in the preparation of the publications. The publications considered adequate to meet this requirement are fewer than in the Research/Teaching Track. Quality of publications (e.g., original research) is more important than overall quantity. Presentation of papers at scholarly meetings or conferences, especially when the papers are screened by a review committee, or participation in national and/or international meetings or organization of sessions for such meetings are additional criteria for promotion. The receipt of external funds for research or funding for other scholarly pursuits is encouraged but not required for promotion in this track. A commitment to the College's diversity, equity and inclusion goals is expected.

**Assistant Professor:** Appointments at this rank require evidence of excellence in patient care and teaching and a commitment to scholarly activity.

**Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank have demonstrated excellence in teaching and patient care and are significantly engaged in scholarly activity that results in substantial contributions in the field. They show promise of becoming leaders in their fields, have evidence of developing a high quality clinical practice, and should show an emerging reputation of excellence at the national level or a reputation of excellence at the regional level.

**Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank have demonstrated sustained excellence in their teaching, patient care, and service as well as continued engagement in scholarly activities. They have developed a high quality clinical practice, have demonstrated leadership in their fields, which brings recognition and enhanced stature to the University, and are recognized nationally and/or internationally for their contributions.



## **B. Non-Tenure Tracks**

- 1. Clinical Discipline Track:** This non-tenured track is used in the clinical departments for faculty who are primarily involved in patient care, teaching, and service. To be eligible for this track, a faculty member must be salaried greater than 50% for University-related activities. Primary commitment by the faculty member to College of Medicine programs is expected and frequently demonstrated through contributions to the mission of the department by development of a clinical practice and related teaching efforts. Faculty in this track are not in the tenure system and will be required to sign waiver of tenure (“W”) agreements. A commitment to the College’s diversity, equity and inclusion goals is expected.

**Assistant Professor of Clinical Discipline:** Faculty at this rank will demonstrate potential for contributing to the patient care and educational programs of the College.

**Associate Professor of Clinical Discipline:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated excellence in patient care programs including development of a high quality and substantial clinical practice and teaching. A record of scholarly activity must be demonstrated, which may include but is not limited to publications, adoption of practices or products by one’s peers, and presentations at the local or regional level. Faculty have regional recognition as a clinician and/or educator, and provide service/leadership on local and regional committees.

**Professor of Clinical Discipline:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated a high level of professional accomplishment in patient care programs including development of a high quality and substantial clinical practice and teaching. A record of ongoing scholarly activity must be demonstrated, including but not limited to publications, adoption of practices or products by one’s peers, and presentations at the regional or national level. Service to the discipline and/or institution is also expected. Faculty have received national recognition as a clinician and/or educator, and provide service/leadership on regional or national committees.

2. **Research Track:** This non-tenured track may be used for faculty members whose primary commitment to the College is in research. While a faculty member must be salaried greater than 50% for University-related activities to be eligible for the Research Track, in practice this track is most frequently used for full-time faculty. In basic science departments, faculty with the research prefix normally have reduced teaching activities. Within the clinical departments, the research prefix normally designates faculty members who are credentialed in a field (usually a basic science) other than the primary clinical discipline of the department and who have a major commitment to research.

It is recognized that faculty with the research qualifier normally have reduced teaching and service activities, but correspondingly greater research activity. Criteria for promotion to Research Associate Professor fall into two categories as detailed below. Promotion to Research Professor requires clear evidence of independence. A commitment to the College's diversity, equity and inclusion goals is expected.

**Research Assistant Professor:** Faculty at this rank should have demonstrated evidence of original research in the form of publications in refereed journals.

**Research Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at the Research Associate Professor rank should be actively engaged in research. Criteria for promotion to this rank may fall into two categories:

- 1) **Establishment of an independent research program.** In this case, independent and continuous external funding; high-quality senior-author publications; and evidence of national recognition are required.
- 2) **Significant contributions to and evidence of impact on an established research program.** Although the candidate may not be Principal Investigator on an externally funded grant, he or she must be an essential member of the team. In this case, evidence of national recognition is still required including high-quality senior-author publications, invited seminars and service as a reviewer or consultant.

