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	Page
	4
	4
1. General Policies	4
2. Criteria for Promotion	4
3. Timelines	6
4. Areas of Focus for Promotion	8
4.1 Research/Scholarship Focus	8
4.2 Teaching/Education Focus	12
4.3 Professional Service Focus	15
4.4 Quality Improvement and Patient Safety Service Focus	17
5. The Teaching Dossier	19
6. Supporting Activities and Contributions	20
7. Components of the Promotion Dossier	20
8. Appeal Process for Negative Recommendation for Application for Promotion	23
	25
	28
	29
1. Department of Medicine Reappointment, Promotions & Tenure Committee Terms of Reference (July 17, 2015)	32

1. Queen’s University Statement on Promotion Policy for Geographically Full-Time and Adjunct-1 (non-Bargaining Unit) Appointees of the Faculty of Health Sciences	33
2. Recommended Format for Curriculum Vitae	38
3. Template Letter for Referees for Reappointment and Tenure	44
<hr/>	
4. Template Letter for Student Referees for Reappointment and Tenure	46
<hr/>	
5. Template Letter for Internal Colleague Letters for Reappointment and Tenure	48
<hr/>	
6. Template Letter for Referees for Promotion	49
<hr/>	
7. Template Letter for Student Referee Letters for Promotion	51
<hr/>	
8. Template Letter for Internal Colleagues for Promotion	52
<hr/>	
9. Sample Referee and Arm’s Length Statements	53
<hr/>	
10. Tenure for Clinical Faculty at Queen’s. Report of a Working Party & Recommendations from the Faculty of Medicine. (December 1997, Revised June 1999)	55
<hr/>	
11. Guidance for Members of the Department of Medicine Reappointment, Promotions & Tenure Committee regarding conflict of interest and bias during the review process	63
<hr/>	
12. Reappointment, Tenure, Promotion Checklist for QUFA Faculty Members	65
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The purpose of these guidelines is to assist those involved in the promotion, reappointment and tenure process at all levels in the Department of Medicine including Department members; Division Chairs; Department Reappointment, Promotions & Tenure Committee members; and administrative staff. The guidelines outline the promotion, reappointment and tenure process including timelines, routing, levels of responsibility, framework, criteria, metrics and documentation.

Conferring a university rank is a means of acknowledging notable contributions of members of the Department of Medicine to Queen's University and to their specialties. Promotion is not granted as a reward for long term service, but rather to recognize those who have shown sustained excellence in specific aspects of the Department of Medicine's academic mission.

The responsibility for applying for promotion remains with the department member. The department member considering applying for promotion should first inform and discuss the matter with their Division Chair and the Department Head. The Division Chair or Department Head may prompt or suggest postponement of an application for promotion at an appropriate time, such as during an annual review. The Department of Medicine has four promotion tracks: Clinician Scholar, Clinician Educator, Clinician Scientist, and Clinician Scholar in Quality Improvement and Patient Safety (QIPS), each with its own promotion metrics. While promotion is not mandatory it is a useful measure of achievement and contribution to Queen's University and a medical specialty. Promotion at Queen's University, within the Department of Medicine, is not accompanied by a financial reward but is an acknowledgement of achievement by peers. Likewise, tenure does not secure income, beyond the faculty member's T4.

Promotion is based on accomplishments and excellence in the domains of:

- Research and Scholarship
- Teaching and Education
- Professional and/or Administrative Service

They are broadly defined and inclusive of a wide variety of academic activities. Each of these domains is described in detail in this manual. Most successful candidates will demonstrate sustained excellence in

one domain accompanied by competence in the other areas. Some candidates may claim and demonstrate an excellent level of achievement in more than one domain.

Faculty in all role descriptions (i.e. Clinician Scholar, Clinician-Scholar in Quality Improvement and Patient Safety (QIPS), Clinician Educator, and Clinician Scientist) are fully entitled to academic advancement.

For faculty members with cross-appointments, academic rank is a university rank. The rank that is held by an individual in the primary department will be the rank held in all cross-appointed departments.

Successful promotion is not based on longevity. It is based on merit. There is no “normal” timeline for promotions. A department member can request consideration for promotion at any point; however, usually a request for promotion prior to five years since the last promotion is considered to be an accelerated promotion. The promotion dossier should clearly explain why an accelerated promotion is justified. Contributions and activities since the previous change in rank will be considered in weighing the merit of an application.

The fundamental principles for promotion are outlined below:

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| 1. | in an area of focus. | Promotion is recognition by one’s peers within and outside the University community for achievement, excellence and distinguished contribution in specific aspects of the academic mission of Queen’s University and Affiliated Hospitals. |
| 2. | | Scholarship is mandatory for promotion for all department members with the creation of new knowledge and methods, dissemination and peer-acceptance. |
| 3. | Peer | The department member must provide evidence in their Promotion Dossier that the extent of their reputation extends beyond Queen’s University. |
| 4. | activities | Given the importance of the education mission of the Faculty of Medicine, all department members, regardless of their academic focus, will be evaluated for contributions to teaching and education activities. The preparation and submission of a teaching dossier is a requirement for promotion. |

Criteria for promotion to Associate Professor and Professor are outlined below.

Promotion to Associate Professor:

Individuals to be considered for promotion to Associate Professor are expected to have significant scholarly commitments and achievements and educational responsibilities. Promotion to Associate Professor is awarded in recognition of individuals who have demonstrated enthusiasm, initiative, leadership and competence in their academic activities. The attainment of the rank of Associate Professor is an honourable achievement and, for many, it will be the rank at which they remain.

Promotion to Professor:

The Professor is a senior, established academic of distinction. This distinction may be in any one of a variety of academic areas but should be clearly visible and readily understood. The Professor has demonstrated by their performance an awareness of department, faculty, university, and if applicable, relevant hospital challenges, and has been active in meeting these challenges either individually or collectively. The Professor enjoys the respect of academic colleagues in this and other universities. Associate Professors who have reached a national and, preferably, international reputation in education or research, or who have taken on major academic administrative tasks and carried these out successfully, may be considered for promotion to Professor. Promotion to Professor is awarded in recognition of outstanding individuals who continue to be active academically and hold promise for future development and notable contributions to both the University and their specialty.

3.

Queen’s University Timelines for Promotion of GFT, Adjunct 1, 2 & 3 Appointees governed by Queen’s Senate Regulations (updated August 6, 2019). Available at <https://www.queensu.ca/secretariat/policies/senate/health-sciences-statement-promotion-policy-geographically-full-time-and-adjunct-1>

The first 3 columns outline timeline and steps outlined by Queen’s University. The last column outlines additional steps recommended for members of the Department of Medicine.

1	Mar/Apr	Faculty Office sends reminder to Department Heads regarding the commencement of the process.	
2	<u>By April 1st</u>	Departments establish Promotion Committee	
3	<u>By May 1st</u>	Department Head informs members, in writing, that process is commencing.	Department members are encouraged to meet with their Division Chair for advice on their readiness for application for promotion
4	<u>By Aug 1st</u>	Members inform Head of intent to apply.	
5	Between Aug 1 st and <u>by Sep 1st</u>	Chair of Committee arranges meeting between applicant and Committee to review names of referees and list of students and former students who might be contacted. Chair of Committee to contact potential referees by	

telephone or e-mail to determine their willingness to participate; write to willing referees to request confidential assessment; and write to random selection of students and former students to request confidential assessment.

6	By <u>Sep 1st</u>	Applicants submit documentation to Committee Chair.	Applicants are encouraged to meet with their Division Chair to review documentation before submitting to Promotions Committee
7	By Sep 15 th	List applicants and documentation provided by each applicant made available for review by faculty members in Department (including cross-appointees).	
8	Between Sep 15 th and Oct 30 th	<p>Faculty may submit written opinions on each application to Committee.</p> <p>Committee reviews promotion file, which includes all letters from referees, students and colleagues, and before arriving at a recommendation, provides applicant with a written summary of any deficiencies that might lead to a negative recommendation.</p> <p>Applicant has 10 working days to submit written statement to Committee providing clarification.</p>	
9	By <u>Oct 30th</u>	Committee forms recommendation and submits promotion file to Department Head.	
10	Between Oct 30 th and Dec 15 th	<p>Department Head reviews promotion file and, before arriving at a recommendation, provides applicant with a written summary of any deficiencies that might lead to a negative recommendation.</p> <p>Applicant has 10 working days to submit written statement to</p>	

of any deficiencies that might lead to a negative recommendation.

Applicant has 7 working days to submit written statement to Dean providing clarification.

12	By <u>Feb 15th</u>	Dean forms recommendation and submits promotion file to Provost & VP (Academic).
13	Between Feb 15 th and by	Provost & VP (Academic) forms recommendation on applications for promotion to Assistant Professor and Associate Professor and informs applicants of decision.
14	Between Feb 15 th and Apr 15 th	Provost and VP (Academic) establishes a University Promotions Committee to provide advice to Principal on applications for promotion to Professor.
15	By <u>Apr 15th</u>	Principal forms recommendation and informs applicants of decision.



Most department members will select _____ representing their major area of contribution, achievement and impact from the 3 domains of

- Research and Scholarship
- Teaching and Education; and
- Professional and/or Administrative Service.

Department members will be required to demonstrate how they meet promotion criteria related to excellence, scholarship and recognition for their area of focus in their Promotion Dossier. In some circumstances, the sum total of contributions in more than one domain may be recognized as sufficient to qualify for promotion. Additional activities that fall outside of the member's primary area of focus can contribute to promotion but, if and of themselves, will be seen as supporting activities only.



This area of focus is appropriate for department members who spend a high proportion of their academic time and effort performing research, including basic science, translational and clinical research. Department members selecting this area of focus usually have protected time. In the Department of Medicine, we recognize 40% and 60% time protection for Clinician Scientists track with the expectation of operation of a training program and the acquiring of external research funding as well as publication in peer-reviewed literature.

