

**RULES OF THE  
SCHOOL OF MEDICINE  
UNIVERSITY OF COLORADO**

**October 1, 2021**

**RULES OF THE SCHOOL OF MEDICINE  
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## **PREAMBLE**

The *Rules of the School of Medicine* are designed to enable the faculty and administration to work together to achieve the goals of the School of Medicine. These Rules do not constitute a contract with the University of Colorado or the School of Medicine, either expressed or implied. Nothing in these Rules should be read or construed to alter, amend, supersede or eliminate any provision or rule of the governing laws of the Regents of the University of Colorado. These Rules may be amended at any time, in accordance with School of Medicine and University policies and procedures.

The powers and duties of the faculty are defined in relationship to the administration and the Board of Regents in the Laws of the Regents and in the University of Colorado Faculty Senate Constitution.<sup>1</sup> According to these documents, “It is a guiding principle of the shared governance recognized by the Board of Regents that the faculty and the administration shall collaborate in major decisions affecting the academic welfare of the university. The nature of that collaboration, shared as appropriate with students and staff, varies according to the nature of the decisions in question. The faculty takes the lead in decisions concerning selection of faculty, educational policy related to teaching, curriculum, research, academic ethics, and other academic matters. The administration takes the lead in matters of internal operations and external relations of the university.” Additionally, the faculty shall collaborate with the campus and system administrations and shall act jointly with the administration to make recommendations to the President or Board of Regents in such areas as the evaluation of faculty, review of budget policies and plans for resource allocation, review of new academic degree program proposals and “in the making of other policy concerning the general academic welfare of the university.”

The Liaison Committee for Medical Education, the accrediting body for the MD program for the School of Medicine, also outlines several important principles governing curriculum development and oversight.<sup>2</sup> According to the LCME, “There must be a faculty committee that oversees the medical program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.” Further, the faculty must “define the competencies to be achieved by its medical students through medical education program objectives and ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine. The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensures that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum.”

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<sup>1</sup> The principles of shared governance are outlined in the Laws of the Regents (Article 5). See: <https://www.cu.edu/regents/laws-and-policies/regent-laws/article-5-faculty>. The principles of shared governance are also outlined in Articles I, III and IV of the University of Colorado Faculty Senate Constitution. See <https://www.cu.edu/faculty-council/faculty-senate-constitution>.

<sup>2</sup> <https://lcme.org/publications/>. Liaison Committee on Medical education. Functions and structure of a Medical School. Standards for Accreditation of Medical education Programs leading to the MD Degree. Standards and Elements Effective July 1, 2020. Published March, 2019.

The Executive Faculty of the School of Medicine has the responsibility and authority to develop the faculty governance structure within the School of Medicine. Accordingly, the School of Medicine Executive Faculty established the *Rules of the School of Medicine*, which specifically creates the Faculty Senate and outlines the roles, policies and operating procedures for this faculty governance body.

## **SCHOOL OF MEDICINE MISSION STATEMENT**

*The mission of the University of Colorado School of Medicine is to provide Colorado, the nation and the world with programs of excellence in:*

**Education** – through the design, implementation and evaluation of educational programs for medical students, allied health students, graduate students, residents and fellows, , practicing health professionals and the public-at-large;

**Research** – through the development of new knowledge in the basic and clinical sciences, as well as in public and community health, health policy and health sciences education;

**Clinical care** – through state-of-the-art clinical programs which reflect the unique educational and scholarly environment of the University, as well as the needs of the patients and communities it serves; and

**Community collaborations** – by forming partnerships with the broader community, learning from the experiences of community members and sharing the School's expertise and knowledge, in order to promote healthier and more resilient communities, address the social, environmental and economic determinants of health, and advocate for health equity.

## **COMMITMENT TO DIVERSITY**

Diversity is central to the educational, research, service and health care missions of the University of Colorado School of Medicine (SOM). The SOM's definition of diversity embraces age, race, ethnicity, gender, religion, sexual orientation, gender identity, socioeconomic status, immigration status, political beliefs, language and ability status. The SOM definition of diversity also includes life experiences, record of military or other public service, immigration status and other talents and personal attributes that enhance the scholarly, clinical care and learning environment.

The SOM values and celebrates differences. Working with community partners, the SOM will strive to promote quality and equity in healthcare and, ultimately, eliminate racial, ethnic and socioeconomic disparities in health in the communities we serve. Therefore, the SOM will strive to admit qualified students and appoint qualified residents, fellows, faculty, staff and administrators who represent diversity, as broadly defined. The SOM will also develop and implement programs that are designed to: Promote the academic advancement and success of diverse students, residents and faculty, through mentorship, sponsorship and allyship; enhance equity and inclusion instruction throughout the curriculum; break down gender, racial and ethnic stereotypes and promote cross-cultural responsiveness; ensure accountability for addressing bias, discrimination, racism and injustice; and promote new areas of scholarship with the goal of achieving health equity. The SOM's diversity and inclusion programs will also include efforts to address environmental, structural and socioeconomic determinants of health.

The SOM will work with school, campus and community partners to achieve the goals outlined above. In addition, the SOM will work to promote a school and campus culture that values inclusiveness, respect, justice and open communication.

### **PROFESSIONALISM MISSION STATEMENT**

A climate of respect, civility and cooperation among students, house officers, faculty, administrators and staff is essential to achieving excellence in research, education, clinical care and university and community service. Therefore, the School of Medicine places a high priority on professionalism. Under the umbrella of professionalism lies an extended set of responsibilities that includes civil and courteous behavior and respect for all members of the SOM community, including students, residents, fellows, supporting staff and colleagues. Professionalism also includes open and honest communication, respectful dissent, support for the School's missions and active and timely participation in education, mentoring and service activities.

In all interactions with patients and their families, faculty members are expected to demonstrate the core attitudes and behaviors that reflect the traditions of the profession of medicine and society's trust. These include: compassion; respect for patients' privacy and dignity; altruism in patient care and in the pursuit and application of knowledge; empathy; accountability; punctuality; sensitivity and responsiveness to patients' age, culture, gender, ethnicity and disabilities; and responsiveness to society's needs. In all educational, research and clinical care settings, faculty members will welcome and respect all religious, spiritual and political beliefs and will welcome and respect patients, regardless of socioeconomic status, including those who are uninsured or non-English speaking.

Faculty members are also expected to exhibit the characteristics of good academic and institutional citizenship by contributing to the teaching, service and administrative activities of their department and the School. Faculty members are expected to maintain a high level of scientific or clinical competence, as judged by their peers, and to demonstrate a dedication to life-long learning. Faculty members are expected to critically analyze, and avoid, activities that suggest a conflict of interest with their role as a clinician, scientist or educator. Faculty members must also adhere to the highest standards of academic honesty and integrity. For example, truthfulness, completeness and accuracy are essential elements in medical and scientific writings, in representations of effort and in medical record documentation.

Although these qualities and behaviors may be more difficult to evaluate than research, scholarship, teaching and other traditional measures of academic performance, they are critical to the missions of the School of Medicine and will be considered during annual performance, promotion, tenure and post-tenure reviews.



## **ARTICLE I. ORGANIZATION**

### **A. Departments, Divisions and Centers**

1. A list of the departments, divisions and centers of the School of Medicine shall be maintained by the Associate Dean for Faculty Affairs and shall be made available to all faculty, administrators, students and staff.

2. Formation, renaming or dissolution of Centers, Divisions and Departments and transfer of Divisions and Centers:

When an administrative unit of the School of Medicine requests official recognition as a center, division or department, a committee to consider the request shall be formed in the following manner: The Dean and the Faculty Officers shall appoint a committee of seven members (Professors and Associate Professors) with five members from basic science or clinical science departments (one per department) if creation of a basic science or a clinical science unit, respectively, is being considered. The recommendation of this committee, accompanied by recommendations from the Dean, shall be brought to the Executive Committee and then the Faculty Senate for action. Approval by both bodies is required before forwarding the proposals to the Chancellor, President or Board of Regents, as required by University policies.

The following will be considered by the involved bodies in their deliberation:

a. The department or division will usually have a separate residency or fellowship training program (recognized nationally) if a clinical department or an established graduate degree program (recognized nationally) if a basic science department.

b. A national precedent for center, division or departmental status for the involved scientific or clinical area will have been established or a need for a new area can be clearly justified.

c. The establishment of the new center, department or division can be shown to benefit the involved department(s) and the School of Medicine.

Formation or dissolution of a center, department or division or transfer of a division or center may be initiated by the Dean, the involved unit, or a petition signed by at least ten members of the Executive Faculty. Subsequent procedures will be followed as noted for formation of a new center, division or department.

Petitions to rename an existing department, division or center shall be reviewed following the procedures described in this section.

### 3. Department Organization

#### A. Department Chairs

Each department shall have a chair who serves as the principal officer of the department and represents the department at Executive Committee meetings. The responsibilities of the chair are described in the University of Colorado Administrative Policy Statement 1026, “Roles and Responsibilities of Department Chairs (January 1, 2018). The chair has the responsibility for providing leadership toward the achievement of the highest possible level of excellence in the teaching, research and scholarship, [patient care], and service and leadership activities of the department. The chair is expected to serve as a role model for professionalism and to create a climate of respect, civility, mutual accountability, fairness, collaboration and compassion within the department. The chair is expected to articulate the goals of the department, both within and outside the department, to articulate the department's actions or requests in pursuit of these aims, and to maintain a climate that is collegial, that respects, promotes and celebrates diversity, that treats faculty, staff and learners fairly and that supports creativity and innovation.”

The chair has the explicit responsibility to communicate effectively with faculty, and to review faculty performance regularly in all applicable areas, including teaching, scholarship, clinical practice, service and professionalism. Chairs must also “ensure that faculty members are aware of the criteria prescribed for appointment, reappointment, promotion, tenure and post-tenure review and to make appraisals and recommendations in accordance with the procedures and principles stated in department, School of Medicine, and campus policies and in accordance with the procedures and principles stated in the Laws of the Regents and in APS 1022 – Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion.

For all full-time ( $\geq 0.5$  FTE) faculty members, including those employed by affiliated institutions, department chairs must ensure that: adequate mentoring and career development programs are in place for all assistant and associate professors; faculty performance reviews are conducted regularly, in accordance with the procedures and principles stated in the Laws of the Regents and the University of Colorado Administrative Policy Statement on Faculty Development and Mentoring; faculty members are made aware of career development resources, such as the [Guide to Building a Dossier for Promotion and Tenure](#), Promotion 101 courses, and seminars organized by the Office of Faculty Affairs, the Academy of Medical Educators and the Colorado Clinical and Translational Sciences Institute (CCTSI); all assistant professors undergo a comprehensive academic (“mid-course”) review during their third or fourth year in rank, in accordance with University policies; and that all associate professors receive ongoing mentoring and comprehensive performance reviews and develop a plan for promotion to full professor or continued academic advancement. .

The chair is “expected to seek the advice of departmental faculty colleagues in a systematic way, to provide for the conduct of departmental affairs in an orderly manner through department meetings and the appointment of appropriate committees, and to keep department members informed of [their] actions in a timely manner.” Further, “the

chair should be receptive to questions, complaints, grievances and suggestions from members of the department, both academic personnel and staff, and from students [and other trainees].” Refer to the Administrative Policy Statement ([Roles and Responsibilities of Department Chairs](#)) for further details.

**B. Meetings and Reports**

Each department and each division shall have regularly scheduled faculty meetings. Department chairs shall ensure that faculty at the affiliated institutions can participate in these departmental meetings and on other important committees and task forces that address the educational, clinical, service and research programs of the department. At least annually, each department chairperson shall submit a report to the dean and to the department faculty, summarizing the department’s activities, accomplishments and challenges.

**C. Departmental Reviews**

Each department shall undergo a review of its activities according to a schedule established by the Dean. The departmental review may include a comprehensive or focused self-study and an external review conducted by one or more nationally recognized academicians in the discipline. The review shall be conducted in accordance with existing School of Medicine and campus program review policies and procedures. The Dean shall solicit input from departmental faculty during departmental reviews.

**D. Departmental Evaluation Committee**

Each department shall form an evaluation committee composed of Associate and full Professors in the department, which shall meet regularly to review and make recommendations to the chairperson regarding promotion and awards of tenure for faculty in that department. Guidelines are outlined in Article II.H.1.

**B. Faculty**

**1. General Faculty**

The general faculty of the School of Medicine shall consist of the President of the University, the Chancellor of the Anschutz Medical Campus, the Dean of the School of Medicine, the Senior Associate, Associate and Assistant Deans, and all Professors, Associate Professors, Assistant Professors, Senior Instructors and Instructors. The general faculty shall also include all Professors, Associate Professors, Assistant Professors, Senior Instructors and Instructors holding Research, Clinical, Adjunct and Adjoint faculty titles. Lecturers, Senior Research Associates, Research Associates, Professional Research Assistants, and Senior Professional Research Assistants are also members of the general faculty of the School of Medicine. The term "clinical" in the above titles is used to designate members of the faculty who are serving on a part-time ( $\leq 0.50$  FTE) or volunteer basis.

## **2. Executive Faculty of the School of Medicine**

The Executive Faculty shall consist of the Chancellor of the Anschutz Medical Campus, the Dean of the School of Medicine, the Senior Associate, Associate and Assistant Deans, and all members of the General Faculty of the School of Medicine with the following titles, whose appointments are fifty percent or more and who hold titles in the regular, research or clinical practice series: Professor, Associate Professor, Assistant Professor, Senior Instructor, and Instructor.

Each member of the faculty who is employed by the University shall have a signed letter-of-offer, which specifies the type and terms of their appointment and which includes appropriate details about the salary, benefits, privileges and responsibilities associated with the position. School of Medicine faculty, except those employed by Denver Health and Hospital Authority (DHHA), must also sign a University of Colorado Medicine (CU Medicine) Member Practice Agreement, which provides that “all income for professional, clinical, consulting, advisory or similar services earned ... while serving as an academic or clinical faculty member in a University-sponsored program,” with certain exceptions defined in the CU Medicine contract or by the School of Medicine, shall be assigned to CU Medicine. School of Medicine faculty members are expected to follow the rules and policies of the University, School and CU Medicine, as well as the rules and policies of the hospitals where they provide patient care or other services, including policies pertaining to speakers’ bureaus, consulting and disclosing and managing conflicts-of-interest. Faculty members earning income from pharmaceutical or other industry payers must understand their obligations under the federal Sunshine Act, which includes review and verification of payments paid to them. The University and CU Medicine reserve the right to review Sunshine Act data and to audit faculty members’ compliance with CU Medicine assignment of income policies.

## **3. Faculty Senate**

The Faculty Senate is responsible for educational, clinical, scholarly and certain designated administrative decisions in the School of Medicine, with the exception of faculty personnel actions, student promotions and honors, and student and faculty disciplinary actions (See Article I.D. paragraphs 3 and 4). The Faculty Senate will vote and make recommendations to the Dean or Executive Committee with respect to those designated areas of responsibility specified above.

