PART 2. DEPARTMENTAL ADDENDUM

I. INTRODUCTORY STATEMENT
This document describes the specific criteria and standards which will be used to evaluate whether faculty in the Department of Family Medicine and Community Health (DFMCH), both in the basic and clinical sciences, meet the general criteria in Section 7.11 of the Board of Regents Policy: Faculty Tenure, as defined for this Department. It also provides the specific criteria and standards that will be used to evaluate associate professors for promotion to professor according to Section 9.2 of the Faculty Tenure policy.

This document contains the Department’s Criteria and Standards pertaining to:
A. Award of indefinite tenure  
B. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor  
C. The departmental process for the annual appraisal of probationary and tenured faculty  
D. The goals and expectations for the annual review of tenured faculty.

II. MISSION STATEMENT
A. Mission, Vision, and Goals of the Department of Family Medicine & Community Health:

Mission: To enhance the health of people and communities of Minnesota, the nation, and the world through preeminence in family medicine scholarship, family physician education, and the provision of innovative health services.

Vision: To be the family medicine department that best integrates and harmonizes clinical care, medical education, and research.

Goals:
- Produce outstanding family physicians for the State of Minnesota and beyond  
- Deliver innovative, high-quality family medicine education  
- Be a leader in family medicine and community health research  
- Provide innovative, high-quality patient care at a reasonable cost  
- Exercise responsible stewardship of department financial resources  
- Create an exciting and rewarding professional community  
- A long-term goal for tenure-track DFMCH faculty is to achieve the rank of full Professor

B. In carrying out these missions and goals leading to rank of full Professor, DFMCH and its individual faculty aspire to a balance of:

- Research—scholarship of discovery, application, and translation of clinical science
• Scholarship of teaching / education, which among other things may include the translation of advances in care (or care systems) to the education and experiences of medical students and residents.
• Service—to disciplinary organizations, Department, Medical School, University or community.
• Interdisciplinary or interprofessional scholarship, function and relationships that reflect current and future demands for well-integrated cross-disciplinary approaches to care, education, and research.
• Public engagement that identifies priority areas for care, education, and research—and makes a visible, significant impact in those areas on the lives of people in the community

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT OF PROBATIONARY FACULTY

Tenured and tenure-track appointments require pre-approval by the Dean of the Medical School to initiate a search. Faculty hired with tenure are subject to approval by the Senior Vice President for Academic Affairs and Provost of the University of Minnesota.

In the DFMCH, candidates for appointment to Assistant Professor are expected to:
1. Possess a doctoral degree (e.g., M.D., Ph.D., or equivalent)
2. Show evidence of scholarly activity, such as documented involvement in research projects, oral and written presentations on research outcomes, and discipline-related publication(s)

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

1. Process

The overall process for Annual Review of Probationary Faculty in the Department of Family Medicine and Community Health is in compliance with Section 7.2 of the Board of Regents Policy: Faculty Tenure and the Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty. The annual review process includes the following components:

• The probationary faculty member names a mentor as he/she enters the tenure track. The mentor meets with and provides advice to the probationary faculty member on a regular basis regarding progress on the tenure track – goals and objectives, methods for reaching goals, and guidance in preparing their dossier.
• The probationary faculty member meets annually with the DFMCH promotion and tenure committee to review the faculty member’s accomplishments, as outlined in Part III, Annual Review of Tenured Faculty.
• The Department Head takes an annual vote of the tenured faculty to recommend promotion, continuation, or discontinuation on the track. A 2/3 vote is required for action to proceed.
• The Department Head prepares UM Form 12 (Annual Appraisal Form), which summarizes the faculty member’s accomplishments and the promotion and tenure committee’s discussion thereof. The probationary faculty member reviews and signs UM Form 12, which is then forwarded to the Dean and then to the Senior Vice President for Academic Affairs and Provost for review and approval.
Probationary faculty are also reviewed annually by their Program Directors and the Department Head, who together evaluate the faculty member’s scholarly activity, other teaching, clinical, and administrative activities, clinical productivity, service, and citizenship.