Satisfaction of requirements in either category may be sufficient for promotion to Associate Professor.

**Research Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at the Research Professor rank should have demonstrated a sustained record of excellence in research, clear evidence of independence, continued funding for research, and significant innovation in their work. They should have demonstrated leadership in their field, which brings recognition and enhanced stature to the University and should be recognized nationally and/or internationally for their accomplishments.

3. **Teaching Track:** This non-tenured track is used for faculty whose primary responsibility is in medical and biomedical education. Faculty in this track must be salaried greater than 50% for University-related activities. A commitment to the College's diversity, equity and inclusion goals is expected.

**Teaching Assistant Professor:** Faculty at this rank will demonstrate potential for impactful contributions to the medical educational programs of the College.

**Teaching Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and a significant commitment by the faculty member to the University's programs. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated excellence in medical education as evidenced by an impactful teaching record and positive student engagement. The candidate should demonstrate maturity in the development and delivery of curricular materials that demonstrate sound pedagogy, promote the education of future physicians and are aligned with current medical education teaching principles and standards as endorsed by the AAMC and LCME. Faculty at this rank should also have made significant contributions to the education program as a whole through leadership and/or committee service in the area of curricular administration/management. A record of scholarly activity in the area of medical education must be demonstrated including, but not limited to conference abstracts, manuscript publications and presentations/workshops at the local or regional level.

**Teaching Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated a high level of professional accomplishment in medical education and in educational leadership, including quality medical teaching and pedagogy as well as advancements in teaching and learning in the discipline. Faculty at this rank should also have made significant contributions to the education program as a whole through mentoring of junior instructors and through leadership and committee service in the area of curricular

administration/management. A record of scholarly activity in the area of medical education must be demonstrated including, but not limited to conference abstracts, manuscript publications, textbook chapters and presentations/workshops at the regional or national level. Securing competitive internal or external grants supporting medical education research is an additional marker of scholarship. Faculty at this rank should have received national recognition as an educator and provided service/leadership on regional or national committees.

4. **Clinical Track:** This track is used in the clinical departments for faculty who are primarily involved in patient care and teaching, and are voluntary or salaried 50% or less for University-related activities. They are on fixed term appointments and not in the tenure track.

Appointment or promotion of faculty in the Clinical Track depends primarily on patient care and on stature in the practice of medicine, and/or teaching excellence. Demonstrated excellence in teaching and service will generally meet promotional requirements. A commitment to the College's diversity, equity and inclusion goals is expected.

**Clinical Assistant Professor:** Normally, faculty at this rank will have participated actively for at least two years in the educational programs of the College or will have had comparable educational experience in another institution.

**Clinical Associate Professor:** Faculty at this rank have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies a high level of professional accomplishment and is not awarded solely based upon years in rank. Faculty at this rank should have demonstrated sustained commitment to the educational program of the College or will have made comparable educational contributions at another institution. It is expected that expertise and excellence will be demonstrated in the performance of such responsibilities. Faculty should have received peer recognition at the local or regional level for their achievements, and scholarly activity and service should be demonstrated.

**Clinical Professor:** Faculty at this rank have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered in cases of extraordinary accomplishment. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank. Faculty at this rank should have demonstrated involvement in the mission of their department and the College. This rank recognizes sustained teaching excellence or contributions in the practice of medicine which bring stature to the College. Faculty should have received peer recognition at the regional level for their achievements, and scholarly activity and service should be demonstrated.