Promotion to the levels of Associate Professor or Professor based on research requires that the department member has a record of sustained and current productivity in research and research-related activities, such as lab-based and/or population/patient-based research. The researcher's work should present creative insights, ideas or concepts, and must have yielded a significant quantity of information leading to new understanding. It is expected that research advances will be communicated through the publication of papers, reviews, books and other scholarly works. An individual seeking promotion on the basis of achievement in research must also have a strong and continuing record of external funding commensurate with the type and area of research.

For faculty members focusing on research, it is expected that teaching contributions will include training and mentoring of graduate or postgraduate learners, including residents/fellows and postdoctoral fellows, specializing in the area of research.

- The candidate must have achieved national recognition for a focused area of research expertise. The candidate may have had a major responsibility for an independent research program and/or play a leadership role in a collaborative research effort.
- The candidate must have a record of independent scholarship, which often includes first and senior authorship on high quality publications that have advanced the field.
- The candidate must have a successful funding record, appropriate for the area of research.
- The candidate must have evidence of supporting learners and trainees pursuing research.
- In general, the candidate must have a national, and preferably an international reputation, as a leading researcher in the field. They must be the leader of a research program and/or have key leadership roles in collaborative studies.
- They must have a longstanding record of scholarship, which often includes senior authorship on high impact publications of original research.
- They must demonstrate distinguished service at the level of Associate Professor.

Conducts original research that significantly advances biomedical science; may include any or all of the following:

- Basic research.
- Clinical research and/or laboratory or clinically based translational research, which may include: studies of disease mechanisms, diagnostic techniques and/or other investigations contributing

knowledge that may significantly advance the prevention, diagnosis or management of disease; may have a defined role in building a multidisciplinary team and/or center that conceptualizes novel investigative approaches.

- Quantitative or social science research in areas such as: epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; should have an independent leadership role in design of studies, conduct of studies and/or analysis of study data; for multicenter studies, makes key, original intellectual contributions to critical elements in study design, protocol development, protocol implementation, study conduct, and/or data analysis.
- Development of new methods/technologies and/or novel applications of existing methods/technologies.
- Individuals are commonly principal researcher on federal, investigator-initiated industry, and/or foundation grants; may be site principal researcher of a multicenter study; may be primarily funded as a co-researcher if he/she brings a critical expertise to multiple studies.

Publication of:

- First and senior author high quality, original research that significantly advances the field (including work emanating from funded research).
 - Original research from multidisciplinary studies on which he/she was first or senior author; may be in another authorship position or member of an unnamed authorship group, to which he/she made documented, key intellectual contributions; should have taken the lead role on some manuscripts from the study.
 - First and senior author original work describing new methods/technologies and/or innovative applications of existing methods/technologies; may be published in journals of the primary discipline or the field in which the expertise is applied.
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- Invitations to speak nationally about research.
 - Principal researcher peer-reviewed funding to conduct research.
 - Service on editorial boards of scientific journals or as a consultant to journals.
 - Leadership role(s) on institution research-related committees.
 - Service on national committees related to research; significant role in planning sessions for scientific societies nationally.
 - Leadership role in an institutional research core.
 - National awards for research and/or innovation.

In addition to distinguished service as an Associate Professor:

Sustained record of conducting exceptional research that has a major impact on the field and/or changes clinical practice; may include any or all of the following:

- Basic research.
 - Clinical research and/or laboratory or clinically based translational research which may include: studies of disease mechanisms, diagnostic techniques and/or other research that provide fundamental insight into the prevention, diagnosis or management of disease; may lead an established multidisciplinary team and/or center that has created novel research approaches that have resulted in critical contributions to the field.
 - Quantitative or social science research in areas such as: epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; outstanding record of leadership in design, conduct and analysis of studies; for multicenter studies, overall principal investigator, or one of a smaller number of key national leaders of studies.
 - Development of innovative methods/technologies and/or novel applications of existing methods/technologies that have been adopted by others in the field.
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- Senior authorship on studies of exceptional, original and innovative research which has had a major impact on the field (including work emanating from funded research).
 - Continuing record of publication from multi-disciplinary research that has had a major impact on the field and/or changed clinical practice; he/she may be first or senior author, in another authorship position, or part of an unnamed authorship group, but should have served as the senior author on a substantial number of manuscripts from the study.
 - Publication of senior author original work describing novel methods/technologies that advance the field; may be published in journals of the primary discipline (e.g. statistics) or the field in which the expertise is applied (e.g. cardiology).
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- Invitations to speak internationally about research.
 - Sustained record of principal researcher peer-reviewed research funding.
 - Service on, or held a leadership role with, international committees related to research.
 - Leadership role in planning sessions for major scientific societies internationally.
 - Prestigious international awards for research and/or innovations.
 - Overall principal researcher or one of a small number of key international leaders and/or leadership roles on key committees and writing groups of international multicenter studies.
 - Adoption by others in the field of novel methods/technologies

This area of focus is appropriate for department members who spend the majority of their academic time and effort on teaching and education, and who view this as their primary academic focus. Teaching and education can encompass formal teaching (e.g. lecturing, seminars and tutorials, individual and group discussions, laboratory teaching, and clinical teaching) and informal teaching (e.g. role modelling, mentoring and graduate/postgraduate supervision, including residents/fellows and postdoctoral fellows). It also encompasses such areas as curriculum and course development, development of educational materials, application of information technologies for local and distance education, educational leadership and administration, faculty development, scholarship in education, research in education, and quality assurance and evaluation of educational processes and outcomes. Most faculty members of the Department of Medicine who are in the Education track have greater than 20% protected time for education, many of those serving as Program Directors. Several faculty members in this promotion track have earned a Masters of Medical Education.

Department members seeking promotion on the basis of excellence in teaching and education must demonstrate significant and high-quality contributions to teaching and/or other education related activities. To be successful for promotion, members are expected to have established a reputation as a teacher or educator and to be deeply engaged in scholarly work (which must include dissemination, and may include publication).

- The candidate must have a strong national reputation as an independent leader in the field of teaching and education.
- They must have developed innovative teaching methods in areas such as curricula, educational policy or educational assessment tools, with dissemination and peer acceptance, or have performed influential research related to education.
- They must demonstrate expertise through scholarship, which may take the form of influential first and senior author publications related to education, or educational materials developed by the candidate and adopted for use nationally.
- In general, the candidate must demonstrate a national, and preferably an international reputation, as an educational leader and innovator by means such as invitations to speak at national/international fora, consultations by other universities, and serving as an editor or reviewer in a leadership role.
- They must demonstrate expertise through high impact scholarship that influences the field internationally.
- They must be an outstanding mentor for other educators.
- They must demonstrate distinguished service at the level of Associate Professor.

Teaching of learners, trainees and peers (e.g. lectures, continuing medical education courses, professional development programs, seminars, tutorials):

- Innovation in classroom teaching methods or novel application of existing teaching methods with adoption nationally.
- Teaching/lecturing nationally about issues related to education.

Research training and mentorship (e.g. mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member):

- Number and stature of trainees upon whom the candidate had a major influence; stature may be assessed by trainees' academic rank, publications, funding and awards.
- Publications with trainees.
- Feedback from trainees.

Clinical teaching and mentorship (e.g. teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic):

- National leadership role related to education in a professional society.
- Evaluation and success of courses for which the candidate was a leader.

Administrative teaching leadership role (e.g. residency or fellowship director, course or seminar director):

- Evaluations and success of course(s) or program(s) for which the candidate was a leader.
- Success of programs developed or innovations to existing programs introduced.

- Publication of first and senior author chapters, reviews, textbooks related to education that are recognized as authoritative and are widely cited
- Publication of first or senior author influential original research related to educational methods, assessment and/or policy.
- Development of educational material in print or other media with national adoption; may include syllabi, curricula, web-based training modules or courses, and/or technologies (e.g. simulations); may also include development of educational methods, policy statements and/or assessment tools.

- Invitations to speak nationally about education.
- Leadership role in national courses related to education.
- Service on national committees developing guidelines and policies for education programs.
- Peer-reviewed funding to conduct educational research or to develop educational materials, methods, assessment tools or programs.
- Funding to support mid-career mentoring about education by the candidate.
- Service on editorial boards of education journals.

- Awards for teaching or mentoring from sources other than the member's department/institution.

In addition to distinguished service as an Associate Professor:

Didactic teaching of learners, trainees and peers (e.g. lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials):

- Innovation in classroom teaching methods with adoption internationally.
- Teaching/lecturing nationally/internationally, about issues related to education.

Research training and mentorship (e.g. mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects, service as graduate student thesis advisor or committee member):

- Number and stature of trainees upon whom the candidate had a major influence; stature may be assessed by the trainees' academic rank, leadership positions, impact on the field and prestigious awards.
- Publications with trainees.
- Feedback from trainees, if available.

Clinical teaching and mentorship (e.g. teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic):

- Development of innovative clinical teaching methods that are adopted and have an impact internationally.

Administrative teaching leadership role (e.g. residency or fellowship director, course or seminar director):

- Increasing and sustained international leadership role related to education in a professional society.
- International replication of courses developed by the candidate.
- Adoption internationally of innovative programs developed by the candidate that result in the attraction of competitive candidates and/or enhancement of diversity.
- Publication as author or editor of a major textbook on education.
- Publication of senior author high impact research related to educational methods, assessment and/or policy that influence the field internationally.
- Development of innovative educational methods/materials in print or other media that are widely adopted and influence education internationally.
- Visiting professorships and invitations to speak nationally/internationally on issues related to education, particularly "named lectureships."
- Serving as a consultant internationally on issues related to development of educational programs or on educational methods, policy or assessment.
- Service on national/international committees evaluating education/training programs or reviewing grant proposals related to education.
- National/international awards related to education or educational scholarship.