2. Criteria
The criteria for satisfactory performance to be used for the annual review in the Department of Family Medicine and Community Health are the same as with the appropriate criteria for rank, as defined in this 7.12 Statement.

IV. CRITERIA FOR TENURE
Criteria for Tenure - Department of Family Medicine and Community Health
As a Department of the Medical School with two campuses, DFMCH criteria for promotion and tenure apply equally to Department faculty on both the Duluth and Twin Cities campuses. It is expected that the process described here is compatible with the promotion and tenure process at the Duluth campus.

As stated in University general requirements, every tenure decision requires consideration of research, teaching, and service. Interdisciplinary scholarship and public engagement work (described below) are not required for awarding tenure, but for those faculty whose work emphasizes these newer areas, can be included in consideration for tenure.

The Department of Family Medicine and Community Health accepts and subscribes to the criteria and standards for tenure of faculty at the University of Minnesota Medical School, as described in Part 1, Medical School Preamble, with the following department-specific criteria.

A. TEACHING
Distinction in teaching for the granting of tenure must include scholarly work in education, including publications, dissemination, and impact on improving educational practice and meet the general requirements for scholarship and research outlined in Section A. Evidence of the generation of new methods of pedagogy with national recognition by peers (AAMC, ACE) and impact on educational programs nationally is required in this case.

Activities leading to such published scholarship and recognition may occur in a variety of educational settings and formats, including: didactic presentations, lectures, seminars, conferences, tutorials, laboratories, case discussions, grand rounds, hospital and clinic rounds, patient care, surgical and other procedures, and continuing education.

The criteria for competence in teaching are described in the Medical School Preamble.

B. RESEARCH / SCHOLARSHIP
DFMCH assessment of distinction in research is based upon:
1. Substantial scholarly contributions are required, as evidenced by all of the following (a, b, c):
   a. Review of the candidate’s scientific publications, particularly those in national or international, peer-reviewed journals. Evidence is sought that the work collectively and cumulatively advances a body of knowledge. It must also be scholarly, creative, and of high quality, whether focused on laboratory endeavors, clinical or educational investigations, translational or health services research, community participatory research, public engagement research, or analysis and synthesis of clinical observations and experience. Publications in monographs, reviews, and other books—including their impact on the field—are also considered.
A strength of DFMCH is the interdisciplinary composition of our faculty and research. However, this makes it particularly challenging to provide any comprehensive list of outstanding peer-reviewed journals. In addition to publishing in health journals that are universally recognized as outstanding (e.g., JAMA, New England Journal of Medicine, American Journal of Public Health), we accept as outstanding venues those peer-reviewed journals that are well-regarded within a discipline, and in many cases also the official organs of the various professional associations of our faculty members. To illustrate, these may include The Journal of Family Practice, Journal of the American Board of Family Medicine, Annals of Family Medicine, and Family Medicine for our family physician and PhD faculty; Social Science and Medicine, Health Services Research, and the Journal of the Health Care for the Poor and Underserved for those focused on community health; the Journal of Behavioral Medicine, Journal of Consulting and Clinical Psychology and Journal of Health Psychology for faculty with psychology background or interests; and the Journal of Higher Education, Teaching and Learning in Medicine, Academic Medicine, and Review of Educational Research for faculty whose research focuses on education.

In addition, many of our faculty specialize in health-, disease-, and community-specific research, publishing in the leading journals on that topic. Such specialty areas include human sexuality (Journal of Sex Research and Archives of Sexual Behavior), HIV/AIDS care and prevention (AIDS Care, Journal of AIDS Education and Prevention), diabetes (Diabetes Care), cancer (Cancer), child and adolescent medicine (Pediatrics), and rural health (Journal of Rural Health).

