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I. Policy

A. Expectations

The Dell Medical School expects all regular faculty to be active scholars with vital contributions in research, teaching, curricula, publications, and care redesign or in other areas of innovation and service.

Faculty will align with the Dell Medical School mission by demonstrating commitment to:

- Improving health in our community as a model for the nation;
- Evolving new models of person-centered, multidisciplinary care that reward value;
- Accelerating innovation and research to improve health;
- Educating leaders who transform health care; and
- Redesigning the academic health environment to better serve society.

B. Track Designation

Regular faculty will be designated as tenured, tenure-track, or non-tenure track at the time of their initial appointment, and this designation will be documented in each faculty member’s initial written letter of appointment.

C. Scholarship

The Dell Medical School requires the faculty to be active in scholarship. Scholarship is defined as the creation and dissemination of new knowledge. We have adopted Boyer's model of scholarship (Boyer, E. L. (1990), Scholarship reconsidered: Priorities of the professoriate.(PDF), Carnegie Foundation for the Advancement of Teaching) that expands from traditional research, or the scholarship of discovery, to a broader definition that is more flexible and includes the new societal and environmental challenges beyond the campus but also the certainty of contemporary life. Boyer's four categories are:

- The scholarship of discovery that involves original research that advances knowledge (i.e., basic research);
- The scholarship of integration that involves synthesis of information across disciplines, across topics within a discipline, or across time (i.e., interprofessional education, science communication, or clinical integration across disciplines and professions, development of regional or national guidelines);
- The scholarship of application / engagement that involves the rigor and application of disciplinary expertise (i.e., cooperative state research, education, service on regional or national committees, leadership in professional societies, invited lectures, recognition as a clinical expert); and
- The scholarship of teaching and learning that involves the systematic study of teaching and learning processes. It differs from scholarly teaching in that it requires a format that will allow public sharing and the opportunity for application and evaluation by others.

Features of these expanded models of scholarship are that they go beyond the service duties of a faculty member to those within or outside the University and that their results can be shared with, applied, and/or evaluated by peers.

D. Areas of Excellence

Faculty will distinguish themselves in one of the four areas of excellence described below
in which they will provide contributions. Promotion in these areas is based on pre-established guidelines set by the department and medical school.

1. **Educational Leadership**: Enable the provision of exceptional training, mentoring or curricular development and provide fair and committed support for learners. DMS Mission Area:
   - Educating leaders who transform health care.
   - Redesigning the academic health environment to better society.

2. **Clinical Expertise**: Enable the delivery and measurement of innovative and value-focused care, demonstrating alignment with the school’s clinical mission. DMS Mission Area:
   - Evolving new models of person-centered, multidisciplinary care that rewards value.

3. **Community Engagement/Healthscape**: Enable the building of a model healthy community with an emphasis on social determinants of health in alignment with Dell Medical School’s mission. DMS Mission Area:
   - Improving health in our community as a model for the nation.

4. **Investigation and Inquiry**: Enable the development of a rich multidisciplinary environment for research, bringing distinct skills or resources to advance the impact of research associated with the Dell Medical School. DMS Mission Area:
   - Accelerating innovation and research to improve health.

**E. Review**

Promotion in rank, and the award of tenure, are based on excellence in performance and scholarship. Performance will be based on pre-established metrics of success set by the department and medical school in accomplishing their duties, and scholarship is defined as the creation and dissemination of new knowledge. Promotion requires a formal review of the candidate’s credentials, including an assessment of the candidate’s success in accomplishing their duties, the magnitude and the quality of the contributions, and/or specific services rendered as demonstrated by the candidate’s body of work, external letters of evaluation, and the evaluations of students, residents, patients and peers, if applicable.

**F. Evaluation of Areas of Excellence**

Recommendations for promotion in rank or the granting of tenure shall be made based on a formal evaluation of each faculty member. Tenured and tenure-track faculty require evaluation in their designated area of excellence and a strong record of accomplishments in all remaining areas of review. Non-tenure track faculty require evaluation in their designated area of excellence and a strong record of accomplishment in one additional area of review.

1. **Educational Leadership**: Evidence of expertise and scholarship in teaching and
curricular contributions that are of high quality and significance. Teaching may involve medical students, graduate students, residents, fellows, colleagues, and/or learners from other disciplines, and may take a variety of formats, including didactics, precepting, seminars, clinical supervision. The candidate should be able to demonstrate excellence in mentoring. The candidate should have excellent peer-evaluations or student evaluations and evidence of impactful curricular contributions. A record of invited lectureships, leadership in educational societies or committees, peer-reviewed publications, educational materials developed and used by other institutions, or external recognition or awards received for education should be evident.