This area of focus is appropriate for faculty members whose academic activities and achievements focus on a specific area of clinical expertise. To be successful for promotion, members are expected to have established a reputation as a leader in their clinical field, to be deeply engaged in scholarly work (which must include dissemination, and may include publication in the area of clinical expertise), and to show himself/herself to be an effective teacher in the clinical field.

Excellence in the domain of clinical care may be demonstrated by:

- Sustained and documentable clinical service and satisfactory peer review of clinical care, reviews by the recipients of clinical service, including referring physicians, patients and residents.
- Documentable community service and advocacy. This includes service to the discipline (e.g. serving as journal and grant reviewer on an ad hoc basis, committee or editorial membership, office in professional society), service to University/Hospital, and service to the public (e.g. communication of expertise to lay audiences, voluntary professional service).

- The candidate must show evidence of a strong national reputation as an expert who has influenced the clinical field.
- They must demonstrate innovation in areas such as: approaches to diagnosis, treatment or prevention of disease, the development/application of technology for clinical care, or the development of novel models of care delivery that influence care at a national level, or innovation in patient quality and safety.
- They must have a demonstrable contribution to education in the area of expertise.
- They must demonstrate scholarship and influence in their area of clinical expertise at the national level.
- In general, the candidate must have demonstrated an international reputation as a leader and innovator in a focused area of clinical expertise.
- They must demonstrate expertise through high impact scholarship.
- They must have had significant influence on practice in the clinical field nationally, and preferably internationally, as a result of their teaching, scholarship and innovation.
- They must demonstrate distinguished service at the level of Associate Professor.

Development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care at a national level. Among other examples, activities include the development of:

- A clinical care model;
 - Practice guidelines;
 - An innovative application of an existing technology.
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- Publication of first and senior author original peer-reviewed research, chapters, reviews, and/or textbooks related to area of clinical expertise that are recognized as authoritative and are widely cited.
 - Publication of first and senior author manuscripts that demonstrate the impact of the member's innovation on quality of care, clinical outcomes, and/or access to care.
 - Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally.
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- Strong national, recognition as an independent clinical expert as evidenced by national leadership roles and reputation related to the clinical field.
 - Invitations to speak nationally on issues related to area of clinical expertise.
 - Leadership roles in national professional organizations related to clinical expertise, including leadership in national courses or programs.
 - Service on national committees developing guidelines and policies for management in area of clinical expertise.
 - Service on national committees evaluating programs in area of clinical expertise.
 - Membership on editorial boards in area of clinical expertise.
 - Peer-reviewed funding to support innovations that influence clinical practice nationally.
 - National awards for contributions and/or innovation in the area of clinical expertise.

In addition to distinguished service as an Associate Professor

Development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care at an national/international level. Among other examples, activities include:

- Having a critical role in defining a new field;
- Developing innovative treatments, procedures, or technologies demonstrated to be superior to previous approaches;

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- Developing treatment protocols or practice guidelines that influence the standards of care.
 - Publication of senior author original research, chapters, reviews, and/or textbooks related to area of clinical expertise that is widely recognized as influencing the field nationally/internationally.
 - Publication of senior author manuscripts that demonstrate the impact of the member's innovation on quality of care, clinical outcomes, and/or access to care.
 - Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally/internationally.
 - In general, international recognition as a clinical expert as evidenced by national/international leadership roles and reputation related to the clinical field.
 - Visiting professorships and invitations to speak nationally/internationally on issues related to area of clinical expertise.
 - Leadership roles in international professional organizations related to area of clinical expertise including leadership of international courses or programs.
 - Service as a consultant on issues related to area of clinical expertise.
 - Service on national/international committees developing guidelines and policies for management or evaluating programs in area of clinical expertise.
 - Editor of a journal in the area of clinical expertise.
 - Peer-reviewed funding to support innovations that influence clinical practice nationally/internationally.
 - National/international awards for contributions and/or innovation in the area of clinical expertise.

Quality Improvement and Patient Safety (QIPS) is a specific type of professional activity. Scholarly approaches apply QIPS science rigorously to implement a change and evaluate improvements in health care. Significant contributions include but are not limited to:

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- Developing and having a leadership role in a healthcare related QIPS project with documented Plan-Do-Study-Act (PDSA) cycles
 - Involvement in UGME education of QIPS through lectures, modules, directed-independent learning (DIL) and/or small group learning (SGL)
 - Involvement in PGME education through Patient Safety Rounds, Academic Half days, or other relevant structured training
 - Involvement in education within Masters of Healthcare Quality at Queen's or other education of QIPS within another related faculty
 - Major contribution to curriculum development for any of the above
 - Participation in QI related hospital committee yearly, preferably in a leadership role

- Participation in provincial/national committees or working groups performing healthcare QIPS work.
- Publication of first and senior author original peer-reviewed research, chapters, reviews, and/or textbooks related to QIPS that are recognized as authoritative and are widely cited.
- Publication of first and senior author manuscripts that demonstrate the impact of the member's innovation on QIPS.
- Development of QIPS guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally.
- Strong national, recognition as an independent clinical expert as evidenced by national leadership roles and reputation related to QIPS.
- Invitations to speak nationally on issues related to QIPS.
- Leadership roles in national professional organizations related to QIPS, including leadership in national courses or programs.
- Service on national committees developing guidelines and policies for QIPS expertise.
- Service on national committees evaluating programs in QIPS.
- Membership on editorial boards in QIPS.
- Peer-reviewed funding to support innovations that influence QIPS nationally.
- National awards for contributions and/or innovation in the area of QIPS.

In addition to distinguished service as an Associate Professor

- Developing and having a leadership role in a healthcare related QIPS project with documented Plan-Do-Study-Act (PDSA) cycles
- Involvement in UGME education of QIPS through lectures, modules, directed-independent learning (DIL) and/or small group learning (SGL)
- Involvement in PGME education through Patient Safety Rounds, Academic Half days, or other relevant structured training
- Involvement in education within Masters of Healthcare Quality at Queen's or other education of QIPS within another related faculty
- Major contribution to curriculum development for any of the above
- Participation in QI related hospital committee yearly, in a leadership role
- Participation in provincial/national/international committees or working groups performing healthcare QIPS work.
- Publication of senior author original research, chapters, reviews, and/or textbooks related to QIPS.
- Publication of senior author manuscripts that demonstrate the impact of the member's innovation on QIPS.
- Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally/internationally.
- In general, international recognition as a clinical expert as evidenced by national/international

leadership roles and reputation related to QIPS.

- Visiting professorships and invitations to speak nationally/internationally on issues related to QIPS.
- Leadership roles in national/international professional organizations related to QIPS including leadership of national/international courses or programs.
- Service as a consultant on issues related to QIPS.
- Service on national/international committees developing guidelines and policies for management or evaluating programs in QIPS.
- Editor of a journal in the area of QIPS.
- Peer-reviewed funding to support innovations that influence QIPS internationally.
- National/international awards for contributions and/or innovation in the area of QIPS expertise.

All applicants for promotion should submit a teaching dossier. Components of a teaching dossier are outlined below and an example of a well-organized teaching dossier is attached.

Executive Summary: A summary of the dossier may be helpful if the dossier is extensive. The summary should provide a quick overview of the particularly important aspects of the dossier and provide the reader with a general view of the faculty member's contribution to education.

Reflection on Personal Approach to Teaching and Education: A description of how the faculty member acquired skills as a teacher/educator, their approach to teaching and education, and primary area of interest in medical education.

Teaching Responsibilities: An outline of the department member's teaching activities by level of learner (undergraduate, graduate students, postgraduate trainees (including residents/fellow and postdoctoral fellows), as well as continuing professional development and the level of the audience (e.g. local, provincial, national, international).

Educational Administration and Leadership: A brief description of any leadership roles assumed by the faculty member related to medical education.

Scholarship in Education: A description of teaching innovations and curriculum development, as well as the faculty member's role in development, implementation, evaluation and dissemination. This may include innovative curriculum development, teaching strategies, learning aids and evaluation methods. The identification of education-related research grants, publications and research presentations. Peer review activities (e.g. grant/paper reviewing and editing contributions) are to be included here.

Professional Development: Identification of any advanced training or skill development program the department member has completed to enhance their skills as a teacher/educator.

Evidence of Quality/Quantity of Teaching: A summary of the results of evaluations provided by different levels of learners, including a list of any teaching awards and nominations. Sample teaching evaluations must be provided with the teaching dossier.

Additional information on how to prepare a Teaching Dossier is available at Full version available at <https://healthsci.queensu.ca/faculty-staff/opdes/about-us/faculty-development>

Many faculty members will make significant contributions outside of their area of focus. These activities and contributions should be described in the Promotion Dossier to supplement accomplishments in the member's area of focus so that the sum total of their achievements can be considered in the evaluation for promotion. While supporting activities and contributions may decrease the expected quantity of contribution in the area of focus, they do not diminish the requirement for exceptional quality of academic achievement in the area of focus.

Service to the University, meaning primarily administrative or committee work within the Queen's University and its affiliated Hospitals, forms an important and often time-consuming aspect of many faculty members' academic careers. Such service is required, is regarded as a valuable. Faculty activity and the impact of such service are considered in the granting of promotion in support of achievements in the member's primary focus area. However, service in itself cannot be the main criterion for promotion.