The list above is illustrative, not exhaustive. Because the composition of our faculty prohibits us from providing a comprehensive list, candidates for promotion and tenure are asked to submit a list of the leading peer-reviewed journals in their area of research to our Promotion & Tenure Committee for review during their probationary period.

b. It is expected that a candidate for tenure would have articles that are well-known on a national or international level, with weight given to factors such as authorship, impact of articles and journals, consistency of publication record.

c. Scientific presentations. In addition to published contributions, invitations to present at national scientific and clinical symposia and other professional, discipline-related national meetings provide evidence of recognized research accomplishment.

2. Independence in research and interdisciplinary work.

Independence in research accomplishments is required. Evidence of independence may include (a, b, & c are expected):

a. Naming of the candidate as the first or senior author on multi-authored journal articles and/or documentation of major, substantial contributions by the candidate to the collaborative project and publication.

b. Statements of local and national peer evaluators on the creativity, significance, and independence of the candidate’s contributions to a collaborative research project and/or to multi-authored publications.

c. Identification of the candidate as the principal investigator or a major collaborator (e.g., co-P.I. or site P.I.) on peer-reviewed, funded research grants or contracts.
d. Invitations/nominations to serve on study sections, national policy boards, editorial boards, etc.

Interdisciplinary work is desirable, in keeping with the inherently interdisciplinary nature of Family Medicine, but is not required for tenure. Interdisciplinary research is of large and increasing importance to family medicine, the Medical School, the AHC and to the communities we serve, especially for DFMCH as it deals with care, education, and research in primary care and primary care systems and teams. The role a candidate has in an interdisciplinary project is the basis for evaluation. Examples of interdisciplinary work are:

a. Conducting interdisciplinary and interprofessional research that addresses problems that require the contributions of several disciplines—and cannot be fully addressed within any one department or discipline

b. Service as a member (e.g., PI, co-PI, Investigator) on an interdisciplinary research team.

c. Providing critical input that improves team-based scientific inquiry.

Note that *independence* and *interdisciplinary* are regarded as *complementary* rather than *contradictory* criteria. Interdisciplinary research mirrors the interdisciplinary working environments in family medicine and primary care and the research questions that emerge from those environments. But the value of independence and candidate role in interdisciplinary work still plays within that context, e.g., making distinct identifiable contributions to a larger interdisciplinary picture, being first author on some of the publications, receiving local and national attribution for expertise in particular aspects of an interdisciplinary work, and serving on policy or editorial boards related to the place one has on an interdisciplinary team or line of research.

3. External research funding. One dimension associated with outcomes and accomplishments is a record of doing significant research over time. This can be associated with peer-reviewed sponsored funding of research and the continuity of that funding, in particular peer-reviewed research funding from federal or other national granting agencies, or reputable private granting agencies. Therefore, the candidate must have had external funding during the probationary period, though the quantity and sources of funding will depend upon the availability of research funding for the candidate’s specific area of interest. Although continuity of funding is important, the candidate need not necessarily have funding at the time he/she goes up for promotion. Examples of funding agencies include, but are not limited to:

- National Institutes of Health
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Department of Justice
- March of Dimes
- American Cancer Society
- American Heart Association
- American Diabetes Association
- Robert Wood Johnson Foundation
- Kellogg Foundation
- Rockefeller Foundation
- Health Maintenance Organizations
- Minnesota Department of Health
Grants received from private industry, particularly researcher-initiated grants, may also be considered.

4. Significant original contributions based on clinical observations resulting in new therapies or techniques which impact the practice of medicine.

DFMCH Assessment of Competence in Research
Assessment of competence in research is based upon evidence of significant discipline-related publications, including reports of clinical investigations, identification through case reports of new syndromes or treatments, and descriptions of new techniques; participation in invited scientific and clinical symposia, meetings and lectures, and letters from authorities in the candidate’s clinical discipline assessing his/her contributions to the discipline. Most weight will be given to indexed journal articles and research books and monographs which have gone through rigorous peer review and provide an enduring contribution that is accessible to others and adds to a base of knowledge on which others can build.

C. CLINICAL SERVICE
Clinical service, if applicable, is desirable and is expected of DFMCH faculty, unless otherwise specified. Promotion and tenure decisions are primarily based on scholarly achievements; however, clinical excellence, particularly when accompanied by local and external recognition, will also be considered.

