

MUSC

College of Medicine

Appointments, Promotion, and
Tenure

Process and Procedures

Appointments / Promotions Tenure

- Appointments of **new** faculty (with or without tenure) are processed throughout the year on an as needed basis
- Promotions of **current** faculty occur two times each year
- Tenure of **current** faculty is awarded once a year

Promotion

Cycle 1

- Notices sent to Chairs in February
- Deadline for submissions is May
- APT meets May-June
- Dean
- Provost
- President
- Board of Trustees
- Promotion effective January 1st

Cycle 2

- Notices sent to Chairs in August
- Deadline for submissions is Dec
- APT meets January-February
- Dean
- Provost
- President
- Board of Trustees
- Promotion effective July 1st

Promotion Process

- Packets send to APT committee
- Packets distributed to Subcommittees
- Subcommittee chair assigns reviewers
- Subcommittee meets and recommends approval, disapproval or deferral
- Disapprovals and deferrals are reported to department chairs for additional information and rebuttal
- Full committee meets and discusses packets with votes for approval/disapproval recommendations
- Recommendations for disapproval are reported to the chairs with invitation to address the Committee in person
- Final Committee meeting determines final recommendations for the Dean

Tenure

- Tenure is effective once a year
 - Notices sent to Chairs in February
 - Deadline for submission is May
 - APT meets May-June
 - Dean
 - University Tenure Committee
 - Provost
 - President
 - Board of Trustees
 - Tenure effective January 1st
- Post Tenure Review
 - Routine - Occurs every six years following award of Tenure

Tenure

- Tenure is the assurance of continuous employment at a particular faculty rank.
- The assurance of compensation applies to that base academic salary which is agreed upon by the faculty member and the department chair, as defined in the annual contract.
- Tenure ensures academic freedom, with the expectation that the faculty member will continue to perform according to accepted standards subject to termination for cause (Faculty Handbook 7.1.1), upon retirement, on account of financial exigency or the change or abolition of institutional programs.
- Tenure rests in the college of primary appointment only. The initial letter of appointment and/or contract and annual renewals shall specify status with regard to tenure.

Tenure

- Tenure may be recommended for faculty members appointed to the rank of Professor or Associate Professor. A high level of performance is required; however, tenure is not based upon specific academic skills or attainments. These qualifications are considered in the process of promotion in rank.

Tenure

- The University **separates** issues associated with tenure from those related to promotion, recognizing that tenure involves criteria different from those defined for appointment and promotion.
- In considering tenure, there must be evidence of achievement in research or in clinical expertise; success as a teacher is an essential element for tenure regardless of other attainment.
- All of these factors: teaching, achievement in research and clinical care, represent threshold characteristics that must be met prior to consideration for tenure.

In considering tenure, the individual's long-term value to the University is the central issue.

- Implicit in the determination of value is academic maturity, a qualitative, not quantitative, characteristic.
- Many factors contribute to academic maturity. Some of these are **professional judgment, wisdom, collegiality, citizenship in the academic community and the capacity to promote development of colleagues and students.-**

In considering tenure, the individual's long-term value to the University is the central issue.

- Tenure is recommended when, in the opinion of the college, a level of **mutual trust and responsibility has developed such that the ability of the college to meet its academic and societal mission and the effectiveness of the faculty member in maximizing scholarly exchange and intellectual exploration**, both are enhanced by the relationship.

Tenure Recommendation

- The tenure decision requires review and appraisal by several committees of peers in the department (Department APT), in the college (COM APT) and at the university level (UTC).
- Each committee makes recommendations to:
 - a department chair,
 - the Dean of the College of Medicine,
 - the Provost,
 - the President and
 - the Board of Trustees.

Two Critical Designations

- (1) **Faculty Rank** (separate from Track)
 - Instructor
 - Assistant Professor
 - Associate Professor
 - Professor
- (2) **Faculty Track** (separate from Rank)
 - Regular (4 categories)
 - Modified (4 categories)
 - Dual /Joint (different departments / different colleges)
 - Special Appointments (5 categories)

Faculty Rank

- Instructor
 - Entry point
- Assistant Professor
 - Shows promise for academic career
- Associate Professor
 - National exposure, sustained productivity
- Tenure (not really a faculty rank)
 - Value to MUSC (judgment, wisdom, citizenship)
- Professor
 - National Leadership, mentoring