The members of the Faculty Senate shall be elected from members of the Executive Faculty holding the rank of Assistant Professor or above. Senators shall serve for a term of two years. Each department of the School shall elect one member for every forty faculty members holding the rank of Instructor or above with primary appointments in that department, regardless of affiliated institution. Each department shall be entitled to elect at least one member to the Faculty Senate, and at least one quarter of the Senate shall be composed of representatives from the basic science departments. Representation will be capped at a maximum of seven senators per department. All members of the Executive Faculty at all affiliated institutions are eligible for election. Members are eligible for re-election. Department chairpersons, division and section heads and Senior Associate, Associate and Assistant Deans are not eligible for election. However, the Associate Dean for Diversity and Inclusion shall serve as a

voting member of the Faculty Senate. Additionally, one member of the clinical faculty based at each of the approved medical school branch campuses shall serve as a voting member of the Faculty Senate.

In May of each even-numbered year, the Office of Faculty Affairs, in collaboration with the Faculty Officers, will notify each department chair of the new census and reapportionment for the department. Prior to July 31 of that year, each department will hold its election for members of the Senate, and the results of the election will be transmitted to the Office of Faculty Affairs. Each department shall determine its own election procedures, ensuring that all assistant, associate and full professors within the Department are able to participate fully in this election. The Office of Faculty Affairs will maintain a list of each department's census and Senate representation.

#### **4. Faculty Officers**

The Faculty Officers of the SOM shall consist of the President, President-Elect, Past-President and Secretary, each elected by the Executive Faculty. The President shall serve a one-year term and shall be succeeded by the President-Elect. The position of President shall alternate between a member of the faculty from the basic science departments and a member of the faculty from the clinical departments. After serving a one-year term the President shall serve one year as Past-President. The President shall not be eligible for re-election until two years after the end of his or her term as Past-President.

The Secretary shall be responsible for recording the minutes of all Executive Faculty and Faculty Senate meetings. The Secretary shall serve a one-year term. The Secretary shall not be eligible for re-election until two years have passed following their retirement from this position.

Each year and prior to May 1<sup>st</sup>, the Office of Faculty Affairs shall solicit written or electronic nominations from the Executive Faculty for the positions of President-Elect and Secretary of the Faculty Senate. Candidates for these offices must be nominated by two or more Executive Faculty members and must agree to serve in that position for the designated time in order to be placed on a written or electronic ballot. All candidates for senate offices shall provide a brief "Statement of Vision" which will be provided to the Executive Faculty along with the ballot.

When there are three or more candidates for an office, "approval voting" shall be employed. Under this mechanism, votes are not restricted to voting for just one candidate. Instead, each voter can vote for, or "approve of," as many candidates as the voter wishes. The single candidate with the most total "approval votes" wins the election. Elections will be completed by the end of June. The Associate Dean for Faculty Affairs and the Faculty Officers shall supervise the election.

Annually, the faculty officers are responsible for providing a list of 3 candidates from the Faculty Senate to fill the vacant faculty at-large position on the CU Medicine Board of Directors. Officers shall review the annual reports of all standing committees and refer any issues cited by the committee chairs for discussion within the

Senate. The officers shall meet monthly with the Dean of the SOM or their designee to discuss outstanding faculty issues and to set agendas for senate meetings.

All members of the Executive Faculty holding the rank of Assistant Professor or higher shall be eligible for these offices except for members of the administration of the Medical School or the Anschutz Medical Campus, department chairpersons and section and division heads.

The Faculty Officers (President, President-Elect, Past-President and Secretary of the Executive Faculty) shall serve as voting members of the Faculty Senate. The Faculty Officers shall also serve as voting members of the Executive Committee, except that the Faculty Officers shall not vote on promotion or tenure recommendations or other personnel issues discussed in Executive Session. The Faculty Officers shall: prepare the agenda of the Faculty Senate meetings in consultation with the Dean or the Dean's designee; recommend to the Dean the appointment of, or the election of, ad hoc or other committees as needed; and be empowered to bring to the Executive Faculty any and all matters they deem important. The President of the Faculty shall preside at the Executive Faculty and Faculty Senate meetings and shall present a monthly report to the Executive Committee. If the President is unable to preside at meetings or meet other responsibilities, the President-Elect, Past-President or Secretary of the Executive Faculty shall substitute. Any Faculty Officer may be removed by a majority vote of the Senate.

In case of the temporary absence or illness of the President, his or her duties shall be carried out by the President-Elect. The President-Elect shall become President on July 1, or upon retirement or permanent inability of the President to serve (the latter to be determined by a majority vote of a quorum of the Faculty Senate). In the latter instance, the President-Elect shall complete the remaining term of the President and then shall serve his or her own full term.

The President will be a standing member of the campus-wide Faculty Assembly. Other School of Medicine representatives will be elected by the Faculty Senate.

## **5. Meetings and Ballots**

The Faculty Senate shall normally meet once a month, except during July and August. There shall be a time limit of 60 minutes for each meeting, but this limitation may be suspended for a particular meeting by a majority vote of the members present. The exact time of each of these regular meetings shall be determined by the Faculty Officers and a notice of the meeting and its agenda, proposed motions, and related material shall be distributed in a timely manner to each member of the Senate. The schedule of meetings for the year shall be distributed a year in advance. The agenda for each meeting shall be distributed in a manner to inform all faculty of the meeting. Faculty Senate meetings will be open to all members of the Executive Faculty. However, the Senate may go into executive session if sensitive personnel issues are to be discussed.

The Executive Faculty shall meet at least once each year at a time designated by the Dean. The annual meeting shall include the Dean's State of the School Address. Additional meetings of the Executive Faculty may be called by the Dean or the Faculty Senate President.

Special meetings of the Senate or Executive Faculty may be called by the Dean, the President of the Faculty, or by a request in writing from ten members of either body.

In case of a procedural question, the latest edition of Robert's Rules, or its equivalent, shall be followed during all meetings of the Faculty Senate and the Executive Faculty. The Secretary will be the custodian of Robert's Rules of Order.

One student from each medical class, one graduate student, one student each from the Physical Therapy and Physician Assistant programs, and one representative of the Housestaff Association, may attend the Executive Faculty and Faculty Senate meetings as non-voting members.

The election of the Officers of the Executive Faculty shall be held in the spring of each year and their terms shall run from July 1 to June 30.

A quorum for meetings of the Faculty Senate shall consist of those who are present at the time and place of a meeting announced at least one week in advance. Minutes of each meeting of the Faculty Senate and of the Executive Faculty, edited only to delete personnel and other matters inappropriate for publication, shall be posted and made available to the Executive Faculty. Repeated absences of a senator from scheduled meetings shall be cause for replacement of that senator. The Faculty Officers shall be empowered to recall a senator who has had repeated absences and to oversee the election of a new senator from that department.

Only elected senators who are present at a meeting may vote on matters that are before the Senate. Proxy voting is not allowed. However, votes by the Faculty Senate may also be conducted by a mail or electronic ballot, if so authorized by a majority of those present at a Senate meeting at which the issue is discussed. The ballot will be distributed to all members of the Senate with a summary of the discussion of the question.

In the case of a proposed change to the Rules of the School of Medicine, a mail or electronic ballot will be distributed to the Executive Faculty with an account of the discussion of the question. A reply from 500 or more members of the Executive Faculty shall be considered a quorum, and the affirmative vote of two-thirds of those voting is needed to change the Rules of the School of Medicine. Also refer to Article VI.

### **C. Executive and Administrative Officers**

The Chancellor of the Anschutz Medical Campus and the Dean of the School of Medicine shall be ex-officio members of the General Faculty, the Executive Faculty, and the Faculty Senate.

The Dean shall be the administrative head of the School of Medicine and shall represent the School on the Chancellor's Executive Committee. The Dean shall be responsible for the enforcement of admissions policies and the general effectiveness of the School.

The Dean shall enforce rules and regulations and shall have the power to act in minor cases of discipline and to refer major cases to the Executive Committee. He or she shall confer with the chairpersons of departments and when appropriate with department faculty members about departmental needs and salaries and shall allocate space in the best interests of the School. The Dean shall make regular reports to the Chancellor, the Executive Committee and the Faculty Senate. The Dean shall be an ex-officio, non-voting member of all standing committees. In consultation with the Faculty Officers, the Dean shall appoint all committees designated in the Rules unless the method of appointment or selection has been otherwise specified in these Rules, or in the case of special committees authorized by action of the Faculty Senate.

The academic and administrative performance of the Dean will be reviewed every five years, according to the laws and policies of the Regents.

The Senior Associate, Associate and Assistant Deans shall be appointed by the Dean, with concurrence of the Executive Committee, to assist the Dean in the performance of their duties. In the absence or disability of the Dean, the Senior Associate Dean for Academic Affairs, or in his or her absence, another Senior Associate Dean or Associate Dean of the School of Medicine designated by the Chancellor, shall serve as acting administrative head of the School.

#### **D. Executive Committee**

The Executive Committee shall consist of the Chancellor of the Anschutz Medical Campus and the Dean of the School of Medicine (both as ex-officio, non-voting members), the Faculty Officers (President, President-elect, Past-President and Secretary of the Executive Faculty) and the chairpersons of all departments. The Faculty Officers shall serve as voting members of the Executive Committee, except that the Faculty Officers shall not vote on promotion or tenure recommendations or other personnel issues discussed in Executive Session. The Dean may appoint additional center or program directors to serve as non-voting members of the Executive Committee. The Associate Dean for the Colorado Springs Branch, the chief executive officers of the Denver Health and Hospital Authority, the Denver Veterans Administration Medical Center, Children's Hospital Colorado, the University of Colorado Hospital and National Jewish Health, or their designees, shall also serve as non-voting members.

The Dean of the School of Medicine shall serve as the Chair of the Executive Committee. The Committee shall meet regularly during the academic year. Minutes of each meeting, edited to delete only matters decided in executive session and other matters inappropriate for publication, shall be posted on a web site available to the Executive Faculty. Special meetings may be called at any time by the Dean, or by written request of five voting members. Such special meetings may have either the



Dean or the Acting Dean as the presiding officer. All regular meetings shall be called by the Dean, or in the case of their absence or disability, by the Acting Dean.

The Executive Committee shall act as an advisory committee to the Dean of the School of Medicine. In the fulfillment of its duties, the Executive Committee shall consider and make recommendations to the Dean and the Faculty Senate on such matters as the relationship of the School of Medicine to other institutions and groups, the obligations, privileges and status of the faculty, the nature of the curriculum and the education of students, the size of the student body and the physical facilities of the School, the advisability of changes in the governance and established procedures of the School of Medicine, and all other matters that relate to, or impinge on, the educational, clinical, scholarly, research and administrative activities of the faculty and the Medical School. The Executive Committee shall have access to all reports of standing and ad hoc committees that may be pertinent to its deliberations and decisions, and to the activities and policies of the School. The President of the Faculty Senate shall make a formal, monthly report to the Executive Committee on behalf of the Executive Faculty.

A quorum for meetings of the Executive Committee shall consist of those who are present at the time and place of a meeting announced at least one week in advance. Only members who are present at a meeting may vote on matters that are before the Executive Committee. Proxy voting is not allowed.

All recommendations of the Executive Committee shall be made known to the Dean and promptly forwarded to the Faculty Senate for further discussion and final decision.

Except as set forth below, no action of the Executive Committee is considered to be final, for this authority resides with either the Dean or the Faculty Senate as defined in these Rules of the School of Medicine. In matters over which the Faculty Senate has authority, but which require immediate decision, the Executive Committee may act in accordance with what it believes to be the spirit of the Faculty Senate. However, such actions shall be referred to the Faculty Senate at the first regular meeting after the date on which they have passed, or at a special meeting. A special meeting will be called if there is not a regular meeting scheduled.

If there is disagreement on major issues between the Executive Committee and Faculty Senate regarding an action or recommendation, it may be re-considered jointly by both bodies, with the final decision made by the Dean.

In addition to decisions and actions that must be referred to the Faculty Senate for final action, the Executive Committee, on proper recommendation described below, shall be empowered to recommend to the Chancellor, to the President of the University and the Board of Regents, appointments, renewals, promotions, tenure awards, terminations, or retirement of members of the Faculty. Upon recommendation by the Senior Associate Dean for Education, representing the faculty and the School of Medicine's established criteria for graduation, the Executive Committee shall also approve the list of candidates to be presented to the Regents for degrees. The Executive Committee shall also have full authority to select students to receive honors, special prizes, awards and scholarships, and where necessary, to make appropriate

recommendations therein to the Regents. Only the department chairs may vote on these personnel matters, which shall be considered in executive session.

Motions voted on by the Executive Committee shall be affirmed by a simple majority of the votes, except in instances in which its recommendation is contrary to that of the Faculty Promotions Committee (FPC), in which instance, Article II.H.2. of the Rules shall apply.

## **E. Standing Committees**

Committee on Admissions  
Curriculum Steering Committee  
Student Life Steering Committee  
Student Promotions Committee  
Student Research Committee  
Graduate Medical Education Committee  
Continuing Medical Education Committee  
Dean's Advisory Committee  
Faculty Promotions Committee (FPC)  
Rules and Governance Committee  
Committee on Clinical Appointments and Promotions  
Council on Diversity

### **1. Committee Meetings**

Regular committee and subcommittee meetings shall be open to members of the Executive Faculty, who may attend as non-voting observers, unless otherwise specified in the committee or subcommittee bylaws. However, by majority vote of the members in attendance, the committees and subcommittees may go into executive session.

### **2. Committee Reports**

All committees shall make an annual written report of their activities and those of the subcommittees within three months of the end of the academic year to the Dean, the Executive Committee, and the Faculty Senate. In addition, the Chairperson of each committee may be requested to make a brief oral summary of this report to the Faculty Senate if issues are identified in the annual report. More frequent reports to the Faculty Senate and Executive Committee shall be made in instances where important decisions need to be made.

Unless otherwise specified, the Chairperson of a subcommittee will be an ex-officio, non-voting member of the parent committee.

### **3. Committee Membership**

Procedures for electing or appointing members of standing committees vary and are specified in Article III. All committees may appoint ex-officio, non-voting members and additional ad hoc subcommittees as needed.

Except as otherwise provided for in the Rules, committees will be formed to achieve broad input from members of departments most relevant to the function of the committee.

## **ARTICLE II. FACULTY APPOINTMENTS, PROMOTION AND TENURE**

### **A. Department Chairpersons**

1. Searches for department chairpersons shall be conducted in accordance with the laws and policies of the Regents.

2. After consulting with faculty in the department and with the Faculty Officers, the Dean shall appoint a committee to conduct the search for a new department chairperson. The search committee shall consist of at least six members and shall include persons from the basic science departments, the clinical departments and the clinical faculty (if appropriate). The Dean shall determine whether the search committee will include departmental representation. Where appropriate, and in a manner consistent with approved agreements between the School of Medicine and the affiliated hospitals, the search committee shall also include representation from affiliated hospitals.

3. The chairperson of the committee shall be designated by the Dean.

4. The Associate Dean for Diversity and Inclusion, or their designee, shall be an ad hoc member of all Chair search committees.

5. At appropriate times during the search process, the dean, or dean's designee, will discuss the progress of the search with the faculty in the department concerned.