5. **Adjunct Track:** Adjunct as a prefix to a rank normally denotes a faculty member whose major time commitment is not at the University and/or who has credentials in a field other than the primary discipline of the appointing department. Such a faculty member is generally salaried 50% or less for University-related activities or participates on a non-salaried basis. Faculty in the Adjunct Track are on annual appointments and not in the tenure track. Progression in rank in the Adjunct Track tends to parallel the level of professional development achieved by the faculty member in his or her own field. The minimum requirement of a doctoral degree at the instructor level may be met by a relevant non-doctoral degree. In appointing or promoting a faculty member in the Adjunct Track, it is essential to identify academic activities and achievements within the College of Medicine. A commitment to the College's diversity, equity and inclusion goals is expected.
  
6. **Visiting Track:** Visiting as a prefix to a rank normally denotes a faculty member whose appointment is temporary. Faculty in the Visiting Track are on annual appointments and not in the tenure track. A commitment to the College's diversity, equity and inclusion goals is expected.

#### **SECTION IV. DEMONSTRATION OF QUALIFICATIONS**

The intent of this section is to describe the evidence that is evaluated and assessed when a faculty member is considered for a given academic rank. Documentation will be required for contributions in research, teaching, and service, including patient care where applicable, as well as commitment to diversity, equity and inclusion.

**Letters of evaluation** from experts in the candidate's field are a significant factor in consideration for appointment or promotion. Individuals from whom letters of evaluation are requested should be told the criteria for scholarly and other activity as defined in this document and should be asked to comment on the skills of the candidate as appropriate for the relevant track. Evaluation of the quality and significance of the faculty member's standing relative to individuals at the same level of appointment or advancement must be provided. For salaried appointment or promotion to the rank of Associate Professor or Professor in the Tenure tracks (CT and RT), letters from at least five but no more than eight scholars or professional specialists outside the University who have not been significant collaborators or mentors of the candidate are required. All references should be established authorities in the field and should be at or above the rank of promotion. However, full professor or equivalent (e.g., industry or government research positions) is preferred when possible.

For salaried appointment or promotion to the rank of Associate Professor or Professor in the non-tenure tracks (Clinical Discipline, Research, Teaching, Clinical, and Adjunct), letters from at least three but no more than five scholars or professional specialists outside the University who have not been significant collaborators or mentors of the candidate are required. All references should be established authorities in the field and should hold rank at or above the proposed appointment or promotion. Additionally, letters from individuals who have collaborated with the candidate may be submitted but may not be counted towards the minimum of five external reviewers.

## **A. Research and Scholarly Activity**

Research involves an organized system of measurement, observation and comparison. Scholarly activity, of which research is a part, includes work that is disseminated publicly, judged by one's peers to be creative or innovative and has impact within its field. In addition to traditional research reports in peer reviewed journal articles, documentation of scholarship may include such things as presentations, posters, and education materials in peer-reviewed repositories. Educational scholarship, like other types of scholarship, also involves an organized system of measurement and observation, and subsequent dissemination of the results in peer-reviewed venues, on topics such as curriculum development, advising/mentoring, assessment of learners, and education administration and leadership. Teaching excellence is not, by itself, educational scholarship. While indices of scholarly activity may differ by discipline and by rank, evidence of achievement includes:

- 1. Publications.** The quality and impact of publications, the consistency of productivity, and the number of publications are all factors which will be considered. Considerations in judging the quality of scholarly work include originality, whether or not the journals are refereed, the quality of the journal and the role of the candidate in the execution of a project. It is recognized that disciplines have different norms for order of authorship, and an explanation of the norms for the candidate's discipline should be provided. Publications which are not yet in print but have been accepted should be appropriately documented.
- 2. Support for Research.** The organization and execution of a creative, productive, and sustained research program provide significant evidence of scholarly achievements. Grants obtained as a principal investigator after peer review at the national level are particularly important for appointment or promotion to the rank of Associate Professor or Professor in the Tenure RT and Non-tenure Research Tracks. Other types of research grants that will contribute to the scientific body of knowledge are also valued.
- 3. Adoption of practices or products by one's peers.**

THE FOLLOWING CONSTITUTE EVIDENCE OF NATIONAL RECOGNITION NORMALLY BASED UPON ONE'S SCHOLARLY ACHIEVEMENT.