**Clinician Educator**
The Clinician Educator will be a special area of focus within Educational Leadership for all non-tenured faculty members whose professional activity is significantly clinical in nature and are committed to a career in academic medicine. Individuals under this area of excellence are judged on their contributions to education, research, and clinical care as well as service and leadership. Collaboration with others is particularly valued. It is anticipated that the quality and quantity of the contributions in each of these areas will vary depending on the faculty member’s interests.

2. **Clinical Expertise:** Evidence of expertise and scholarship in a clinical discipline and contributions to clinical practice that are of high quality and significance. The candidate should have evidence of contributions to clinical practice and/or policies that measurably improved the quality and value of patient outcomes. A record of leadership in professional societies, membership on editorial boards, development of significant protocols or technologies, or external recognition or awards received for clinical excellence should be evident.

**Clinician Educator**
The Clinician Educator will be a special area of focus within Clinical Expertise for all non-tenured faculty members whose professional activity is significantly clinical in nature and are committed to a career in academic medicine. Individuals under this area of excellence are judged on their contributions to education, research, and clinical care as well as service and leadership. Collaboration with others is particularly valued. It is anticipated that the quality and quantity of the contributions in each of these areas will vary depending on the faculty member’s interests.

3. **Community Engagement/Healthscape:** Evidence of expertise and scholarship in community-based program development or participatory research and contributions of high quality with demonstrated impact. The candidate should have evidence of contributions to practice and/or policies that measurably improved the health of a community and its members. A record of leadership in community organizations, engagement with community or public health leaders, publications in lay or professional media or peer-reviewed journals, or external recognition or awards received should be evident.
4. **Investigation and Inquiry:** Evidence of expertise in research and scholarly work that is of high quality and significance. Work may focus on laboratory, population-based, clinical, health services, or educational investigations. The candidate should have involvement in the production of scholarly work that has been published in peer-reviewed journals. A record of local, regional, national, and/or international invited lectureships, external funding, publications, or external recognition or awards received for research should be evident. The candidate should demonstrate a financially sustainable line of investigation. The candidate could have service as an editor and/or on editorial boards of scientific journals. Evidence of serving on regional, national, and international committees related to research including grant review panels.

5. **Academic and Professional Service:** Service may be selected as an area of review but not as a designated area of excellence. Evidence of advising, counseling and other student services. Evidence of administrative committee service on a local, regional, national, and/or international level. A strong record of public service to the nation, state, & community. The candidate may have other evidence of merit or recognition, such as fellowships, grants, honors, and election to office in scholarly or professional organizations.

G. **Tenure**

Tenure denotes a status of continuing appointment as a member of the faculty at the university. Tenure may not be granted to any individual holding a professorial rank carrying the description "clinical." Tenure may be granted at the time of appointment or withheld pending satisfactory completion of a probationary period of faculty service. Tenure may be granted to regular faculty with the titles “professor” or “associate professor.” The maximum probationary period that may be served on the tenure-track is eight years. Faculty in the probationary period for tenure shall be considered for promotion no later than the seventh year of probationary service (“up or out” year). Tenured and tenure-track faculty will have a mandatory mid-probationary review.

II. **Tenured and Tenure-Track Faculty Members**

A. **Expectations for Promotion**

Recommendations for all changes in academic rank/status (promotion or non-renewal of appointment) are normally considered in the fall of each academic year in accordance with a schedule and policies set forth by the president. Faculty in the probationary period for tenure shall be considered for promotion no later than the seventh year of probationary service (“up or out” year). Tenured and tenure-track faculty require evaluation in their designated area of excellence and a strong record of accomplishments in all remaining areas of review.

**Promotion from Assistant Professor to Associate Professor:**
• Academic credentials congruent with the expectations of the research-intensive university, school and department.
• Developing peer recognition reflected by a regional / emerging national reputation as a major contributor to their field, including assessment through external letters of evaluation from arms-length reviewers at peer institutions.
• Significant evidence of scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc. and demonstrated through external letters of evaluation from arms-length reviewers at peer institutions.
• Significant accomplishments in the designated area of excellence and a strong record of accomplishments in all other areas of review.
• Board certification or its equivalent, if pertinent.

Promotion from Associate Professor to Professor:
• Academic credentials congruent with the expectations of the research-intensive university, school and department.
• Established peer recognition derived from a sustained national / emerging international reputation as a leader in their field, including assessment through external letters of evaluation from arms-length reviewers at peer institutions.
• Sustained scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc. and demonstrated through external letters of evaluation from arms-length reviewers at peer institutions.
• Sustained productivity in the designated area of excellence and a strong record of accomplishments in all other areas of review.

Representative examples of evidence of achievement in Areas of Excellence for these ranks can be found here.

