

Guidelines for Appointment, Promotion, and Tenure of Faculty in the College of Medicine

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I. Overview

This document defines the standards and guidelines established by the College of Medicine for faculty appointment, promotion, and tenure (APT). Tenure is also considered separately by the University.

The College of Medicine expects all faculty to be active scholars with vital contributions in research, teaching, curricula, publications, care redesign, or in other areas of innovation and service. Faculty will align with the scholarship 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.

Requests for appointment, promotion and tenure originate from the department by the Department Chair, who may receive recommendations from a departmental APT committee. Recommendations are forwarded by the Department Chair to the Dean of the College of Medicine, who is advised by a College Appointment, Promotion and Tenure (APT) Committee composed of tenured full professors appointed from various departments. The College of Medicine APT Committee is divided into subcommittees with membership appropriate to review qualifications for appointment and promotion within each of the tracks. Final review and approval are made by the full committee. The Dean makes recommendations to the Executive Vice President for Academic Affairs and Provost. The Executive Vice President for Academic Affairs and Provost reviews the dossier and qualifications of the individual and makes recommendations to the President. Appointments and Promotions at the level of associate professor and professor are transmitted to the Board of Trustees for final decision. Although the same information is considered at each level of review, and previous recommendations are considered, decisions are made independently at each level and decisions may differ.

Acceptance of appointment to the faculty of the College of Medicine carries an obligation to foster the missions of the College and University. Each faculty member is expected to contribute to the success of the academic community and work to achieve an atmosphere in which shared values and collegial relationships facilitate achievement of our academic vision. Faculty are expected to demonstrate achievement as designated within these guidelines as they progress through the ranks from Assistant Professor to Associate Professor, and from Associate Professor to Professor.

Faculty going up for promotion should reference those activities/accomplishments that took place only after their first appointment at current rank or their last promotion. Most faculty spend 5-7 years in rank before promotion. Faculty can be recommended for promotion after a shorter period in rank in exceptional circumstances, and with exceptional performance and productivity. A detailed explanation from both the faculty member and department chair is required when early promotion is desired. In some instances, due to professional and/or life circumstances, it may take faculty more than 7 years to be ready for promotion. Faculty wishing to explain factors that affected past productivity, such as family care responsibilities, illness, disability, or military service, may do so in their Personal Statement.

Please see [examples](#) of participation, excellence and achievement related to Education/Teaching, Research/Scholarship, Clinical Service, and Service/Leadership as addressed below.

II. College of Medicine Faculty Tracks

The College of Medicine offers faculty appointments in multiple tracks. The faculty tracks are designed to address and reward the diverse roles assumed by the faculty of a college of medicine and academic health sciences center. The very diversity of these work roles requires diverse criteria to determine success in each track. Designation of a track will be based upon the faculty member's principal activities and will be indicated by the department chair in the initial offer letter.

A. Regular Faculty Tracks

The College of Medicine has four separate academic tracks for regular faculty; all have the potential for achievement of tenure. When the faculty ranks for regular faculty are used as academic titles, no modifiers distinguish tracks. These tracks are: Academic Investigator; Academic Investigator/Educator; Academic Clinician; and Clinician Educator. Faculty are generally expected to have the appropriate terminal degree and other training as appropriate

that aligns with their area of intended scholarship and practice. Under exceptional circumstances, appointments and promotions may be recommended when the candidate does not meet all of the basic criteria; these will be unusual cases.

1. ACADEMIC INVESTIGATOR

This track recognizes faculty engaged in productive, high-quality, basic biomedical research as paramount importance. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well-focused, significant research as a participant, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks. There should be evidence of the candidate's ability to prepare research proposals that receive high ratings from national funding agencies. The candidate should demonstrate a consistent record of funding. However, evaluation will take into account the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Research/Scholarship. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship, and evidence of **achievement** in **either** Education/Teaching **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship and evidence of sustained **achievement** in Education/Teaching **and** Service/Leadership at the associate professor rank.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be "typical" standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant, as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper

were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

With respect to funding, it would be unusual for a candidate for promotion to not hold current grant support. For promotion to Full Professor, evidence of sustained grant support is expected. A typical candidate for promotion will currently serve as PI or MPI on an NIH R01 or similar extramural award. Foundation grants and grants from industry are recognized as alternative sources of research support although usually of a lesser significance than an NIH R01. In recognition of the importance of team science, candidates may be recognized if they are not the PI or MPI of a grant but serve as co-investigators on multiple awards with significant effort and contributions. For all grants in which the candidate is not the sole PI, their specific role in the research project should be clearly explained. For current (and recent, if desired) grant support, in addition to standard documentary information (title, source, period), applicants for promotion should provide information on total direct costs and indirect costs of the grant, the fraction of the total or of the direct and indirect costs that are controlled by the candidate in the case of subcontracts or other types of subsidiary arrangements, and percent of the candidate's effort supported by the grant.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Teaching/Education certainly have merit. It is the responsibility of the candidate for promotion to explain their Teaching/Education roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Teaching/Education and Service/Leadership.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their

roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

2. ACADEMIC INVESTIGATOR/EDUCATOR

This track recognizes faculty members primarily involved in educational activities related to their discipline. Teaching activities include individual, small and large group instruction of medical students, graduate and postgraduate students, graduate medical and continuing medical education. When most of a faculty member's effort is devoted to teaching, and an unusual level of excellence has been demonstrated, or the teaching fulfills a particularly important need for the department and/or college, promotion should be under the Academic Investigator/Educator track. Most faculty assigned to this track are in basic science departments and/or have a primary commitment to basic biomedical research. Basic scientists in clinical departments may be in this track.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Education/Teaching. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Education/Teaching, and evidence of **achievement** in **either** Research/Scholarship **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Education/Teaching and evidence of sustained **achievement** in Research/Scholarship **and** Service/Leadership at the associate professor rank.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be “typical” standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed academic publications since last appointment/promotion. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications are recognized to have merit in scholarship, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. In recognition that results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of that activity.