6. Neither the Chancellor nor the Dean, Senior Associate, Associate or Assistant Deans shall be members of the committee, but a representative from those offices may be requested by the committee to act with it on an ex-officio, non-voting basis.

7. The committee shall have the privilege of consultation with the outgoing department chairperson, but the outgoing chairperson shall not be a member of the committee.

8. The committee will recommend suitable candidates to the Dean, who will then make the final selection.

### **B. Division Heads**

1. Division heads are responsible to the department chairpersons.

2. An ad hoc committee to recommend the appointment of a division head shall be appointed by the Department Chair, after consultation with the Dean. The

Associate Dean for Diversity and Inclusion, or their designee, shall be an ad hoc member of all division head search committees. The outgoing head of the division shall not be a member of the committee. The ad hoc committee shall forward its recommendations to the Department Chair. After receiving the committee's recommendations, the Department Chair shall appoint the Division Head, subject to approval by the Dean.

3. In instances where there is an inter-departmental division, the ad hoc committee to recommend the appointment of a Division Head shall be appointed by the Dean, after consultation with the involved department chairs. The ad hoc committee shall forward its recommendations to the Dean, who will appoint the Division Head.

### **C. Administrative Positions**

Administrative positions, including deans, departmental chairpersons, center directors and division and section heads, in accordance with University policy, are at-will appointments, serving at the pleasure of their immediate supervisors.

### **D. Types of Faculty Appointments**

Consistent with the Rules of the Regents, the School of Medicine recognizes four types of faculty appointments: Tenured; indeterminate; limited; and at-will.

1. **Tenured appointments** continue until termination by resignation, retirement or otherwise pursuant to applicable Regent laws and policies.

2. **Indeterminate appointments** are made for an indefinite period of time; continuance is dependent upon inclusion in the approved budget and available funding.

3. **Limited appointments** are for specified periods of time (from less than one year to four years). In the School of Medicine, Instructors, Senior Instructors and Assistant Professors will usually receive one-year, renewable limited appointments. Associate and full Professors who are not tenured will usually receive renewable limited appointments of 1, 2 or 3 years.

4. **At-will appointments** are made for an indefinite period of time; their continuance is at-will. Faculty members holding limited appointments may not be re-assigned to at-will appointments unless proper notice is provided, in accordance with SOM and University policies.

The Dean's Office, in collaboration with the Faculty Senate and the Executive Committee, will develop specific guidelines for the use of limited, indeterminate and at-will appointments. Refer to SOM and University guidelines for information about faculty members who are at-will by Colorado statute.

A member of the faculty whose salary is paid by an affiliated institution (II.E) may receive an indeterminate or at-will appointment but this will usually not involve

any continuing financial obligation on the part of the University. Such a position is not usually tenured.

#### **E. Full-time versus Clinical Faculty Appointments**

In the School of Medicine, faculty members may hold either a full-time or a clinical appointment.

1. Full-time faculty members hold appointments at 0.5 FTE or greater and do not have any independent or other health care practice. Faculty employed at affiliated hospitals also hold full-time faculty appointments, although their appointments may be subject to different policies, including those pertaining to compensation, benefits and eligibility for tenure or sabbatical assignment. Full-time faculty members include those appointed and promoted in the regular professor series, the professor of clinical practice series and the research professor series.

2. Clinical faculty include healthcare practitioners or other professionals who perform volunteer teaching, research or clinical services, and those whose paid appointments are less than 0.5 FTE.

#### **F. Special Characteristics of the School of Medicine Relevant to Promotion and Tenure**

1. Experience has repeatedly demonstrated that teaching of clinical skills is often more effective if the teacher also has ongoing involvement in patient care, so that their teaching is up to date and is relevant to actual practice. In addition, clinical research may be more impactful if it is related to clinical practice and the experiences of patients seeking care. Finally, the funding of the academic programs of the School of Medicine is heavily dependent upon its clinical activities. For all of these reasons, excellence in clinical work for practicing physicians, advanced practice providers and other clinicians is highly valued by the School of Medicine. Therefore, clinical contributions should be evaluated as part of the overall review of a clinician for promotion and tenure.

2. The School of Medicine also differs from other Schools of the University in that clinical departments utilize a number of geographically disparate sites, including affiliated hospitals and medical centers with which the School of Medicine has developed, or plans to develop, formal affiliations. Rigorous review is required to maintain the same high standards for faculty at affiliated institutions that apply to faculty located on the medical school campus, in order to ensure uniform excellence of teaching to all students, residents and fellows at all locations. University tenure is not awarded to faculty members employed at affiliated institutions. Nevertheless, the same standards are applied both to these faculty and to other School of Medicine faculty by rigorous review for promotion to Associate Professor and Professor, and by limiting the number of years a faculty member may remain at the rank of Assistant Professor before being reviewed for promotion to Associate Professor.

### **3. Definitions**

#### **A. Clinical Activity**

In addition to direct patient care, “clinical work” includes development of practice guidelines and other structured projects that assess and improve the quality of clinical care, enhance the patient experience, promote patient safety, and identify opportunities for greater value and efficiency in health care. “Clinical work” also includes activities that address racism and inequities in the healthcare system, empower patients, shape public health policy or address community health and healthcare needs. The School of Medicine values scholarly projects that advance the science and practice of health care quality, equity, efficiency and patient safety. Importantly, excellence in clinical activity also includes serving as a model of professional conduct for students and residents, colleagues and healthcare team members; in turn, excellence includes behaviors that promote the safety and dignity of all healthcare team members and the patients they serve.

#### **B. Teaching**

Teaching is also broadly defined. Teaching includes not only didactic instruction but also mentorship, professional role modeling and supervision of learners in classroom, clinical, research and community settings. Teaching also includes course leadership and administration, development of innovative instructional or evaluation methods and educational scholarship and research. The School of Medicine recognizes teaching of undergraduate students, graduate students, residents, fellows and health care providers in all the health professions. Importantly, excellence in teaching also includes being a model of professional conduct for students, residents and other trainees.

#### **C. Research**

Basic, clinical, translational, educational and other forms of research are highly valued by the School of Medicine. As outlined in the Promotion Matrix, “excellence” in research may be demonstrated through peer-reviewed scientific publications, competitive grant funding, a national or international reputation, and evidence of originality, creativity and influence as an investigator. The School of Medicine recognizes the importance of inter-disciplinary team science and the need for collaboration among investigators. Therefore, as recommended by the National Academy of Science, the School of Medicine defines an “independent investigator” as one who demonstrates “independence of thought” --- that is, one who has defined a research question of interest, who has chosen or developed the best strategies and approaches to address that question and who has contributed distinct intellectual expertise to successful research programs. Importantly, excellence in research also includes serving as a model of professional conduct for students and fellows, colleagues and research team members.

## **D. Service**

Service is a core mission of the University and the School of Medicine. Service is broadly defined as using the faculty member's relevant expertise, in collaboration with others, to support the University community, the faculty member's academic profession and our broader society. All faculty members are expected to contribute to the service missions of the School. The School of Medicine especially values service activities where the faculty member has demonstrated leadership and impact. Service is distinguished from, but supports, the teaching, clinical and scholarly missions of the School. Service includes a wide range of activities, including committee work, service on study sections and editorial boards, leadership of conferences, activities that inform public policy, and activities that confront racism and bias, support marginalized populations and promote diversity, equity and inclusion. Service also includes engaging communities and forming academic-community partnerships that promote healthy and resilient communities through programs in clinical care, education, research and advocacy.

## **G. Faculty Ranks and Tenure in the School of Medicine**

The Promotion Criteria Matrix (Appendix 1) will be used to guide faculty members, department chairs, and promotion and tenure review committees in assessing how candidates for promotion or tenure meet the criteria below. "Meritorious" is broadly defined as performance that is praiseworthy or deserving merit, while "excellent" is defined as performance that is outstanding or of exceptional merit.

Faculty members may be promoted in either the Regular Series, the Clinical Practice Series or the Research Professor Series. These promotion series were developed to recognize the diverse activities, responsibilities and areas of accomplishment of the faculty of the SOM; these multiple promotion pathways should be recognized as parallel and equal in importance, without an implied hierarchy.

### **1. Regular Faculty Series**

#### **A. Criteria for Faculty in the Regular Faculty Series**

##### **i. Instructor**

Instructors should have at least the Master's Degree or its equivalent and should otherwise be well qualified to participate in teaching, research or clinical service in the School of Medicine and its programs.

##### **ii. Senior Instructor**

The rank of Senior Instructor allows higher recognition and salary and longer periods of appointment than that of Instructor. It may be awarded to faculty members who do not possess the terminal degree or its equivalent or other prerequisites for promotion to Assistant Professor, but who have special abilities in teaching, research or clinical service that justify such recognition.

Faculty at the Instructor or Senior Instructor level may have the terminal degree appropriate to their field. They may also have promise in teaching, clinical service or scholarly activity, although they usually do not have an established record of outstanding accomplishments. Faculty at the Instructor or Senior Instructor level may lack board certification, a record of research funding, teaching or clinical experience or other qualifications for appointment or promotion to the Assistant Professor level.

**iii. Assistant Professor**

Assistant Professors should have the terminal degree appropriate to their field, or its equivalent, and should otherwise be well qualified to teach in the Medical School and its programs. Assistant professors should demonstrate the potential for excellence in teaching, research or clinical activity and, where appropriate, the capacity to participate productively in scholarly activity.

**iv. Associate Professor**

Prior to undergoing departmental review for promotion from Assistant Professor to Associate Professor, all faculty members, in consultation with their chair, must choose whether to seek promotion to Associate Professor in the regular or clinical practice series. Usually, they will make this election after undergoing a comprehensive mid-course review, based on their interests and accomplishments in clinical work, service, teaching and scholarship. The Clinical Practice Series is described below (Article II.G.2).

Associate Professors in the regular faculty series should have the terminal degree appropriate to their field, or its equivalent. Associate Professors must demonstrate excellence in teaching, research or clinical activity and at least meritorious performance in teaching, scholarly activity, and service/clinical activity.

The review for promotion to Associate Professor shall be in accordance with the following guidelines:

Meritorious performance in all:

- Teaching
- Scholarly activity
- Service/clinical activity

Excellence in one:

- Teaching
- Research
- Clinical activity

Review for promotion to Associate Professor may occur whenever the faculty member meets the criteria specified below, but normally the review must begin by the beginning of the seventh year of service as Assistant Professor. In most cases, promotion to Associate Professor will be based primarily on the faculty member's accomplishments while serving as an Assistant Professor.



Faculty members who are not promoted to Associate Professor during the seventh year at the rank of Assistant Professor will be given appropriate notice that their appointment will not be renewed, in accordance with University and SOM policies. A three-year extension to the seven-year probationary period will be considered in accordance with current policies, which stipulate that: a) any Assistant Professor in the 5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> year in rank may submit a petition to the Dean requesting up to a three-year extension; b) prior to submission of the request, the faculty member must have undergone a comprehensive mid-course review that includes an assessment of his or her readiness for promotion; and c) the chair of the department must concur with the request for extension. If the faculty member is in their 7<sup>th</sup> or final year as an assistant professor, the request for an extension must be submitted prior to the deadline that year for submission of promotion dossiers to the Dean's Office and prior to the start of the review for promotion or tenure by the School of Medicine Faculty Promotions Committee. After review by the Dean's Office, all requests for extensions will be forwarded to the Provost and Chancellor for final approval. Valid reasons for an extension might include interruption of one's career because of illness or family obligations, a significant change in career focus, assumption of major administrative, teaching or research responsibilities, or part-time University employment. If an extension is denied by the chair, the faculty member may appeal to the Dean. An individual granted an extension to the probationary period shall not be subject to additional scholarship, service or teaching requirements, above or beyond those normally required, in order to qualify for promotion or tenure.

#### **v. Professor**

Professors in the regular faculty series should have the terminal degree appropriate to their field or its equivalent. They must demonstrate continued achievement in their areas of expertise; that is, they must have a record, since receiving tenure or promotion to associate professor, that indicates substantial, significant and continued growth, development and accomplishment in teaching, scholarship and other applicable areas.

Professors in the regular faculty series must demonstrate at least meritorious performance in teaching and service/clinical activity and excellence in two of the following: teaching; research (or exceptional examples of the scholarship of teaching, application or integration); or clinical activity. Professors in the regular faculty series must also demonstrate excellence in scholarly activity and a national reputation. Evidence of a national reputation may include: nationally recognized research, scholarship, clinical activities or teaching; service on national study sections or editorial boards; visiting professorships or invitations to speak at other universities or at national meetings; authorship of nationally recognized clinical practice guidelines or review articles in respected textbooks; and leadership of national committees or task forces. In most cases, promotion to Professor will be based primarily on the faculty member's accomplishments while serving as an Associate Professor.

The review for promotion to Professor shall be in accordance with the following guidelines:

Meritorious in:

- Teaching
- Service/clinical activity

Excellence in two:

- Teaching
- Research\*
- Clinical practice

Excellence in:

- Scholarly activity

\*Or exceptional examples of the scholarship of application, integration or teaching, as defined in these Rules.

**B. Scholarship Requirement for All Faculty in the Regular Faculty Series**

All faculty in the Regular Faculty Series will be required to participate in scholarship, as broadly defined. All scholarship implies creativity. The central purposes of scholarship and creative work are to deepen understanding and to advance and disseminate knowledge. The products of all scholarship must be in a format that can be evaluated, which would normally mean a written format, but could include web-based or electronic formats.

The School will recognize the following four types of scholarship as adapted and modified from concepts developed by Ernest Boyer and others:\*

- The “scholarship of application” includes activities that build bridges between theory and practice or that apply knowledge to practical problems. Examples include development of new medical treatment modalities, clinical care pathways or other activities that address community health care needs, that shape public policy on health care or that promote quality of care and patient safety and advance the science and practice of health care quality improvement.
- The “scholarship of teaching” focuses on the development of new teaching methods, assessments of learning outcomes and preparation and dissemination of highly effective curricula or other instructional materials.
- The “scholarship of integration” (horizontal scholarship) includes creative syntheses or analyses that define “connections across disciplines” or bring new insights to bear on original research. The scholarship of integration seeks to interpret, analyze and

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\* Boyer, Ernest, “Scholarship Reconsidered: Priorities of The Professorate,” Carnegie Foundation for the Advancement Of Teaching, Princeton University Press, 1990; Glassick D, Huber MR, Maeroff GI. Scholarship assessed: Evaluation of the Professoriate. 1997; San Fransico, CA: Jossey-Bass; Simpson D, Yaris LM, Carek PJ. Defining the scholarly and scholarship common program requirements. J Grad Med Ed. 2013;5: 539-540.

draw together the results of original research or creative work. Review articles, books and book chapters are examples of the scholarship of integration. Publications in the medical and healthcare humanities, including musical and artistic works, may also be considered as examples of the scholarship of integration.

- iv. The “scholarship of discovery” refers to traditional, hypothesis-driven research that results in the generation of new knowledge. Successful “discovery scholarship” usually results in peer-reviewed scientific publications.

