Tenure denotes a status of continuing appointment as a member of the faculty at the university. 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.

In the following sections, the examples of evidence of achievement provided for promotion to given ranks are neither comprehensive nor prescriptive but are meant to serve as examples of the levels of some common achievements. Candidates may report other achievements not specified in the guidelines. See also the Regular Faculty Promotion and Tenure Policy.

**EDUCATIONAL LEADERSHIP**

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by a regional / emerging national reputation as a major contributor in education is expected, with evidence in at least two of the four teaching domains (didactic teaching, mentorship, clinical teaching, or administrative/leadership roles) as well as recognition as an expert and demonstration of scholarship related to education and/or an area of clinical expertise. Must have developed and implemented innovative teaching methods, curricula, educational policy or assessment tools or have performed influential research related to education; expertise must be demonstrated through influential scholarship.

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<tr>
<th>Teaching Domains</th>
<th>Examples of Evidence of Achievement</th>
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| **Didactic teaching:** (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) | • Creativity and innovation in classroom teaching methods or effective application of existing teaching methods recognized regionally and, in some cases, nationally  
• Teaching/lecturing regionally (a must) and nationally (desired) about issues related to education  
• Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5) |
| Mentorship: (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) | • Number and stature of trainees upon whom the candidate had a major influence; stature may be assessed by trainees’ academic rank, publications, funding and awards  
• Publications with trainees while in rank  
• Feedback from trainees demonstrated by letters of support  
• Involvement in regional and, in some cases, national mentoring programs |
| --- | --- |
| Clinical Teaching: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) | • Regional leadership role related to clinical education in a professional society  
• Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5) |
| Administrative Teaching Leadership Role: (e.g., residency or fellowship co-director or director, course or seminar co-director or director) | • Evaluations and success of course(s) and or program(s) for which candidate was a leader (ratings consistently high (i.e. > 3 of 4 or > 4 of 5))  
• Participant enrollment in non-required courses for which the candidate was a leader |
| Recognition as an Expert in Teaching: | • Invitations to speak regionally and, in some cases, nationally about education  
• Leadership role in regional (a must) and national (desired) courses related to education  
• Senior local leadership role in education  
• Service on regional and, in some cases, national committees developing guidelines and policies for education/training programs  
• Service on regional and, in some cases, national committees evaluating education programs or grant proposals related to education  
• Funding to conduct educational research or to develop educational materials, methods, assessment tools or programs  
• Service on editorial boards of educational journals  
• Awards for teaching or mentoring from sources other than the candidate’s department/institution  
• Ad hoc reviewer for journals related to medical education  
• Service as grant reviewer for medical education funders |
| Scholarship: | • Typically has 15 publications in peer-reviewed journals, five as first or senior author and with 5 publications in education, with a significant proportion being of high quality as defined by the iCite Relative Citation Ratio or the overall h-index of the candidate’s publications as published by Web of Science or Google Scholar. Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate’s field as ranked by Impact Factor or as demonstrated by the relative citation ratio [https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/]).
• Publication or dissemination of educational material in print or other media with regional and, in some cases, national adoption; may include syllabi, curricula, web-based training modules or courses, and/or technologies (e.g., simulation); may also include development of educational methods, policy statements, and/or assessment tools |


**Promotion to Professor:** In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained national / emerging international reputation as a leader in education is expected, with evidence in all four teaching domains as well as recognition as an expert and demonstration of scholarship related to education and/or an area of clinical expertise.

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<tr>
<th>Teaching Domains</th>
<th>Examples of Evidence of Achievement</th>
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<tr>
<td><strong>Didactic teaching:</strong></td>
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| (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) | • Continued innovation in classroom teaching methods with adoption nationally and, in some cases, internationally  
• Additional or ongoing recognition for teaching/lecturing nationally (expected) and internationally (desired), about issues related to education (e.g. invited lectures, keynote addresses, awards from national or international organizations dedicated to medical education)  
• Evaluations from learners and peers consistently high (i.e. > 3.4 of 4 or > 4.5 of 5) |
| **Mentorship:**                         |                                     |
| (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) | • Increasing number and stature of trainees upon whom the candidate had a major influence; stature may be assessed by trainees’ academic rank, publications, funding, awards, and academic institution  
• Publications with trainees  
• Feedback from trainees demonstrated by letters of support  
• Leading national mentoring programs |
| **Clinical Teaching:**                  |                                     |
| (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) | • National (a must) and international leadership role related to education in a professional society  
• Course evaluations for which the candidate was a leader consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5) |
| **Administrative Teaching Leadership Role:** |                                     |
| (e.g., residency or fellowship co-director or director, course or seminar co-director or director) | • Evaluations and success of course(s) and or program(s) for which candidate was a leader consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5)  
• Participant enrollment in non-required courses for which the candidate was a leader  
• Candidate has a leadership role in a professional society focused on education |
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<th>Scholarship:</th>
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<td>• Typically, 30 publications in peer-reviewed journals with at least 10 in education, the majority as first or senior author, with a significant proportion being of high quality as defined by the iCite Relative Citation Ratio or the overall h-index of the candidate’s publications as published by Web of Science or Google Scholar. Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate’s field as ranked by Impact Factor or as demonstrated by the relative citation ratio <a href="https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/">https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/</a>)</td>
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<tr>
<td>• Continued/sustained development of educational material in print or other media with national and, in some cases, international adoption; may include syllabi, curricula, web-based training modules or courses, and/or technologies (e.g., simulation); may also include development of educational methods, policy statements, and/or assessment tools</td>
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**CLINICAL EXPERTISE**