D. SERVICE
In the Department of Family Medicine and Community Health, discipline-related service contributions are an integral part of the academic unit. Such service can be used to demonstrate an additional area of strength for the recommendation of tenure, but service alone is not a basis for awarding tenure. Assessment of significant discipline-related service contributions is based upon:

1. Active roles in discipline-specific regional and national organizations, and
2. Service to the Department, School, or University on governance-related or policy making committees.

Public engagement
Definitions and general criteria for “publicly engaged scholarship” are characterized by partnership and collaboration with the community, rather than the community only as recipient of University attention and services. This distinguishes “public engagement” from “outreach” and “service”.

Public engagement work / publicly-engaged scholarship combines research, teaching, and service in projects that involve community stakeholders as co-creators and collaborators (not just recipients of services or consultation), generally with the goal of developing useful knowledge for innovations in community practices, public policies, or social or economic change. Public engagement may involve activities included in disciplinary work and interdisciplinary work, but research, teaching, and service complement and mutually inform one another in one planful picture.

Public engagement can be the primary basis for tenure when it includes these familiar concepts of scholarship:

1. Clear academic and community change goals
2. Adequate preparation on content area and grounding in community
3. Appropriate methods: scientific rigor and community engagement
4. Significant results: Impact on the field and the community
5. Effective presentation/dissemination to academic and community audiences
6. Reflective critique: Lessons learned to improve the scholarship and community engagement
7. Leadership and personal contribution
8. Consistently ethical behavior: Socially responsible conduct of research

Distinction in public engagement for the granting of tenure must include scholarly products of public engagement, such as publications, dissemination, and broad impact on the community, and national peer recognition—applying the familiar standards of excellence and peer review. But public engagement work may involve additional forms of documentation, each of which are also evaluated for originality, independence, coherence, impact, and collaborative skills, e.g.;

- Descriptions of sustained programs, projects, and partnerships, including details about the process and collaborative relationships involved
- Products such as videos, websites, CD ROMs, or educational manuals.
- Popular media, with information on types of media, populations reached, circulation, influence, citations
- Summary of public influence such as involvement in policy development, policy changes, new laws, or changes in agency practices
- Multiple, complementary products integrating teaching, research, and service, e.g., a package containing a refereed journal article, community education materials and facilitation tools, and media stories—all emerging from one collaborative project.
- Summary of involvement of community stakeholders as collaborators and co-creators of projects

Additional documentation such as this for public engagement work may be different than for traditional disciplinary scholarship, but evaluation of these products is not held to lower standards than traditional disciplinary activities. Determining whether certain products (such as on-line media or CD-ROMs) meet these evaluation criteria may require efforts by tenured faculty to determine the standards of quality in unfamiliar areas and to locate peer reviewers who can evaluate these products by the best contemporary standards.


V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK
Promotion decisions in the Department of Family Medicine and Community Health require a positive vote by two-thirds of all eligible voting faculty on the question to affirmatively recommend for promotion. Eligible members include faculty at the proposed rank and above voting for promotion; and faculty with tenure voting for tenure.

If a faculty member has a joint appointment in another department and is being considered for promotion, the Department of Family Medicine and Community Health will contact the other department(s) to obtain their assessment and record of vote on the proposed promotion. (See the Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty for details on the evaluation of faculty with joint appointments.)

A. ASSISTANT PROFESSOR
Not applicable in the Medical School (entry level rank is Assistant Professor).
B. TO ASSOCIATE PROFESSOR
The criteria and standards for promotion to the rank of Associate Professor in the Department of Family Medicine and Community Health are those stated for consideration of tenure (see IV above). A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure.