Full professors in the Regular Faculty Series must demonstrate “excellence” in scholarly activity. The criteria for “excellence” may vary, depending on the type of scholarship submitted. However, the criteria for “excellence” in all domains will necessarily include: important goals; appropriate methods; a demonstrable connection to existing knowledge or contemporary work undertaken by others; significant impact or results; and dissemination to peers.

For additional information on the types of scholarship that may be considered during promotion or tenure reviews, see the School of Medicine Promotion Criteria Matrix (Appendix 1) and the [Guide to Building a Dossier for Promotion and Tenure](#).

## **2. The Associate Professor and Professor of Clinical Practice Series**

Faculty members whose duties are focused primarily in patient care may be given titles in the Professor of Clinical Practice series. Faculty members appointed in this series shall hold the titles of “Associate Professor of Clinical” or “Professor of Clinical” followed by the name of one of the clinical departments. These titles are referred to as “Professor of Clinical Practice” titles in these Rules. Faculty in the Clinical Practice Series must also demonstrate at least meritorious accomplishments in teaching. Faculty in this series are encouraged, but are not required, to participate in scholarship. As such, they are not eligible for tenure. Faculty in this series may hold limited, indeterminate or at-will appointments.

Prior to undergoing departmental review for promotion from Assistant Professor to Associate Professor, all faculty members with extensive clinical responsibilities, in consultation with their chair or the chair’s designee, must choose whether to seek promotion to Associate Professor in the regular or clinical practice series. Normally, they will make this election after undergoing a comprehensive mid-course review, based on their interests and accomplishments in clinical work, service, teaching and scholarship.

Associate Professors and Professors of Clinical Practice are entitled to all the rights and privileges of full-time faculty in the regular series, including eligibility for sabbatical assignment. Faculty in the clinical practice series are eligible for vacation and sick leave, health and life insurance coverage and retirement benefits in accordance with University policies. Annual performance reviews and the timing and

processes for reviews for appointment and promotion in the clinical practice series are identical to the review and approval processes for regular faculty. Faculty members in the Clinical Practice Series are not eligible for tenure.

Positions in the clinical practice series and the regular tenure-eligible faculty series are not inter-changeable. Faculty members in the clinical practice series may be re-assigned to the regular tenure-eligible faculty series (and vice versa) only if agreed to by the faculty member and the department chair. Faculty members who are reassigned must also be reviewed by the appropriate departmental and School of Medicine committees, to ensure that they meet all criteria for the new title and rank.

#### **A. Criteria for Faculty Ranks in the Clinical Practice Series**

All faculty in the professor of clinical practice series are expected to demonstrate excellence in clinical care. The Promotion Criteria Matrix (Appendix 1 of these Rules) will be used to guide faculty members, department chairs and promotion review committees in assessing whether the faculty member has met the criteria for appointment and advancement in the clinical practice series.

The promotion process is meant to describe and reward continued professional growth and achievement. Therefore, faculty appointed or promoted to the rank of Professor of Clinical Practice must demonstrate ongoing achievement in their areas of expertise; they will have met a larger number of the criteria for clinical excellence listed in the Promotion Criteria Matrix and will have demonstrated leadership in one or more areas of clinical practice. Associate Professors of Clinical Practice will usually have met fewer of these criteria or in less depth.

##### **i. Associate Professors of Clinical Practice**

Faculty appointed or promoted to the rank of Associate Professor of Clinical Practice will devote the majority of their time and effort to clinical care or clinical program leadership, as outlined in the Promotion Matrix. They should have the terminal degree appropriate to their field, or its equivalent. Associate Professors of Clinical Practice must demonstrate: excellence in clinical care; at least meritorious performance in teaching; and a local (hospital or university) or regional reputation for clinical excellence. Evidence of a local or regional reputation may include letters of support from clinical colleagues, evidence that the faculty member has become a resource for other clinicians, leadership of clinical programs, meaningful participation in quality improvement or clinical policy activities or other evidence of a local or regional reputation. Scholarship related to clinical practice is encouraged and will strengthen the clinician's promotion portfolio.

Review for promotion to Associate Professor of Clinical Practice may occur whenever the faculty member meets the specified criteria, but normally the review must begin by the beginning of the seventh year of service as Assistant Professor.

Faculty members who are not promoted to Associate Professor of Clinical Practice during the seventh year at the rank of Assistant Professor will be given appropriate notice that their appointment will not be renewed, in accordance with

University and SOM policies. Extensions to the seven-year probationary period may be granted in accordance with the policies specified in Article II.G.1.A.iv.

## **ii. Professors of Clinical Practice**

Professors of Clinical Practice should have the terminal degree appropriate to their field or its equivalent. They must demonstrate excellence in clinical care and at least meritorious accomplishments in teaching. Professors of Clinical Practice must demonstrate continued achievement in their areas of expertise; that is, they must have a record, since receiving appointment or promotion to Associate Professor of Clinical Practice, that indicates substantial, significant and continued growth, development and accomplishment in their area of expertise.

In addition to excellence in clinical care, professors of clinical practice must demonstrate a national or international reputation for excellence in clinical care. Evidence of a national reputation may include: nationally recognized clinical activities or teaching; visiting professorships or invitations to speak at other universities or at national meetings; authorship of nationally recognized clinical practice guidelines or review articles in respected textbooks; and leadership of national committees or task forces.

Professors of clinical practice must also demonstrate at least one of the following: Excellence in teaching; or leadership of structured projects that have assessed and improved the quality, value or efficiency of clinical care; or leadership of projects that have addressed inequities in the healthcare system, shaped public health policy or addressed community health and healthcare needs.

Scholarship is encouraged and will strengthen the clinician's promotion portfolio. Greatest weight is given to scholarly projects that advance the science and practice of health care quality, equity, efficiency and patient safety.

## **3. Research Professor Series**

Faculty members whose principal duties are to conduct research may be given titles in the Research Professor series. Faculty members appointed in this series will have limited involvement in instructional programs.

Faculty appointed or promoted in the Research Professor series may be independent or collaborative investigators. Faculty appointed or promoted to the ranks of Associate Research Professor or Research Professor may be serving as senior investigators with independent funding, scientists reporting to regular faculty, principal investigators, co-principal investigators, or directors or co-directors of core scientific facilities. Faculty in this series are expected to demonstrate evidence of excellence in research, as defined in the Promotion Matrix.

In accordance with Regent policies, faculty in the research professor series will be supported by non-general funds. However, when there is a gap between externally-funded research grants, departments of the School may provide interim support to selected faculty members in this series who have made significant

contributions to the School. Faculty in the research professor series are at-will employees, in accordance with applicable state laws and University policies. They are not eligible for tenure or sabbatical assignment.

Members of the research professor series are eligible for vacation and sick leave, health and life insurance coverage, and retirement benefits in accordance with University policies. Annual performance reviews and reviews for appointment and promotion in the research professor series are identical to the review and approval processes for regular faculty.

Positions in the research professor series and regular tenure-eligible faculty series are not interchangeable. Faculty members holding regular tenure-eligible appointments may be re-assigned to the research professor series only if agreed to by the faculty member and the department chair. Faculty members in the research professor series may also be re-assigned to the regular tenure-eligible faculty series if agreed to by the faculty member and the department chair. Faculty members who are reassigned must also be reviewed by the appropriate departmental and School of Medicine committees, to ensure that they meet all criteria for the new title and rank.

### **Criteria for Faculty Ranks in the Research Professor Series**

Faculty in the research professor series are expected to demonstrate excellence in research, as independent or collaborative investigators. The SOM Promotion Matrix will be used to judge whether a candidate for promotion in the Research Professor Series has met the requirements for excellence in research. Research Professors should demonstrate excellence in research by meeting a number of the criteria listed in the Matrix. Associate Research Professors will have met fewer of these criteria or in less depth. The promotion process is meant to describe and reward continued professional growth and achievement.

Review for promotion to Associate Research Professor may occur whenever the faculty member meets the criteria specified above, but normally the review must begin by the beginning of the seventh year of service as Assistant Research Professor. Faculty members who are not promoted to Associate Research Professor during the seventh year will be notified that their appointment will not be renewed. Extensions to the seven-year probationary period may be granted in accordance with the policies specified in Article II.G.1.A.IV.

Faculty appointed or promoted to the rank of Research Professor must demonstrate skill as an investigator, originality and creativity, outstanding contributions to the research programs of their department and the School of Medicine, and a national reputation. Creativity and originality imply that the faculty member has contributed to the generation of new observations, new concepts, new techniques or new interpretations in their field of scholarly endeavor. Evidence of a national or international reputation may include letters of praise from external referees, service on scientific review panels or study sections, invited scientific presentations or other evidence of national standing. Research professors will usually have a record of funding as a principal or co-investigator and will have published high-quality scientific papers in peer-reviewed journals.

#### 4. Clinical Faculty

As defined in Section II.E.2 of these Rules, faculty members who perform volunteer teaching, research or clinical services, and those whose appointments are less than half-time (< 0.5 FTE), shall be appointed to the clinical faculty. Faculty holding clinical titles may be granted the ranks of Clinical Instructor, Senior Clinical Instructor, Assistant Clinical Professor, Associate Clinical Professor, Clinical Professor, or Distinguished Clinical Professor. Unless they demonstrate accomplishments in teaching or mentoring, research or national health care activities at the time their association with the School of Medicine begins, members of the clinical faculty should begin at the rank of Clinical Instructor, Senior Clinical Instructor or Assistant Clinical Professor, depending upon the degree of experience they have accumulated subsequent to completion of their professional training. All clinical faculty members shall be appointed to at-will positions.

**Associate Clinical Professors** should have a minimum of four years of service as Assistant Clinical Professor or equivalent experience, combined with evidence of significant ongoing contributions to one or more School of Medicine or departmental activities.

**Clinical Professors** should have a minimum of six years of service as Associate Clinical Professor or equivalent experience, combined with evidence of continuing outstanding contributions to the School of Medicine or to the programs of their department. Clinical Professors should be outstanding teachers and professional role models. They should also demonstrate institutional citizenship, exemplified by such activities as service on committees, attendance at conferences, and support of the academic missions of the department or the School of Medicine.

The title **Distinguished Clinical Professor** is extended to recognize part-time or volunteer faculty members who have made outstanding contributions to the School of Medicine and to their academic disciplines. Candidates recommended for this rank must fulfill the requirements for Clinical Professor above and must demonstrate:

1. Exemplary teaching; and
2. Distinguished scholarship or creative work.

The very nature of the title “distinguished” implies that there will be a limited number of faculty members holding this title. It is intended to signify a select group of clinical faculty members who are recognized as leaders in their respective fields, as attested to by national or international recognition or their significant public service achievements.

Each department must define specific guidelines for promotion to each clinical rank within these general rules. These guidelines must be communicated in writing to the clinical faculty of the department and must be made available to the Assistant Dean for Community-Based Medical Education and to the Committee on Clinical Appointments and Promotions.

Appointments at the level of Associate Clinical Professor, Clinical Professor, and Distinguished Clinical Professor are reviewed and approved by the Committee on Clinical Appointments and Promotions prior to submission to the Executive Committee for action. All such appointments and promotions must be approved by the department chair and departmental committee reviewing such appointments and promotions prior to submission to the Committee on Clinical Appointments and Promotions.

## **5. Special Faculty Titles**

The University has approved the use of special titles and title prefixes, which may be used by the School of Medicine in specific situations.

### **A. Visiting Faculty Appointments**

Faculty members at the level of Associate Professor or Professor are subject to review and approval by the School of Medicine Faculty Promotions Committee and the Executive Committee. The term “Visiting” is used in the faculty member’s title (e.g., “Visiting Associate Professor”) until the dossier has been approved by these committees. The title “Visiting” is a temporary designation; the faculty member’s dossier must be submitted for review by the Faculty Promotions Committee within one year after the start of the faculty member’s appointment at the SOM.

### **B. Adjoint Faculty Appointments**

The titles Professor Adjoint, Associate Professor Adjoint, or Assistant Professor Adjoint are used to designate individuals, such as employees of other universities, government agencies or other institutions who offer courses or supervise academic programs without compensation above their regular salary. Their academic qualifications should be similar to those of regular faculty in the full Professor, Associate Professor, or Assistant Professor ranks.

### **C. Adjunct**

The titles Professor Adjunct, Associate Professor Adjunct, and Assistant Professor Adjunct are awarded to individuals who previously held the rank of full Professor, Associate, or Assistant at a comparable higher education institution. Adjunct faculty members are most often lecturers, hired on a course-by-course, part-time, non-tenure track basis. The title of full Professor, Associate, or Assistant Professor Adjunct will be dependent upon the last rank held by the individual in a comparable institution. If the permanent faculty believes an individual’s qualifications and experience warrant an adjunct appointment even though the individual has not previously held a professorial rank, the title of Assistant Professor Adjunct normally would be recommended. These positions are not tenure-eligible and are at-will.



## **6. Emeritus or Emerita Status**

Upon retirement, any administrative officer or any member of the faculty who has given exemplary service to the School and/or continues to be active in the affairs of the School of Medicine may be allowed to retain his or her title with the description of "emeritus" or "emerita," respectively. Appointment as an emeritus faculty member is an honor bestowed upon a retiring faculty member who has brought distinction to the School of Medicine, through longstanding contributions to the School's educational, clinical, service, community engagement or research missions. The recommendation for this status can originate with the appropriate department chairperson, who will forward the recommendation to the Executive Committee; or it may originate directly in the Executive Committee. The Executive Committee shall then transmit the recommendation to the Chancellor for approval.

Upon retirement, a member of the clinical faculty who has given exemplary service to the School of Medicine may be allowed to retain his or her title with the description of "emeritus" or "emerita," respectively. The emeritus/emerita designation may be given to those clinical faculty members who hold the academic rank of Associate Clinical Professor or Clinical Professor and who have rendered 20 or more years of exemplary service to the School of Medicine. The recommendation for this status should originate with the pertinent department chairperson, who will forward the recommendation to the Committee on Clinical Appointments and Promotions for consideration. The Committee on Clinical Appointments and Promotions will transmit its recommendation to the Executive Committee. There may be other special circumstances in which it is deemed fitting to award clinical faculty with the designation of "emeritus" or "emerita". In such cases, the recommendation, with appropriate justification, will be transmitted to the Committee on Clinical Appointments and Promotions for its consideration.

## **7. Tenure**

Faculty members who are employees of the University of Colorado in the regular academic ranks of Associate Professor or Professor are eligible for consideration for an award of tenure. Consideration for promotion and an award of tenure will be separate processes but may occur concurrently. No maximum time limit exists for an award of tenure; however, a faculty member who is turned down for tenure at the level of the Executive Committee may not be re-considered for three years. Tenure recommendations must first be reviewed by the department chair and by tenured members of the Department Evaluation Committee. Tenure recommendations will then be reviewed by a subcommittee of at least seven tenured members of the Faculty Promotions Committee, and their recommendation will be forwarded to the Executive Committee. The review will be conducted separately from any promotion consideration.