Faculty Tracks

- Regular (4 with potential for tenure)
 - Academic Investigator
 - Academic Investigator / Educator
 - Academic Clinician
 - Clinician Educator
- Modified (4 without potential for tenure)
 - Research Faculty
 - Clinical Faculty
 - Adjunct Faculty
 - Visiting Faculty

Regular Faculty

- **Academic Investigator**
 - Primary commitment to basic biomedical research
 - Basic researchers
- **Academic Investigator / Educator**
 - Primary commitment to basic biomedical research
 - Majority of effort is teaching
- **Academic Clinician**
 - Clinical scholars and scientists
 - Significant Research
 - Teaching
- **Clinician Educator**
 - Heavy clinical load
 - Active in medical education
 - Significant Teaching
 - Participates in Research

Modified Faculty

- Research
 - Faculty conduct research exclusively
- Clinical
 - Faculty exclusively focused on patient care
- Adjunct
 - Faculty from another university who contributes to MUSC on a continuing basis (is not local)
- Visiting
 - Faculty from another university who contributes to MUSC on a continuing basis (is local)

Promotion

- Regular Faculty
 - Follow matrix guidelines (see handout)
- Modified Faculty
 - Follow guidelines in handbook

D. V-D - Criteria Matrix Ranks and Tracks

R=Required S=Suggested

COM FACULTY RANKS CRITERIA				
<i>Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.</i>				
Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator
Continues to meet all the criteria for Associate Professor with major accomplishments in research, teaching, and/or clinical service	R	R	R	R
Distinguished career exemplifying scholarship. Excellence & productivity in research, outstanding success as a teacher, and/or outstanding service contributions are required. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education. (Leadership in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*
Principal investigator on significant research grants	R	S	S	
Co-investigator on research grants.		R	R	
Direct involvement in research.	R	R	R	R
Key individual in training of students, post-graduates and mentorship of junior faculty	R	R	R	R
Serves as Course Director for one or more major courses		R		
Continues to carry a heavy clinical or teaching load		R		R
Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R
Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R		R	
Publications with significant authorship since promotion to Associate Professor (line 1), and in total (line 2)	≥10 ≥30		≥10 ≥30	
Publications with authorship since promotion to Associate Professor (line 1), and in total (line 2)		≥5 ≥10		≥5 ≥10
National recognition, as evidenced by election to generalist or specialty societies, service on national committees, study sections, editorial boards, visiting professorships, and/or invitations to speak in CME courses.	R	R	R	R
Leadership roles in appropriate department, hospital and college		R	R	R

Associate Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator
Continues to meet all the criteria for Assistant Professor with a record of achievement in research, teaching, and/or clinical service. (Participation in interprofessional teaching and inter-disciplinary research encouraged)*	R*	R*	R*	R*
Record of excellence in high quality patient care, teaching and/or research	R	R	R	R
Established independent investigator with major impact in planning/development of research project. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education.	R		R	
Principal investigator on significant research grants	R		S	
Co-investigator on research grants.		R	R	
Local, regional or national grant support for independent research or development of teaching methods, or health care delivery methods, or clinical care systems		S		S
Peer recognition for research activities including invitations to present work at other universities, workshops and scientific conferences.	R		R	
Direct involvement in research.	R	R	R	R
Organization of clinical services to provide a setting for medical education and a data base for clinical research.				R
Active in training of students and/or post-graduates.	R	R	R	R
Serves as Course Director for one or more major professional courses		S		
Important contributor to course development or course direction.		R		S
Superior evaluations of teaching by students, residents, peers, course directors, dept. chairs.	S	R	S	R
Nominated for or recipient of teaching awards.		S		S
Presentations at national/international meetings.	R	R	R	R
Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R
Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R	R	R	
Total publications with significant authorship since last promotion	≥10		≥10	
Total publications with authorship since last promotion		≥5		≥5
Development of new teaching materials, such as curricula, educational programs, textbooks, syllabi, computer programs and video tapes		R		R
Established reputation inside and outside local institution as an authority in a clinical specialty or for leadership in primary care			S	R
Contributions to committees at department, college, university, community, state, regional, national and international levels	R Univ Level	R Univ Level	R State Level	R State Level
Leadership role in department and hospital as a section or division head, or program director			S	S
Active involvement in local and national professional organizations	R	R	R	R
Election to scientific organizations in discipline.	S	S	S	S