B. Considerations for Promotion

Only full-time service in the academic rank of assistant professor, associate professor, or any combination thereof, shall be counted toward fulfillment of a required probationary period related to the acquisition of tenure. Full-time service is defined as holding a 100% time appointment at the university on faculty salaries and/or on any other funds administered by the university. Periods during which a faculty member is on leave of absence without salary from the university, or is serving as a non-tenure track faculty member, shall not be counted toward fulfillment of a required probationary period related to the acquisition of tenure. Periods of prior academic service at any institution other than The University of Texas at Austin are typically not counted towards the fulfillment of a required probationary period related to the acquisition of tenure; however, each case is handled individually, and requires approval of the President’s committee.

Tenure-Track Assistant Professors
The maximum probationary period that may be served as an assistant professor on the tenure-track is eight years. During an individual’s seventh year of full-time service as an assistant professor on the tenure-track, the executive committee or equivalent governing committee, and department chair of their department, shall recommend to the administration that they:
A. Be promoted to associate professor with tenure; or
B. Be promoted to associate professor and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track); or
C. Remain at the assistant professor rank and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track); or
D. Be placed on a terminal appointment for the next (i.e., eighth) year.

In the rare circumstance where an individual is reviewed prior to the seventh year of full-time service as an assistant professor on the tenure-track, the budget council or equivalent governing committee, and department chair of their department, shall recommend to the administration that they:

A. Be promoted to associate professor with tenure; or
B. Be promoted to associate professor on the tenure-track; or
C. Be promoted to associate professor and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track); or
D. Remain at the assistant professor rank and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track); or
E. Be placed on a terminal appointment for the next year; or
F. Will not be promoted at this time and will remain a tenure-track assistant professor.

An assistant professor who, for any reason, has been continued beyond the eight-year probationary period is not eligible for tenure as an assistant professor nor will promotion automatically result. A review of the status of any assistant professor in these circumstances will be mandatory as soon as possible following discovery.

Tenure-Track Associate Professors
The maximum probationary period that may be served as an associate professor on the tenure-track is eight years. If the individual has previously held the rank of assistant professor on the tenure-track, the maximum period that may be served in any combination in rank of assistant professor tenure-track and associate professor tenure-track shall not exceed eight years. During an individual’s seventh year of full-time service as an associate professor tenure-track, or of combined service as an assistant professor tenure-track and associate professor tenure-track, the budget council or equivalent governing committee, and department chair of their department, shall recommend to the administration that they:

A. Be promoted to full professor with tenure; or
B. Be promoted to full professor on the non-tenure track (provided they were not previously on the non-tenure track); or
C. Remain at the associate professor rank and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track); or
D. Be placed on a terminal appointment for the next (i.e., eighth) year.

In the rare circumstance where an individual is reviewed prior to the seventh year of full-time service as an associate professor tenure-track, or of combined service as an assistant professor tenure-track and associate professor tenure-track, the budget council or equivalent governing committee, and department chair of their department, shall recommend to the administration that they:

A. Be promoted to full professor with tenure; or
B. Be promoted to full professor on the non-tenure track (provided they were not previously on the non-tenure track); or
C. Remain at the associate professor rank and be moved to a non-tenure track appointment (provided they were not previously on the non-tenure track);
D. Be placed on terminal appointment for the next (i.e., eighth) year; or
E. Will not be promoted at this time and will remain a tenure-track associate professor.

An associate professor who, for any reason, has been continued beyond the eight-year probationary period is not eligible for tenure as an associate professor nor will promotion automatically result. A review of the status of any associate professor in these circumstances will be mandatory as soon as possible following discovery.

III. Non-tenure Track Faculty Members

Dell Medical School’s non-tenure track is meant to provide a pathway for educators, clinicians and research scientists to be recognized for their scholarly work, expertise, and contributions to the School and University. Dell Medical School supports and encourages its faculty in these career development activities, recognizing that most of its faculty will have clinical or other obligations that makes progression on the tenure track impracticable. Non-tenure track faculty are the backbone of the Medical School’s teaching, education, clinical, and community service missions who the School wishes to recognize through attainment of and progression through non-tenure track academic rank outside of the rigors of the traditional tenure track process.

In contrast to the tenure track system, there is no expectation that non-tenure track faculty must progress up the academic ranks. However, there is a profound expectation that non-tenure track faculty continue to contribute to the school’s mission throughout their appointment. Their ongoing contributions are assessed on an annual basis within their respective Departments.

No non-tenure track member of the faculty should expect continuing appointment beyond the term of their current appointment. Any commitment to employ a non-tenure track member of the faculty beyond the term of their current appointment shall have no force and effect until approved by the Board of Regents.