Service/Leadership

Service/Leadership includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

3. **ACADEMIC CLINICIAN**

This track recognizes faculty members who are clinical scholars and scientists. This track is designed to recognize clinical faculty who have a strong commitment to Research/Scholarship (basic biomedical, clinical, educational, health services). Research/Scholarship is of paramount importance in this track. Involvement in patient care is expected but should not override the faculty commitment to Research/Scholarship. The quality of research and productivity are judged by multiple criteria, including the candidate’s role in well focused, research as a participant, project initiator or leader, publication of results in peer-reviewed journals and presentation of peer-reviewed research. There should be evidence of the candidate’s ability to consistently and actively participate in research protocols that receive high ratings from national funding agencies. However, evaluation must consider the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator. The candidate’s approach to clinical medicine often will lead them into one or more areas of clinical research. They share their knowledge gained from clinical practice and research by providing high-quality teaching, including podium presentations as an invited speaker and as part of national/international conferences.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Clinical Service **and** Research/Scholarship. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Research/Scholarship, and evidence of **achievement** in

either Education/Teaching **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Research/Scholarship, and evidence of sustained **achievement** in Education/Teaching **or** Service/Leadership at the associate professor rank, but **participation** in both is expected.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be “typical” standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant, as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

With respect to funding, it would be unusual for a candidate for promotion to not hold current grant support. For promotion to Full Professor, evidence of sustained grant support is expected. A typical candidate for promotion will currently serve as PI or MPI on an NIH R01 or similar extramural award. Foundation grants and grants from industry are recognized as alternative sources of research support although usually of a lesser significance than an NIH R01. In recognition of the importance of team science, candidates may be recognized if they are not the PI or MPI of a grant but serve as co-investigators on multiple awards with significant effort and contributions. For all grants in which the candidate is not the sole PI, their specific role in the research project should be clearly explained. For current (and recent, if desired) grant support, in addition to standard documentary information (title, source, period), applicants for promotion should provide information on total direct costs and indirect costs of the grant, the fraction of the total or of the direct and indirect costs that are controlled by the candidate in the case of subcontracts or other types of subsidiary arrangements, and percent of the candidate’s effort supported by the grant.

Clinical Service

Influencing Clinical Practice such as 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. Recognition as a Clinical Expert such as 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.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

4. CLINICIAN EDUCATOR

This track recognizes the clinician who is actively involved in undergraduate and/or graduate medical education. These faculty also may participate in research, but this is not required for advancement. The clinician educator has major commitments to patient care

and teaching. These faculty members are clinical scholars involved in the scholarship of integration, application, and teaching. Scholarship of integration involves interpreting published research, integrating new clinical knowledge with previous concepts, and selecting outmoded clinical concepts for discard. Scholarship of application tests new knowledge in clinical practice. Combining new knowledge with experience in clinical practices, they teach medical students, residents, other health professionals, and peers. They may have major interest in developing more effective teaching methods. Settings for education include the classroom, ambulatory clinics, and offices, continuing medical education programs, diagnostic suites, operating rooms, and the hospital bedside. Clinician educators must be involved in the discovery, organization, interpretation, and transmission of new knowledge related to patient care, health care delivery, health care economics, professional ethics, medical legal issues, or new educational methodology. They must participate in publications of some variety but may or may not author peer-reviewed papers in their field. However, their publications should influence the practice of clinical medicine at the regional and/or national levels. Clinician educators are not required to be principal investigators on research grants from national funding sources but are encouraged to participate in research as co-investigator, or a principal investigator on grants from local and regional funding sources. Clinician educators are recognized clinical experts with advanced and in-depth knowledge of the pathophysiology and management of disorders within their general or specialty field. They may be sought as consultants in difficult cases and receive patients referred from a wide area. Faculty in this track must maintain licensure and certification to practice their specialty. They are expected to be recognized by election to local, regional, national, and international scientific organizations in their specialty. They must maintain clinical privileges at one of the affiliated teaching hospitals.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Clinical Service **and** Education/Teaching. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Education/Teaching at the assistant professor rank, and evidence of **participation** in **either** Research/Scholarship **or** Service/Leadership. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Education/Teaching at the associate professor rank, and evidence of sustained **achievement** in Research/Scholarship **or** Service/Leadership, but **participation** in both is expected.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the

number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Clinical Service

Influencing Clinical Practice such as 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. Recognition as a Clinical Expert such as 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.

Research/Scholarship

The following Research/Scholarship criteria are what the APT Committee might consider to be "typical" standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

B. Modified Faculty Tracks

The College of Medicine has five separate academic tracks for modified faculty; these tracks do not have the potential for achievement of tenure. When the modified faculty ranks are used as titles the appropriate modifier is used to distinguish the rank. These tracks are: Research; Clinical; Adjunct; Visiting; and Affiliate. Faculty are generally expected to have the appropriate terminal degree and other training as appropriate that aligns with their area of intended scholarship and practice. Under exceptional circumstances, appointments and promotions may be recommended when the candidate does not meet all of the basic criteria; these will be unusual cases.

1. RESEARCH

Faculty in this track typically have few or no job obligations other than doing research, often as a member of a research team. These individuals are typically focused on supporting the research of PIs within their department, supporting research core facilities, interacting with students and postdocs. This track will provide a long-term career opportunity. Some faculty, however, will elect to achieve research success and independent funding and then desire to add a full load of teaching and university service. With the support of their department chair and appropriate qualifications, these faculty may apply to change tracks to the Academic Investigator Track. Change from modified faculty to regular faculty will require criteria, documentation and consideration similar to initial regular faculty appointment.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the Research/Scholarship mission. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate significant **achievement** in Research/Scholarship at the assistant professor rank. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship at the associate professor rank.

Production of high-quality, biomedical research is the essence of this track. The privilege of concentrating entirely on research is viewed as a major attraction of this track. In the beginning of their career, members of this track will almost always function as an integral member of a research team. They may be recruited to provide research skills or techniques needed by an existing research team or to establish a facility needed for the existing research program. They will help the team leader and the team obtain research funding. As these faculty become more experienced, a portion of their time may be used to explore independent research which may complement the team's research. As they succeed in limited independent research, they may seek independent funding. Usually, the overall theme of the team research will be complemented or expanded by their newly funded research. As these faculty become funded, more experienced, and capable of leading the research of others, they may become research team leaders in an expanding research operation. It is expected that long-term funding for the faculty in this track will come from research grants and contracts. In some cases, temporary short-term or start-up funds that do not come from research grants and contracts may be used. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well-focused,

significant research as a team member, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks.

