

 California University of Science and Medicine		Page(s):	20
		Policy Number:	FA-01C
Subject:	GUIDELINES ON FACULTY APPOINTMENT AND PROMOTION (APPENDIX OF FA-01 - FACULTY HANDBOOK: BYLAWS OF THE FACULTY)	Formulated:	02/19/2016
		Last Reviewed:	07/24/2026
Approval: • Adopted by the CUSM-SOM Faculty Assembly on 02/19/2016 • Amendment to Section 3 by the CUSM-SOM Faculty Assembly on 3/11/2016 • Amendment to Section 3 by the CUSM-SOM Faculty Assembly on 3/21/2016 • Amendment to Section 3 by the CUSM-SOM Faculty Assembly on 05/04/2016 • Amendment to Section 2 by the CUSM-SOM Faculty Assembly on 01/30/2017 • Amendment to Section 2 by the CUSM-SOM Faculty Assembly on 08/10/2017 • Amendment to Section 1; 2 by the CUSM-SOM Faculty Assembly on 10/18/2018 • Amendment to Section 1; 2 by the CUSM-SOM Faculty Assembly on 11/19/2018 • Amendment to Section 1; 2 by the CUSM-SOM Faculty Assembly on 01/25/2019 • Amendment to Section 1 and 2 by the CUSM-SOM Faculty Assembly on 12/04/2019 • Amendment to Section 1, 2 and 3 by the CUSM-SOM Faculty Assembly on 07/25/23 • Amendment to Section 3 by the CUSM-SOM Faculty Assembly on 04/22/2024 • Amendment to Sections 2 and 3 by the CUSM-SOM Faculty Assembly on 04/21/2025 • Amendment to Section 1 by the CUSM-SOM Faculty Assembly on 07/24/26			

Purpose: Provide guidelines for faculty appointment and promotion at California University of Science and Medicine - School of Medicine (CUSM-SOM).

Scope: Faculty of the School of Medicine.

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Preamble

Faculty members of the California University of Science and Medicine - School of Medicine(CUSM-SOM) are qualified through their education, training, experience, continuing professional development, and scholarly productivity. The faculty provide the leadership and support necessary to attain the institution's educational, research, and service goals.

This policy provides guidelines to faculty governance committees and institutional officials to evaluate the contribution of the faculty to the School and evaluate scholarly and outstanding contributions that may have impact within the School and beyond. These guidelines also provide a tool for tailoring and evaluating individual faculty development activities. As such, they should be used by department chairs for developing mentoring activities and by faculty themselves to obtain information about activities that are valued by the School. In addition, these guidelines should be available to the faculty, and it is the responsibility of the department chair and their faculty to use these guidelines to determine the expectations of the department regarding promotion. This is particularly important to faculty whose responsibilities may be performed outside his/her home department.

References to these Guidelines are contained in sections of the Faculty Handbook. As components of the Bylaws of the Faculty, the same procedures for updating and approving the Bylaws apply to these Guidelines.

Section 1. Demonstration of Faculty 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 five domains:

- 1) Research/Scholarship
- 2) Teaching
- 3) Service
- 4) Health Care Delivery

1.i: Research/Scholarship Domain

Research/Scholarship Description:

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 an impact within its field. All scientific research conducted at medical schools and teaching hospitals ultimately aims to improve health and ability. Activities that qualify as research include basic science research, clinical research, translational research and clinical trials, care delivery research, and education research.

Scholarship may include contributions to the scholarly work of multidisciplinary and interdisciplinary teams. In such cases, the specific contributions of the individual to the work must be clear, substantial, and supported by statements of the individual's role and intellectual contributions to the work. While indices of scholarly activity may differ by discipline and by rank, evidence of achievement is listed below.

Scholarship in Basic Sciences

Often called fundamental or bench research—provides the foundation of knowledge for the applied science that follows. This type of research encompasses familiar scientific disciplines such as biochemistry, microbiology, physiology, and pharmacology, and their interplay, and involves laboratory studies with cell cultures, animal studies or physiological experiments. Basic science also increasingly extends to behavioral and social sciences as well, which have no less profound relevance for medicine and health.

Scholarship in Translational Research

The field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process.

Translational research includes: the process of making discoveries in the research laboratory or in preclinical studies that will have an impact on human health and may lead to the development of studies in preclinical studies that will have an impact on human health and may lead to the development of studies in humans; the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans and research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science.