Administrative service and accomplishments, and especially scholarship in administration, must be documented clearly in the Summary of Contributions in the Promotion Dossier under the member's primary area of focus or as a supporting activity or contribution. Due to the variable activities included under service, there may be diverse metrics used to indicate the impact of service. Such evidence may include:

- Establishment of new programs within the Faculty or University.
- Development of new or revised departmental, Faculty or University policies and procedures.
- Significant contributions to the development of policies or procedures within a discipline, profession or relevant organization.
- Innovative initiatives as Division Chair or Head of a department.
- Invitations to serve a leadership function in the Faculty or University.
- Representation and active involvement on Boards and other organizational committees.
- Significant contributions while serving in a leadership role in discipline or professional organizations.
- Invited presentations related to administration.
- Editing or contributing on administration in a journal.
- Administrative grants/articles.

Department members seeking promotion are encouraged to use the following checklist in the preparation of their Promotion Dossier to ensure all application requirements are met.

Up-to-date See Appendix 2 for recommended format.

suggested by the department member. List of referees should specify whether External or Internal, and include rank, full address, phone, fax, and e-mail contact. Submit your list to the Chair of the Department of Medicine Reappointment, Promotions & Tenure Committee (c/o of the committee's administrative assistant) by August 1st. The Chair will directly solicit these individuals for an assessment letter. Do not solicit the referee letter yourself and the letter should not be addressed to you. You should not communicate with your potential referees about your application as it could raise suspicions about impartiality.

Type of Application	Criteria for Referees' Letters
Renewal	Minimum of 3 letters (at least 1 external)
Promotion to Associate Professor and/or Tenure	Minimum of 4 letters (at least 3 external). Referees must hold the rank of Associate Professor, or higher
Promotion to Professor	Minimum of 5 letters (at least 4 external). Referees must hold the rank of Professor.

Ideally, the referee is an individual in the same field as the department member with a noted reputation and expertise, who will be able to provide an objective commentary based on the curriculum vitae, publications, and other information provided by the Department of Medicine.

You should not have a have a recent collaboration (i.e. within the last 5 years) with any of your referees. You should not have a personal relationship with a referee or a potential career advancement relationship. It is important that the candidate not contact potential referees directly, allowing the committee to do so.

If the Department of Medicine Reappointment, Promotions & Tenure Committee feels the content of the referee letter suggests a potential conflict of interest, the letter will be treated as a colleague letter and request will be made for a replacement letter if the minimum number of letters is not available.

Submit a minimum of 3 names. Students and/or trainees may be current or former.

The list should include rank, full address, phone, and e-mail contact. Submit your list to the Chair of the Department of Medicine Reappointment, Promotions & Tenure Committee (c/o of the committee's administrative assistant) by August 1st. The Chair will directly solicit these individuals for an assessment letter.

- (optional) The applicant may solicit additional letter for colleagues to demonstrate promotion metrics (for example active or recent collaborators, letters from national and international leaders in the applicant’s field of expertise).
- This narrative statement is your opportunity to highlight and explain the academic contributions throughout your career that you think are significant for the committees and individuals considering your application.
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- You should (i.e. Clinician Scholar, Clinician Scholar in Quality Improvement and Patient Safety (QIPS), Clinician Educator, and Clinician Scientist).
- You should clearly describe your focus of excellence and scholarship (i.e. Research; Teaching and Education; Professional Service) if completely met under a single focus (or the foci which have been partially met, if applying under a combination of foci).
- In the statement, for example, you may wish to:
- Highlight and give more detail on certain , explaining the impact (e.g., administrative leadership or educational initiatives which have enhanced teaching and/or research within your department). Please include your H-index if you are applying via the Research track.
 - Describe and evaluate their impact (e.g., innovative laboratory technique, attracting elective fellows to spend time learning with you, currently being written up for publication)
 - Provide a perspective on and results that you anticipate (e.g., future directions of research, enrolment in faculty development, future leadership role)
- If applicable, mention any significant special circumstances which have arisen during your career that have affected your performance (e.g., periods of absence or reduced responsibility, unsuccessful research initiatives, geographic relocation)
- (if applicable) You should list and provide the value of all sources of funding since the last promotion, including peer-reviewed and industry grants and contracts, as well as paid fellowship,

scientist and research chair awards on the shown below. Your status on grants and contracts should be specified, such as Principal Investigator (PI), Co-Principal Investigator (Co-PI), Co-Investigator (Co-I) or Collaborator (COLL). This information should include your H-index, i10 and publication number, total citations and total accumulated grant dollars as PI.

Copies of the 5 most important scholarly works since your last promotion.

In addition, complete the shown below.

The applicant can include other relevant material.

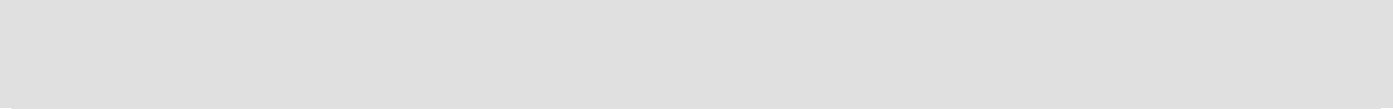
Principal Investigator (PI),
Co-Principal Investigator (Co-PI), Co-
Investigator (Co-I) or Collaborator
(COLL)

Total \$ amount

Notes:

- Awards should be listed according to their Start Dates.
- Awards should be included if they are ongoing or ended during the selected reporting period.
- Dollar amounts are assumed to be Canadian unless otherwise specified.

Year	Total # as Principal Author	Total # As a Co-Principal Author	Total # as Senior Responsible Author	Total # as Collaborator or Co- Author	Total #
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The Department Head reviews the promotion file and recommendations of the Department of Medicine Reappointment, Promotions & Tenure Committee and, before arriving at a recommendation, provides the applicant with a written summary of any deficiencies that might lead to a negative recommendation. The applicant has 10 working days to submit written statement to Department Head providing clarification.

Most commonly a negative recommendation is related to the Department Reappointment, Promotions & Tenure Committee and the Department Head perceiving that the application is premature and that with more time, sustained excellence in scholarly achievement will be demonstrated. A negative recommendation is naturally disappointing for a candidate, but career planning advice will be provided by the Department Head and Division Chair. The candidate should be aware that all discussions of the Reappointment, Promotions & Tenure Committee are confidential, that timing of promotion varies among division members, and that a negative recommendation for promotion does not reflect perception of a department member's contributions to or value in the Department of Medicine. The goal of a timely and detailed critique of the application by the Committee and/or Department Head is to ensure that when the promotion package moves forward it is in optimal condition and is successful at the level of the Faculty of Health Sciences and the Provost & VP (Academic).

The appeal process for unsuccessful candidates at the level of review by the Dean or Provost is outlined in Appendix. Queen's University Statement on Promotion Policy.

Information on reappointment and tenure policies (Regulations Governing Appointment, Renewal of Appointment, Tenure and Termination for Academic Staff, *Last Amended March 2, 1995*) is available at

Department members must undergo reappointment 3 and 6 years after their initial appointment.

The following documentation must be provided for reappointment:

Up-to-date See Appendix 2 for recommended format.

List suggested by List of referees should specify whether External or Internal, and include rank, full address, phone, fax, and e-mail contact. Submit your list to the Chair of the Department of Medicine Reappointment, Promotions & Tenure Committee (c/o of the committee's administrative assistant) by August 1st. The Chair will directly solicit these individuals for an assessment letter. Do not solicit the referee letter yourself and the letter should not be addressed to you. You should not communicate with your potential referees about your application as it could raise suspicions about impartiality.
the department member.

Type of Application	Criteria for Referees' Letters
Renewal	Minimum of 3 letters (at least 1 external)

Ideally, the referee is an individual in the same field as the department member with a noted reputation and expertise, who will be able to provide an objective commentary based on the curriculum vitae, publications, and other information provided by the Department of Medicine.

You should not have a have a recent collaboration (i.e. within the last 5 years) with any of your referees. You should not have a personal relationship with a referee or a potential career advancement relationship.

If the Department of Medicine Reappointment, Promotions & Tenure Committee feels the content of the referee letter suggests a potential conflict of interest, the letter will be treated as a colleague letter and request will be made for a replacement letter if the minimum

number of letters is not available.

Submit a minimum of 3 names. Students and/or trainees may be current or former.

The list should include: rank, full address, phone, and e-mail contact. Submit your list to the Chair of the Department of Medicine Reappointment, Promotions & Tenure Committee (c/o of the committee's administrative assistant) by August 1st. The Chair will directly solicit these individuals for an assessment letter.

(optional)

The applicant may solicit additional letter for colleagues to demonstrate promotion metrics (for example active or recent collaborators, letters from national and international leaders in the applicant's field of expertise).

This narrative statement is your opportunity to highlight and explain the academic contributions throughout your career that you think are significant for the committees and individuals considering your application.

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You should (i.e. Clinician Scholar, Clinician Scholar in Quality Improvement and Patient Safety (QIPS), Clinician Educator, and Clinician Scientist).

You should clearly describe your focus of excellence and scholarship (i.e. Research; Teaching and Education; Professional Service) if completely met under a single focus (or the foci which have been partially met, if applying under a combination of foci).

In the statement, for example, you may wish to:

- Highlight and give more detail on certain , explaining the impact (e.g., administrative leadership or educational initiatives which have enhanced teaching and/or research within your department)
- Describe and evaluate their impact (e.g., innovative laboratory technique, attracting elective fellows to spend time learning with you, currently being written up for publication)
- Provide a perspective on and results that you anticipate (e.g., future directions of research, enrolment in faculty development, future leadership role)

If applicable, mention any significant special circumstances which have arisen during your career that have affected your performance (e.g., periods of absence or reduced

responsibility, unsuccessful research initiatives, geographic relocation)

(if applicable)

You should list and provide the value of all sources of funding since the last promotion, including peer-reviewed and industry grants and contracts, as well as paid fellowship, scientist and research chair awards on the shown below. Your status on grants and contracts should be specified, such as Principal Investigator (PI), Co-Principal Investigator (Co-PI), Co-Investigator (Co-I) or Collaborator (COLL).