With advancement, there should be evidence of ability to conceive and prepare research protocols that receive high ratings from national funding agencies. With advancement, there should be evidence of ability to lead others and to lead research programs. Teaching, if done, often will be in the context of instructing more junior research colleagues or graduate students in ongoing research. University service in the junior ranks, if done, often will be in development and maintenance of research facilities and services. University service in the more senior ranks, if done, often will take the form of leadership in research policy and planning.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be “typical” standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

2. CLINICAL

Faculty in this track typically are engaged in direct patient care and teaching in the clinical setting. Clinical faculty employed full-time and part-time in the College of Medicine who do not typically satisfy the academic criteria for Regular Faculty will typically be in this track. This track will provide a long-term career opportunity. Some faculty, however, will elect to broaden their contributions beyond Clinical Service and desire to participate more fully in Education/Teaching, Research/Scholarship, and/or Service/Leadership. With the support of their department chair and appropriate qualifications, these faculty may apply to change to the Clinician Educator Track or the Academic Clinician Track. Change from modified faculty to regular faculty will require criteria, documentation, and consideration similar to initial regular faculty appointment.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the Clinical Service mission. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate significant **achievement** in Clinical Service **and participation** in Education/Teaching at the assistant professor rank. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** demonstrate **achievement** in Education/Teaching at the associate professor rank.

Clinical Service

Influencing Clinical Practice such as 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. Recognition as a Clinical Expert such as 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.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

3. ADJUNCT

Faculty in this track typically have a faculty appointment at another institution and/or have major responsibilities outside of MUSC but also contribute to the college's programs.

Faculty in this track are not ordinarily involved in direct patient contact or teaching in clinical courses.

4. VISITING

Faculty in this track typically have a faculty appointment at another institution and/or have major responsibilities outside of MUSC but also contribute to the college's programs for a limited time, but not on a continuing basis from year to year. Faculty in this track are not ordinarily involved in direct patient contact or teaching in clinical courses.

5. THE S.C. AREA HEALTH EDUCATION CONSORTIUM (SC AHEC)

The College of Medicine recognizes the importance of fulltime, AHEC-affiliated faculty members (salaried by AHEC-affiliated institutions) who do not pursue traditional tenure-track faculty appointments. These clinicians play a very important role in their programs and in their communities. The heavy teaching and patient care responsibilities of these clinicians may limit their ability to participate in significant research or scholarship endeavors; however, their contributions to the education of medical students, residents, peers, and the local, state, and national medical communities warrant their consideration for appointment as AHEC faculty. This is a non-tenure granting track. All full-time faculty who work at affiliated teaching sites that constitute the SCAHEC system and who are not employees of MUSC may be considered for faculty appointments on the AHEC track.

Each appointment or promotion through the AHEC track will be initiated by an AHEC Program Director and forwarded to the AHEC Executive Director. If the application is complete and the requested rank is consistent with the criteria, the AHEC Executive Director has the authority to approve the appointment. Evidence of progressively effective performance is required for advancement through faculty ranks.

Promotion from the rank of Instructor to Assistant Professor should be requested once individuals have demonstrated a keen interest and aptitude as teachers, clinicians, and/or researchers/scholars. Evidence should be provided based on the candidate's local, and where applicable, regional contributions. A physician candidate at the rank of Assistant Professor must be board certified, possess maturity of judgment, personal and professional integrity, motivated productivity, and a commitment to institutional and professional goals. Assistant Professor generally requires at least an "Adequate" record in two of the three categories (teaching, scholarship/research, service/patient care). If a category is not applicable to a candidate, the minimum requirement becomes two points. Promotion from the rank of Assistant Professor to Associate Professor should be requested only if individuals demonstrate real promise that they will become leading teachers, clinicians, and/or scholars/researchers. Promise should, in fact, be substantiated by tangible, developing evidence. A candidate at the rank of Associate Professor must possess maturity of judgment, personal and professional integrity, highly motivated productivity, potential for leadership, and commitment to institutional and professional goals. Promotion from the rank of Assistant Professor to Associate Professor generally requires at least an "Adequate" record in each of the three categories (teaching, scholarship/research, service/patient care). Promotion from the rank of Associate Professor to Professor should normally be based upon promise fulfilled. A move to the rank of Professor should be accompanied by evidence of attainment of national or international stature in a field.

Additionally, a candidate for promotion at the rank of Professor must demonstrate maturity of judgment, personal and professional integrity, leadership skills, administrative abilities, and commitment to institutional and professional goals. Promotion from the rank of Associate Professor to Professor generally requires at least a “Substantial” record in each of the three categories (teaching, scholarship/research, service/patient care).

6. AFFILIATE

The College of Medicine has maintained close ties with the professional community whose members have contributed, in one form or another, to the functions of the College. This affiliation is recognized by the modifier, Affiliate. The Affiliate faculty track recognizes community members who support the programs and missions of the College of Medicine. Implicit in the designation is the recognition that contributions relate to those educational activities immediately relevant to the patient, often in a private practice setting, and on a limited or part-time basis, or, by collaborating on well-focused, significant research as a team member, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks. This support may be through a variety of mechanisms to include volunteering time from private practice to participate in teaching at either the undergraduate or graduate medical levels, participating in College of Medicine conferences in their area of interest, or regularly consulting with College of Medicine faculty regarding patient care issues.

Eligibility criteria for Affiliate faculty are as follows: (1) the individual must provide a valuable service to the MUSC mission; (2) the individual must be appropriately qualified for the service they provide; (3) the individual’s qualifications and contributions are vetted by the COM APT committee, then approved by the Dean and the Provost and by the Board of Trustees (BOT) if the appointment is at the Associate or Professor rank; (4) the individual must receive no compensation from the College of Medicine (COM) or unit that issues the Affiliate faculty appointment.