- 4. Presentations at Scholarly Meetings and Conferences.** Research stature can be assessed, in part, by invited papers presented at scholarly meetings and conferences. In addition, papers given at meetings or conferences which have been screened by a review committee should be indicated. Invitations to participate in national or international meetings or to organize sessions for such meetings are evidence of peer recognition of research accomplishments.
- 5. Appointment to Editorial Boards of Professional Journals.** Service on editorial boards of professional journals or as peer reviewers of manuscripts provides evidence of the candidate's stature within his/her discipline.

6. **Invited Seminars.** A list of research seminars given by the candidate at other institutions provides evidence of research stature.
7. **Service on National Scientific Advisory Boards.** Service on study sections for the NIH, NSF, or other national research advisory boards provides evidence of national stature in a research field.
8. **Election to office in national scientific organizations.**
9. **Recognition of expertise due to consulting activities within the public or private sector.**

## **B. Teaching**

As used here, “teaching” refers to all aspects of the education process in which the faculty member contributes to specific curricular experiences or the instruction, assessment, or mentoring of identifiable learners (including but not limited to medical students, Honors College students, residents, fellows, graduate students, and postdoctoral fellows); educational leadership in the College or the profession more generally should be reported as service. The evidence to be used in judging teaching performance for all faculty members are listed below. It is expected that those individuals who are being recommended for promotion primarily on the basis of excellence in teaching will be able to document excellence in these areas. Documentation of teaching excellence includes:

1. **Student Performance.** Objective measures, particularly external, of student progress in the courses in which the candidate teaches provide evidence of teaching achievement. Other measures of trainee performance in the basic sciences may include trainee awards, publications, presentations at national meetings, and career advancement.
2. **Systematic and Standardized Student/Resident Evaluation of Instruction.** Student/resident evaluation of teaching is the responsibility of departments and should encompass classroom/laboratory teaching assessment and clinical teaching assessment. The standard College assessment forms should be used and qualitative information compared to departmental norms.
3. **Peer Appraisal of Instruction.** Peer evaluation of teaching is the responsibility of departments and should encompass classroom/laboratory teaching assessment and clinical teaching assessment. Standard College assessment forms include ratings of teaching performance by peer observation, a validity check through an interview form to be used with students immediately following peer observation, and evaluation of the faculty member’s assessment of written materials of students.
4. **Curricular, Instructional, or Assessment Material and Methodology.** Faculty members should provide a written description of new teaching methods or subject matter, including the objectives, the reasons why a new teaching method is being introduced, and comparing the new or non-traditional approach with conventional

methods. The evaluation of new or non-traditional teaching methods or subject matter will be done by peers and department heads using a standard College assessment form.

5. **Teaching Responsibilities.** A list of the candidate's specific teaching responsibilities, including the number of contact hours, preparation hours and committee work hours, provides valuable information about the candidate's commitment to teaching. The teaching workload over a number of years indicates the scope and quantity of activity.
6. **Awards for Teaching Excellence.** A list of awards received by the candidate for excellence in teaching provides another measure of the candidate's teaching ability.

### **C. Patient Care and Related Clinical Activities**

If quantitative data are provided for clinical activity, norms should also be included. Indicators of excellence in clinical activities include the following:

1. Evidence of peer recognition in the community as a consultant or a primary provider as assessed by patient referrals. The department head/chair may obtain written documentation from clinical colleagues in the community as a means of documenting recognition.
2. Development, documentation, and evaluation of innovative patient care activities, new techniques and breakthroughs.
3. Membership on advisory committees of and consultantships to hospitals and educational, clinical, or other similar institutions.
4. Programs of national, state, or local professional organizations which the candidate organized or in which he/she participated.
5. Maintenance of board certification.