Copies of the 5 most important scholarly works since your last promotion.

In addition, complete the shown below.

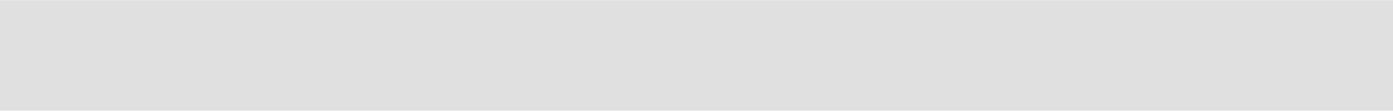
The applicant can include other relevant material.

GFT members who meet the following criteria are eligible for “Reappointment without Application.”

1. The Special GFT member has had (2) previous reappointments or any number of reappointments, which when added to the term of the original appointment equals six (6) years or more.
2. There is continued funding from the external funding agency for the duration of the term of the reappointment.

Once an eligible member has indicated in writing their willingness to be reappointed without application, the Department Head is responsible for completing the following:

1. Review the faculty member’s request for reappointment without application. If approved, a letter including the following is to be submitted to the Faculty Office:
 - a. A statement recommending reappointment.
 - b. A statement referring to faculty members’ reappointment history (in support of eligibility).
 - c. A statement confirming external funding for the position for the duration of the reappointment.
 - d. A brief justification for the recommendation, referring to their performance as an educator, scholar and clinician.
A statement recommending a 5-year term. If the Head is recommending a term of a different length, a brief justification for the recommendation.



Promotion refers to advancement of a faculty member in academic rank.

Tenure is recognition by the Faculty of Health Sciences and Queen's University that based on previous successful accomplishments and contributions in teaching, research and service, the university should invest in a continuing appointment for a faculty member, with the expectation that previous performance is predictive of future significant success and contributions. Having been granted tenure does not impact the income of faculty members within the Department of Medicine.

Typically criteria for granting of tenure meets the criteria needed for promotion to Associate Professor. The same documentation outlined in Section 7 of Part One (Components of the Promotion Dossier) should be provided. A minimum of 4 reference letters are needed with a minimum of 3 being external referees. Application for tenure should occur in the year(s) following promotion to Associate Professor.

For Clinical GFT Faculty, tenure is granted solely on the basis of academic merit and is delinked from availability of full salary-for-rank operating funds. Further information about tenure is available in Appendix 6. Tenure for Clinical Faculty at Queen's. Report of a Working Party Recommendations from the Faculty of Medicine.

For Special GFT appointees who commenced on or after January 1, 2000, an unsuccessful tenure application will result in a one-year terminal appointment. A Special appointee means a person holding an appointment funded entirely or significantly on a continuing basis from sources other than the Ministry of Colleges and Universities operating grants and tuition fees, or an appointment the renewal of which is conditional upon obtaining significant funding on a continuing basis from sources other than the above.

This section contains information for members of the Department of Medicine, Reappointment, Promotions and Tenure Committee including the Terms of Reference. Guidance is provided in Appendix 6 regarding conflict of interest and bias for committee members during the review process. Committee members must declare any real, perceived or potential conflict of interest to the Chair at the start of the review process (see Appendix 12 for guidelines on this topic).

July 17, 2015)

The role, responsibilities and principles of a Reappointment, Promotions & Tenure Committee (RPTC) have been established by the University Senate and may be found at the following web addresses:

<http://www.queensu.ca/secretariat/policies/senateandtrustees/promotion.html>
<http://www.queensu.ca/secretariat/policies/senateandtrustees/appointments.html>

The role of the RPTC is to provide recommendations on applications for reappointment, promotions and tenure. This Committee serves as an advisory panel to the Head, Department of Medicine. However, this Committee also submits its own recommendations for each application to the Department Head. In addition, the Department of Medicine has established additional measures, in line with University Senate Policies, which are outlined in the following sections.

The Department of Medicine Reappointment, Promotions & Tenure Committee for full-time members of the Department will be composed of the following members:

1. Deputy Head, Department of Medicine;
2. Chair – to be _____ by the Committee from amongst its members with the exception of the Deputy Head;
3. _____ Department of Medicine members (minimum of 5 and maximum of 10);
 - a. A minimum of 30% of the membership must be comprised of Department of Medicine members in the role of a Clinician Scientist
 - b. A minimum of 2 members must be at the rank of Professor
4. A faculty member from one of the other Departments within the Faculty of Health Sciences to be _____;
5. A student or resident to be _____ by the Department Head

- To fill any vacancy on the Committee, nominations for the Department of Medicine members to serve on the RPTC may be made to the Head, Department of Medicine Deputy Head or Division

Chairs. Self-nominations will also be accepted. These nominations will be put forward for election in which the Department is invited to participate.

- Upon election, members shall serve on the RTPC for a period of no less than 1 year up to 5 years, where upon re-appointment or re-election is required.
- Should a member be unable to fulfill their commitment to the RTPC, they must bring it to the attention of the Chair as soon as possible so alternate arrangements may be made, if necessary.

- All members will treat the proceedings of the RTPC in confidence.
- This is a closed committee and no other parties will be admitted to the meetings once they have been called to order. All materials and submitted documentation will be shared via a secure web site and will be password protected. Applications and any related materials are to be held in confidence.

- All members of the RTPC must complete a familiarization and training workshop with respect to employment equity before participating in the process.
<http://www.queensu.ca/equity/training/EmploymentEquity.html>
- The Chair and the Secretariat should confirm application packages are complete prior to submission to the RTPC.
- Upon review of the names of applicants to be considered for promotion, members of the RTPC are expected to put forth names of potential referees for those applications.
 - The RTPC should solicit potential referees from the applicant, Division Chair and Department Head.
 - Names of the referees are not to be shared prior to the letters of reference being secured. Direct supervisors and collaborators of the applicant may not submit letters of reference.
 - All letters of reference must adhere to the Conflict of Interest policy, must be impartial and considered to be “at arms-length” of the applicant.
- Members of the RTPC must review applications as submitted, actively participate in the meeting to review, provide meaningful discussions and make recommendations on applications in a professional manner and strictly adhering to rules of confidentiality.

- This Committee will meet in the fall of each year per timelines set out by the Senate at Queen’s University and as set out in the Collective Agreement.
- Members are required to make themselves available with every effort to attend the meetings. If unable to attend the scheduled meeting, members are required to send a summary of their recommendations to the Secretariat (details in Section G) two business days prior to that meeting. The Chair will share the member’s summary at the meeting.
- An Equity Officer will be appointed for each meeting of the RTPC from within the membership.
- Minutes of the meeting must be recorded with the support of the Secretariat, as they are required to be submitted with the recommendations to the Provost.
- The decision-making process is outlined as follows.
 - Members must be present to vote.
 - Quorum for the RTPC will include the Chair and half of the remaining membership (including the Deputy Head) and will be considered at 60% of the membership.

- A majority vote carries the recommendation and the Chair splits the vote in the event of a tie.
 - Should the Committee and/or Department head determine a negative recommendation, the applicant may proceed to the next step regardless of that recommendation.
-
- All members of the RPTC must declare any conflicts of interest to the Chair and Secretariat. In the event of a conflict, the member is required to recuse themselves during the assessment and deliberation of the specific application. Quorum would still be required in the event of a recusal. Should quorum not be met, the application will be scheduled for a subsequent meeting when quorum is satisfied.
 - Members of the RPTC may not serve as referees for any of the applicants or submit written opinions on the merits of an application for reasons of conflict of interest. Should they do so, they are to be excluded from entering into discussion of the applications.
 - Members of the RPTC must commit to providing an unbiased evaluation and recommendation based on the merit of the application as submitted while maintaining the confidentiality of the applicant.
 - In reviewing the applications, no additional materials may be considered or requested outside of those submitted with the application.

The Department of Medicine administrative staff will act as a neutral secretariat, including coordinating and managing the process, requesting letters of reference on behalf of the Committee, preparing letters of recommendation for signature by the Chair and providing general administrative support.

Available at <https://www.queensu.ca/secretariat/policies/senate/health-sciences-statement-promotion-policy-geographically-full-time-and-adjunct-1>

Approved by Senate, September 23, 2004

Ratified by the Board of Trustees, October 1, 2004

Queen's University recognizes that decisions affecting the promotion of individual faculty members must be made in a consistent manner according to established principles and standards applied through fair and reasonable procedures. Under the following procedures, candidates for promotion will be assessed on their contributions to teaching, research and scholarship, and service.

This Statement on Promotion Policy for Geographically Full-Time and Adjunct-1 (non-Bargaining Unit) Appointees of the Faculty of Health Sciences shall become effective following approval by the Senate of Queen's University. The Department Head shall ensure that each appointee is given, on appointment, a copy of this document along with the attached tables that provide descriptors that are typical examples of characteristics of the type of accomplishments that can be considered.

- a. "Appointee" means a person holding a Geographically Full-Time or an Adjunct-1 (non-Bargaining Unit) appointment in the Faculty of Health Sciences.
- b. "Department" shall be interpreted as a Department within the Faculty of Health Sciences. Similarly, "Department Head" means a Department Head in the Faculty of Health Sciences.
- c. "Committee" means a standing committee within a Department charged with making a recommendation to the Department Head regarding the suitability of an appointee for promotion.

There are four ranks for appointees at Queen's: lecturer, assistant professor, associate professor, and professor.

Appointees have the right to be considered for promotion in any year. An appointee may withdraw from promotion consideration at any time during the process.

There are three main areas of an appointee's work that are to be considered in matters of promotion:

1. teaching;
2. research and scholarship; and
3. administrative and professional service.