An individual paid by a college or unit is ineligible to be an Affiliate faculty in that college/unit; if a paid faculty position in the COM is warranted, they should be so designated in accordance with the MUSC Faculty Handbook (including appropriate rank modifiers such as Adjunct, Visiting, Research, or Clinical). The title Affiliate shall not be used in conjunction with other faculty rank modifiers (e.g. Adjunct, Visiting, Research, or Clinical).

For appointment as an Instructor or Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the missions of the college. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate contribution in Clinical Service, Education/Teaching, Research/Scholarship and/or Service/Leadership at the assistant professor rank, as well as years since completion of training. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** contribute to Clinical Service, Education/Teaching, Research/Scholarship and/or Service Leadership at the associate professor rank, as well as years since completion of training.

Affiliate Faculty Criteria for Appointment/Promotion

Affiliate Instructor

Individuals must possess a Doctoral degree in one of the health sciences or basic sciences; be Board eligible or possess Board certification in one of the medical specialties or equivalent postdoctoral training; demonstrate excellence in either teaching, research or clinical practice; and demonstrate an ability to work cooperatively and collegially within a diverse environment.

Affiliate Assistant Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of three (3) years of professional postgraduate experience; and demonstrate an ability to work cooperatively and collegially within a diverse environment; or must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

Affiliate Associate Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of eight (8) years of professional postgraduate experience; and demonstrate the ability to work cooperatively and collegially within a diverse environment; or, must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

Affiliate Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of fourteen (14) years of professional postgraduate experience; and demonstrate the ability to work cooperatively and collegially within a diverse environment; or, must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

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

All appointment (and renewal) letters shall make explicit that the title Affiliate must be included any time the individual refers to his/her MUSC faculty title (letterhead, e-mail signature, etc.). For example, John Smith, M.D., Affiliate Professor. The appointment and renewal letters will also make clear that Affiliate faculty are ineligible for tenure.

Renewal of Affiliate designation. On a 3-year cycle, all Affiliate faculty appointments will be reviewed by the college to determine whether the appointment will be renewed. Renewal is based on continued qualifications and provision of valued service to the college that issued the initial appointment. An Affiliate faculty appointment may be terminated at any time at the discretion of the Dean.

III. Community Employed Faculty

Community Employed Faculty are those individuals who are responsible for administration of graduate medical education or other oversight of educational or research services in hospitals that are part of MUHA (e.g. core faculty program directors, associate program directors, site directors, etc.) Community Employed Faculty may hold Regular Rank at the discretion of the college and may be promoted to higher

rank in accordance with the promotion guidelines at the discretion of the college. Within the College of Medicine, Community Employed Faculty will typically be appointed and promoted on the Modified Clinical track. A Community Employed Faculty member's appointment is separate and distinct from employment with their community employer, and the rights and responsibilities included in the MUSC Faculty Handbook accrue to the faculty member solely as it relates to their MUSC faculty appointment. The terms of and conditions of the individual's employment are governed by the individual's employment contract, not by the MUSC Faculty Handbook. Community Employed Faculty appointments shall be subject to the terms and conditions of the individual's employment contract and terminate upon termination of the individual's employment contract.

Faculty in this track typically are engaged in direct patient care and teaching in the clinical setting. Some faculty, however, will elect to broaden their contributions beyond Clinical Service and desire to participate more fully in Education/Teaching, Research/Scholarship, and/or Service/Leadership. With the support of their department chair and dean and appropriate qualifications, these faculty may apply to change to the Clinician Educator Track or the Academic Clinician Track. Change from modified faculty to regular faculty will require criteria, documentation, and consideration similar to initial regular faculty appointment.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the Clinical Service mission. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members must demonstrate significant achievement in Clinical Service and participation in Education/Teaching at the assistant professor rank. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members must demonstrate excellence in Clinical Service and demonstrate achievement in Education/Teaching at the associate professor rank.

Clinical Service

Influencing Clinical Practice such as 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. Recognition as a Clinical Expert such as 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.

Education/Teaching

Formal classroom teaching in the undergraduate or graduate medical education or other health professional curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning, resident-led learning, or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.).

Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level of education (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

IV. Special Appointments

A. DUAL OR JOINT APPOINTMENT

A faculty member is eligible for a dual appointment when he/she participates in the activities of two administrative units within the College of Medicine. A person may hold a joint appointment when he/she contributes to the activities of two administrative units in different colleges of the Medical University. Chairs who make dual or joint appointments are urged to appoint at the same rank in each administrative unit. However, circumstances may arise in which the candidate's credentials may require appointments at different ranks. Under such circumstances, the requirements of the participating chairs should take precedence. Persons recommended for dual or joint appointments should meet the same high standards that are applied to full-time members of the faculty. Chairs are urged to avoid courtesy appointments and to show evidence that the candidate participates actively in the scholarly affairs of the unit.

Request for Dual (appointment in another department within the College of Medicine) or Joint (appointment in another college) subsequent to initial primary appointment requires a letter from the Chair requesting appointment and endorsement from the Chair of the current department or Dean of other College. This will be submitted to the APT Committee and requires an up-to-date curriculum vitae utilizing the College of Medicine standard format and an abbreviated one-page curriculum vitae. A completed Dual/Joint Appointment Form must also be submitted with the proposal.

B. DISTINGUISHED UNIVERSITY PROFESSOR

Faculty with a long history of exceptional contributions to the College of Medicine may be awarded the life-long faculty status of Distinguished University Professor. The following information should be submitted to the Dean of the College of Medicine:

1. A letter requesting the change from the Department Chair which includes: candidate's full name and degree; recommended change to Distinguished University Professor status; effective date of change;
2. An abbreviated one-page curriculum vitae; and
3. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.

Recommendations for Distinguished University Professor status require approval by the Dean of the College of Medicine, Executive Vice President for Academic Affairs and Provost, the President and the Board of Trustees.