### **D. Service**

In evaluating a faculty member's service contributions, letters from the department head/chair, senior department members, deans, peers on committees, or committee chairpersons specifically in regard to the faculty member's service performance may be provided. Evidence of University service includes:

1. Administration of a department or other formally organized unit of instruction or of a clinical service.
2. Director of special departmental or interdepartmental training or research programs.
3. Service as a class or student advisor.



4. Member of department, program, College, or University governing bodies.
5. Member or chairperson of department, program, College, or University committees.
6. Representative of the department, program, College, or University to outside agencies.
7. Chairperson of course committees.
8. Participation in the design or delivery of continuing medical education programs. A list of such programs and the candidate's role and documentation concerning the quality of the candidate's contributions should be submitted.
9. Appointment or election to offices in local, regional and national medical societies.
10. Service to local institution, hospital, and community may also be considered.

#### **E. Institutional Diversity, Equity and Inclusion**

Given that diversity, equity and inclusion are foundational at UIC, all faculty hired after August 16, 2021 must include in their dossiers a personal statement on their philosophy, commitment, and work to promote diversity, equity, and inclusion at UIC. Both tenure track and non-tenure track faculty will be required to provide this statement as part of the promotion process. The statement is optional for those hired before August 16, 2021.

The guidelines below offer a general framework for faculty members in describing their contributions to institutional diversity, equity, and inclusion in their personal statements. This statement is mandatory for all new faculty so as to encourage all faculty to actively support and promote UIC's institutional goals of diversity, equity and inclusion. Many faculty across campus are already engaged in work promoting diversity, equity and inclusion, and the addition of this statement in the Promotion dossier provides a mechanism to recognize the broad contributions of our faculty across all disciplines.

The statement is intended to broadly encompass efforts in diversity, equity and inclusion. It can reflect:

- Service, research, clinical and/or teaching activities,
- Activities at UIC or within academic and professional associations, non-profit, governmental, and/or private sector organizations, or representing UIC within the community,
- Efforts addressing a wide range of equity and inclusion issues.

#### **Definitions of Diversity, Equity and Inclusion**

**Diversity:** The UIC Diversity Strategic Plan, *A Mosaic for UIC Transformation*, defines diversity as the totality of the ways that people are similar and different, including **race, ethnicity, class, gender, sexual orientation and identity, disability, national origin and citizenship status, age,**

**language, culture, religion, and socioeconomic status, particularly when those similarities and differences are used as a basis for unfair advantage and inequity.** UIC has a firm commitment to providing access to groups that have been historically under-represented, excluded, marginalized, or otherwise discriminated against in higher education.

**Equity:** Equity work assumes that we don't all start from the same place and attempts to address this imbalance by working towards providing equality of opportunities and pursuing the elimination of disparate outcomes for members of historically marginalized populations (by race, gender, disability, sexuality, etc). Equity work requires reducing or eliminating the institutional, social, financial and physical barriers that create and reinforce inequalities.

**Inclusion:** Refers to the process whereby different groups feel welcome and valued in a given environment. In an inclusive environment, people feel that they are seen, that they belong, that their voice counts, that they have leverage, and that they are able to participate in decisions that impact their lives. Building inclusive environments often requires redesigning curricula and creating innovative learning environments, rethinking pedagogy, and mentoring intentionally and holistically.

Diversity, equity and inclusion practices may vary considerably by discipline and unit. The guidelines below are intended to assist individual faculty, units, and committees in implementing and evaluating faculty contributions.