Scholarship in Clinical Research

NIH defines human clinical research as research with human subjects that is:

- 1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, or (d) development of new technologies.
- 2) Epidemiologic and behavioral studies.
- 3) Outcomes research and health services research.

Scholarship in Education

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.

Scholarly Approach to Education includes:

- 1) **Professional Development**
- 2) **Reflective Educational Practice**
- 3) **Structured Educational Planning**

A scholarly approach to education requires application of sound principles, systematic planning, and use of “best practices” from the literature or recognized experts. A scholarly educator engages in reflective practice, using feedback and evaluation data to improve his/her work. Qualitative evaluation is optimal for this area of activity.

Professional Development • Educational degree-granting program; e.g. PhD, EdD, MEd, in Education. • Major educational professional development program. • Educational conference or workshop devoted to education. • Completion of at least 75% of the annual Faculty Development Curriculum Series on medical education, research/ scholarship, clinical service, leadership & diversity.	Examples: • Faculty attends a nationally recognized program for educator development. • Junior faculty attends curriculum at professional meetings to build educational skills. • Junior faculty member co-teaches workshops with senior faculty to develop presentation skills.
Reflective Educational Practice • Narrative comments from educator about strategies to improve practice. • Analysis of data from program evaluations leads to improvement over time.	Examples: • Course director who uses evaluative input from multiple sources to improve the course each year. • Mentor who modifies mentoring methods based on a careful assessment of mentees' outcomes and feedback. • An educator who collates lessons learned from his submissions of journal articles and shares these with fellows.
Structured Educational Planning: • Systematic planning of educational activities; e.g. around learning objectives. • Rigorous evaluation of teaching and curriculum. • Well conceptualized educational research. • Application of Glassick's Criteria to educational planning and evaluation. – Clear goals – Adequate preparation – Appropriate methods – Significant results – Effective communications – Reflective critique	Examples: • Residency program director who consults with assessment experts to improve evaluation tools. • Course director who reviews the literature each year to update information and guide development of improved teaching methods.

Evaluation of Scholarship and Research Productivity

Evaluation of Scholarship is evaluated by the quality and quantity of a body of scholarly work and the depth and breadth of impact of the scholarship. The quality, quantity, and impact of scholarly work should be judged in the context of the field or discipline. The impact of scholarship may be assessed by measures of the influence of the work on a discipline, practice, or community, including statements from evaluators. The impact of the scholarship (local, regional, national, international) and the academic reputation of a faculty member is expected to expand with academic rank.

The quality of publications, the consistency of productivity, and the number of publications is all factors which will be considered. Considerations in judging the quality of scholarly work include whether the journals are refereed, and the role of the candidate in the execution of a project. Invited book chapters, textbooks and other publications deemed to be scholarly quality will be considered. Educational research from the analysis of teaching and learning data in the School's data repository, or teaching and learning methods developed at the School, that are peer-reviewed and published, are encouraged and valued by the School. While indices of productivity in publications and presentations may differ by discipline and by rank, evidence of achievement include:

Productivity Measure	Impact Metric	Examples
Peer reviewed publications	• Placement in author list (first, second or last author). • Impact factor of journal and/or frequent citations. • Peer-reviewed electronic publications on MedEdPORTAL or other educational libraries	• Residency program director who publishes articles on a new curriculum and its impact on resident performance. • Clerkship director who publishes novel assessment tools on MedEdPORTAL that are frequently accessed by peer. • Professor who measures, interprets, and writes articles about the effects of mentoring on fellows' developing communication skills.
Peer reviewed or invited presentations and workshops	• Presentation mode (hierarchy: workshop > platform presentation > poster) • Geographic impact: (hierarchy: national/international > regional > local)	• Submits successful abstracts for presentations at national meetings on educational research. • Gives skills-development workshops at other institutions. • Contributes web-based cases to a peer reviewed national repository for medical students. • Gives presentations at national meetings. • A list of research seminars given by the candidate at other institutions provides evidence of research stature.