A. Expectations for Promotion

Recommendations for all changes in academic rank/status (promotion or non-renewal of
appointment) are normally considered in the fall of each academic year in accordance with a schedule and policies set forth by the president. Each faculty member, in consultation with their department chair, designates one of the four areas of excellence and must also demonstrate a strong record of accomplishment in one additional area of review.

**Promotion from Instructor to Assistant Professor:**
- Academic credentials congruent with the expectations of the research-intensive university, school and department.
- Evidence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues.
- Evidence of peer recognition reflected by a local reputation.
- Evidence of scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc.
- Must have demonstrated outstanding clinical skills and high patient satisfaction, if applicable.
- Must be Board Eligible or have their Board Certification or its equivalent, if pertinent.
- No set time in rank for consideration of promotion.

**Promotion from Assistant Professor to Associate Professor:**
- Academic credentials congruent with the expectations of the research-intensive university, school and department.
- Evidence of scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc.
- Evidence of excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues.
- Evidence of peer recognition reflected by an emerging statewide / regional reputation as a clinician and/or educator and a major contributor to their field of expertise.
- Evidence of excellent clinical skills and patient satisfaction, clinical innovations, clinical research and/or programs that are regionally distinctive, if applicable.
- Evidence of participation in programs that measurably improve patient outcomes and development of new clinical approaches and innovation in specialty, if available.
- Significant accomplishments in the designated area of excellence and a strong record of accomplishments in one additional area of review.
- Board certification or its equivalent, if pertinent.

**Promotion from Associate Professor to Professor:**
- Academic credentials congruent with the expectations of the research-intensive university, school or department.
- Evidence of peer recognition derived from an emerging national / international reputation as a top clinician and/or educator in the field.
- Sustained scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc.
- Sustained evidence of excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues.
- Sustained evidence of excellent clinical skills and patient satisfaction, clinical
innovations, clinical research and/or programs that are regionally and nationally distinctive, if applicable.

- Sustained evidence of participation in programs that measurably improve patient outcomes and development of new clinical approaches and innovation in specialty, if available.
- Sustained productivity in the designated area of excellence and a strong record of accomplishments in one additional area of review.

Representative examples of evidence of achievement in Areas of Excellence for these ranks can be found [here](#).

### B. Considerations for Promotion

In general, promotion to Associate Professor requires seven years in rank as Assistant Professor with time spent at other peer institutions contributing to the seven-year requirement. Promotion to Associate Professor is for faculty who have demonstrated academic excellence as evidenced by scholarship in clinical, education or research areas. Faculty at the associate professor level should demonstrate local and emerging state-wide / regional recognition for expertise in their respective field as well as evidence of a trajectory to achieve national reputation in the future.

In general, promotion to Professor requires seven years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before seven years (rarely). Emerging national / international reputation is required.

Upon consideration for promotion the budget council or equivalent governing committee, and department chair of their department, shall recommend to the administration:

A. That they be promoted in rank; or

B. That promotion be denied and they remain at the current rank.

### IV. Changing Tracks

Non-tenure track faculty members in the rank of associate professor may be moved to a tenure-track associate professor position if merited, as evidenced by the fundamental philosophy, principles and expectations for faculty promotion as outlined above. The change in designation will be documented in writing by the department chair and is not revocable.

In rare circumstances a non-tenure track faculty member in the rank of professor may be reviewed for an award of tenure if merited, as evidenced by the fundamental philosophy, principles and expectations for faculty promotion as outlined above.

Faculty members who move from tenure-track to non-tenure track (and vice versa) as a result of either a formal review for promotion or through the Dell Medical School faculty review process are not eligible to change tracks a second time.

Changes made to a track are done at the time of the annual review for renewal of appointment, and at the recommendation of the chair.
V. Procedures

Promotion within the regular faculty structure requires a formal review of the candidate’s credentials, including an assessment of the candidate’s success in accomplishing their duties, the magnitude and the quality of the contributions, and/or specific services rendered, and the evaluations of students, residents, patients and peers, if applicable. The department chair, or designee, will be responsible for counseling individual faculty members on career development and preparation during their evaluation and throughout the year for ongoing mentorship and promotion. The department chair, or designee, will meet annually with each faculty member to discuss accomplishments during the previous year, responsibilities, and expectations for the coming year. At this time a review of the faculty member’s career goals and progress towards promotion as well as of any evaluations on the faculty are reviewed. Typically, the chair of the department or the departmental/school committee initiates the request for promotion and/or tenure but may also occur by individual faculty request to the department chair. Promotion and tenure will be achieved through a multi-step process that is initiated upon recommendation of the department chair to the Dell Medical School Faculty Appointment, Promotion and Tenure Committee.