C. TO PROFESSOR
The Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty requires that the tenured faculty of departments review and provide feedback to tenured associate professors every four years regarding their progress toward promotion to the rank of professor. A recommendation for promotion to Professor assumes that the candidate continues to meet the criteria for tenure (see Section IV) and is additionally based on the following required criteria:

1. National and international recognition as a leader in his or her field by virtue of having attained one or more of the following categories (a, b, c) of scholarly achievement, with the recognition that both teaching and research are the basis of every decision concerning promotion to the rank of professor:
   a. Significant achievements in research, including educational research and publicly engaged scholarship: Serving as principal investigator or significant collaborator (e.g., co-P.I. or site-P.I.) on major research projects, including interdisciplinary projects; acquisition of major research grants and/or contracts; participation and leadership in regional national, and/or international research organizations; and scholarly publications in major professional journals.
   b. Significant achievements in education: having developed educational programs that are used and/or recognized nationally and/or internationally. Excellence in teaching and advising should be documented through such activities or outcomes as innovations, peer and student evaluations, teaching awards, and/or student outcomes. When consideration for promotion to Professor is largely based on educational innovations, the candidate’s teaching innovations should demonstrate evidence of peer review, dissemination (e.g. national and international presentations and publications on learning outcomes), and broad acceptance and use of these innovations. Here the expectation for peer-reviewed publications and presentations would be similar to that of the candidate with a research focus.
   c. Significant achievements in methodological or technical innovations: having developed significant innovations, such as new instruments or technologies that are used and/or recognized nationally and/or internationally for advancing practice, research, or education in the field.
   d. Mentoring of junior faculty members.
   e. Interdisciplinary accomplishment, though not an absolute requirement for promotion to Professor, will be strongly considered, as this is an area of increasing importance to family medicine, the Medical School, the AHC, and to the communities we serve. This is particularly important for the DFMCH as it relates to primary care education, research, and practice. Examples of interdisciplinary accomplishment are listed under “Criteria for Tenure, IV.B.2.”
2. Letters from authorities attesting to the candidate’s acknowledged national and international reputation and recognition of leadership in his/her field; letters from prominent, senior faculty members at other universities assessing the candidate’s qualifications for promotion to the rank of Professor.

3. Nationally recognized leadership roles in the profession or the institution, which could include serving on national committees or having other major leadership roles within national primary care, academic, or research organizations. Examples of such organizations include The Society of Teachers of Family Medicine (STFM), the American Academy of Family Physicians (AAFP), and the North American Primary Care Research Group (NAPCRG), The Association of American Medical Colleges, National Institutes for Health (NIH) or other federal research review panels, and contribution to Institute of Medicine (IOM) reports.

4. Creating and sustaining a culture that fosters diversity.

VI. ANNUAL REVIEW OF TENURED FACULTY
The Department of Family Medicine and Community Health utilizes the process for Post-Tenure Review defined by Part 3. Annual Review of Tenured Faculty. The faculty member will be reviewed on the basis of the quality of efforts in research, teaching, and service. The review will focus on whether the faculty member continues to meet the expectations for tenured faculty members as outlined in the departmental 7.12 Statement. Tenured faculty members are also expected to participate actively in advancing the interests of the department, medical school, and university for the benefit of the institution, medical profession, and community.

Satisfactory performance in teaching, research and service are expected of all tenured faculty members in the Department of Family Medicine & Community Health. The distribution of effort among these three spheres of academic activity may vary by individual and over time during the course of a faculty member's career. For example, a tenured member of the faculty may sometimes assume administrative or committee duties that have the potential of diminishing the time available for research and teaching. Some members of the faculty may at some stages of their careers legitimately devote relatively more effort to teaching and service than to research or vice versa. The department and college should nurture and benefit from the special strengths brought by each individual member of the faculty while not losing sight of the overall responsibilities and obligations that tenure confers upon all members of the faculty.

Further, all tenured faculty members are expected to continue to make contributions according to their current effort distribution between research, teaching and service that are agreed upon in annual discussions between the faculty member and their Department Head. A significant contribution is expected in areas in which the most effort is allocated.