The award of tenure in the School of Medicine will be reserved for those faculty members who are among the best in their field of scholarly endeavor. The faculty members will also be widely recognized as outstanding and influential teachers and will show definitive promise of continuing, outstanding contributions to the School of Medicine. The balance between accomplishments in scholarship and teaching as

defined below may vary considerably from one faculty member to another, but both scholarship and teaching excellence must be present before an award of tenure is made. Professional and administrative service and clinical activities by a faculty member should be weighed into any decision regarding an award of tenure, but such activities in the absence of significant accomplishments in both teaching and scholarship are not an adequate basis for an award of tenure.

The first requisite for an award of tenure is excellence in scholarship, which has led to a national and international reputation. Scholarship is defined here, in the context of an award of tenure, as the rigorous, systematic study of phenomena or events which leads to a competent mastery of one or more of the medical, allied health or related basic science disciplines. More narrowly, scholarship refers to advanced study which leads to the acquisition of knowledge in a particular field, along with accuracy and skill in investigation, and the demonstration of powers of critical analysis in interpretation of such knowledge. While the foregoing primarily refers to the scholarship of discovery, it also includes the scholarship of application, integration and teaching, as previously defined. All candidates for an award of tenure in the School of Medicine will have demonstrated significant accomplishments in scholarly endeavors, which is synonymous with the generation of new knowledge. The faculty member's scholarship must provide compelling promise of continued creativity with respect to generating new observations, new concepts and new interpretations related to the individual's scholarly endeavors.

The second requisite for the granting of tenure is demonstrated excellence in, and dedication to, teaching. The faculty member must have demonstrated a capacity and a desire to maintain teaching effectiveness and must show capacity for continued growth as a teacher. The faculty member must have an outstanding record of success in teaching or mentoring students, residents, fellows or less experienced faculty members. It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues and patients.

The award of tenure will be reserved for those faculty members whose achievements in scholarship and teaching have been recognized by academicians outside of the University as well as by the faculty member's faculty colleagues. Tenured faculty members are those individuals whose presence on the faculty enhances the prestige of the University of Colorado School of Medicine.

## **8. Tenure Criteria**

A full-time faculty member employed by an affiliated institution, who holds the rank of Associate Professor or Professor in the Regular Series, is eligible for consideration for the distinction of "tenure criteria." The award of Tenure Criteria will be reserved for those faculty members who have demonstrated outstanding accomplishments in scholarship and teaching that have led to a national reputation. Faculty members recommended for Tenure Criteria will also have a strong record of service, which may include service to the community, the University, the faculty member's affiliated institution or to one or more scientific or professional organizations.

Recommendations for the award of Tenure Criteria shall be reviewed by the Department Evaluation Committee and then forwarded to the Faculty Promotions Committee, and then the Executive Committee, for consideration. The distinction of “tenure criteria” is not the same as tenure and shall not involve any continuing financial obligation by the School of Medicine or the University. A tenure-criteria faculty member at an affiliated hospital who becomes a University employee does not automatically gain tenure but is eligible to apply for tenure in accordance with University and School of Medicine rules.

## **H. Procedures for Appointment, Promotion and Award of Tenure**

### **1. Departmental Review**

a. Review for appointment or promotion to Associate Professor or Professor, whether in the regular, clinical practice or research professor series, and review for the award of tenure, occurs within the faculty member's department (departmental review), within the School of Medicine (first level review), and by the Chancellor (second level review). Recommendations for the award of tenure must also be reviewed by the President and by the Board of Regents (third level review).

b. The initial review of a faculty member's qualifications for appointment or promotion to Associate Professor or Professor or for the award of tenure is performed by the Departmental Evaluation Committee ("Evaluation Committee" in the Laws of the Regents) in consultation with the Chairperson of the faculty member's department ("primary unit"). When the chairperson and the Departmental Evaluation Committee agree that a faculty member should be recommended for appointment or promotion to these ranks or for the award of tenure, the chairperson will forward to the Dean the faculty member's credentials and all appropriate supporting documents, along with a letter summarizing the professional experience, achievements and departmental role of the candidate. A candidate for tenure or promotion shall be informed of the recommendation by the departmental chairperson as expeditiously as possible.

c. Each department shall elect or appoint (having previously voted on a method to be followed) from among its professors and associate professors, a standing Departmental Evaluation Committee (DEC). Membership on the DEC may rotate or remain stable, depending on the preference of the departmental faculty, with the concurrence of the department chairperson. Members of the DEC who have administrative responsibility for a faculty member under review by the Dean cannot participate in the initial review and must excuse themselves from DEC deliberations about that faculty member. Only tenured faculty members may vote on recommendations for tenure; if necessary, tenured faculty members from other departments within the School of Medicine may be recruited to review and vote on a recommendation for tenure.

d. If either the chairperson or the DEC does not support the recommendation for promotion or tenure of an individual who is already in the department, this decision shall be disclosed to the faculty member in a letter fully stating the reasons for the decision. In such a case, the faculty member may submit to the Dean all credentials, supporting documents and other appropriate information regarding his or her promotion or tenure qualifications, as described below, and request review by the Faculty Promotions Committee. The Faculty Promotions Committee shall also have access to all relevant departmental records, including the letters by the department chairperson and the DEC.

e. Additional rights of the faculty with respect to the promotion and tenure process are described in Article II.I.

f. Information regarding a candidate submitted by the department to the Dean must include at least the following information:

(i) A current curriculum vitae (C.V.) presented in an acceptable format (See Office of Faculty Affairs website and the [Guide to Building a Dossier for Promotion or Tenure](#) for recommended formats);

(ii) A CV Abstract in the format provided on the Office of Faculty Affairs website.

(iii) A letter of recommendation from the department chair. The chair's letter should summarize the faculty member's accomplishments in teaching, scholarship, clinical work, service and leadership, as well as the likelihood of continued success. The chair's letter should also include language addressing the faculty member's record of professionalism, as codified in the *Faculty Promise*, the *Teacher-Learner Agreement* and the *Faculty Professionalism Code*, before recommending promotion or tenure.

(iv) A letter from the Department Evaluation Committee, including an explicit statement describing how the candidate fulfills the criteria for the proposed rank or award of tenure, and the results of the committee vote on the candidate;

(v) Letters from 3 to 6 academic referees who can accurately evaluate the major activities and qualifications of the candidate. At least 3 letters must be from individuals who do not hold University of Colorado faculty appointments and who are not otherwise affiliated with the University of Colorado ("external referees"). All letters of reference must be requested by, and submitted to, the Department Chair or the Chair of the Departmental Evaluation Committee. Refer to the Office of Faculty Affairs website for a sample request letter for external evaluations. All letters received on behalf of a candidate must be included in the dossier that is

submitted to the Faculty Promotions Committee. External letters of recommendation and all letters solicited from outside the faculty member's primary department are considered confidential and must not be shared with the candidate.

In accordance with University policy, selection of external evaluators shall be undertaken by the department, in consultation with the candidate. A uniform selection process shall be identified in the department bylaws and followed consistently by the department. Candidates shall be given the opportunity to suggest possible evaluators and may also indicate specific scholars to exclude from consideration because their evaluations might constitute a conflict of interest or be prejudiced against the candidate.

External referees should be able to accurately evaluate the major accomplishments and qualifications of the candidate. While letters from former trainees, colleagues, thesis supervisors or fellowship directors are welcome, additional weight is given to letters from academicians who do not have such a relationship with the faculty candidate. Letter writers should state in the first paragraph whether, in what manner and for how long they have known the faculty candidate. At least some of the external letters should be from faculty members holding an academic rank at least as high as that sought by the candidate.

(vi) If appropriate, letters from individuals from other departments and units within the University and the community who are competent to judge the candidate and have a legitimate interest in the appointment, promotion or tenure recommendation;

(vii) Organized portfolios highlighting the candidate's accomplishments in each applicable area (teaching, clinical practice, research/scholarship and service). Refer to the [Guide to Building a Dossier for Promotion or Tenure](#) for information about preparing promotion dossiers, including narratives and promotion matrixes. Each portfolio should contain:

- a) A brief narrative, prepared by the candidate, describing his or her accomplishments in that area;
- b) A personalized promotion matrix, highlighting how the candidate has met the standards for "meritorious" or "excellent" performance in that area (teaching, clinical practice, research/scholarship and service). Only one matrix in each area should be submitted, indicating whether the faculty member's accomplishments are "meritorious" or "excellent."

c) Supporting documentation (evaluations, testimonials, or other documentation of success). Links to recent publications or other scholarly works may be provided.

(viii) Note that each candidate for promotion or tenure must develop and maintain a teaching portfolio to be used in the promotion process (See the [Guide to Building a Dossier for Promotion or Tenure](#) for guidelines to assembling a Teacher's Portfolio). In addition to the teaching narrative and matrix referred to above, the teaching portfolio must include information regarding the teaching ability of the candidate, including evaluations by the candidate's students and other trainees, mentees, colleagues or other qualified individuals who may have observed the candidate's teaching in classes, seminars, laboratories and clinical settings.

(ix) Each faculty member who participates in clinical activity must develop and maintain a clinical portfolio to be used in the promotion process (See the [Guide to Building a Dossier for Promotion or Tenure](#) for guidelines to assembling a Clinician's Portfolio).

(x) All faculty members who are not engaged in clinical activity, and other faculty members who have extensive service responsibilities, should submit a service matrix highlighting the candidate's medical school, university, community and other professional service.

(xi) Any other information submitted by the candidate that the candidate believes will ensure an adequate consideration and evaluation of his or her appointment, promotion or tenure.

(g) The faculty member under consideration should review his or her dossier, excluding confidential letters of evaluation, for completeness before it is forwarded from the department to the Dean.

## **2. First-level (School of Medicine) Review**

### **a. General Procedures**

First Level Review (Level of the Dean) of proposals for appointment, promotion or tenure submitted by a department or its representative or, in the absence of agreement within the department, by the candidate, shall follow these guidelines:

(i) Consideration for promotion or appointment to the ranks of Associate Professor and Professor in all three series, and consideration for tenure, are subject to an additional level of review within the School of Medicine by the Faculty Promotions Committee ("Review Committee" in the Laws of the Regents). The Faculty Promotions Committee (FPC) shall receive from the Dean all

information submitted by the faculty member's department to support the recommendation and shall request any additional information until, in its judgment, the submitted information is adequate. When the petition for promotion, appointment or tenure is made by the individual faculty member, (without the support of the department chair and DEC), it is the responsibility of the faculty member to collect and present to the Dean all appropriate information. This information will then be forwarded to the FPC by the Dean.

**b. Faculty Promotions Committee**

(i) The members of the FPC are nominated by the Faculty Officers in consultation with the Dean. Each academic department shall provide to the Faculty Officers at least one nomination for the FPC each year. The nominees need not necessarily be members of that department. In addition, any individual member of the Executive Faculty may indicate to the Faculty Officers or the Dean their interest in, and qualifications for, this committee. The recommendations of the Faculty Officers and the Dean for membership on the FPC shall be presented to the Executive Committee for review and approval.

(ii) The FPC shall be composed of at least 15 members. Every effort will be made to ensure that scientists, clinicians and educators are represented on the FPC. All committee members must hold the rank of Associate Professor or Professor in the Regular or Clinical Practice Series. At least seven members of the committee must be tenured. Deans, departmental chairpersons, division heads and section heads may not be members of the FPC.

The SOM shall seek to appoint a balanced committee; its representation should, to the extent possible, reflect the different departments, and the varied clinical, research and teaching missions, of the School. Members of the FPC shall also be selected to ensure appropriate diversity as broadly defined by the SOM.

The FPC shall have a chairperson who is elected by the committee members. The chair shall alternate yearly between a member from a basic science department and one from a clinical department. Alternatively, the members of the FPC may elect two or more co-chairpersons, ensuring that the basic science and clinical departments are represented.

(iii) The FPC chairperson(s), or their designee from the committee, shall receive information from the Dean regarding all individuals to be considered for appointment or promotion to the ranks indicated above, shall call meetings, and shall appoint advisory committees when necessary.

(iv) All committee members shall serve for three-year terms, staggered so that one-third of the committee is replaced each year. After completing a three-year term, a faculty member may be reappointed to additional three-year terms.

(v) If a committee member resigns prior to completion of his or her term, a replacement to complete that unexpired term may be selected by the Faculty Officers and the Dean.

(vi) The FPC shall receive adequate administrative and secretarial support from the Dean's Office to carry out its responsibilities.

(vii) Ad hoc committees that are advisory to the FPC may, in selected instances, be appointed to aid in the evaluation of a proposed appointment, promotion or tenure award. Such an ad hoc committee shall consist of at least two members of the FPC and three to five members (selected by the FPC) who have special knowledge regarding the area of expertise of the individual being considered. The chairperson of an advisory committee to the FPC shall be one of the members of the FPC and will be appointed by the chair of the FPC. The ad hoc advisory committee will make recommendations and give information to the FPC.

(viii) Having reviewed all relevant information regarding a candidate, the FPC will make a recommendation either to support or to reject the proposed faculty appointment, promotion or award of tenure. A subcommittee of at least seven tenured members of the FPC will make recommendations concerning tenure. This recommendation will be conveyed to the Dean and then to the Executive Committee for first level review. However, before forwarding its final recommendation to the Executive Committee, the FPC may elect to contact the department chair and request additional information related to the qualifications of a candidate for appointment, promotion or tenure.

**c. Review by Executive Committee**

A simple majority vote of the Executive Committee will affirm the recommendation of the FPC or subcommittee thereof. A two-thirds majority of the Executive Committee is required to reject or modify the recommendation of the FPC. If the recommendation of the FPC is revised or rejected by the Executive Committee, final action rests with the Dean, who must first ask the primary unit to reconsider its recommendation, and the FPC to reconsider its findings. In evaluating the merits of a candidate for promotion or tenure, the Executive Committee may not consider new information about the candidate or other evidence that was not previously presented to the Faculty Promotions Committee.



**d. Clinical Faculty Appointments and Promotions**

All recommendations for appointment and promotion to the ranks of Distinguished Clinical Professor, Clinical Professor and Associate Clinical Professor, after they have been submitted by the candidate's department, will be referred by the Dean to the Committee on Clinical Appointments and Promotions.

**3. Second Level Review (Level of the Chancellor)**

a. The Dean shall submit to the Chancellor a list of all approved appointment, promotion and tenure recommendations, along with the results of the votes of the Departmental Evaluation Committee, the FPC and the Executive Committee, and a summary of the qualifications and accomplishments of the candidate, and letters of reference on behalf of, the candidates.

b. A candidate shall be informed of the entire set of recommendations as expeditiously as possible by the departmental chairperson following receipt of the information from the Dean. If there are any differences of opinion among the department, the FPC, the Executive Committee or the Dean that have not been resolved, each party in the disagreement shall submit to the Chancellor a statement outlining the areas of disagreement and the reasons for its recommendations.

c. Completion of the Second level of Review by the Chancellor of the University of Colorado Anschutz Medical Campus and completion of Third Level Review by the President of the University shall occur as outlined in Article X of the Laws of the Regents and Administrative Policy Statement No. 1022 (Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion).

**I. Rights and Responsibilities in Faculty Appointments, Promotion and Career Development**

1. In the case of a new appointment, the chairperson shall certify that an appropriate effort was made to identify and consider qualified women and candidates who are under-represented in medicine or science.