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by a regional / emerging national reputation as a major contributor in the field is expected, with evidence as well as recognition as an expert and demonstration of scholarship related to an area of clinical expertise. Must have evidence of contributions to clinical practice and/or policies that measurably improved the quality and value of patient outcomes.

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<tr>
<th>Clinical Domains</th>
<th>Examples of Evidence of Achievement</th>
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| **Recognition as Clinical Expert:**  
(e.g. strong regional and emerging national recognition as a clinical expert as evidenced by regional and/or national leadership roles and reputation related to the clinical field) | • Invitations to speak regionally and, in some cases, nationally on issues related to their area of clinical expertise  
• Leadership roles in regional and, in some cases, national professional organizations related to clinical expertise, including leadership in regional and/or national courses or programs (e.g. clinical CME programs)  
• Service on regional and, in some cases, national committees developing guidelines and policies for management in area of clinical expertise  
• Service on regional and, in some cases, national committees evaluating programs in area of clinical expertise  
• Membership on editorial boards in area of clinical expertise  
• Peer reviewed funding to support innovations that influence clinical practice regionally and, in some cases, nationally  
• Regional and/or national awards for contributions and/or innovation in the area of clinical expertise |

| **Influencing Clinical Practice:**  
(e.g. development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that are recognized for influencing care at a regional and/or national level) | • Development of a clinical care model  
• Development of an innovative application of an existing technology  
• Leadership in developing regional and, in some cases, national symposia related to their area of clinical expertise  
• Attestation by peers as to the quality of contributions to clinical practice  
• Outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement, areas of clinical expertise  
• Mentorship of clinical learners  
• Letters of support from mentees |
**Promotion to Professor:** In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained national / emerging international reputation as a leader in the field is expected, with evidence as well as recognition as an expert with leadership roles and scholarship related to an area of clinical expertise.

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<tr>
<th>Clinical Domains</th>
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| **Recognition as a Clinical Expert:** | • Visiting professorships and invitations to speak nationally and, in some cases, internationally on issues related to area of clinical expertise  
• Leadership roles in national and, in some cases, international professional organizations related to an area of clinical expertise including leadership of national and/or international courses or programs  
• Service as a consultant on issues related to area of clinical expertise  
• Service on national and, in some cases, international committees developing guidelines and policies for management or evaluating programs in area of clinical expertise  
• Editor of a journal in the area of clinical expertise  
• Peer-reviewed funding to support innovations that influence clinical practice nationally and, in some cases, internationally  
• National and/or international awards for contributions and/or innovation in the area of clinical expertise |
| **Influencing Clinical Practice:**    | • Recognized by peers (referees) as having a critical role in defining a new field  
• Developing innovative treatments, procedures, or technologies that peers recognize as being superior to previous approaches  
• Developing treatment protocols or practice guidelines that are adopted for their influence  
• Mentorship of clinical learners  
• Letters of support from mentees |
**Written Scholarship:**
(e.g. scholarship is defined as the generation and dissemination of knowledge through original research and synthesis of existing knowledge to yield new knowledge)

- Typically, at least 30 publications in peer-reviewed journals (at least ten in the area of clinical expertise), the majority as first or senior author, with a significant proportion being of high quality as defined by the iCite Relative Citation Ratio or the overall h-index of the candidate’s publications as published by Web of Science or Google Scholar. Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate’s field as ranked by Impact Factor or as demonstrated by the relative citation ratio [https://nexus.od.nih.gov/all/2016/09/08/nih-rkr/](https://nexus.od.nih.gov/all/2016/09/08/nih-rkr/))
- Publication or dissemination of guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally and, in some cases, internationally
**INVESTIGATION AND INQUIRY**

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by a regional / emerging national reputation as an original, independent investigator and major contributor to the field; must include (a) sustained record of independent scholarship as a recognized/named Senior and Principal Investigator on grants supporting research; (b) senior author on peer reviewed original research publications that have advanced any field of biomedical science, including advances in novel developments or application of methods and technologies; (c) successful funding record in nationally competitive research programs, e.g. NIH extramural research; (d) teaching and supervision of research trainees.