Assistant Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator
Clear commitment to an academic career in research, teaching and/or clinical care.	R	R	R	R
Commitment to and potential for performing independent laboratory and/or clinical research.	R	R	R	
Receipt, active pursuit or development of the skills necessary to apply for local, regional and national grants.	R	R	R	
Developing skills for directing or contributing to publications related to research, teaching and/or clinical care. (Participation in interprofessional teaching and inter-disciplinary research encouraged)*	R*	R*	R*	R*
Active in training of students and/or post-graduates.	R	R	R	R
Strong interest in teaching .		S		
Contributions as first author on refereed publications.	R	R	S	
Contributions as author on refereed publications.			R	S
Capable of managing most clinical problems in the appropriate discipline, but may seek assistance from senior faculty when dealing with complex problems.			R	R
Carry a heavy clinical load				R
Establishing recognition through candidacy or membership in appropriate professional and scientific organizations.	R	R	R	R
Instructor	Academic Inv	Academic Inv/Ed	Academic Cl	Clinician Ed
Completion of educational requirements necessary to enter a career in academic research, teaching and/or clinical care.	R	R	R	R
Aptitude for an academic career based upon recommendations of mentors.	R	R	R	R
Career goal to function independently in an academic environment as an investigator, teacher, and/or clinician.	R	R	R	R
Developing experience with preparation of research protocols and grant applications.	R	R	R	
Demonstrated interest in teaching.	R	R	R	R
Early experience with preparation of publications and presentations related to research.	R	R	R	
Fulfilled educational requirements for certification by appropriate specialty board.			R	R
Demonstrated interest in high quality clinical care.				R

Criteria Clarification

APT Criteria Clarification Document

- **The APT Clarification Committee (2015) clarified criteria to assist faculty members and department chairs in the preparation of appointment and promotion materials. It is critical that faculty members address the pertinent “required” and “suggested” areas listed below when compiling their personal statements. It is critical that department chairs also address the pertinent “required” and “suggested” areas listed below when preparing their letters.**
- **When a faculty member is being recommended for tenure, it is also important that those individuals providing external letters of recommendation speak to whether the faculty member would be granted tenure at their institution.**
- **The term “modified” faculty, as contained in the MUSC Faculty Handbook and therefore used within the COM APT Policy, is an administrative term and is not intended to diminish the importance of the faculty members holding “modified” faculty appointments.**
- **Professional behavior is a requirement for appointment and promotion at all levels.**

Associate to Professor

	Academic Investigator	Academic Inv/ED	Academic Clinician	Clinician Educator	Modified-Clinical	Modified-Research	Academic Investigator Recommendations	Academic Invest/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified-Clinical Recommendations	Modified – Research Recommendations
Professor												
Continues to meet all the criteria for Associate Professor with major accomplishments in research, teaching, and/or clinical service	R	R	R	R	R	R	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.

Associate Professor to Professor

Professor	Academic Investigator	Academic Inv/ED	Academic Clinician	Clinician Educator	Modified-Clinical	Modified-Research	Academic Investigator Recommendations	Academic Invest/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified-Clinical Recommendations	Modified – Research Recommendations
Distinguished career exemplifying scholarship. Excellence & productivity in research, outstanding success as a teacher, and/or outstanding service contributions are required. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education. (Leadership in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*	S	S		Evidence of outstanding success should include E* Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Demonstration of outstanding, longitudinal/sustained performance and scholarly activity in education that must be documented in the Faculty Intramural Teaching Effort Report.		Evidence of outstanding success should include E* Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Demonstration of outstanding, longitudinal/sustained performance in education that must be documented in the Faculty Intramural Teaching Effort Report. Excellence as an outstanding teacher and major contributions in clinical care are the primary focus. Examples could include service as a course director, a significant education role in GME or service as a mentor of at least 3 faculty/students. May serve as a CME Activity Director or organize a major conference with at least 10 hours of CME. May serve on a panel for a major national needs assessment and gap analysis or as expert faculty for a comprehensive needs assessment. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.	Note that excellence in all of the categories (research, education, service) is not required. Outstanding service contributions, are expected to be the dominant category in the modified clinical track. This includes activities such as building and maintaining a successful clinical practice (evidenced by things such as RVU productivity, patient satisfaction scores, patient evaluations, and/or other evidence of clinical reputation, etc.); medical director of a clinic (or similar clinical activity), regular participation in the educational offerings, such as regular attendance at grand rounds, etc. Also leading initiatives that engage allied health professionals, or community.	Formal teaching not required.