2. At the time of a faculty member's initial appointment, it is the responsibility of that member's departmental chairperson or division or section head to inform them about the job responsibilities and performance expectations for the position. It is also the responsibility of the chairperson, or division or section head to provide relevant information about the criteria for promotion within the department and the School of Medicine and to provide an opportunity for the new faculty member to discuss these criteria.

In addition, at the time of a faculty member's initial appointment, the department shall provide copies of, or shall provide electronic access to, the current Rules of the School of Medicine, the Faculty Handbook of the University, and the *Standards, Processes, and Procedures Document* of the Regents. Each faculty member must be afforded ample opportunity to discuss these documents with the chairperson and other officials of the School and the University.

All Instructors, Senior Instructors, Assistant Professors and Associate Professors, in all faculty promotion series, will be assigned at least one mentor by the department chair or designee. In the case of new appointments, the assignment of mentors may take place prior to the start of the faculty member's initial appointment but must occur within 3 months of the start of the appointment period.

### **3. Shared Responsibilities**

a. The process of faculty review and promotion includes various responsibilities that are shared among individual faculty members, department and division heads, mentors and administrators. These responsibilities are outlined in the document "The Process of Promotion - Shared Responsibilities," which will be made available electronically to all department chairs, faculty and administrators. This document should be used by faculty and departments in the School of Medicine to ensure adequate mentoring and faculty development.

b. Each faculty member has the primary responsibility for documentation and presentation of his or her accomplishments. With respect to annual performance reviews, comprehensive (mid-course) reviews, reviews for promotion or tenure and post-tenure reviews, each faculty member must submit all documents that are required by department, SOM and University policies and must participate actively in these reviews.

c. The Associate Dean for Faculty Affairs shall also develop and make available to all faculty and departments the following additional tools to aid in the faculty review and promotion process: 1) Suggested format for curriculum vitae; 2) Format for C.V. Abstract; 3) Guidelines for assembling promotion and tenure dossiers and educators,' clinicians' and scholars' portfolios; 4) A description of all annual reviews and other performance evaluations required by School or University policies; and 5) An electronic template for conducting and summarizing annual faculty performance reviews and preparing and submitting promotion and tenure dossiers.

d. Departmental committees, division and section heads and chairs are responsible for reviewing the School's written guidelines for promotion and tenure and for applying these standards fairly and equitably when reviewing faculty members' performance. Additional responsibilities for department chairs are outlined in Section I.A.(3).A of these Rules.

4. Annual performance evaluations shall be conducted for all faculty members ( $\geq 50\%$  FTE), including faculty members employed by affiliate institutions.

Annual reviews must be conducted by the department chair or designee and must adhere to the schedule set forth by the University of Colorado or the affiliated institution where the faculty member is employed. This review shall indicate the chairperson's evaluation of the faculty member's work within the department and, if appropriate, shall indicate the chairperson's future plans regarding continued appointment and promotion. This report shall become a part of the faculty member's official personnel file. On an annual basis, and in accordance with University policies, each University-employed faculty member must also receive a Performance Rating and must participate in the development or revision of a Professional Plan. Faculty members who receive a performance rating of "below expectations" or "not meeting expectations" must participate in developing a Performance Improvement Agreement, as outlined in the document "Performance Ratings for Faculty (APS 5008). The Dean shall ensure that faculty members who receive a performance rating of "below expectations" or "not meeting expectations" are made aware of their right to appeal this rating.

A faculty member's performance shall be evaluated based upon performance standards developed by each department and any written expectations agreed to between the faculty member and the department. The faculty member's performance in teaching, clinical work or service, and scholarship should be considered, along with the assigned workload and administrative and faculty governance service, as outlined in the *Laws of the Regents*.

Examples of appropriate criteria to be used in evaluating teaching, clinical care, research, scholarship and service are listed in Sections II.F(3) and II.G(1).A of these Rules and in the SOM Promotion Criteria Matrix (Appendix 1). Examples of appropriate criteria for evaluating teaching are also listed in in APS 1022 - "Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion" and in the SOM [Guide to Building a Dossier for Promotion and Tenure](#).

5. In addition, each faculty member at the rank of Assistant Professor shall be evaluated in a comprehensive manner, and in accordance with the *Standards, Processes and Procedures Document*, during the third or fourth year in rank. As outlined in Administrative Policy statement 1022, "The comprehensive review is a critical appraisal designed to identify a candidate's strengths and weaknesses in sufficient time to allow promising candidates to improve their records before the evaluation for [promotion or] tenure."

The comprehensive mid-course review is intended to be advisory to the faculty member and to his or her chair and career mentors. It should provide specific and helpful feedback about a faculty member's career development and progress toward promotion or tenure. An important purpose of the review is to help the candidate identify and remedy any deficiencies before the formal review for promotion to associate professor or tenure.

Each faculty member shall be informed by the chairperson or his or her designee of the results of the evaluation.

6. All faculty members at the rank of Associate Professor shall also be evaluated regularly. Associate professors must receive ongoing mentorship and

comprehensive performance reviews, to identify their strengths and weaknesses and assist them to develop a “Pathway to Professor” or other plan for academic advancement.

7. Each faculty member shall have access to all performance evaluation documents in his or her file, including the summary of the Comprehensive Review, letters of recommendation for promotion or tenure written by the Chair or the Department Evaluation Committee and all other information, with the exception of letters of recommendation solicited from outside the faculty member’s department, which are to be treated as confidential to the extent provided by law.

8. At the time of an initial appointment, and at the time of any substantive change in the faculty member’s job responsibilities, the department chair shall provide each member of the faculty with a Letter of Offer describing the nature and terms of their appointment, including the amount of salary and the type, duration, and conditions of the appointment.

9. A candidate for promotion or tenure shall be entitled to submit to the Dean any material or information for submission to the FPC which he or she feels will be helpful in its deliberations. The faculty member also may submit to the Chancellor and the President any additional information that he or she feels may be helpful in the second and third levels of review of his or her proposed appointment, promotion, or change in tenure status.

10. In the event of a decision not to reappoint, promote or grant tenure, the candidate shall be so informed orally and in writing expeditiously by the department chairperson.

11. If an Assistant Professor who holds a limited appointment is not recommended for reappointment, or when the probationary period has expired for an Assistant Professor who is not recommended for promotion to Associate Professor, or whose proposed promotion is not approved, the faculty member shall be provided notice in writing by the chairperson that his or her appointment will not be renewed. Notice must also be provided to faculty members holding indeterminate appointments if their appointment will not be continued for reasons other than available funding or inclusion in the budget. In all cases, notice must be provided in accordance with the University of Colorado Denver|Anschutz Medical Campus Administrative Policy, “Standards for Notice of Non-Reappointment for Faculty,” which state that three months’ notice of non-reappointment is required for faculty members in their first year of service at the University, and six months’ notice is required for faculty members who have 1-3 years of service. One year’s notice is required for faculty members after three or more years of service.

12. If a candidate so requests, the Dean or Chancellor or their representative shall, in a confidential conversation, advise the candidate of the reasons that contributed either to a recommendation not to reappoint or grant tenure, or to the reversal at any level of a department’s recommendation to promote or award tenure.

13. A candidate for reappointment, promotion or tenure shall be entitled to appeal to the Privilege and Tenure Committee if the candidate feels that the procedures described herein have not been appropriately followed at any stage of the recommendation or review process.

a. While procedural errors per se may entitle a candidate to proper reconsideration as herein provided, such errors shall never be used as the justification for personnel recommendations not otherwise justified on the basis of performance and need.

b. The Privilege and Tenure Committee shall not substitute its judgment about an individual's merit for that of other committees and administrators. The Privilege and Tenure Committee shall promptly report any procedural deficiencies to the Chancellor and the Dean, who shall reinstitute the review process at the point at which the procedural deficiency occurred.

14. In order to facilitate continuing faculty development, each tenured faculty member shall receive a comprehensive peer review and evaluation at least once every 5 years after the award of tenure. This evaluation will be conducted in accordance with existing post-tenure review procedures. The faculty member shall be informed orally and in writing by the department chairperson of the results of the evaluation, which shall become part of the faculty member's personnel file.

## **J. Sabbatical Assignments**

After six years of service to the School of Medicine on a full-time appointment, tenured and tenure-eligible faculty shall be eligible for sabbatical assignment. Faculty members whose appointments are less than 100% (0.5 – 0.99 FTE) are also eligible for sabbaticals; the required years of service before a first sabbatical and then the interval before subsequent sabbaticals will be adjusted accordingly. Faculty members in the Clinical Practice Series are also eligible for sabbatical assignment. For the purposes of sabbatical eligibility under Regent policies, the Clinical Practice Series is considered a “specialty track.” In all cases, faculty members must have attained the rank of Associate Professor or Professor before qualifying for a sabbatical. In accordance with University Policies governing sabbatical assignments (APS No. 1024), “a sabbatical is a privilege granted by the university for the advancement of the university, subject to the availability of resources. A sabbatical assignment is an important tool in developing academic scholarship and is a time for concentrated professional development. It is expected that the faculty member shall use the sabbatical assignment in a manner that shall enhance [their] scholarly and/or teaching competence and potential for leadership and service to the university, as well as to advance the primary unit's program goals.”

All sabbatical assignments are subject to the availability of adequate funding and must be approved by the department chair, dean, chancellor and Board of Regents. Eligible faculty members seeking approval for a sabbatical must submit a specific plan, and review and approval of such plans shall be conducted in accordance with University and campus policies.

## **ARTICLE III. FUNCTIONS AND DUTIES OF STANDING COMMITTEES\***

### **A. Committee on Admissions**

The Admissions Committee is the final decision-making committee that is solely responsible for the selection of entering MD and MSTP students. The Admissions Committee is composed of at least 20 voting members, the majority of whom are members of the faculty of the School of Medicine. Medical students and community members may also be appointed as voting members of the Committee. The Chair of the Admissions Committee is a full-time faculty member nominated by the Admissions Committee and Assistant Dean of Admissions who does not hold an appointment in the Dean's office that reports directly to the Dean. The position of chair of the committee is elected by the voting members of the committee for a two-year term, renewable for additional terms by a vote of the Committee. Full-time faculty members of the committee who have had a minimum of one year experience on the committee are eligible for consideration as chair. Committee members are selected through self-nomination, nomination by Department Chairs, or recruitment by the Admissions Committee Chair or Assistant Dean of Admissions.

Voting members of the Admissions Committee serve terms of one year and are eligible for reappointment to similar terms if approved by the Admissions Committee Chair and the Assistant Dean of Admissions. Only elected or appointed members, or invited guests, may attend meetings of the Committee on Admissions.

The Admissions Committee votes on medical school candidate selection. All Committee meetings, materials and deliberations are confidential. The Assistant Dean of Admissions is a non-voting member of the Admission Committee and all sub-committees of the Admissions Committee. A quorum for voting requires a simple majority; in all cases, the majority of the voting members of the Admissions Committee and sub-committees are faculty members. The Assistant Dean of Admissions, after consulting with the Admissions Committee, has full and final authority, under the rules for admission and readmission prescribed by the Executive Faculty, to select members of the entering class and to fill vacancies that may occur in any of the classes. The Dean of the School of Medicine does not participate in, nor seek to influence, any aspect of medical school admissions decisions.

The subcommittees of the Admissions Committee include the subcommittee for Primary Review, the Interview subcommittee, and the Background Check Review subcommittee. Members of each subcommittee are appointed by the Assistant Dean of Admissions and consist of current faculty members, retired faculty, alumni, community physicians, other community members and stakeholders, current medical students, and residents or fellows. The role of the Primary Review subcommittee is to make decisions on whether or not the applicant should be invited for an interview. The Interview subcommittee is charged with interviewing selected applicants, and the Background

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\* Note: A number of committees formerly included in these rules (for example, Human Subjects [COMIRB], Animal Care and Radiation Safety), now operate on a campus-wide basis. Chairs of the campus-wide committees will be asked to report to the Faculty Senate annually, or at any time an issue arises that affects the School of Medicine.

Check subcommittee is responsible for review of background checks of students accepted to the SOM.

## **B. Curriculum Steering Committee**

The Curriculum Steering Committee (CSC) is responsible for the oversight, design, implementation, integration, evaluation, review and revision of the medical school curriculum. With appropriate faculty input, the CSC will: 1) oversee the medical education program as a whole, including design, integration, evaluation and improvement; 2) guide, review and approve course, block and thread content and educational formats; 3) systematically establish the evaluation procedures for curriculum, student and faculty assessment; 4) focus on helping achieve specific curricular outcomes associated with graduating superior physicians; 5) periodically review and amend educational policies; and 6) recommend, facilitate and develop procedures to ensure that suggested changes to the curriculum are implemented. The CSC will work closely with the Senior Associate Dean for Education and the Assistant Deans for Essentials Core, Longitudinal and Clinical Curriculum, Essentials and Clinical Core Block Directors, all other curriculum development faculty as well as the committees of Undergraduate Medical Education (UME) to guide, revise, and implement changes and foster quality improvement. The Dean of the School of Medicine, or his or her designee, serves as Chair of this Committee. The CSC will report annually to the Faculty Senate.

Currently there are three subcommittees that function as representatives of the Curriculum Steering Committee. Each subcommittee represents different phases of the Curriculum: Essentials Core; Clinical Core; and Longitudinal Curriculum. Each subcommittee is chaired by the representative curriculum dean.

CSC membership includes broad faculty and student representation, including two basic science and two clinical faculty members; one basic science and one clinical chair (or their designees); one clinical and one basic science block director; a threads director; two research curriculum directors or their designees; the Faculty Senate President or his or her designee; medical students from each phase; one faculty member and one student representative from the MD/PhD program; and directors from each of following: The Center for Advancing Professional Excellence; the Evaluation Office; and Foundations of Doctoring. CSC membership also includes one representative of the Colorado Springs Branch campus and one community physician educator.

## **C. Student Life Steering Committee**

The Student Life Steering Committee oversees the noncurricular aspects of medical student professional life. Specifically, the Student Life Steering Committee will: 1) recommend to the Faculty Senate and Senior Associate Dean for Education changes in policies and procedures relevant to noncurricular aspects of medical student professional life; 2) assist with the development and implementation of policies and procedures that stimulate evolutionary changes that optimize medical student professional life and professional development; 3) monitor and constructively respond to data obtained from evaluation and outcome instruments regarding medical student

noncurricular professional life; 4) apply relevant Liaison Committee for Medical Education Standards and Elements to ensure that medical student noncurricular issues are monitored, addressed and updated to ensure standard compliance and to enhance medical student professional development and well-being; and 5) address special student life- and policy- and procedure-related issues that arise that are relevant to medical students and are outside the purview of established UME and School of medicine oversight committees.