The weighting to be given to each category will vary from rank to rank. Guidance as to the appropriateness of that balance is primarily the responsibility of the Faculty Board. The following description may serve as a guide:

- a. For promotion to assistant professor. The appointee should be a good teacher and show evidence of the successful initiation of research and scholarly work. The appointee's participation in the operation of the Department, the University or contributions to the profession may be taken into consideration.
- b. For promotion to associate professor. The appointee should be a very good teacher, carrying a reasonable teaching load. The appointee's research and scholarly work should show high quality as judged by experts in the appointee's field of specialization. Contributions of the appointee to the operations of the Department, the University and the profession will be taken into account.
- c. For promotion to professor. The appointee must either combine distinguished scholarly work with very good teaching, or continuing high quality scholarly work with exceptional contributions in teaching. The appointee will have made a contribution to the successful operation of the Department, the University and the profession.

Attached are tables, which contain examples of teaching/education (Table 1), research/scholarship (Table 2), and professional and/or administrative service (Table 3) in the three categories of good, very good and exceptional. These examples are given for the assistance of appointees and are not exhaustive.

TABLE 1

Teaching/Education		
Good	Very Good	Exceptional
<ul style="list-style-type: none"> • evidence from evaluations/assessments by students and colleagues of good teaching in UG/PG programs (which shall include contributions to clinical skills and PBL) • lecturing, tutoring, supervision, counselling, mentorship to UG/PG/CME • consistent academic contribution to clinical education sessions, e.g. grand rounds, mortality rounds, sign-in rounds, departmental committees • contribution to curriculum development and/or learning-resource development in UG/PG programs (including clinical skills and PBL) • appropriate responsibility for patient care in a clinical teaching unit • exhibits principles of enquiry, critical appraisal and utilization of evidence in clinical decision-making and teaching 	<ul style="list-style-type: none"> • extensive involvement in UG/PG teaching (including clinical skills and PBL) with evidence from evaluations/assessments by students and colleagues of very good teaching • recognized as a very good role model/mentor for students/residents • leadership role in education at Queen's, including CME • leadership role in design and organization of educational programs • receipt of departmental/ university teaching award(s) • participation in CME (regional/national) • invited lectures, locally and regionally/nationally 	<ul style="list-style-type: none"> • consistent evidence of exceptional teaching from evaluations/assessments by students and colleagues • national recognition as a leader in education and supervision of students/residents in educational projects • leadership role in national/international education programs, including CME • leadership in curriculum design with innovative use of teaching methods • receipt of provincial/national teaching awards • invited professorships and presentations at national and international meetings

TABLE 2

Research/Scholarship		
Evidence of Initiation	High Quality	Distinguished
<ul style="list-style-type: none"> • evidence of commitment to research and scholarship • involvement in applications for extramural grants/clinical trials • presentations at meetings with published abstracts • contributions to the preparation/submission of papers for publication • supervision of medical student and/or resident research • conducts critical reviews of personal practices and demonstrates impact on practice • initiates or seeks guidance from established individuals in the evaluation of clinical practice • active collaboration in research projects • exhibits the essential roles and key competencies of clinical scholars (medical expert, communicator, collaborator, manager, health advocate, scholar, professional) 	<ul style="list-style-type: none"> • development of national or emerging international program • research grants from recognized agencies awarded by peer review for research or innovation in medical education and/or industry supported research, including participation in clinical trials • visiting professorships/invited presentations external to Queen's • publications (including clinical observations, reviews or analytic studies) in refereed journals, monographs, book chapters, books • supervision of postdoctoral/clinical fellows, graduate students in research • participates in initiatives to enhance clinical systems and services and improve operational efficiencies within division or department • applies or develops new techniques related to area of clinical expertise and/or patient care • leader in application of clinical evaluative methods to activities of division/ department • membership on grant/specialty panels of provincial research bodies • examiner/accreditor of national accrediting/certifying bodies • sought after as a journal or grant reviewer 	<ul style="list-style-type: none"> • recognition nationally/internationally as an established independent investigator • personnel awards from recognized agencies awarded by peer review for research • leadership role in national/international societies or specialty societies and/or organization of national/international research meetings and symposia • leader in the major strategic development and evaluation of clinical improvements impacting at organizational, national or international levels • recognized by patients, students and peers as an exceptional clinician, mentor and role model • develops, initiates, evaluates the enhancement of patient care, clinical improvements in systems, services and operational efficiencies at regional/provincial levels • leadership role in the department/national development of clinical standards • leading role in the design and implementation of clinical trials • membership on editorial boards • development of group grants • leadership role in research committees at national/international levels

TABLE 3

Professional and/or Administrative Service		
Good	Very Good	Exceptional
<ul style="list-style-type: none"> • actively participates in clinical related activities/committees at division, program or departmental level • participation on hospital/departmental/faculty/ university committees • consistent contributor to departmental activities • actively participates in equity practices 	<ul style="list-style-type: none"> • leadership role in the administration and/or service activities of the hospital/university • has a significant role in major clinical administrative activities • acknowledged by peers as an exemplary clinician • has an active, prominent role in provincial organizations • leadership role in department, Faculty, University/hospital (on basis of research standing) • active role in implementing and promoting equity practices. 	<ul style="list-style-type: none"> • demonstrates exceptional service and/or related leadership in committee, administrative or policy making decisions in the hospital/university • executive leadership role in professional organization(s) at a national or international level • active in national professional organizations • leadership role and participation in hospital/ university committees and professional organizations • plays a leadership role in the implementing of equity practices.

1.

which shall not include the Department Head, to consider and make recommendations to the Department Head regarding the suitability of an appointee for promotion. The Senate's "Conflict of Interest and Conflict of Commitment" guidelines will apply to the membership of the Committee.

- a. The Departmental Promotion Committee shall include in its membership: (a) at least one student, appointed by the Department Head, who may be an undergraduate, graduate or postgraduate; (b) at least three GFT members of the Department; and (c) at least one GFT member of another Department in the Faculty of Health Sciences. Where (b) is not possible, the Committee shall include two GFT members from the Department and at least two GFT members from another Department. A minimum of two members of the Promotion Committee must hold the rank of professor. The Committee shall select its own Chair from amongst its members.
- b. Each Department shall have a system for assessing teaching quality. This system shall ensure that assessments by colleagues and students – undergraduate, postgraduate and graduate (where relevant) – are obtained. Opinions of former students should also be solicited.

2.

The Department Head shall also inform the Associate Dean (Academic Affairs), in writing that such notification has occurred.

4.

. Appointees may ask to be reviewed for promotion or be nominated by the Committee or by a colleague. Only appointees who have agreed to be reviewed shall be included on the list. By September 15th, the Chair shall arrange for this list, along with the materials set out in item 8 below to be made available in the departmental office for review by faculty members of the Department.

- a. curriculum vitae;
- b. teaching dossier;
- c. summary of contributions to the Department, the University and profession;
- d. for promotion to assistant professor, letters are to be received from a minimum of three referees, all of whom may be internal to Queen's University; for promotion to associate professor, from a minimum of four referees, of whom at least three shall be external to Queen's University; and for promotion to professor from a minimum

of five referees of whom at least four shall be external to Queen's University. In all cases, referees must be impartial and external referees must be at 'arms-length' from the appointees. Referees shall be at or above the rank for which the appointee is applying;

e. and other information the appointee believes will be useful.

6. teaching dossier, copies of scholarly works for the last five years including published abstracts, and the summary of contributions to the Department, the University and the profession to be made available in the departmental office for review by faculty members of the Department. Confidential documentation (i.e. letters from referees and colleagues) will be available only to those involved in making official recommendations in the promotion process.

7. to the Committee on the worthiness of the appointee for promotion. Opinions that cannot be attributed to the sender will not be considered.

8. Chair of the Promotion Committee shall arrange a meeting between the appointee and the Committee to review the names of referees suggested by the appointee and any names which may be brought forward by committee members. It would be preferable if the appointee and the Committee can agree on a common list from which the referees are to be selected. If they cannot, and the Committee may wish to inquire of referees to whom the appointee has objections, the appointee may provide either oral or written objections with the assurance that the identity of those to whom the appointee objected will not be disclosed without consent. Letters are to be received from a minimum of three referees for promotion to assistant professor; from a minimum of four referees, of whom at least three will be external to Queen's, for promotion to associate professor; and from a minimum five referees, of whom at least four will be external to Queen's, for promotion to professor.

a. the Chair of the Committee will contact potential referees by telephone or e-mail to determine their willingness to participate; and

b. the Chair of the Committee will contact willing referees, in writing, by means of a standard template letter; referees will also be provided a copy of the candidate's curriculum vitae, summary of contributions, and copies of some principal writings.

9. Before the Committee arrives at a recommendation to be forwarded to the Department Head, the appointee shall be provided with a written summary of any perceived deficiencies that are likely to lead to a negative recommendation. Within ten (10) working days, the appointee may then submit a written statement to the Committee, providing clarification or commenting on substantive or procedural matters. Any written statement provided by the appointee will be added to the file.

10. , a copy of the minutes from the Committee meeting(s), along with their recommendation regarding the applicant's suitability for promotion, to the Department Head who will then consider the appointee's file. Before the Head makes a decision regarding the application, the Head shall provide the appointee with a written summary of any perceived deficiencies that are likely to lead to a negative recommendation. Within ten (10) working days, the appointee may then submit a written statement to the Head as set out in clause 11 above.

11.