Productivity Measure	Impact Metric	Examples
Peer reviewed books and chapters	• Hierarchy of roles: book author > book editor > chapter author • Evidence of book's importance/impact	• Writes books or chapters that are widely cited and used in teaching programs. • Writes review of an emerging educational topic for a conference proceeding.
Non-peer reviewed publications or presentations	• Presentation mode geographic impact • Electronic publications that make excellent use of technology	• Editorials and/or opinion pieces that are written by a single author to give their opinion on a topic. • Publications in magazines, newspapers • Invited speaker
Educational product dissemination	• Evidence of wide use by other programs/ institutions • Website with evidence of high use • Geographic impact: (hierarchy: national/ international > regional > local)	• Distributes teaching modules at national workshops and tracks use by other programs. • Documents use of the assessment methods and tools at other institutions.
Research grants	• Leadership role (PI or co-PI) • Major contributor role	• Grant-funded course director who builds new curriculum and evaluates learner and program outcomes. • Educator who makes major contributions to an NIH grant.

1.ii Teaching Domain

Description of Teaching for Academic Promotion:

Teaching activities for academic promotion include active teaching, curriculum design, implementation and/or evaluation and can also include leadership and mentoring activities.

Type of Activity	Examples
Programs and courses	• Teaching students, residents, clinical fellows, postdoctoral trainees, and/or faculty • Courses, programs, flipped classroom, lectures, seminars, small groups, and/or other educational programs • Inter-professional education • Service-learning or other community-engaged pedagogy
Education and mentoring in clinical care	• Teaching and mentoring of students, residents, fellows, faculty and/or other healthcare professionals in the healthcare setting. • Clinical skills education • Precepting • Morning report and mortality and morbidity conferences • Mentoring in hospital and ambulatory settings
Education and mentoring on research	• Teaching and mentoring of students, residents, clinical fellows, postdoctoral trainees, staff and/or faculty in research • Training in research skills and techniques • Community engaged research • Journal clubs • Service on thesis committees • Graduate program membership
Educational leadership, administration and service	• Educational leadership positions • Service on internal and external educational committees • Course director • Residency or fellowship program director or associate director • Graduate program director • Membership and/or leadership of educational committees and organizations internally or externally • Director of faculty development programs

Type of Activity	Examples
Educational product development	• Development of educational materials • Resources • Curricula • Courses • Syllabi • Web-based educational materials • Educational technologies (e.g., simulation) • Policy statements • Assessment tool • Service-learning or other community-engaged pedagogy
External educational activities	• Education programs for the profession and public. • Continuing medical education (CME programs) • Professional development • Educational workshop • Education of the public, including patient education, community education, and education of policy makers
Mentoring	• Mentoring students, professional staff or faculty, including, but not limited to, mentoring in CUSM and departmental mentoring programs, and/or external mentoring relationships. • Advises on career trajectory and personal development. • Facilitates engagement with professional networks. While indices of productivity in Mentoring and Advising may differ by discipline and by rank, evidence of achievement include excellence in teaching will be able to document excellence in these areas.

Evaluation of Teaching

The evidence to be used in judging teaching performance for all faculty members is 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. While indices of productivity in mentoring and advising may differ by discipline and by rank, evidence of achievement include:

Measure	Examples
The effectiveness of an educator	• Teaching Responsibilities: A list of teaching responsibilities, with contact, preparation & committee work hours • Evaluations of teaching by learners • Evaluation of teaching by peers • Evaluation of teaching by community partners • Evaluations of courses and/or programs • Student performance: ○ Learner scores on standardized tests ○ Dissemination and impact of courses, curricula, or educational materials ○ Letters from students and/or trainees attesting to educational effectiveness. ○ Instructional material and methodology ○ Faculty provide written description of new teaching methods with objectives, indications, and benefits to curriculum. • Awards for Teaching Excellence: ○ A list of awards received by the candidate for excellence in teaching
The effectiveness of a mentor	• Mentee or advisee number ○ Numbers of mentee or advisee will vary with role and seniority. • Quality of mentoring or advising: ○ Mentoring statement reflects careful thought and commitment ○ Mentees' or advisees' letters demonstrate high quality guidance ○ Receipt of a mentoring award

1.iii: Health Care Delivery Domain

The delivery of high quality health care in a hospital, ambulatory or community setting, which includes the development of diagnostic approaches, therapeutic methods and clinical services; innovations in clinical practice; and the development of programs or approaches that improve the safety, quality or efficacy of healthcare delivery.