C. EMERITUS FACULTY

Faculty may be awarded Emeritus status on the basis of length and quality of service upon official retirement from the University. The following information should be submitted to the Dean of the College of Medicine:

1. a letter requesting the change from the Department Chair which includes candidate's full name and degree; recommended change to Emeritus status; and effective date of change;
2. An abbreviated one-page curriculum vitae; and
3. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.

Recommendations for Emeritus status require approval by the College of Medicine APT Committee, Dean of the College of Medicine, Executive Vice President for Academic Affairs and Provost, the President, and the Board of Trustees.

D. ASSISTANT

The rank of Assistant is used to designate persons with a Bachelor's degree or lesser certification who participates in teaching, clinical service or administrative activities that contribute to the function of a department or division. This appointment does not carry permanent faculty status or faculty voting privileges.

E. ASSOCIATE

The rank of Associate requires at least a master's degree or comparable training and experience in an appropriate area. This appointment does not carry permanent faculty status or faculty voting privileges.

F. RESEARCH ASSOCIATE

An associated faculty member who holds an academic appointment but is not assigned to a position in the progression of faculty rank may be eligible for appointment as a Research Associate. Research Associates do not have faculty voting privileges.

V. **Procedure for Appointment of Regular and Modified Faculty**

The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking appointment and will comprise a completed Appointment Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Appointment Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking appointment is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the

candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for appointment. The proposal letter must follow the College of Medicine outline and be appropriate for the level of rank proposed.

2. If appointment is Dual (appointment in another department within the College of Medicine) or Joint (appointment in another college), include a letter of endorsement from the Chair of the other department or the Dean of the other college, and include a completed Dual/Joint Appointment form.
3. Completed Chair Request form.
4. An up-to-date abbreviated one-page curriculum vitae.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.
6. Candidate's personal statement. The candidate should describe personal reflections on past accomplishments, areas of particular strength of the candidate's Appointment Packet, and future professional plans spanning the next five years. This section of the packet must include a signed statement testifying to the honesty and accuracy of the contents of the Appointment Packet submitted to the APT Committee.
7. Official transcript from an institution of higher learning of highest degree earned.
8. Recommendations
 - a. FOR REGULAR FACULTY TRACKS: Appointment to Associate Professor or Professor requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for appointment, nor does it preclude recommendations in which the recommender knows the individual under consideration for appointment; in those instances, clarification should be provided. Individuals selected to write the recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting appointment as Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which three must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Appointment Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to provide extramural

- recommendation, as well as a copy of one of the Chair's letters sent in request of a recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
- b. **FOR MODIFIED FACULTY TRACKS OTHER THAN AFFILIATE TRACK.** Appointment to Associate Professor or Professor requires a minimum of two recommendations; of which one recommendation must be unbiased; those recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, collaborators, co-workers, and/or individuals with a clear conflict. This does not preclude a recommender having been a co-author on a publication with the individual under consideration for appointment; nor does it preclude recommendations in which the recommender knows the individual under consideration for appointment. Individuals selected to write the recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting appointment as Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit two names and the Chair or Chair's designee should also submit two names; these suggestions will be used to request the required two recommendations, of which one must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Appointment Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a letter of recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
 - c. **FOR AFFILIATE TRACK:** Letter of support written for the Affiliate faculty member by a College of Medicine faculty member at the academic rank of equivalent stature or higher than the requested rank for the Affiliate faculty member (other than the Chair of the requesting department).

Appointment recommendations are reviewed by the Chair of the College APT Committee and those at the rank of Associate Professor and Professor are forwarded to members of the APT Committee for review. A majority is required for approval. However, when recommendations are disapproved by more than five members, the committee is convened to further consider the request and, when indicated, meet with the Department Chair(s) to review concerns. Recommendations from the College APT Committee are transmitted to the Dean of the college for review and consideration.

Appointments approved by the Dean of the College of Medicine at the rank of Associate Professor and Professor are forwarded to the Executive Vice President for Academic Affairs and Provost and require approval by the President of the Medical University and are sent to the Board of Trustees for review and approval. Appointments at the level of Assistant Professor and below require approval only by the Dean of the College of Medicine.

Approved appointments are transmitted by the Executive Vice President for Academic Affairs and Provost to the Dean of the College of Medicine who sends the appointment letter from the Dean to the department to be forwarded to the candidate. A copy of this letter is to be signed and returned to the Dean's Office.

The faculty appointment is entered into the system of record. This includes name, degree(s), academic rank, department, faculty track, effective date of appointment.

The Office of Faculty Affairs prepares a faculty file which includes:

- a) The original recommendation letter with attached support materials.
- b) A copy of the letter from the Executive Vice President for Academic Affairs and Provost, when appropriate, indicating approval of the appointment and, when appropriate, by the Board of Trustees.
- c) Copy of the letter from the Dean, College of Medicine to the candidate indicating approval of the appointment.
- d) Background check and transcript.

VI. Procedure for Promotion of Regular and Modified Faculty

The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking promotion and will comprise a completed Promotion Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Promotion Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking promotion is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for promotion. A description of accomplishments since last promotion is important. The proposal letter must follow the College of Medicine outline. The letter should be appropriate for the level of rank proposed.
2. If promotion is Dual (promotion in another department within the College of Medicine) or Joint (promotion in another college), include a letter of endorsement from the Chair of the other department or the Dean of the other college as well as a completed Dual/Joint Appointment form.
3. Completed Faculty Track designation form.
4. An abbreviated one-page curriculum vitae, preferably printed from the system of record in PDF format.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations. Conform as closely as possible to the College of Medicine format; being sure to include all required information. Departures from this format may result in delayed or postponed consideration of the promotion.