To facilitate this review, the faculty member prepares an updated C.V., Faculty Time-Contribution and Goal-Setting Form, and Faculty Self-Evaluation Form. Also, the faculty member meets individually with the head of the unit and Department Head, to discuss his/her accomplishments of the preceding year, and goals for the upcoming year.

The goals and expectations for performance of tenured faculty for teaching, research, and service in the Department are shown here. Tenured faculty must demonstrate excellence in two of the three areas (research, teaching, and service).
Research

Tenured faculty are expected to pursue an active agenda of research in their area(s) of academic specialization. While the extent and nature of research activity may vary over time, within any given period of three years, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- An independent or active collaborative role in a research program or programs;
- Refereed or invited research presentation(s) at a scholarly conference or another academic institution;
- Organization or active participation in a scholarly conference, symposium, workshop, or panel;
- Evidence of grant submissions to support research efforts;
- Publication or submission of research articles, case studies, and/or research reviews in refereed medical or scientific journals;
- Publication of scholarly books, book chapters, review articles, and postings to web-sites or other non-refereed venues.
- Mentoring residents and/or other faculty in their research

Teaching

Tenured faculty are expected to remain effective teachers and to be actively engaged in communicating knowledge and in supervising, mentoring, or advising students, in compliance with collegiate and University policies. While the extent and nature of teaching activity may vary over time, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- Teaching on clinical, research, or other educational topics as assigned by the Department Head in light of department and collegiate curricular needs;
- Precepting residents and students in clinic
- Supervising hospital rounds
- Maintaining effectiveness in teaching as demonstrated by teaching innovations, student evaluations, and peer review of teaching, including peer review of syllabi and other course materials;
- Scholarship in teaching and learning as evidenced by publication of scholarly articles, book chapters, or submission of educational grant proposals;
- Advising and mentoring students, residents, graduate students, and postdoctoral fellows;
- Instructional development that leads to products (textbooks, published manuscripts, instructional videos, instructional software, etc);
- Evidence of active participation on department, university, hospital, or other committees;
- Educational outreach activities related to the faculty member’s scientific or professional expertise.
Service

Tenured faculty are expected to perform service within the department, the college and university, and in their scholarly disciplines, although the extent and types of service performed may vary over the course of a career. While the extent and nature of service activity may vary over time, tenured faculty should report at least two substantial accomplishments within one or more of the following categories:

- Active departmental, collegiate or University leadership or administration;
- Election or appointment to standing or ad hoc committees of the department, medical school, or University;
- Reviewing and/or editing scholarly articles, book manuscripts, and grant proposals written by others, serving on Journal editorial boards or grant review panels;
- Presiding over paper presentation or platform sessions at conferences;
- Active service as an office holder or committee member for relevant professional organizations;
- Outreach activities related to the faculty member’s scientific and professional expertise with clear benefit to the department, medical school or University;
- Providing patient care in university affiliated practices;
- Taking call

VII. VOTING PROCEDURES

A. VOTE
   1. A vote will be taken for decisions to recommend a candidate for continuation or promotion and/or tenure. Such a vote will require a 2/3 majority for the motion to pass.
   2. A vote will be taken for all decisions to terminate the contract of a probationary faculty member. Such a vote will require a 2/3 majority for the motion to pass.

B. OTHER

As a department of the Medical School with two campuses, DFMCH criteria for promotion apply equally to faculty on both the Duluth and Twin Cities campuses. It is expected that the process described here is compatible with the promotion and tenure process at the Duluth campus.

VIII. PROCESS FOR UPDATING 7.12 STATEMENT

The DFMCH will update its 7.12 Statement every 5 years, or more frequently as needed. Revisions will be made by an appointed DFMCH Promotions and Tenure Subcommittee. All departmental faculty will be invited to review and give input on the statement, and approval will be obtained through a vote by DFMCH faculty, with the approval date noted on the document.

History:
Revision approved by Faculty Affairs February 2009
Voted on by secret ballot and approved by the Family Medicine and Community Health Faculty: April 4, 2012
Approved by the Senior Vice President for Academic Affairs and Provost: June 22, 2012