Indicators of excellence in healthcare delivery include the following:

- Evidence of peer recognition in the community as a consultant or a primary provider as assessed by patient referrals. The department chair may obtain written documentation from clinical colleagues in the community as a means of documenting recognition.
- Maintenance of board certification.
- Maintain good standing with Faculty Practice Plan.
- Participation in Hospital or Institutions' Patient Safety programs.
- Leadership or contribution to Quality Improvement initiatives.
- Development, documentation, and evaluation of innovative patient care activities, new techniques and breakthroughs.
- Membership on advisory committees of and consultantships to hospitals and educational, clinical, or other similar institutions.
- Healthcare Delivery Programs of national, state, or local professional organizations in which the candidate organized or in which he/she participated.

1.iv: Service Domain

Types of service considered for promotion may include:

1. Institutional Service
2. Community Service
3. Professional Leadership Service
4. Social Mission Service

Type of Service	Examples
Institutional service	• Administration of a department or other formally organized unit of instruction or clinical or academic service. • Active membership on important committees of the department, institution, or professional organization. • Director of special departmental or interdepartmental training or research programs. • Service as a class or student advisor. • Member of dept, program, School, or University governing bodies. • Member or chair of department, program, School, or University committees. • Representative of the department, program, School, or University to outside agencies. • Chair of course committees. • Participation in the design or delivery of continuing medical education (CME) programs. A list of such programs and the candidate's role and documentation concerning the quality of the candidate's contributions should be submitted. • Evidence of being a successful mentor to other faculty members. • Quality of program leadership or administrative contributions: Committees led have met important needs of the department, institution, or professional organization. Demonstrated high level of performance in committee roles. •
Community service	• Participation in institution-based health promotion, wellbeing, and disease prevention that promote the mission of the School. • Participation in community activities, outreach or programs to enhance the School's community engagement programs. • Membership in community-based organizations (local, regional, national or global) to promote health and wellness, enhance prevention, and promote diversity in the community and/or healthcare professions. • Development of materials to educate community members that are accepted for publication. • Serving as a board member of a local community organization, nonprofit agency, and/or educational institution.
Professional leadership service	• 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. • 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. • Appointment or election to leadership positions in local, regional, national or international scientific, professional or academic societies.

Social mission service	• Leadership or participation in programs or outreach such as pipeline programs, medical Spanish, global education, global medicine. • Contributions to social mission programming or community gatherings by serving as a facilitator, host, or committee member. • Supporting education pathways and outreach programs in line with the social mission that involve mentoring, supporting prospective students, instruction, and outreach activities.
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Section 2. Faculty Ranks and Standards

2.i. Faculty Ranks and Standards

In agreement with the faculty, the School of Medicine has established the following faculty categories or types:

1. **Academic Faculty**

- Teaching track
- Research track
- Clinical track

2. **Emeritus Faculty**

Within each category, faculty are classified by rank and discipline.

The standard ranks for Academic Faculty:

1. Assistant Professor
2. Associate Professor
3. Professor

The ranks for Emeritus Professor:

1. Assistant Professor
2. Associate Professor
3. Professor

e.g. Emeritus Professor of Medical Education

Standards for Ranking

Standards have been defined to evaluate the qualifications and achievements of faculty in each track. Standards are used to evaluate candidates for new appointments and to evaluate existing faculty members.

New Appointments

Qualifications for new appointments include degree(s) earned from an accredited institution or degree evaluated by a foreign credential evaluation service, experience in the field of instruction, and professional license if applicable.

Existing Faculty Appointments

Faculty in the Academic track are involved in the development, implementation, and evaluation of the medical school curriculum, research and scholarly pursuits, and service (institutional, community, and clinical, where applicable). Faculty in the Clinical track primarily provide practical instruction, supervised learning, and application of clinical knowledge. Faculty in the Research track are primarily involved in the pursuit of scientific investigation including grant funding, peer review publication and dissemination of new knowledge.

All criteria will be weighed against the current average scholarly, teaching and service activity of the faculty in the department in comparison to national standards as determined by the Rank and Promotion Committee.

2.ii: Academic Faculty Teaching Track

The Academic Faculty Teaching track focuses on the facilitation of learning and the acquisition of knowledge, skills and behaviors in learners especially students through educational activities as defined in Section 1.ii.

Some examples of faculty selecting the Academic Faculty Teaching Track may include:

- Basic Science faculty
- Clinical Skills faculty
- College Program faculty
- Residency Program Directors
- Clerkship Directors

Instructor:

Faculty who have not earned doctoral or equivalent degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent), but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

Assistant Professor:

Faculty at this rank have earned a doctoral or equivalent degree. Those who are involved in clinical teaching should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated some potential focus on teaching, with a secondary interest in at least one of the other domains of original research/scholarship, service, or health care delivery.