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<th>Research Domains</th>
<th>Examples of Evidence of Achievement</th>
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| **Recognition as an Investigation Expert:** (e.g. conducts original research that significantly advances biomedical science) | • Basic research, clinical research and/or laboratory or clinically based translational research which may include studies of disease mechanisms, diagnostic techniques and/or other investigations contributing knowledge that may significantly advance the prevention, diagnosis or management of disease; may have a defined role in building a multidisciplinary team and/or center that conceptualizes novel investigative approaches  
• Qualitative, quantitative or social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; should have an independent leadership role in design of studies, conduct of studies and/or analysis of study data; for multicenter studies, makes key original intellectual contributions to critical elements in study design, protocol development, protocol implementation, study conduct, and/or data analysis  
• Development of new methods/technologies and/or novel applications of existing methods/technologies  
• Usually principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer reviewed funding  
• Invitations to speak regionally, and increasingly nationally, about research  
• Service on editorial boards of recognized scientific journals or as a regular peer reviewer |
| Scholarship: | to journals in area of expertise  
| --- | ---  
| • Membership on institution research-related committees such as the human or animal subjects committee |  
| • Service on national committees related to research including grant review panels such as NIH study sections, FDA panels, and data and safety monitoring boards for clinical trials |  
| • Role in planning sessions for scientific societies regionally, and increasingly nationally |  
| • Faculty oversight role in an institutional research core |  
| • National awards for research and/or innovation |  
| • Membership on steering committees, other study committees, and/or writing groups of national multicenter studies |  
| • Invitations to serve as a key investigator on multiple, significant studies based on unique expertise |  
| • Compelling evaluations from multiple recognized experts attesting to an emerging national reputation |  
| • Typically, at least 20 publications in peer-reviewed journals, the majority as first or senior author, with a significant proportion being of high quality as defined by the iCite Relative Citation Ratio or the overall h-index of the candidate’s publications as published by Web of Science or Google Scholar |  
| • Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate’s field as ranked by Impact Factor or as demonstrated by the relative citation ratio (https://nexus.od.nih.gov/all/2016/09/08/nih-rnr/) |  
| • Publication of first or senior author high quality, original research that significantly advances the field |  
| • Publication of original research from multidisciplinary studies on which the candidate was senior author; may be in another authorship position or member of an unnamed authorship group, to which the candidate made documented, key intellectual contributions; should have taken the lead role on several manuscripts from the study |
**Promotion to Professor:** In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained national / emerging international reputation as a leader in the field is expected; leader of an exceptional independent lab or research program and/or key leadership role in collaborative studies; longstanding record of exceptional scholarship which may include: senior author on high impact publications of original research, and/or major leadership role on, and critical contributions to, publications of high impact collaborative research; sustained record of extramural funding; must have evidence of effective teaching and supervision as demonstrated by success of trainees.

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<tr>
<th>Research Domains</th>
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<td><strong>Recognition as an Investigation Expert:</strong> (e.g. sustained record of conducting exceptional research that has a major impact on the field and/or changes clinical practice)</td>
<td>• Basic research, clinical research and/or laboratory or clinically based translational research which may include studies of disease mechanisms, diagnostic techniques and/or other investigations that provide fundamental insight into the prevention, diagnosis or management of disease; may lead an established multidisciplinary team and/or center that has created novel investigative approaches that have resulted in critical contributions to the field&lt;br&gt;• Qualitative, quantitative or social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; outstanding record of leadership in design, conduct and analysis of studies; for multicenter studies, overall principal investigator, or one of a small number of key national leaders of studies&lt;br&gt;• Development of innovative methods/technologies and/or novel applications of existing methods/technologies that have been adopted by others in the field&lt;br&gt;• Sustained record of funding as principal investigator; may be funded by a combination of federal, investigator-initiated industry, and foundation grants; this should include a sustained record of nationally competitive funding&lt;br&gt;• Invitations to speak nationally, and increasingly internationally, about original research&lt;br&gt;• Service as an editor and/or on editorial boards of scientific journals or as a consultant to</td>
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journals in area of expertise