:

- a. the appointee's curriculum vitae;
 - b. the appointee's teaching dossier;
 - c. the appointee's summary of contributions to the Department, the University and the profession which shall include a copy of the role description or a summary of the contributions to each of teaching; research and scholarship; clinical service and administrative service.
 - d. all letters from referees, colleagues and students;
 - e. the written recommendation of the Committee;
 - f. minutes from the Committee meeting(s);
 - g. the written recommendation of the Department Head;
 - h. the statement from the Promotion Committee providing assurance of the arms-length nature of external referees and their qualifications; and
 - i. written responses from the appointee if any.
12. In the event the Dean finds a perceived deficiency in the promotion file which might lead to a negative recommendation, the Dean shall provide a written summary to the appointee. Within seven (7) working days, the appointee may then submit a statement to the Dean as set out in clause 11 above.
13. February 15th, the Dean will submit his/her recommendation along with the complete file of the appointee to the Vice-Principal (Academic).
1. For promotion to assistant professor and associate professor, the Vice-Principal (Academic) shall receive and consider the complete file together with the recommendation of the Dean and provide advice to the Principal on whether the applicant has met the required criteria.
 2. For promotion to professor, the Vice-Principal (Academic) shall establish a University Promotion Committee to provide advice on whether the applicant has met the required criteria.
 - i. The University Promotion Committee will consist of the following members: the Vice-Principal (Academic) as non-voting Chair, the University Advisor on Equity, three Deans who are appointed by the Vice-Principal (Academic), three tenured faculty who are elected by Senate (at least two of whom must be at the rank of professor) and one full-time student (graduate or undergraduate) elected by the Senate. The Chair will appoint a Secretary.
 - ii. All voting and non-voting members of the Committee will review the applicants' files. The Chair shall submit a summary of the Committee's recommendations to the Principal.
 3. The Principal shall consider the recommendations from the Vice-Principal (Academic), and in the case of promotion to professor from the University Promotion Committee, and make a final decision regarding the suitability of the applicant for promotion. For promotion to assistant professor and associate professor, the Principal will inform the applicant in writing by March 15th of the final decision and, for promotion to professor, the Principal will inform the applicant in writing by April 15th of the final decision. If the Principal decides not to promote an appointee, the Principal must provide the appointee with a written statement of the reasons for the decision. An appointee may appeal a negative decision.

Academic rank is a university rank. The rank that is held by an individual in the primary department will be the rank held in all cross-appointed departments. Cross-appointments will be reviewed annually to determine if the basis for the cross-appointment remains.

1. At the request of the appointee who is an unsuccessful candidate for promotion, the Department Head or Dean, or both together, shall meet with the appointee. The appointee normally should make this request within two weeks of receiving the Principal's letter. At the meeting, the Department Head or Dean shall provide a verbal summary of the reasons for the decision. This summary shall include a verbal précis of the letters of reference, reports on teaching and other information which has a bearing on the decision.
 2. Within two weeks of the above meeting, the appointee may request, and the Dean must provide within two weeks, the reasons in writing for the decision.
-
1. If, after receiving the written reasons, the appointee wishes to appeal the decision, the appointee shall so notify the Principal in writing within two weeks. The Principal shall appoint a special review committee consisting of three faculty members, who are at or above the rank to which the candidate has applied and who were not involved in the original decision, to advise on the appeal. Two of the members must be from the School of Medicine and one must be external to the School of Medicine. The special review committee shall have full access to all the documentation considered by the Vice-Principal (Academic) and by the Faculty of Health Sciences Promotion Committee.
 2. Upon receiving the advice of the special review committee, the Principal shall:
 - i. grant promotion; or
 - ii. inform the appointee that the original decision has been upheld.

This is the final appeal mechanism for promotion decisions.



Address:

Telephone:

Fax:

E-mail:

Citizenship:

Year Degree (e.g., PhD, MD), Institution

Time interval (year/month to year/month) Description (e.g. Residency Program, Subspecialty Training Program, PhD, Post-doctoral fellow), location, supervisor(s) if applicable

Year Type, conferring body

Time interval
(year/month to
year/month)

List ranks, Rank, Institutions; Cross-appointments; Date of award of tenure (if applicable)

NATIONAL
Year/month
received

Type, conferring body

LOCAL
Year/month
received

Type, conferring body

NATIONAL
Year/month
received

Type, conferring body

LOCAL
Year/month
received

Type, conferring body

NATIONAL
Year/month
received

Type, conferring body

LOCAL
Year/month received Type, conferring body

Time interval
(year/month to
year/month) Professional Organization

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- -

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Grant Reviews:
Manuscript Reviews:

FUNDED

Time interval (year/month to year/month)	Role (e.g. Principal investigator, co-investigator); Title of project; Funding Agency; Amount; title of grant (i.e., Operating grant, personal salary support, trainee salary support, other funding)
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FUNDED

Time interval (year/month to year/month)	Role (e.g. Principal investigator, co-investigator); Title of project; Funding Agency; Amount; title of grant (i.e., Operating grant, personal salary support, trainee salary support, other funding)
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List under the following categories with the most recent publication last. Highlight your name in bold text.

1. Peer-Reviewed Publications
2. Non Peer-Reviewed Publications
3. Submitted Publications
4. Abstracts
5. Books, edited books and book chapters

Applicants should include a paper count, count first and senior authored papers, have an H-index and I 10 index as these metrics are highlighted for both reviewers and referees.

All authors should be indicated in the order in which they appear in the publication, followed by Title, Journal, Volume #, inclusive page #(s) and year. For books and book chapters, include editors, publisher and place of publications.

For each peer-reviewed publication, indicate the level of contribution of the candidate, according to the following categories:

initiates the direction of investigation, establishes the laboratory or setting in which the project is conducted, obtains the funding for the study, plays a major role in the data analysis and preparation of the manuscript, and assumes overall responsibility for publication of the manuscript in its final form. In large multi-site collaborations, a case may be made that there is more than one Senior Responsible Author. However, this will be rare and each person must meet the definition provided here.

The () carries out the actual research and undertakes the data analysis and preparation of the manuscript.

The () has a role in experimental design, and an active role in carrying out the research, is involved in data analysis and preparation of the manuscript. The project would be compromised seriously without the co-principal author.

The () or contributes experimental material or assays to the study, but does not have a major conceptual role in the study or the publication.

List category and geographic scope based on definitions below:

Category

- Papers/Posters/Abstracts presented at meetings and symposia, list date and location
- Invited Lectures
- Media appearances

Geographic Scope

- Local
- Provincial/Regional
- National
- International

-
1. Summary of Teaching & Education: a brief summary of teaching and education accomplishments
 2. Innovations and Development in Teaching and Education

List student name, thesis or research project title, dates of supervision and your role (e.g. supervisor, co-supervisor, or committee member)

- Masters students

- Doctoral students
 - Postdoctoral students
 - Postgraduate students
 - Project students
 - Summer Students
-

Dear _____:

Dr. _____ is applying for reappointment/tenure [*and promotion to the rank of _____*] in the Department of _____ at Queen's University. The final decision on the merit of the application will be taken following full consideration of Dr. _____'s contributions to teaching, research/scholarship, and service to the Department, Faculty, University and to the broader academic community.

Assessment of a candidate's research/scholarship and contributions to the profession are particularly important under our procedures and, as Chair of the Departmental Committee, I am writing to ask you to provide an assessment of the accomplishments of Dr. _____ in these two areas. In particular, I would like to receive your view of the national and international impact of these activities. Your opinion on the quality of the journals in which he/she has published would also be helpful. [***{for promotion to Associate}** For promotion to Associate Professor, the applicant requires evidence of high quality research/scholarly work in his/her area of specialization and contributions to the profession may also be relevant. **{for promotion to Professor}** For promotion to Professor, the applicant must either combine distinguished scholarly work with very good teaching or continuing high quality work with exceptional contributions in teaching. Contributions to the profession are also relevant.*]

To assist you in this assessment, the following materials provided by Dr. _____ are available for your review on a secure online storage space.

- curriculum vitae
- summary of contributions and clinical activity
- teaching dossier
- copies of relevant scholarly work

For more information regarding the policies governing this/these process(es) please review the [University Senate Regulations Governing Appointment, Renewal of Appointment, Tenure and Termination for Academic Staff](#) *{for promotion only}* and [University Senate Statement on Promotion Policy](#)]

The candidate may see all of the material in his/her/their file. If you wish your identity as a referee to remain confidential, you may so request and the report or assessment shall be masked by deleting the letterhead and signature block to maintain anonymity. Please note that the body of your submission will not be altered in any way and any identifying information that you may choose to include will be available to the applicant.

I would appreciate your response to this request by Date_so that we may adhere to the timelines set out in our process. Please ensure that your letter of reference a) clearly includes a definitive statement of your assessment (eg. I strongly support Dr. _____'s reappointment/tenure [*and promotion to Associate/Professor*]), and b) is prepared and signed on your official letterhead. Both mail and electronic submissions of your official letter will be accepted. All electronic copies should be sent to Admin Contact

at email. Should you be unable to meet this timeline or if you are unable to provide an assessment, I would appreciate hearing from you at your earliest convenience.

Thank you for assistance in this review.

Yours sincerely,

Chair, Departmental Promotions Committee

Dear _____:

Dr. _____ is applying for reappointment/tenure. *[and promotion to the rank of _____.]* in the Department of _____ at Queen's University. The final decision on the merit of the application will be taken following full consideration of Dr. _____'s contributions to teaching, research/scholarship, and service to the Department, Faculty, University and to the broader academic community.

As Chair of the Departmental Committee, I am seeking the views of a random sampling of Dr. _____'s past and current students concerning his/her abilities and qualities as a teacher and supervisor. As you can appreciate, this is a very important step in any candidate's career and student input is very valuable and important to the review process. I would greatly appreciate receiving your assessment of Dr. _____'s qualifications for reappointment/tenure and, in particular, your opinion of his/her teaching and supervision of students.