6. Candidate's personal statement. Briefly describe personal reflections on accomplishments, areas of particular strength of the candidate's Promotion Packet, and the candidate's future professional plans spanning the next five years. This page of packet must include a signed statement testifying to the honesty and accuracy of the contents of the Promotion Packet submitted to the APT Committee.
7. Updated Faculty Intramural Teaching Effort Report. (NOT REQUIRED FOR AFFILIATE FACULTY.)
8. Teaching Evaluations on candidate (obtained from medical students, residents, fellows, postdocs, graduate students, CME programs, etc.) (NOT REQUIRED FOR MODIFIED FACULTY TO INCLUDE AFFILIATE FACULTY.)
9. Candidate has the option to provide no more than 5 examples of scholarship since the last promotion that are representative of his/her capabilities and area of expertise with documentation of how the faculty member has made significant contributions to science/their field of practice.
10. Letters of recommendation.
 - a. FOR REGULAR FACULTY TRACKS: Promotion to Associate Professor or Professor requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for promotion, nor does it preclude recommendations in which the recommender knows the individual under consideration for promotion; in those instances, clarification should be provided. Individuals selected to provide recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting promotion to Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which three must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Promotion Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
 - b. FOR MODIFIED FACULTY TRACKS OTHER THAN AFFILIATE TRACK. Promotion to Associate Professor or Professor requires a minimum of two recommendations; of which one recommendation must be unbiased; those recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, collaborators, co-workers, and/or individuals with a clear conflict. This does not preclude a recommender

having been a co-author on a publication with the individual under consideration for promotion; nor does it preclude recommendations in which the recommender knows the individual under consideration for promotion. Individuals selected to provide recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting promotion to Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit two names and the Chair or Chair's designee should also submit two names; these suggestions will be used to request the required two recommendations, of which one must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Promotion Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a letter of recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.

- c. FOR AFFILIATE TRACK: Letter of support written for the Affiliate faculty member by a College of Medicine faculty member at the academic rank of equivalent stature or higher than the requested rank for the Affiliate faculty member (other than the Chair of the requesting department).

The applications are sent to the members of the College of Medicine APT committee for review. In cases where additional information is deemed necessary, meetings are scheduled with the department chair. When recommendations are disapproved, the department chair is notified by the chair of the APT Committee and the reasons for disapproval are reviewed. The chair may request a meeting with the committee to defend the recommendation. Actions of the APT Committee are transmitted to the Dean for review.

Promotions that are approved by the Dean of the College of Medicine are transmitted to the Executive Vice President for Academic Affairs and Provost who makes recommendations to the President. The President reviews recommendations, renders a decision and, when required, submits recommendations to the Board of Trustees for action.

When recommendations are approved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost and a letter specifying the promotion is sent to the faculty member from the Dean, with a copy to the chair of the department. A copy of the promotion letter is placed in the faculty member's file.

When a recommendation for promotion is disapproved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost. The Dean notifies the department chair who apprises the candidate of the action.

Promotions ordinarily are made twice a year, effective January and July.

VII. Changing the Status of Faculty Appointments

- A. Change in status of Faculty Appointment from modified faculty to regular faculty requires criteria, documentation and consideration identical to initial appointment. Guidelines described under Section IV above should be followed.
- B. Change in status of Faculty Appointment from regular faculty to modified faculty requires a change in the Faculty Track form signed by the faculty member and the chair of the department. This should be submitted to the Dean's Office with a letter from the Chair requesting the change. Appointment as modified faculty at the rank of assistant professor does not become active until the request is approved by the Chair of the College APT Committee. Appointment as modified faculty at the rank of associate professor or above does not become active until the request is approved by the College APT Committee, Dean, Executive Vice President for Academic Affairs and Provost, and ultimately the MUSC Board of Trustees.
- C. Change of a faculty primary appointment from one department to another requires:
 - 1. A letter from the faculty member to the Dean requesting a departmental change. The letter should outline the reasons for the change, planned activities within the new department, ongoing associations and relationships with the previous department, and nature of discussions with both departmental chairs.
 - 2. A letter of agreement from the previous departmental chair.
 - 3. A letter of proposal for appointment from the chair of the department the faculty member will be joining. This letter should outline the proposed activities, responsibilities, and expectations of the faculty member in the new department.
 - 4. If the faculty member will retain a secondary appointment within the previous department, provisions listed under DUAL OR JOINT APPOINTMENT of these guidelines should be completed.

VIII. Regular Faculty Tenure

Tenure is the assurance of continuous employment at a particular faculty rank. Tenure ensures academic freedom, with the expectation that the faculty member will continue to perform according to accepted standards subject to termination for cause (Faculty Handbook 9.01), upon retirement, on account of financial exigency or the change or abolition of institutional programs. Tenure rests in the college or department of primary appointment only.

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

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

In considering tenure, the individual's long-term value to the University is the central issue. Implicit in the determination of value is academic maturity, a qualitative, not quantitative, characteristic. Many factors contribute to academic maturity. Some of these are professional judgment, wisdom, collegiality, citizenship in the academic community and the capacity to promote development of colleagues and students. Tenure is recommended when, in the opinion of the college, a level of mutual trust and responsibility has developed

such that the ability of the college to meet its academic and societal mission and the effectiveness of the faculty member in maximizing scholarly exchange and intellectual exploration, both are enhanced by the relationship.

Once achieved, these characteristics are rarely lost, and it is this durable and continuous state which permits the long-term commitments and obligations inherent in tenure. It is recognized that tenure is of value to the college in the retention of superior faculty members, and to the faculty member in economic security; however, these factors are secondary to its primary purpose.

Appointment to a status of tenure carries obligations both for the College of Medicine and for the faculty member. The tenure decision requires review and appraisal by several committees of peers in the college and at the university level.

If a faculty recruit has tenure at their current institution, this does not provide an automatic guarantee of tenure at MUSC. It is critically important for the department chair requesting tenure for a faculty recruit to clearly articulate in the packet and letter the reasons tenure should be awarded and, if tenure was awarded at the recruit's previous institution, the department chair should indicate the review process through which tenure was granted. Future long-term value to the institution is a critical component and should be highlighted by the department chair in the tenure request. This could include specifics related to expected contributions to the educational, research, and/or clinical missions; expected contribution to strategic initiatives; international reputation; expected leadership roles and/or committee involvement; and the like.