- Service on, and may have a leadership role on, national and/or international committees related to research including grant review panels such as NIH study sections, NIH advisory groups, FDA panels, data and safety monitoring boards for major multicenter trials
- Leadership role in planning sessions for major scientific societies nationally, and increasingly internationally
- Prestigious national or international awards for research and/or innovations
- Overall principal investigator or one of a small number of key national leaders and/or leadership roles on key committees and writing groups of national, and increasingly international, multicenter studies
- Adoption by others in the field of novel methods/technologies
- Typically, at least 40 publications in peer-reviewed journals, the majority as first or senior author, with a significant proportion being of high quality as defined by the iCite Relative Citation Ratio or the overall h-index of the candidate’s publications as published by Web of Science or Google Scholar. Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate’s field as ranked by Impact Factor or as demonstrated by the relative citation ratio [https://nexus.od.nih.gov/all/2016/09/08/nih-rccr/](https://nexus.od.nih.gov/all/2016/09/08/nih-rccr/))
- Sustained record of publication from multidisciplinary research that has had a major impact; candidate may be in various authorship positions on manuscripts, but should have served as the senior author on a substantial number of manuscripts from the study.
COMMUNITY ENGAGEMENT / HEALTHSCAPE

An important measure of impactful community-based and community-engaged work is recognition of the work outside of the community in which a faculty member is working. Community includes organizations within Travis County, our healthcare community partners, and Dell Medical School / UT Austin. Dell Med has a goal to be recognized as a national leader in developing, implementing, and evaluating evidence-based community-level interventions/programs. To this end, Dell Med provides an area of academic excellence to enable promotion of its faculty based on exemplary scholarly contributions to service and community engagement related to creating a vital healthy ecosystem. Scholarship is emphasized because the application of systematic inquiry and/or innovation paired with dissemination of the work is expected to result in measurable health benefits for the community. In this way, the community is engaged as a part of the scholarship and is also served through the faculty’s scholarly endeavors.

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by a regional / emerging national reputation as a major contributor in the field is expected.

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<th>Domains</th>
<th>Examples of Evidence of Achievement</th>
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<tr>
<td>Scholarship:</td>
<td>• Scholarship in community-based program development (i.e. invited publications in lay or professional media, peer reviewed journals, etc.). At least 10 or more peer reviewed publications documenting service, community engagement expertise or measuring results. At least 5 should be lead or senior author.</td>
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<td>• Peer reviewed publications describing methods for developing, implementing, and evaluating evidence-based community-level interventions/programs. May include methods of community engagement, methods of program evaluation that move beyond pre-post evaluation, or explanations of significant limitations and biases, etc. At least 5 should be lead or senior author.</td>
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<td>• Winning competitive extramural funding that increases the likelihood that a program is sustainable and brings important attention to the work that is being done. Success may be reflected by the community partner’s winning awards or recognition.</td>
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<td>• Service on editorial boards or other scholarship reviewing bodies relating to community, legislative, policy, global health, or other activities.</td>
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| **Service:** | • Service in affiliate university, community, schools, religious, government, NGOs, or one's professional organizations is required. Service is defined as an active role, not merely attendance at meetings. There should be evidence that the role(s) in these organization(s) have served as a mechanism for the development and implementation of community-based programs aimed at improving health and wellbeing.  
• Progress toward achieving a national reputation for excellent and impactful service is required, as reflected by service on invited or elected regional or national committees, boards, professional organizations, and governing bodies. Evidence of excellence in these roles can be documented by letters from referees. There should be evidence of leadership roles in these organizations. |
| **Community Engagement/Healthscape Expert:** | • External recognition regionally and emerging nationally (i.e. awards and invited talks at national forums, which could include professional societies (that are expanded beyond medical professional societies), advisory committees, etc.)  
• Evidence for leading community engagement activities as evidenced by (a) sustained success and external funding, (b) sustained activities with measurable impact, and (c) impact on some process or outcome measure of community health.  
• New, novel, or innovative approaches that measurably improve health in a community (i.e. contributions to practice, legislation, engagement of other community partners and/ or policies etc.)  
• Lasting engagement with community or public health leaders as documented by letters of reference noting the impact of the collaboration  
• Mentorship of junior colleagues in community engagement. Documentation of mentees experience, activities and professional positions is required. |
**Promotion to Professor:** In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained national / emerging international reputation as a leader in the field is expected.