Associate Professor:

Faculty at this rank should ordinarily 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. There is no automatic promotion to the Associate Professor level based solely on years in rank.

Faculty at this rank should have demonstrated **continuing and progressive evidence of excellent performance in teaching** and in at least one of the other domains of original research/scholarship, service, or health care delivery.

Professor:

Faculty at this rank should ordinarily 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. 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 continuing exceptional and outstanding evidence in teaching and in at least one of the other domains of original research/ scholarship, service, or health care delivery. The faculty should have demonstrated significant innovation in their work.

2.iii: Academic Faculty Research Track

The Academic faculty Research track focuses on Investigation: the systematic generation of new knowledge in laboratory, clinical, community and other settings.

Investigation includes basic, translational and clinical research, epidemiology, outcomes and health services research, and biostatistics, as well as research in social sciences, education, ethics, bioinformatics, public health, health policy and health economics.

Investigation includes research conducted by individuals who bring a unique or critical expertise to research within teams ("team science") or within multidisciplinary or interdisciplinary collaborations.

Faculty in the Academic Faculty Research track are evaluated as defined in Section 1,i.

Faculty selecting the Academic Faculty Research Track who have a primary interest and desire in research; initial and adequate scholarly productivity; potential and resources to procure funding may include any faculty including:

- Basic Science faculty,
- College Program faculty, or
- Clinicians

Instructor:

Faculty who have not earned doctoral degree or equivalent degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent); but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

Assistant Professor:

Faculty at this rank have earned a doctoral or degree equivalent degree. Those who are involved in clinical teaching should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated some potential focus on original research/scholarship, with a secondary interest in at least one of the other domains of teaching, service, or health care delivery.

Associate Professor:

Faculty at this rank should ordinarily 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. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated continuing and progressive evidence of excellent productivity in original research/scholarship, and in at least one of the other domains of teaching, service, or health care delivery.

Professor:

Faculty at this rank should ordinarily 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. 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 continuing evidence of exceptional and outstanding productivity in original research/scholarship, and in at least one of the other domains of teaching, service, or health care delivery. The faculty should have demonstrated significant innovation in their work.

2.iv: Academic Faculty Clinical Track

Faculty selecting the Academic Faculty Clinical Track include Clinicians who have completed the required ACGME approved residency training, are board certified or eligible and primarily engage in Health Care Delivery.

Instructor of Clinical X:

Faculty at this rank should have completed an accredited residency program. This rank is normally reserved for clinical fellows.

Faculty at this rank should demonstrate potential for excellence in health care delivery and associated teaching and scholarly approach to education or/and scholarship productivity.

Assistant Professor of Clinical X:

Faculty at this rank are clinicians who should be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Associate Professor of Clinical X:

Faculty at this rank should ordinarily 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. There is no automatic promotion to the Associate Professor level based solely on years in rank.

Faculty at this rank should be board certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated evidence of excellent performance in health care delivery, with a secondary interest in at least one of the other domains of teaching, service, or original research/scholarship. In addition, faculty should have demonstrated promise of becoming clinical leaders in their fields and should have attained some recognition at the regional and/or national level.

Professor of Clinical X:

Faculty at this rank should ordinarily 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. 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 be board certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated continuing exceptional in health care delivery, with a secondary interest in at least one of the other domains of teaching, service, or original research/scholarship. The faculty should have demonstrated significant innovation in their work.

2.v: Emeritus professor

Upon appropriate nomination and recommendation by the Dean of the medical school and confirmation by the Rank & Promotion Committee, the title and status of Professor Emeritus may be conferred upon an eligible member of the CUSM employed faculty upon permanent retirement.

To be eligible for nomination for this honor, the faculty member must

- (1) be employed in good standing at the time of retirement,
- (2) have a current appointment as Professor or Associate Professor, and
- (3) provided exceptional service or meritorious contribution to the institution.

The term “Emeritus” follows the academic rank or title (e.g., Professor Emeritus of Medical Education Department). This is an honorific designation which recognizes and honors contributions. Although this title has no administrative authority, the recipient is granted access to some of the university resources such as email address, facilities, library access and events. CUSM reserves the right to rescind this title if the individual granted emeritus title behaves without integrity or contradictory to the mission and honor code of CUSM.