Associate to Professor

	Academic Investigator	Academic Inv/ED	Academic Clinician	Clinician Educator	Modified-Clinical	Modified-Research	Academic Investigator Recommendations	Academic Invest/ED Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified-Clinical Recommendations	Modified - Research Recommendations
Professor												
Principal investigator on significant research grants	R	S	S			S	Service as core leader or program project PI should also be considered.	Service as core leader or program project PI should also be considered. Research in education is valued.	PI of investigator initiated industry grant. Site PI of industry grant may qualify if PI is significantly involved in multiple aspects of: study design, implementation, analysis team, writing committee (manuscript preparation). The significant role of the PI in these studies should be addressed in the Department Chair letter. In general, studies in which the investigator has minimal % effort (<5%) do not qualify. Exceptions are VA funding in which % effort is not allowed. PI of institutional grants (ie SCTR grants, pilot awards, etc.) or CDA (except K24/midlevel) would not qualify. Core leader or program project PI should also be considered.	Service as core leader or program project PI may also be considered. Research in education is valued.		Service as core leader or program project PI should also be considered.

Publications Associate to Professor

	Academic Investigator	Academic Inv/ED	Academic Clinician	Clinician Educator	Modified-Clinical	Modified-Research	Academic Investigator Recommendations	Academic Invest/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified-Clinical Recommendations	Modified - Research Recommendations
Professor												
Publications with significant authorship since promotion to Associate Professor (line 1), and in total (line 2)	≥10 ≥30		≥10 ≥30			≥10 ≥30	First, second, last, and corresponding author are uniformly considered to be "significant" authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual's contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines' requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the "significance" attributed to a publication. Defined as peer-reviewed publications.		First, second, last, and corresponding author are uniformly considered to be "significant" authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual's contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines' requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the "significance" attributed to a publication. Defined as peer-reviewed publications.			First, second, last, and corresponding author are uniformly considered to be "significant" authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual's contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines' requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the "significance" attributed to a publication. Defined as peer-reviewed publications.

SIGNIFICANT AUTHORSHIP

- First, second, second to last (AI and Research), last and corresponding Author are uniformly considered “significant” authorship.
- Can be justified in other ways in Chair Letter and personal statement similar to NIH biosketch guidelines (significant contribution, team authorship and significant role on the team).

LETTERS OF RECOMMENDATION

- **Letters of Recommendation at Associate Professor & Professor levels
From non MUSC faculty**

- 4 Letters required from Professors (preferred) or Assoc Prof if going to Assoc Prof
- 2 from candidate's list No restrictions other than from Professors
- Or Associate professor
- 2 from Chair's list – these cannot be from Past mentors/teachers/students/trainees

Does **not** preclude a letter writer having been Co-author on publication or that they know applicant. But relationships preferred as minimum personal knowledge.

AFFILIATE FACULTY TRACK

- Recognizes community members who support the programs and missions of the College of Medicine
- Implicit is the recognition that contributions relate to those educational activities immediately relevant to the patient, often in a private practice setting,
- or, by collaborating on well-focused, significant research as a team member, project initiator or leader.

Employment Change

- Should the Affiliate faculty member become an employed faculty member in the College of Medicine the appointment may be re-evaluated based on the appropriate rank and track requested by the department.

Other Appointments

- Dual
 - Different Departments within COM
- Joint
 - Different Colleges within MUSC
- Distinguished University Professor
 - Long History of Exceptional contributions
- Emeritus Faculty
 - Retired Faculty but remain active at MUSC
- Assistant
 - Bachelor's degree or lesser certification who participates in teaching, clinical service or administrative activities
- Associate
 - At least a master's degree or comparable training
- Research Associate
 - Faculty member who holds an academic appointment, but is not assigned to a position in the progression of faculty rank

COM Rank by Track- FY 2022

	Other Ranks*	Instructor	Assistant Professor	Associate Professor	Professor	Total
Academic Clinician	0	2	25	27	70	124
Academic Investigator	0	3	52	34	76	165
Academic Investigator/ Educator	0	0	2	4	5	11
Clinician Educator	0	12	284	162	186	644
Modified	2	59	149	45	24	281
Total	2	76	512	272	361	1,225

As of December 31, 2021 (Full-time Faculty)

2022 Activity

- 41 Promotions effective January, 2022
- 17 Tenure awards effective January 2022
 - APT meeting May/June 2021
- 47 Promotions effective July 2022
 - APT meeting Jan/Feb 2022

All You Need To Know

- <https://horseshoe.musc.edu/university/colleges/com/faculty/apt-committee>