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<th>Examples of Evidence of Achievement</th>
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| Scholarship:  | • Sustained track record for high impact scholarship describing community-based program development. This can be documented by peer reviewed publications and supplemented by publication in the lay media or other media outlets.  
  • 30 or more peer reviewed publications describing methods for developing, implementing, and evaluating evidence-based community-level interventions/programs. May include methods of community engagement, methods of program evaluation that move beyond pre-post evaluation. At least 15 should be as lead or senior author.  
  • Sustained track record over years for winning extramural funding that has made at least one community-based program sustainable and/or brings important attention to the work that is being done.  
  • Leadership of editorial boards or other scholarship reviewing bodies relating to community, legislative, policy, global health, or other activities. |
| Service:      | • National recognition for consistent and sustained leadership service in organizations related to community, government NGOs, or one's profession is required. There should be evidence that the role(s) in these organization(s) have served as a mechanism for the development and implementation of nationally-recognized community-based programs that improve health and wellbeing.  
  • Achievement of a national and emerging international reputation of leadership excellence is required, as reflected by officer positions on invited or elected national and/or international committees, boards, and governing bodies.
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<th>Community Engagement/Healthscape Expert:</th>
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<tr>
<td>• Repeated external recognition nationally (i.e. awards and invited talks at national forums, which could include professional societies, governmental agencies, leadership of task forces, advisory committees, NGO operations, etc.)</td>
</tr>
<tr>
<td>• Consistent and impactful community engagement activities over many years with documented outcomes or results.</td>
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<td>• Quality examples of new, novel, or innovative approaches that measurably improve health in a community (i.e. contributions to practice, legislation, engagement of other community partners and/or policies etc.) as documented in the literature or lay press/media. Sustained engagement with and leadership of community or public health leaders, NGOs, or other service/community-based organizations.</td>
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<tr>
<td>• Sustained record of mentorship of multiple junior colleagues in community engagement. Documentation of mentees experience, activities, and professional positions is required.</td>
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**ACADEMIC AND PROFESSIONAL SERVICE**

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an emerging state-wide / regional reputation as a major contributor in the field is expected.

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<tr>
<th>Service Domains</th>
<th>Examples of Evidence of Achievement</th>
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</table>
| **Academic:**   | ▪ Invitation, election, and/or participation in academic, educational, or research-related committees institutionally, state-wide, or regionally related to the field or discipline  
▪ Leadership role in state-wide or regional courses, workshops, or symposia related to the field or discipline  
▪ Service as peer reviewer and editorial board member for relevant and recognized journals or publications |
| **Professional:** | ▪ Service on state-wide or regional committees and organizations developing guidelines and policies related to the field or discipline  
▪ Invitation or election to leadership roles in professional organizations  
▪ Service on national committees such as NIH study sections, FDA and other expert panels, safety monitoring boards, related to clinical, educational, or research expertise |
### Administrative:

- Recognition for sustained involvement in hospital, clinic, and departmental committees
- Demonstration of significant service to the hospital, department, or institution that contributes to the greater good of the medical school or UT Health Austin
- Awards for administrative leadership from other than the candidate’s department

### Community:

- Quality and quantity of engagement evidenced by duration and impact
- External recognition locally, state-wide, or regionally by community groups

### Promotion to Professor:

In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from an emerging national / international reputation as a leader in the field is expected.

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<tr>
<th>Service Domains</th>
<th>Examples of Evidence of Achievement</th>
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| **Academic:**   | - Invitation, election, and/or participation in academic, educational, or research-related committees at a national and, in some cases, international level related to the field or discipline  
|                  | - Leadership role in planning and organizing national or international conferences, courses, workshops, or symposia related to the field or discipline  
|                  | - Service as peer reviewer, editorial board member, or editor for relevant and recognized journals |
| Professional:                        | • Leadership of national and, in some cases, international committees related to the field or discipline  
|                                    | • Election to leadership roles in national and, in some cases, international professional organizations  
|                                    | • Service to national or international governmental or other bodies evaluating guidelines, programs, or grant proposals  |
| Administrative:                    | • Recognition as a leader in the institution  
|                                    | • Demonstration of major and innovative contributions to the hospital, department, or institution that contribute to the greater good of the medical school or UT Health Austin  
|                                    | • Development of guidelines, compliance, quality and safety activities, and/or resource utilization with national recognition or adoption  |
| Community:                         | • Quality and quantity of engagement evidenced by duration and impact  
|                                    | • External recognition locally, state-wide, regionally, or nationally by community groups  |