Section 3. Policy and Procedures for Faculty Appointment, Reappointment, Promotion, Dismissal, and Grievance

3.i: Faculty Appointment

The Department Chair submits to the Rank and Promotion Committee their recommendation for a faculty appointment along with the candidate's credentials. The Rank and Promotion Committee review and vote on a suitable rank for the candidate and will send notice of their decision to the Department Chair and the candidate.

3.ii: Appeal of a Decision from the Rank and Promotion Committee

A faculty member who receives a ranking from the Committee has the right to appeal this decision. The first step in the appeal process would be to discuss the situation with the Department Chair. The faculty member would then make a request for reconsideration to the Rank and Promotion Committee including rationale to support a different rank. If the faculty member is reviewed and a different rank is assigned, then the start date for the final rank will apply from the date of initial approval of the faculty position.

3.iii: Joint Appointment

All Faculty have joint appointments in the Department of Medical Education.

3.iv: Faculty Reappointment

The decision to renew a faculty appointment is based on the needs of the medical school and engagement by the faculty member during their appointment period.

CUSM-employed faculty (FTE and Hourly)

The faculty appointment period will align with the employment contract period and continue while the faculty member is employed at CUSM. At the end of the employment contract the faculty member can make a request to the Department Chair to be considered for a non-CUSM employed faculty or emeritus appointment if they will continue to engage with the school.

Non-CUSM employed faculty

Faculty appointments are granted for a period of 3 years and will be renewed upon recommendation of the Department Chair to the Rank and Promotion Committee. To be eligible for renewal, faculty members must have engaged in a CUSM faculty activity during their appointment period and there are continued plans for annual engagement. Faculty activities include teaching/advising of CUSM students, research with CUSM students and service benefiting the CUSM community (for a full description see the Faculty Handbook). Note that a promotion will automatically initiate a new 3-year appointment period from the date of promotion.

3.v: Faculty Feedback

Faculty members will receive regular feedback on academic performance and opportunities to engage in preparing for the promotion process.

For CUSM-employed Faculty (0.5 FTE and above) – an annual review is performed by their Department Chair or relevant supervisor. This is an opportunity to provide feedback and discuss the faculty member's career goals, activities planned to reach those goals, and progress towards promotion.

For the remaining CUSM-employed Faculty and Faculty not employed by CUSM – feedback on academic performance will be provided by the relevant Course or Program Director or supervisor who serve as the Chair's designees. Faculty will be contacted annually by the Office of Faculty Affairs and invited to engage in discussions regarding progress towards promotion. Resources and support in the promotion application process will be provided by the Office of Faculty Affairs in coordination with the Department Chair.

3.vi: Faculty Promotion

The faculty member's performance and rank will be evaluated by the Department Chair. If the Chair determines the faculty member has met these criteria for promotion (see Section 2), this recommendation will be submitted to the Rank and Promotion Committee along with faculty documentation of productivity (detailed CV with evidence of activities to support the promotion). All material required for consideration will be collected by the Department Chair's office and submitted in accordance with the timeline previously agreed with the Rank and Promotion Committee.

For promotion to Associate Professor and Professor, the packet submitted by the Department to the Committee will include written evaluations from three (3) CUSM faculty members at this rank or higher.

For promotion to Professor, the Department Chair will solicit three (3) external review letters from faculty members holding the rank of Professor at other institutions. External letters should come from faculty who are familiar with the candidate's areas of experience but who do not have a direct working relationship with the candidate (such as a research collaborator or a former supervisor).

The Rank and Promotion Committee will review the faculty member's performance and make a recommendation to the Department Chair and Dean on promotion. The final promotion letter will include information on the new academic promotion and any associated changes in job responsibilities, appointment status, or salary (if applicable). It will be signed by the Department Chair and Dean and will also require the faculty member's signature signifying acceptance.

Faculty members have the right to appeal promotion decisions in line with the process described above in 3.ii.

3.vii: Faculty Appointment Dismissal

A faculty member shall hold his/her appointment during each appointment period pending behavior consonant with carrying out his/her duties and service and shall not be removed except for cause in a matter consistent with the Statement on Procedural Standards in Faculty Dismissal Proceedings published by the American Association of University Professors. An

automatic review process is in place. Upon decanal review to deny renewal of the appointment, an explanatory letter will be sent to the President for endorsement.

3.viii: Faculty Grievance

The policy and procedures by which faculty members can seek redress of their grievances, if any, are specified in Article VII of the Faculty Handbook: Bylaws of the Faculty.