The Student Life Steering Committee reports to the Senior Associate Dean for Education and provides regular updates to the Office of Medical Education, Curriculum Steering Committee and Medical student Council. The Student Life Steering Committee also provides updates to the Faculty Senate, as needed. The committees on Student Promotions, Scholarship, Clinical Requirements and Admissions, and the Associate Dean for Student Life, will provide regular updates to the Student Life Steering Committee. Membership includes at least the following: one basic science and one clinical faculty member; one MD/PhD student; one Phase I or Phase II student; the president of the Medical Student Council; a Faculty Senate representative; a community physician educator; a faculty advisor; the Director of Evaluation; and the Associate Dean for Diversity and Inclusion.

#### **D. Student Promotions Committee**

The Student Promotions Committee is responsible for all actions related to medical student academic status, including, but not limited to, promotion, graduation, dismissal and extended programs. The Student Promotions Committee may also review reports of unprofessional behavior that are referred from the Student Professionalism Committee. The Student Promotions Committee reports to the Senior Associate Dean of Education. The Committee shall consist of eight members representing both basic science and clinical departments, plus one student member, who will be a fourth-year student selected by the Medical Student Council. The Student Promotions Committee shall also submit an annual report to the Faculty Senate. The Committee shall have a chairperson who is elected by the committee members. Members are appointed by the Dean for staggered three-year terms with reappointment at the Dean's discretion. The Associate Dean for Student Life shall be an ex-officio member.

Only elected or appointed members, or invited guests, may attend meetings of the Student Promotions Committee. However, a student appearing before the Committee may choose to be accompanied by one advocate, who must be a faculty member, a staff member, or a fellow student. This advocate is not allowed to speak on behalf of the student at the meeting. The student may also request to be represented by the Associate Dean for Student Advocacy who is the only person, in addition to the student, who may speak on behalf of the student. As this is not a legal proceeding, attorneys and their representatives may not attend these meetings.

#### **E. Student Research Committee**

This committee shall be composed of six members, three of whom shall be from the basic science departments and three from the clinical departments. The Associate Dean for Student Advocacy shall be an ex-officio, non-voting member. All requests for



student research funds shall be considered by this group. All students applying to the NIH Short-Term Training grant and for student research awards shall be selected by this committee. Students who apply for outside research programs shall also be considered by this committee, which shall set the application requirements and forward its recommendations for nominations to the Dean.

#### **F. Graduate Medical Education Committee**

The Associate Dean for Graduate Medical Education (GME) serves as Chair of the Graduate Medical Education Committee (GMEC) and reports to the Dean, who is the Chief Education Officer of the Sponsoring Institution (University of Colorado School of Medicine). The GMEC reports to the Executive Committee of the CU SOM. Voting members include Program Directors from the following ACGME residency programs: Anesthesiology; Family Medicine; Internal Medicine; Neurological Surgery; Obstetrics/Gynecology; Ophthalmology; Orthopedic Surgery; Pathology; Pediatrics; Radiology; Surgery; and Urology. Voting members shall also include: One Quality Improvement/Patient Safety Officer or designee; the Senior Associate Dean for Education (ex-officio); peer-selected resident and fellow representatives from the Housestaff Association and the Gold Humanism Honor Society; and GME hospital liaisons from the University of Colorado Hospital, Children's Hospital Colorado, Denver Health Medical Center and the Rocky Mountain Regional VAMC. In addition, the following individuals shall also be voting members of the GMEC: the Family Medicine Vice-Chair of Education; an Internal Medicine Fellowship representative; an Emergency Medicine-designated faculty representative; and a surgical fellowship representative. In order to carry out portions of the GMEC's responsibilities, additional GMEC members may be appointed, as determined by the GMEC.

The following GMEC sub-committees are established in order to address required GMEC responsibilities and submit reports and recommendations to GMEC for approval: 1) Clinical Learning Environment Subcommittee; 2) Education Subcommittee; and 3) Program Oversight Subcommittee. Subcommittee membership includes, but is not limited to, program directors, faculty and peer-selected residents or fellows. GMEC Subcommittee Chairs and Vice Chairs shall serve as voting members of the GMEC.

The GMEC: 1) Oversees all ACGME-accredited and non-accredited residency and fellowship programs' education programs, accreditation and compliance with ACGME and other regulatory requirements; 2) Demonstrates effective oversight of underperforming programs through a Special Review process that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes; and 3) Demonstrates effective oversight of CUSOM's accreditation through review and approval of an Annual Institutional Review (AIR), using specific performance indicators defined by ACGME.

#### **G. Continuing Medical Education Advisory Committee**

A standing committee of the School of Medicine, called the Continuing Medical Education Advisory Committee, shall be appointed by the Dean of the School of Medicine in consultation with the Associate Dean for Continuing Medical Education and

the President of the Faculty. This committee shall consist of five to seven members, and shall include representatives from the clinical departments, from the basic science departments, and from the volunteer faculty of the School of Medicine, as well as one member representing the physicians of Colorado who are not directly affiliated with the School of Medicine. The committee shall provide advice and consultation to the Associate Dean for Continuing Medical Education, shall regularly audit the program of the Office for Continuing Medical Education, both with respect to suitability of courses offered and content of these courses, and shall provide the Executive Faculty of the School of Medicine a yearly report and evaluation of the activities of the office.

#### **H. Dean's Advisory Committee**

The Dean's Advisory Committee shall consist of five members appointed by the Dean who will serve for staggered three-year terms. The committee shall be in charge of publishing the regular seminar bulletin which will list the weekly seminars and the interdepartmental conferences. All seminars will be reported to the Dean's Advisory Committee for publication. In addition, the Dean's Advisory Committee shall stimulate the presentation of seminars by faculty members and shall invite, from time-to-time, distinguished outside speakers to present material of broad interest to the School of Medicine.

#### **I. Rules and Governance Committee**

A Rules and Governance Committee shall be appointed by the Dean, in consultation with the Faculty Officers. The Committee shall be composed of at least five members of the full-time faculty. Members shall be appointed for three-year terms, and members may be reappointed to subsequent three-year terms. The Chairperson shall be appointed by the Dean. The Committee shall conduct an ongoing review of the rules and governance of the School of Medicine and shall receive and evaluate suggestions from the Faculty for changes in the rules and governance. In addition, at least once every seven years the committee shall conduct a comprehensive review of the School of Medicine's standards and procedures for promotion and tenure. To assist in this review, and to ensure appropriate representation of faculty clinicians, teachers and scientists, the Dean may appoint additional ad hoc members to the Rules and Governance Committee. The committee shall bring recommendations for changes in the rules and governance to the Faculty Senate and to the Executive Committee, for approval. Notice of any proposed changes to the Rules of the School of Medicine shall then be presented to the Executive Faculty for final approval.

#### **J. Committee on Clinical Appointments and Promotions**

This committee shall consist of at least nine members appointed by the Dean or their designee, in consultation with the faculty officers. At least three members of the Committee shall be members of the full-time faculty. At least one member of the clinical faculty based at each of the approved medical school branch campuses shall serve as voting members of the committee.

The Committee shall review applications for appointment or promotion to the ranks of Associate Clinical Professor, Clinical Professor and Distinguished Clinical

Professor and forward these recommendations to the Dean and the Executive Committee for final action in the first level of review. The Committee on Clinical Appointments and Promotions shall be a rotating committee, with a membership of three years duration. Members may be reappointed to additional three-year terms. The chairperson will be appointed by the Dean or his or her designee and may be reappointed to one-year renewable terms.

#### **K. Council on Diversity**

A standing committee of the School of Medicine, called the Council on Diversity, shall be appointed by the Dean of the School of Medicine. The Council shall focus on programs and activities aimed at fulfilling the School of Medicine's Diversity Mission Statement and successfully implementing the Diversity Plan. The members of the Council shall include: The Associate Deans for Admissions, Student Affairs, Faculty Affairs and Graduate Medical Education; the Director of the Office of Diversity and Inclusion; the Chair of the Women in Medicine Committee; the thread directors of the cultural competency and medicine and society curricula; two medical students (one each from the pre-clinical and clinical years); one graduate student; the Student Ambassador; two residents or fellows; at least two members of the full-time faculty; a representative of the clinical faculty; and at least two community leaders. The medical and graduate students shall be appointed by the Dean, after consultation with the officers from the classes. The Dean may appoint other members who have experience and interest in promoting diversity in academic medical settings. In addition, any individual member of the Executive Faculty may indicate to the Dean their interest in, and qualifications for, this committee. The Chair of the Council shall be appointed by the Dean. Members shall be appointed to serve terms of three years, and members shall be eligible for reappointment to similar terms.

#### **L. FACULTY PROMOTIONS COMMITTEE (SEE ARTICLE II.H.2.b)**

### **ARTICLE IV. REQUIREMENTS FOR ADMISSION, PROMOTION, AND GRADUATION FROM THE SCHOOL OF MEDICINE**

The requirements for admission, promotion and graduation from the School of Medicine shall be established by a collaborative process that includes the Dean of the School of Medicine, the Senior Associate Dean for Education and faculty leaders,

### **ARTICLE V. FACULTY PERSONNEL POLICIES**

Detailed information about the University's faculty personnel policies, is available in the University of Colorado Faculty Handbook (<http://www.cu.edu/office-academic-affairs/faculty-handbook>). Faculty members should also refer to the laws and administrative policies of the Regents (<http://www.cu.edu/regents/LawsPolicies/>).

### **ARTICLE VI. CAMPUS-WIDE FACULTY GOVERNANCE**

The campus-wide faculty governance body is the Anschutz Medical Campus Faculty Assembly. A copy of the Faculty Assembly's by-laws is located at <https://www.cu.edu/office-academic-affairs/faculty-governance>. School of Medicine at-

large representatives to the Campus Faculty Assembly are selected by the Faculty Senate.

## **ARTICLE VII. AMENDMENTS**

Any proposed amendments to the Rules of the School of Medicine shall be presented first to the School of Medicine Rules and Governance Committee and then brought to the Faculty Senate and to the Executive Committee for approval. Proposed amendments to the Rules of the School of Medicine shall then be presented to the Executive Faculty for final approval. An electronic ballot will be distributed to the Executive Faculty with a summary of the proposed rules changes. A reply from 500 or more members of the Executive Faculty shall be considered a quorum, and the affirmative vote of two-thirds of those voting is needed to change the Rules of the School of Medicine.

## APPENDIX 1

### PROMOTION CRITERIA MATRIX

Updated October 1, 2021

NOTE: The Promotion Criteria Matrix is intended to present examples of various levels of accomplishment in the areas of teaching, scholarship, research, clinical activity and service. It is not an exhaustive list, but is intended to assist faculty, department chairs and promotion committees in matching candidates' accomplishments to the promotion criteria. Importantly, faculty members are not expected to have accomplishments in all, or even in most, areas. Rather, the matrix highlights a broad range of activities that will be recognized as "meritorious" or "excellent," reflecting the varied activities and accomplishments of our diverse faculty. Moreover, areas frequently overlap in practice, although they are presented as distinct entities here. It should also be noted that the matrix specifies just two categories, meritorious and excellent. Professors will need to achieve excellence by a number of criteria. Associate professors will have met fewer of these criteria or in not as great depth. Additionally, "excellence" generally signifies a higher level of accomplishment and leadership by the faculty member; "excellence" also implies that the work is recognized by peers or others as important and impactful. In particular, committee work and service activities should include documentation from committee chairs or others that the faculty member has made substantive contributions to the work over a sustained period of time. The promotion process, and this matrix, are meant to describe and reward continued professional growth and achievement.

#### TEACHING

<u>Meritorious</u>	<u>Excellent</u>
Active participation in teaching activities of the department, school, campus or university, including two or more of the following: presenting a series of lectures covering one or more topics; acting as a primary instructor in a course; advising or mentoring students, residents or faculty; attending on an inpatient or outpatient service; organizing or facilitating a seminar series, journal clubs or laboratory exercises; participating as a teacher in continuing education activities.	Regularly assumes greater than average share of teaching duties –in classroom, laboratory, clinical or community settings.
	Regularly assumes greater than average share of administrative or service responsibilities related to teaching. Examples might include leading or contributing significantly to committees that focus on curriculum development, management or assessment.
	Demonstration of educational leadership (for example, by serving as a course, fellowship or training program director, curriculum committee chair or assistant or associate dean).
	Consistently receives excellent or outstanding teaching evaluations.
Regular participation on committees that focus on curriculum development, management or assessment.	Nomination for, or receipt of, honors or awards for excellence in teaching or mentorship.
Meritorious teaching evaluations from students and peers.	
Development or redevelopment of teaching materials for students, continuing education courses or other faculty training.	
	Recognition as an outstanding and influential role model for students, fellows, residents or other trainees.

**TEACHING (Continued)**

<u>Meritorious</u>	<u>Excellent</u>
Invitations to present Grand Rounds or seminars here and at other institutions; invitations to present courses outside of primary department.	Record of successful mentorship of students, residents, fellows or other faculty, as measured by: letters of support from mentees; publications, presentations, grants, awards or other evidence of mentees' academic success; evidence that mentees have pursued outstanding careers.
Participation in workshops or training programs focusing on implicit bias, microaggressions, confronting racism, allyship or upstander training.	Development of mentoring or coaching programs that focus on career development, academic advancement or wellness and resiliency of students, residents, fellows or faculty.
Regular participation on committees that promote learners' awareness of health and healthcare disparities, marginalized or underserved communities, societal and healthcare racism or socioeconomic determinants of health.	Development of innovative teaching methods, such as educational websites, simulations, videotapes, packaged courses or workshops.
Regular participation on search committees, second-look or career day committees, pipeline program organizing committees or other committees focusing on recruitment, retention or support of trainees, faculty, staff or others who are under-represented in medicine or science.	Development of, or significant contributions to, courses, service-learning activities or other educational programs that focus on: health and healthcare disparities; societal and healthcare racism; socioeconomic determinants of health; or optimizing care for marginalized patients and populations, including those defined by race, ethnicity, language, culture, gender, gender identity, sexual orientation or disability
Regular participation on committees that address other challenges in education, such as training of scientists, assessment of learning outcomes, professionalism, promoting inclusive learning environments for individuals with disabilities, or developing educational technology.	Consistent record of advocacy for diversity, inclusion and equity in the education of health professionals. Examples might include leadership of recruitment, pipeline or diversity programs or significant mentorship of learners or colleagues who are under-represented in the health professions.
Participation as a mentor on a training grant.	
Self-improvement activities (for example, participation in workshops or courses that are designed to improve teaching or mentoring effectiveness).	Leadership of, or significant contributions to, activities or programs that address other challenges in education, such as: training of scientists; assessment of competencies or learning outcomes; professionalism; promoting inclusive learning environments for learners with disabilities; or developing educational technology.

**TEACHING (continued)**

<u>Meritorious</u>	<u>Excellent</u>
	Teaching in unusually challenging circumstances (for example, during a disaster or public health emergency, in remote or resource-constrained communities or countries, or teaching English-as-second language or special needs learners).
	Successful leadership of local, regional or national continuing education courses.
	Consistent participation in national educational activities (for example, residency review committees, programs sponsored by professional organizations, re-certification courses or workshops).
	Invitations to be a visiting professor at other institutions.
	Development of innovative courses, high-quality syllabi, novel lectures, problem-based learning cases, laboratory exercises, on-line or remote teaching resources or other instructional materials.
	Leadership of, or significant contributions to, the development of certifying, credentialing or qualifying examinations for students, residents, fellows or practicing clinicians.
	Evidence of teaching scholarship (for example, research, grants, publications or national presentations that focus on understanding the best methods or outcomes of teaching).