IX. Procedure for Awarding Faculty Tenure

Recommendations for tenure are initiated by the Department Chair and must be submitted to the Dean's Office no later than May 1 annually. In larger departments, tenure recommendations may be considered initially by a departmental APT committee that advises the Chair. The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking tenure and will comprise a completed Tenure Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Tenure Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking tenure is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for promotion. A description of accomplishments since last promotion is important. The proposal letter must follow the College of Medicine outline. The letter should be appropriate for the level of rank proposed.
2. When the candidate holds a Dual or Joint appointment, there should be a letter from the secondary Chair or Dean supporting the recommendation as well as a completed Dual/Joint Appointment form.

3. Completed Faculty Track designation form.
4. An abbreviated one-page curriculum vitae, preferably printed from the system of record in PDF format.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations. Conform as closely as possible to the College of Medicine format; being sure to include all required information. Departures from this format may result in delayed or postponed consideration of the promotion.
6. Candidate's personal statement. Briefly describe personal reflections on contributions to the College and University missions. Discuss further professional plans and how they will further assist in the interests of the College. State the reasons why tenure should be granted. This page of packet must include a signed statement testifying to the honesty and accuracy of the contents of the Tenure Packet submitted to the APT Committee.
7. Updated Faculty Intramural Teaching Effort Report.
8. Teaching Evaluations on candidate (obtained from medical students, residents, fellows, postdocs, graduate students, CME programs, etc.)
9. Candidate has the option to provide no more than 5 examples of scholarship since the last promotion that are representative of his/her capabilities and area of expertise with documentation of how the faculty member has made significant contributions to science/their field of practice.
10. Tenure requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the Department Chair. Individuals selected to provide the minimum four recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for tenure, nor does it preclude recommendations in which the recommender knows the individual under consideration for tenure; in those instances, clarification should be provided. The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which three recommendations must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine letter of recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for tenure. The Tenure Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a recommendation. (For individuals being considered for promotion and tenure during the same APT cycle, one packet and four recommendations are required, of which three recommendations must be unbiased.)

Completed Tenure Packets are sent to the members of the College of Medicine APT committee for review. The APT Committee meets to review all recommendations for tenure during the summer. In cases where additional information is deemed necessary, meetings are scheduled with the department chair. The Committee may also solicit additional information, such as an assessment of the quality of a candidate's teaching from curriculum course directors. When recommendations are disapproved, the department chair is notified by the chair of the APT Committee and the reasons for disapproval are reviewed. The chair may request a meeting with the committee to defend the recommendation. Actions of the APT Committee are transmitted to the Dean for review.

Tenure recommendations approved by the Dean of the College of Medicine are transmitted to the Executive Vice President for Academic Affairs and Provost who is advised by a University Tenure Committee. Recommendations which are approved by the Executive Vice President for Academic Affairs and Provost are transmitted to the President, and through the President to the Board of Trustees for final review and approval.

When recommendations for tenure are approved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost and a letter indicating approval is sent to the faculty member from the Dean, with a copy to the chair of the department. A copy of the tenure letter is placed in the faculty member's file.

Appointments to tenure ordinarily are effective on January 1.

On occasion, a department may recommend an initial appointment that includes a request that the candidate receive tenure. When approved by the Dean, the request requires a special meeting of the University Tenure Committee to consider the recommendation. When approved by the Executive Vice President for Academic Affairs and Provost, the recommendation is forwarded to the President and, through the President, to the Board of Trustees for final review and approval.

X. APT Criteria Categories/Examples

Research/Scholarship

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, resulting in the production of scholarly work that has been published in peer-reviewed journals. A record of local, regional, national, and/or international invited presentations, external recognition or awards for research, service as an editor and/or on editorial boards of scientific journals, service on regional, national, and international committees related to research including grant review panels is also considered.

Research and Scholarly participation might be indicated by:

- PI role on extramural grant(s), including site-PI or project-PI
- Co-Investigator on grants or contracts, including federal, foundation, industry
- Investigator role(s) on local or institutional pilot or seed grants
- Participation in team science, to include authorship
- Participation in clinical trials
- Peer-reviewed publications, reviews, case reports, book chapter, or other educational documents

- Presentation (oral or poster) or significant authorship of scientific abstracts, workshops, or educational sessions at regional, national, or international meetings
- Creator or editor of local or regional newsletters, blogs, or other media disseminating clinical, educational, or scholarly information
- Receipt of multiple scholarly recognition awards (travel awards, abstract awards, etc.)
- Authorship on issued patents
- Conducting peer-review for scientific journals
- Organize and lead institutional scholarly conferences

Research and Scholarly **achievement** might be indicated by:

- Consistent publication record with some first/last authorship on publications in leading refereed journals
- Sustained record of federal, foundation, or industry funding with some as principal investigator, project leader, program director, and/or core leader, some currently active
- Multiple site-PI roles on grants or contracts
- Mission-critical investigator roles on multiple funded team science projects
- Invited authorship on important review articles, chapters, and books
- Invited editorials or commentaries in leading journals
- Invited research presentations at national meetings
- Invited scientific lectures at outside institutions
- Authorship of licensed patents
- Participation in ground-breaking clinical trials
- Co-Investigator on multiple foundation, industry, or federal grants
- Publish or commercialize novel clinical procedure or product
- Book Editor with clinical focus

Research and Scholarly **excellence** might be indicated by:

- Consistent publication record in field-specific high impact journals
- Sustained record of federal, foundation, or industry funding as principal investigator, project leader, and/or program director
- Study chair or PI roles on large multi-investigator grants, contracts, or clinical trials
- Numerous invited lectures, possibly including keynote presentations, at national or international meetings based on original research
- Named lectureships, or multiple lecture invitations, at outside institutions
- Paradigm-shifting research contributions as assessed by peers
- National/international research recognition award

Education/Teaching

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, direction of theses and dissertations, clinical supervision, continuing education instruction, and extension education programs. Demonstration of excellence in mentoring and excellent peer-evaluations or student evaluations are expected. A record of invited lectureships, leadership in educational societies or

committees, peer-reviewed education-focused publications, educational materials developed and used by other institutions, or external recognition or awards received for education are also considered.