## RESEARCH

Examples of scholarship, research or creative activity related to institutional diversity, equity and inclusion might include:

- Research in a faculty member's area of expertise that involves inequalities or barriers for inclusion for underrepresented groups.
- Leading or participating in a research group that addresses diversity, equity and inclusion.
- Research that addresses issues such as race, gender, diversity, equity and inclusion.
- Studying patterns of participation and advancement of women and minorities in fields where they are underrepresented.
- Studying racial, ethnic, rural/urban and sex-/gender-based differences in medical conditions or diseases.
- Studying socio-cultural issues confronting underrepresented students in graduate and medical school career development and curricula.
- Evaluating programs, curricula, and teaching strategies designed to enhance participation of underrepresented students in medical and graduate education.
- Research that addresses health disparities, educational access and achievement, political engagement, economic justice, social mobility, civil and human rights.
- Research that addresses questions of interest to communities historically excluded by or underserved by higher education.
- Establishing or supporting the creation of new academic initiatives in diversity, equity and inclusion.

## TEACHING

Specific examples of evidence that faculty might use to show their contribution to institutional equity and inclusion in the teaching area might include:

- Developing effective inclusive teaching strategies for the educational advancement of students from groups underrepresented in undergraduate, medical and graduate education.
- Record of success mentoring students, trainees, or colleagues from groups underrepresented in the faculty member's discipline/profession.
- Serving as an Honors College Faculty Advisor or SURS mentor to diverse students.
- Serving on Master's thesis, prelim, other committees for students from under-represented groups.
- Developing courses or curricula materials that focus on themes of diversity, equity, and inclusion or the incorporation of underrepresented groups.
- Modifying the curriculum to include themes of diversity, equity, and inclusion of underrepresented groups and eliminate bias (e.g., taking stereotypical representations of race out of clinical cases, including examples of underrepresented leaders in medicine).
- Evaluating programs, curricula, and teaching strategies designed to enhance participation of students from underrepresented groups.
- Leadership or participation in faculty workshops and /or inclusive classroom sessions to promote equity and inclusion.
- Participation in scholarship of teaching and learning activities, including workshops, research projects, and conferences at the intersection of curriculum development and diversity.
- Serving as an advisor to programs such as Women in Science and Engineering, L@s GANAS, Urban Health Program Summer Prematriculation Program, or other similar programs.
- Continuing Medical Educational activities with a diversity, equity and inclusion themes (and preferably quantitative evaluations).

## CLINICAL SERVICE

Specific examples of clinical service related to institutional equity and inclusion might include:

- Clinical activities and/or innovation in health care delivery to address health inequities (e.g., telehealth, mobile services, new interventions).
- Recognizing and incorporating sociocultural contextual factors (e.g., race, ethnicity, sex/gender, etc.) into patient care plans.
- Efforts to promote shared decision making informed by an understanding of health inequities.
- Pursuit of continuing medical education opportunities related to health equity.
- Clinical activities focused on diverse populations and conditions that disproportionately or differentially affect those populations (e.g., sickle cell, heart failure, hypertension, and kidney disease in African-Americans).
- Improving the clinical environment to address diverse groups (e.g., posters and educational materials in various languages with images that reflect the population served).
- Efforts to practice cultural humility in the clinical context and model it for trainees.
- Clinical work outside of UI College of Medicine and its health affiliates focused on addressing health disparities (e.g., vaccine education, free clinics, community centers, community fairs, health-related community talks/forums, rural health).
- Clinical activities that address underserved communities through global health efforts.
- Clinical work at sites in underserved communities.

## UNIVERSITY SERVICE

Specific examples of service related to institutional equity and inclusion might include:

- Leadership in a professional organization's equity, inclusion, and/or diversity work.
- Membership on departmental or university committees related to equity and inclusion.
- Participation and/or leadership in university pipeline and/or outreach activities.
- Participation and/or leadership in efforts to increase participation of underrepresented students in undergraduate, medical, graduate and residency programs.
- Service for or joint initiatives with state or national organizations with an emphasis on equity and inclusion, e.g., National Society of Black Physicists; MATEC, HIV, Minorities in Cancer Research, National Medical Association, American Medical Women's Association, Health Professionals Advancing LGBTQ Equality (previously known as the Gay & Lesbian Medical Association)
- Leadership in organizing departmental or campus-wide events that encourage self-reflection and education regarding issues of equity, inclusion.
- Participation and/or leadership in academic preparation, outreach, tutoring, pipeline or other programs designed to remove barriers facing women, minorities, veterans, people with disabilities, and other individuals who are members of groups historically excluded from higher education.
- Demonstrated leadership in strengthening ties with Tribal Colleges and Universities (TCUs), Historically Black College and University (HBCUs), Hispanic Serving Institutions (HSIs), and Minority Serving Institution (MSIs) in an effort to facilitate research and/or to enhance the recruitment and retention of underrepresented students, trainees, faculty and staff at UIC.
- Participation and/or leadership in recruitment and retention activities.

## COMMUNITY SERVICE

- Engagement in seminars, conferences, or institutes that address the concerns of women and under-represented minorities.
- Service on local or statewide committees and boards focused on issues of equity and inclusion.
- Presentations or performances for under-represented communities.
- Outreach to underrepresented (e.g., rural, tribal) groups to provide education on career development in the field of medicine or science
- Honors, awards, and other forms of special recognition such as commendations from local or national groups or societies representing under-served communities.
- Reciprocal engagement with organizations supporting under-served communities to achieve shared goals.

The above are offered as examples. The range of teaching, research, professional activity, clinical activities, and university and community service initiatives in which a faculty candidate might engage can include other activities carried out on behalf of UIC.

## **SECTION V. PROCEDURES FOR APPOINTMENT AND PROMOTION**

### **A. Recommendation and Review Process**

Recommendation for appointment and promotion go from the Department Head or Chair to the Regional Dean (for Peoria, Rockford and Urbana only), to the Dean, to the Dean of the Graduate College, to the Provost and Vice Chancellor for Academic Affairs, to the Vice Chancellor for Health Affairs, to the Chancellor and ultimately to the Board of Trustees. All decisions to grant tenure are ultimately made by the Board of Trustees. When a faculty member is credentialed in a field other than the discipline of the appointing department, the alternative for the unqualified track is (rank) of \_\_\_\_\_ (e.g. anatomy) in \_\_\_\_\_ (e.g. surgery). In such cases endorsement of the rank by the department head of the field in which the individual is credentialed is required. In Urbana when a faculty member has dual appointments in both the College of Medicine at Urbana and a department of the UIUC Campus, a special process has been approved to obviate a full and separate evaluation by both campuses.

All appointments and promotions to the Associate Professor and Professor levels should be reviewed within the originating department by an appointments and promotions committee. The size and structure of these committees will be determined by the department's bylaws and in accordance with University requirements. Departmental committees should provide independent advice to the department head or chair who does not sit as a member. Peoria, Rockford and Urbana also have a review level by local appointments and promotions committees or executive committees. The decisions of all review bodies should be submitted along with recommendations for appointment, promotion and tenure.

At the College level appointments and promotions to Associate Professor and Professor in all tracks except Visiting are reviewed by the Committee on Faculty Appointments, Promotions and Tenure or by the Committee on Clinical and Adjunct Appointments and Promotions, as well as by the College Executive Committee. Recommendations from these committees are advisory to the Dean.

### **B. Track Switching**

College faculty are in one of the tracks as described above, dependent upon individual time commitment to the University, career direction, and role in the College. Track switching can occur if an individual's commitment to the University changes substantially or if his or her role or career direction changes. Should a switch be desirable, there are logical points when it should be considered and other times when it is not permitted.

Movement from the tenured to the non-tenured tracks can occur with appropriate justification, approval by the College and Campus, and provided the request is made before the end of Year Four of the tenure probationary period. However, such action is not permissible as a means of extending the probationary term. Furthermore, a candidate must have spent the previous two years in the track in which a promotion recommendation is being made.