<b>CLINICAL ACTIVITY</b>	
<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
Active and effective participation in clinical activities of the academic unit.	<p>Regularly assumes greater than average share of clinical duties, as measured by patient care or procedure logs, RVUs, clinical billing statistics, requests for consultations, willingness to cover overflow services, complexity of patients managed or other measures of clinical effort, as appropriate for the specialty.</p> <p>Regularly assumes greater than average share of administrative or service responsibilities in support of the patient care programs of the department, hospital, school or university.</p> <p>Continuing, significant participation for an extended period of time in clinical activities that are highly effective, as measured by health outcomes, patient satisfaction or other quality measures, patient referrals from a wide region (as appropriate for the specialty), peer review of knowledge and clinical skills, contributions to inter-professional healthcare teams or successful collaborations across disciplines.</p> <p>Providing direct patient care in challenging or hazardous circumstances, such as during pandemics or public health emergencies or during deployments to resource-limited or hazardous locations overseas.</p> <p>Development of new techniques, therapies, clinical guidelines, clinical information systems, patient care practices or pathways or health care delivery systems that have improved the health of patients or populations.</p> <p>Creative, active participation in the evaluation of the effectiveness of care (quality, outcomes, patient safety, utilization, access, cost).</p> <p>Recognition for excellence in clinical activity at the local, regional, national or international level through letters of reference, honors, awards, institutional evaluations, invitations to speak regionally or nationally (for example, at CME conferences), requests to write reviews, etc.</p>
Board certification or recertification.	
Participation on committees or task forces that support the patient care programs of the department, hospital, school or university.	
Demonstration of clinical skills that are highly effective (e.g., mastery of important clinical techniques, high degree of patient satisfaction, evidence of high quality and efficient patient care).	
Active participation in clinical programs that address the needs of under-served or marginalized patients or populations.	
Support from peers at the site of practice.	
Invitations to speak on clinical topics on campus, or participation on institutional clinical care committees.	
Active participation in activities that promote health care quality and patient safety.	
Completion of self-improvement activities (for example, participation in workshops or continuing medical education activities that are designed to improve knowledge or clinical skills).	
Participation in workshops or training programs that address challenges in diversity and equity in clinical settings, including workshops focusing on implicit bias, microaggressions, confronting racism, allyship and upstander training.	



<b>CLINICAL ACTIVITY (continued)</b>	
<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
<p>Serving on a diversity, equity, inclusion and anti-racism-focused clinical committee within the department, school, hospital, university or regional or national organization.</p>	<p>Demonstration of effective leadership at the site of clinical practice – e.g., director of a clinical service, head of an inter-disciplinary patient care team, medical staff leader, credentialing committee chair, or head of a section, division or department.</p>
<p>Regular participation in community collaborations that strengthen educational, clinical or research partnerships.</p>	<p>Leadership of, or significant contributions to, workshops or training programs that address challenges in diversity and equity in clinical settings, including workshops focusing on implicit bias, microaggressions, confronting racism, allyship and upstander training.</p>
	<p>Assumption of a substantive leadership role at the regional level – e.g., chairing committees, organizing CME conferences, or serving as officer of local or statewide professional organizations.</p>
	<p>Appointment to community boards or other leadership positions in organizations that promote healthier communities and address the social, environmental and economic determinants of health.</p>
	<p>Assumption of a substantive clinical leadership role at the national or international level - e.g., chairing national symposia and meetings, chairing committees or serving as officer of national professional organizations or journal editor.</p>
	<p>Leadership of structured activities that promote healthcare quality and equity, effective teamwork, provider wellness and resiliency, patient safety or equity in the workplace.</p>

**CLINICAL ACTIVITY (continued)**

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
	<p>Participation in significant self-assessment activities and clinical audits of one's own practice that have led to improvements in quality, equity, efficiency or outcomes of care.</p>
	<p>Significant involvement in health care advocacy, community service, community-based participatory research programs, or other activities that shape public policy on health care, address racism and inequities in the healthcare system or that address community health and healthcare needs.</p>
	<p>Evidence of health care-related scholarship (for example, grants, research publications, books or book chapters, significant case series or case reports, patient care guidelines or clinical information systems, authoritative review articles, national presentations, reports related to healthcare innovations or reports that promote healthcare quality or patient safety or that advance the science and practice of healthcare quality improvement.</p>
	<p>Recognition by trainees or professional colleagues (for example, pharmacists, nurses, advanced practice providers or practice managers) for possessing the attributes of an excellent clinician, such as knowledge, judgment, technical skill, teamwork, communication skill, compassion, respect and altruism.</p>
	<p>Recognition by patients for possessing the attributes of an excellent clinician, such as attentiveness, communication skill, compassion and respect.</p>
	<p>Nomination for, or receipt of, honors or awards for clinical excellence or professionalism.</p>

## RESEARCH and SCHOLARSHIP

This section of the Promotion Matrix presents examples of the scholarship of discovery, teaching, integration and application. The Matrix specifies only two categories (“meritorious” and “excellent”). The line between “meritorious” and “excellent” scholarship may not be easy to define; however, excellence in scholarship generally signifies a higher level of accomplishment and implies that the work meets one or more of the following tests: *Recognition*: the work is recognized as excellent by peers; *Impact and importance*: it has contributed to an improved understanding of the discipline; *Coherence*: the publications, innovative curricula or other scholarly products represent a coherent body of work; and *Creative Leadership*: there is evidence of creativity and leadership by the faculty member.

There may be considerable overlap between scholarship and other areas of faculty accomplishment (teaching, clinical activity and service). However, as defined in the *Rules*, “the products of all scholarship must be in a format that can be evaluated, which would normally mean a written format, but could include web-based or electronic formats.”

### SCHOLARSHIP OF DISCOVERY (RESEARCH)

**The “scholarship of discovery” refers to traditional, hypothesis-driven research that results in the generation of new knowledge. Successful “discovery scholarship” usually results in peer-reviewed scientific publications.**

<u>Meritorious</u>	<u>Excellent</u>
Authorship or co-authorship of papers in peer-reviewed journals that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature.	A consistent level of peer-reviewed or other funding for research awarded in a competitive manner over a sustained period of time.
Serving as a collaborator in a basic science, clinical, translational or other research program.	Designs and directs a basic, clinical, translational, program evaluation or other research program and plays a major role in writing up the results.
Co-investigator status on grants.	Demonstrated evidence of originality as an investigator, with evidence that the faculty member’s research has deepened understanding in relevant scientific discipline(s) and has advanced knowledge or the practical application of that knowledge,
A principal and sustained role in the management of a research program with external funding.	

**SCHOLARSHIP OF DISCOVERY (RESEARCH) (continued)**

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
<p>Presentations at national meetings; invited research seminars at this and other institutions; service as an ad hoc member on study sections.</p>	<p>Success as a team scientist. Success may include: significant independent intellectual contributions to successful research programs; contributing distinct expertise (for example, in one or more biological sciences, epidemiology, statistics, computational biology, qualitative or mixed-methods research, community participatory research, clinical trials or other areas) that result in important discoveries and publications; contributing critical skills, expertise and effort as a co-investigator that result in sustained competitive research funding; or contributions to research teams that result in new insights, break boundaries, promote technology development or lead to new discoveries..</p>
<p>Service as an ad-hoc reviewer for a medical or scientific journal.</p>	
<p>Facilitates the research programs of the SOM by serving as a regular member of the Institutional Animal Care and Use Committee (IACUC), the Colorado Multiple Institutional Review Board (COMIRB), the COMIRB Scientific Advisory Committee (SARC) or other relevant research-related committees.</p>	
	<p>An ongoing record of first- or senior-author publications in peer-reviewed journals that: a) represent significant contributions to the published literature; b) demonstrate the ability to generate or test hypotheses; and c) demonstrate originality and independence as an investigator or represent significant independent intellectual contributions to successful research programs. Team scientists should have an ongoing, peer-reviewed publication record that includes first-, middle- or senior-author publications, with documentation that the faculty member has made substantial and unique contributions to the conception or design of the publications, acquisition, analysis and interpretation of the data, and/or writing of the manuscript.</p>
	<p>Principal investigator status on competitive peer-reviewed research grants (for example: K08, K23 or similar mentored awards from NIH or private foundations for associate professors; R01, R21, P01, P30, P50 or similar independent awards for professors). These examples should be considered as guides, as funding expectations vary across disciplines and departments. In general, greatest weight is given to funding that is sustained, that has led to impactful research and that indicates a high likelihood of future competitive funding.</p>

**SCHOLARSHIP OF DISCOVERY (RESEARCH) (continued)**

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
	<p>Service as an editor, section editor or editorial board member for a medical or scientific journal (including a written summary of the faculty member's activities and contributions to the success of the journal).</p>
	<p>Service as a regular member on a scientific study sections.</p>
	<p>Regularly assumes greater than average share of administrative or service responsibilities related to research. Examples might include leading or making exceptional contributions to the Institutional Animal Care and Use Committee (IACUC), the Colorado Multiple Institutional Review Board (COMIRB), the COMIRB Scientific Advisor Committee (SARC) or other University or hospital research institutes, organizations or cores.</p>
	<p>A national or international reputation, as evidenced by: external letters of reference; invitations to present at national or international meetings; invitations to write reviews or chapters, or to provide unique expertise as a collaborator on a research project; visiting professorships; service as a regular member on study sections; organization of national meetings; or service as a national consultant or on editorial boards of journals.</p>
	<p>Development of a significant number of patents.</p>

**SCHOLARSHIP OF APPLICATION**

The “scholarship of application” includes activities that build bridges between theory and practice or that apply knowledge to practical problems. Examples include development of new medical treatment modalities, clinical care pathways, or other activities that address community health care needs, that shape public policy on health care or that that promote quality of care and patient safety and advance the science and practice of health care quality improvement.

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
Active participation in activities that promote health care quality, cost-efficiency, access or patient safety within the institution (provides documentation of interventions and outcomes).	Leadership of projects that have improved the quality of care, cost-efficiency, access, or patient safety locally, nationally or internationally (provides documentation of interventions and outcomes).
Co-authorship of articles, policy reports or other publications related to clinical or health services topics.	A record of multiple publications related to clinical, health services or health systems science topics, which may include clinical trials, investigative reports, case studies, policy reports or other publications that have advanced the science and practice of health care quality improvement.
	Articles, white papers or other written or electronic products of scholarship that focus on health care advocacy, equity, community service or community-based participatory research or other activities that shape public policy on health care or that address health disparities.
	Other evidence of clinical scholarship (for example, research, authoritative review articles, grants, contributions to clinical information systems, publications or national presentations) that promote health care quality, equity or patient safety or that advance the science and practice of health care quality improvement.
	Development of new techniques, therapies, clinical guidelines, patient care practices or pathways or health care delivery systems that have improved the health of patients or populations.

**SCHOLARSHIP OF INTEGRATION**

The “scholarship of integration” (horizontal scholarship) includes creative syntheses or analyses that define “connections across disciplines” or bring new insights to bear on original research. The scholarship of integration seeks to interpret, analyze and draw together the results of the original research. Review articles and book chapters are examples of the scholarship of integration.

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
Co-authorship of articles integrating knowledge in a field and assessing overall value of discoveries in relationship patient care, teaching or other areas.	Consistent record of senior-author review or other scholarly products; these reviews or other integrative works represent a major body of scholarship that provides a demonstrable national or international reputation.
Publication of review articles, book chapters, case series or other reports that integrate knowledge and put new discoveries into perspective.	Consistent record of creative scholarship in the visual arts, literature, music or other domains reflecting on the human experience of health, illness or healthcare.

**SCHOLARSHIP OF TEACHING**

The “scholarship of teaching” focuses on the development of new teaching methods, assessments of learning outcomes and preparation and dissemination of highly effective curricula or other instructional materials.

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
Improvement or expansion of an existing course or curriculum.	Development of innovative courses, high-quality syllabi, novel lectures, problem-based learning cases, laboratory exercises, on-line or distance teaching resources or other instructional materials.
Facilitates the educational programs of the SOM through ongoing and substantive contributions to the Student Admissions Committee. Participation must include submission of end-of-year reports reflecting on knowledge and insights gained from admissions committee meetings and applicant interviews or discussion of applicant recruitment, measures of applicant readiness, premed advising, pipeline activities, class diversity or other relevant challenges and topics. A supporting letter from the Assistant Dean for Admissions is required.	Development of innovative teaching methods, such as educational websites, simulations, videotapes, packaged courses or workshops, etc.
	A strong record of first- or senior-author publications in health professions education.
	Other evidence of teaching scholarship (for example, research, grants or national presentations that focus on understanding the best methods, or outcomes, of teaching).

**SCHOLARSHIP OF TEACHING (continued)**

<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
	Leadership or substantive contributions to the development of certifying examinations for students, residents or fellows or assessments of practicing clinicians for certification or credentialing.
	Development of innovative mentoring, coaching or career development programs for trainees, recognized on a local, national or international level.



<b>SERVICE</b>	
<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
Service on committees or task forces within the program, division, department, school, campus or university.	Regularly assumes greater than average share of administrative responsibilities, including service to the School, University, professional discipline or community.
Service to local, state, national or international organizations through committee membership, education, consultation or other roles.	Appointment to leadership positions within the institution, such as: chair of a committee; faculty officer; program director; course or curriculum director; academic clinical coordinator; or membership on major decision-making School of Medicine or Anschutz Medical Campus committees.
Contributing to departmental, School of Medicine, hospital or university programs that focus on diversity, equity, inclusion and anti-racism, through service on committees, coordinating events or participating in pipeline or tutoring programs or outreach activities.	Service as an officer or task force or committee chair in clinical, educational, scientific or nonprofit organizations.
Participation on committees or task forces that focus on supporting learners, patients, professional colleagues or others who have been historically marginalized in terms of race, ethnicity, language, culture, gender identity, sexual orientation or presence of one or more mobility, visual, hearing, neurological, psychological or other disabilities.	Significant involvement in health care advocacy, community service or outreach, community-based participatory research programs, or other activities that shape public policy on health care or that address health disparities.
Service as an article reviewer for clinical, educational or scientific journals.	Leadership of activities or programs that address challenges in education, such as workforce diversity, training of scientists, assessment of competencies or learning outcomes, mentorship, professionalism or educational technology.
	Leadership of, or significant contributions to, programs that support learners, patients, professional colleagues, or others who have been historically marginalized in terms of race, ethnicity, language, culture, gender identity, sexual orientation or presence of one or more mobility, visual, hearing, neurological, psychological or other disabilities.
	Service as a member of a scientific study section, or service as an editor or editorial board member of a professional or scientific journal.

<b>SERVICE (continued)</b>	
<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
	Appointment to leadership positions dealing with scientific, health care or educational issues at the local, state, regional, national or international levels.
	Appointment to community boards and other leadership positions that address community health needs or health inequities.
	Service awards from the University or from a local, national, or international organization (civic, scientific or professional).