Education/Teaching **participation** might be indicated by:

- Teaching/mentoring residents or students in the context of patient care or research
- Delivering occasional lectures for a course
- Participating in regular small group teaching sessions
- Earning consistently favorable teaching evaluations
- Serving as primary mentor for various education programs
- Serving as a member of thesis committees
- Sharing new scholarly approaches with community or referring physicians
- Providing patient group or community education
- Organizing and leading institutional clinical/grand rounds conferences
- Developing and distributing CME
- Mentoring visiting scholars or clinicians
- Serving as primary mentor for students engaged in MSCR, MPH, or similar programs

Education/Teaching **achievement** might be indicated by:

- Regularly participating in teaching at least one course or lecturing in multiple settings
- Leading regular small group teaching sessions
- Receiving a Division or Department teaching award
- Advising/mentoring PhD students, postdoctoral fellows, and/or other trainees
- Serving on Division or Department education/curriculum committees or task forces
- Serving in a supportive leadership role of large, accredited training or graduate programs (e.g., Assistant Program Director, Site Director, etc.)
- Delivering invited educational lectures in regional CME courses or grand rounds
- Developing web-based clinical content, new diagnostic tools, surgical techniques and devices
- Developing high impact clinical website
- Having a sustained track record of advising/mentoring PhD students, residents, fellows, and other trainees

Education/Teaching **excellence** might be indicated by:

- Developing and leading a COM or University course or teaching regularly in multiple courses
- Serving as Medical Student Society Advisor or Leader
- Earning a COM, University, or regional teaching award or multiple departmental awards
- Serving on multiple College or University education committees
- Leading a major Division or Department education/curriculum committee or task force
- Developing an innovative teaching methodology or training program
- Serving in a leadership role of accredited training or graduate medical programs
- Serving as Graduate Program Director/Director of Graduate Studies
- Developing or directing regional courses or CME programs
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Invited reviews as senior author for clinical article in subspecialty journal or book chapter

- Serving as Assistant, Associate, or Senior Associate Dean for Education
- Leading a College-wide accreditation effort

Service/Leadership

Evidence of expertise and scholarship in community-based program development or participatory research and contributions of high quality with demonstrated impact, including contributions 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 is also considered. Service addressing social and health issues such as health disparities, access and health equity should be described. Service includes administrative committee service on a local, regional, national, and/or international level; a strong record of public service to the community, state, and nation; and other evidence of merit or recognition, such as fellowships, grants, honors, and election to office in scholarly or professional organizations.

Service/Leadership participation might be indicated by:

- Participating in quality improvement activities
- Participating in Divisional or Departmental service activities
- Participating in a hospital committee
- Organizing recurring Departmental meetings (e.g., grand rounds, M&M conferences)
- Advising community or patient advocacy groups
- Leadership of QI initiatives
- Serve on institutional clinical or QI committee
- Participation in Community or Alumni service programs

Service/Leadership achievement might be indicated by:

- Leading quality improvement teams
- Chairing a Divisional, Departmental, or Hospital committee; serving on multiple committees
- Serving as a member of major University or College committees
- Receiving a Division/Department service award
- Serving in a substantial Division role (e.g., Section Chief, etc.)
- Serving in a leadership role of small, accredited training or graduate programs
- Serving in a supportive leadership role of large, accredited training or graduate programs (e.g., Assistant Program Director, Site Director, etc.)
- Serving as Director of a core facility/service center
- Serving on the organizing committee of a regional meeting
- Participating as a committee member for a state/regional society
- Organizing and leading institutional clinical/grand rounds conferences

Service/Leadership excellence might be indicated by:

- Leading a core program/service center that has a regional impact
- Chairing major University, College, or health system committees; serving on multiple institution-wide committees

- Receiving major institutional service/leadership awards
- Serving in a leadership role of accredited training or graduate medical programs
- Serving in a Departmental leadership role (e.g., Vice Chair, Division Chief, etc.)
- Holding a titled leadership position within the College, University, or Health Care System (e.g., Associate Dean, Associate Provost, Chief Quality Officer, Chief Medical Officer, etc.)
- Leading/developing a center that involves multiple departments, colleges, or other components of the institution
- Serving as committee chair or elected officer for state or regional organizations
- Serving as chair of the program organizing committee for regional or national CME meetings
- Serving in advisory roles for regional or national governmental agencies
- Earning service/leadership awards from state or regional professional societies or medical organizations
- Director or Co-Director of subspecialty fellowship or residency program
- Leadership of Community or Alumni programs
- Leadership in medical associations and professional entities

Clinical Service

Evidence of expertise and scholarship in a clinical discipline and contributions to clinical practice that are of high quality and significance, including contributions 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 is also considered.

Clinical Service participation might be indicated by:

- Institutional/regional recognition for clinical accomplishments
- Serve on institutional QI or clinical committee
- Leadership of QI initiatives
- Development of practice guidelines
- Meeting clinical quality metrics
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Improving clinical efficiency
- Serving as clinical faculty for resident and fellow clinical experiences
- ‘Best Doctor’ recognition
- Developing new local clinical services or models of care

Clinical Service achievement might be indicated by:

- Exceeding clinical quality metrics
- Invited review as senior author for clinical or teaching article in subspecialty journal or book chapter
- National recognition for clinical accomplishments
- AHEC recognition
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Being invited to give a grand rounds on an area of clinical expertise

- Member of national or international clinical committee
- Develop web-based clinical content, new diagnostic tools, surgical techniques and devices
- Improving clinical efficiency
- Exceeding RVU targets
- Serving as key clinical faculty for resident and fellow clinical experiences
- ‘Best Doctor’ recognition
- Developing a clinical program that attracts patients from the state or region

Clinical Service **excellence** might be indicated by:

- Key clinical faculty for resident and fellow clinical experiences
- Continually exceeding RVU targets
- Continually exceeding clinical quality metrics
- Demonstrated population-based health outcomes improvement
- Oral presentations by self or mentee at national or international meetings
- Book Editor with clinical focus
- International recognition for clinical accomplishments
- ‘Best Doctor’ recognition
- Broad social media impact on health, health policy or consumer health information with a large audience to include podcast, etc.
- Director of major clinical service/program
- Leader of institutional clinical committee
- Leader of national or international clinical committee
- Develop high impact clinical website
- Develop new clinical services or models of care and implement system-wide

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