Movement from the non-tenure track to the tenure track is treated like a new hire, and is assessed on a case-by-case basis. Such appointments must come with a formal probationary period, and faculty should be advised that a switch back to the non-tenure track would not be within policy. Should a switch be desirable, the faculty member should start on this track at most at the beginning of the 4th year of their probationary period. The university does not normally permit candidates to be considered for promotion until they have been in the track for at least two years.

Changes between the Tenure subtracks (RT and CT) do not foster extension of the probationary term and, consequently, are permissible. An important element of the mid-probationary review should include an evaluation of the appropriate subtrack for the probationary faculty member, and it is recommended that a subtrack change occur if the individual's role and career direction differ from original expectations. While subtrack switching at the time of promotion is discouraged, it is not prohibited. However, one cannot change subtracks and be resubmitted for promotion during the same cycle that a promotion has been disapproved at the College level or above. When subtrack switching is recommended at the Associate Professor or Professor levels, a justification should be submitted to the College Committee on Faculty Appointments, Promotions and Tenure.

**C. Review During Probationary Period**

Review during the probationary period will be conducted in accordance with Campus and University policies and regulations.

**D. Interruptions of the Probationary Period (Tenure Rollbacks)**

An interruption of the probationary period may be granted for one year upon request when an event or compelling circumstances cause substantial impairment of a candidate's ability to pursue his or her teaching, scholarly activities, and/or service. Ordinarily, no more than two such rollbacks will be granted. The candidate's record before the event must be consistent with the preservation of institutional quality. The criterion for preservation of institutional quality is that the candidate is making appropriate, demonstrable progress toward attaining indefinite tenure. Requests for rollbacks must be made in accordance with Campus and University policies and regulations. They should be initiated in writing by the faculty member, endorsed by the appropriate unit head, submitted to the Dean for approval, and forwarded to the Provost and the Chancellor for approval. Confidentiality relating to the grounds of the request will be maintained.

**E. Joint Appointments**

In addition to their primary appointments, faculty members may have joint appointments in other College of Medicine departments or in other University of Illinois colleges. Likewise, faculty members may have joint appointments in the College of Medicine when their primary appointments are in other colleges. Recommendations for joint appointments are normally based upon mutual interests or activities.

Other ways of recognizing joint interests and activities include appointing an individual as a departmental affiliate or as a Graduate College faculty member. Neither of these titles provides full faculty status in the College of Medicine.

**F. Documentation Requirements for Appointment/ Promotion Recommendations to the Associate Professor and Professor Levels**

The College of Medicine's promotion and tenure dossier forms are based on the UIC forms issued annually by the Office of the Vice Provost for Faculty Affairs, and include small modifications to the teaching and peer evaluation sections. In its review of recommendations for appointment and promotion, the College Committee on Faculty Appointments, Promotions and Tenure and the College Committee on Clinical and Adjunct Appointments and Promotions consider in depth, candidates' achievements in relation to the criteria for the proposed rank. Required documentation for each candidate includes a description of past, current and proposed activities; achievements in the areas of research, teaching, service, and patient care; external letters of review; College and University summary forms; reprints of articles; and CV and bibliography. It is extremely important that detailed information on the accomplishments of each candidate for appointment or promotion be submitted at the time the initial recommendation is made. It is the responsibility of the Department Head/Chair to emphasize the importance of a candidate's contributions and achievements which he or she feels are of special significance. Documentation of excellence is required. Further information and complete instructions regarding faculty appointment and promotion in the College of Medicine may be accessed at the Faculty Affairs website at:

<http://medicine.uic.edu/office-faculty-affairs/promotions-and-new-appointments/>

**G. Disapproved Recommendations**

In cases of a negative decision, candidates have a right to continue with the formal review at each step beyond the level of disapproval.

APPROVED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 5/22/91  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 7/24/91  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 1/22/92  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 3/25/92  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 7/27/94  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 7/19/00  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 10/3/01  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 5/18/04  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 6/16/10  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 6/12/19  
REVISED BY THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE ON 6/9/21