*[for promotion only] For your information, the [University Senate Statement on Promotion Policy](#) states that **for promotion to Associate** for promotion to Associate Professor, the applicant should be a very good teacher and show evidence of high quality research/scholarly work. Contributions to the profession may also be relevant. **for promotion to Professor** For promotion to Professor, the applicant must combine distinguished scholarly work with very good teaching or continuing high quality work with exceptional contributions in teaching. Contributions to the profession are also relevant.]*

The candidate may have an opportunity to see all of the material in his/her file. It is important that you identify your affiliation, e.g. undergraduate student, graduate student, resident, former resident, etc. However, to maintain your anonymity, your letterhead / e-mail header and signature will be deleted.

Your response will be very much appreciated by the Departmental Committee. I would ask that you provide your assessment by Date so that we may adhere to the timelines set out in our process. Both mail and electronic submissions will be accepted. All electronic copies should be sent to Admin Contact at email. Should you be unable to meet this timeline or if you are unable to provide an assessment, I would appreciate hearing from you, at your earliest convenience.

Thank you for assistance in this matter.

Yours sincerely,

Chair, Departmental Committee

Dear colleagues:

Dr(s). _____ is/are applying for reappointment/tenure_ *[and promotion to the rank of _____]* The [University Senate Regulations Governing Appointment, Renewal of Appointment, Tenure and Termination for Academic Staff](#) *[[for promotion only]* and the [University Senate Statement on Promotion Policy](#)]/ provide(s) for the submission of written opinions by members of the department as part of the process.

The following materials from the applicants are available for your review. *The application files are available on a secure online storage space, which can be accessed using the following link: [provide link for colleagues to access encrypted version of the documents]. Note that you will be prompted to sign-in using your Queen's email address and password.*

If, after reviewing this material, should you wish to provide an informed evaluation on any of the applicant's qualifications relating to matters of teaching, research/scholarship, clinical service and contributions to the Department and/or the wider university community, your response should be submitted by Date so that we may adhere to the timelines set out in our process. Please ensure that your letter a) clearly includes a definitive statement of your assessment (eg. I strongly support Dr. _____'s reappointment/tenure *[and promotion to Associate/Professor]*), and b) is prepared and signed on your official letterhead. Both mail and electronic submissions of your official letter will be accepted. All electronic copies should be sent to Admin Contact at email.

Please note that the applicant may see all of the material in his/her file. In that event, he/she will have access to your letter in its entirety.

Thank you for assistance in this matter.

Yours sincerely,

Chair, Departmental Committee

Dear _____ :

Dr. _____ is applying for promotion to the rank of _____ in the Department of _____ at Queen's University. The final decision on the merit of the application will be taken following full consideration of Dr. _____'s contributions to teaching, research/scholarship, and service to the Department, Faculty, University and to the broader academic community.

External assessment of a candidate's research/scholarship and contributions to the profession are particularly important under our procedures and, as Chair of the Departmental Promotion Committee, I am writing to ask you to provide an assessment of the accomplishments of Dr. _____ in these two areas. In particular, I would like to receive your view of the national and international impact of these activities. Your opinion on the quality of the journals in which his/her has published would also be helpful. ***{for promotion to Associate}*** For promotion to Associate Professor, the applicant requires evidence of high-quality research/scholarly work in his/her area of specialization and contributions to the profession may also be relevant. ***{for promotion to Professor}*** For promotion to Professor, the applicant must either combine distinguished scholarly work with very good teaching or continuing high quality work with exceptional contributions in teaching. Contributions to the profession are also relevant.

To assist you in this assessment, the following materials provided by Dr. _____ are available on a secure online storage space, which can be accessed using the following link: _____. Note that you will be prompted to sign-in using your email address and password (non-Microsoft users may be prompted to enter a verification code; ensure you check your spam folder).

- curriculum vitae
- summary of contributions and clinical activity
- teaching dossier
- copies of relevant scholarly work

For more information regarding the policy governing this process, please review the [University Senate Statement on Promotion Policy](#).

The candidate may have an opportunity to see all of the material in his/her file. If you wish your identity as a referee to remain confidential, you must request that your letterhead and signature block be deleted. Please note that the body of your submission will not be altered in any way and any identifying information that you may choose to include will be available to the applicant.

Your response will be very much appreciated by the departmental Promotions Committee. I would ask that you provide your assessment by Date so that we may adhere to the timelines set out in our promotions process. Please ensure that your letter of reference a) clearly includes a definitive statement of your assessment (eg. I strongly support Dr. _____'s promotion to Associate/Professor), and b) is prepared and signed on your official letterhead. Both mail and electronic submissions of your official letter will be accepted. All electronic copies should be sent to Admin Contact at email. Should you be unable to meet

this timeline or if you are unable to provide an assessment, I would appreciate hearing from you at your earliest convenience.

Thank you for assistance in this review.

Yours sincerely,

Chair, Departmental Promotion Committee

Dear _____ :

Dr. _____ is applying for promotion to the rank of _____ in the Department of _____ at Queen's University. The final decision on the merit of the application will be taken following full consideration of Dr. _____'s contributions to teaching, research/scholarship, and service to the Department, Faculty, University and to the broader academic community.

As Chair of the Departmental Promotion Committee, I am seeking the views of a random sampling of Dr. _____'s past and current students concerning his/her abilities and qualities as a teacher and supervisor. As you can appreciate, this is a very important step in an applicant's career and student input is very valuable and important to the review process. I would greatly appreciate receiving your assessment of Dr. _____'s teaching and supervision of students.

For your information, the [University Senate Statement on Promotion Policy](#) states that *{for promotion to Associate}* for promotion to Associate Professor, the applicant should be a very good teacher and show evidence of high quality research/scholarly work. Contributions to the profession may also be relevant. *{for promotion to Professor}* For promotion to Professor, the applicant must combine distinguished scholarly work with very good teaching or continuing high quality work with exceptional contributions in teaching. Contributions to the profession are also relevant.

Under our procedures, the candidate may have an opportunity to see all of the material in his/her file. It is important that you identify your affiliation, *e.g.* undergraduate student, graduate student, resident, former resident, *etc.* However, to maintain your anonymity, your letterhead / e-mail header and signature block will be deleted.

Your response will be very much appreciated by the departmental Promotions Committee. I would ask that you provide your assessment by Date so that we may proceed in keeping with timelines set out in our promotions process. Both mail and electronic submissions will be accepted. All electronic copies should be sent to Admin Contact at email. Should you be unable to meet this timeline or if you are unable to provide an assessment, I would appreciate hearing from you, at your earliest convenience.

Thank you for assistance in this matter.

Yours sincerely,

Chair, Departmental Promotion Committee

Dear _____ :

The Faculty of [Health Sciences Statement on Promotion Policy for Geographically Full-Time and Adjunct-1 \(non-Bargaining Unit\) Appointees](#) provides for the submission of written opinions by members of the Department as part of the process for promotion decisions. Dr(s) _____ is/are currently being reviewed for promotion to the rank of _____.

The following materials from the applicants are available for your review [*in location from date to date or via a secure online storage space by contacting Admin Contact at email/phone*]:

- curriculum vitae
- summary of contributions and clinical activity
- teaching dossier
- copies of relevant scholarly work

If, after reviewing this material, you wish to provide an informed evaluation on any of the applicant's qualifications relating to matters of teaching, research/scholarship, clinical service and contributions to the Department and/or the wider university community, your response should be submitted by Date so that we may proceed in keeping with timelines set out in our promotions process. Please ensure that your letter a) clearly includes a definitive statement of your assessment (eg. I strongly support Dr. _____'s promotion to Associate/Professor), and b) is prepared and signed on your official letterhead. Both mail and electronic submissions of your official letter will be accepted. All electronic copies should be sent to Admin Contact at email.

Please note that the applicant may have an opportunity to see all of the material in his/her file. In that event, he/she will have access to your letter in its entirety.

Thank you for assistance in this matter.

Yours sincerely,

Chair, Departmental Promotion Committee

Dr. _____ is an internationally-acclaimed expert on _____. He/She is familiar with the literature published in this field and can fairly reflect the relevance of the research contributions of the applicant. Dr. _____ and the applicant have not worked together on any major projects or grants and have an 'arm's length' professional relationship.

Dr. _____ served as an external reviewer for the _____ training program of which the applicant is Director. During the review process, Dr. _____ carried out a detailed look at the applicant's performance within the training program and the Academic Health Sciences Centre. Dr. _____ has not collaborated with the applicant on any research projects, manuscripts or other academic endeavours, and has not received any training under them as a resident or fellow. As a result, Dr. _____ is able to provide an informed 'arms length' evaluation.

An international referee, Dr. _____ is a senior faculty member at the University of _____. The applicant conducted a one-month elective with Dr. _____ in 2010 that resulted in two co-authored two publications. Otherwise, their current relationship is at arm's length (they have not published since then, nor worked together on any projects or grants), and Dr. _____ can fairly reflect the relevance of the research and clinical contributions of the applicant.

Dr. _____ is a leading expert in the applicant's general research area and the applicant knows him/her quite well through interactions at conferences and symposiums. He/she is very familiar with the applicant's work and has referenced it quite extensively in some of his/her review articles. He/she is suitable to assess the applicant's research and has not personally met or worked with the applicant.

Dr _____ is a senior editor for The Journal of _____ and has handled many of the applicant's manuscripts. Dr. _____ and the applicant meet regularly at scientific conferences and discuss scientific ideas on the topic of _____. The applicant has never collaborated with Dr. _____, nor has the applicant held grants with him/her or co-authored any publications with him/her, and has no personal relationship with him/her. Dr. _____ is a colleague who knows the applicant's work and/or engagement in the scientific community

Dr. _____ is the Director of _____ in the Department of _____ at Queen's University. He/She is aware of the applicant's clinical, research, teaching and administrative contributions. As a leading authority in _____, he/she is qualified to comment on the originality and significance of the applicant's research work. Dr. _____ and the applicant share patient care and communicate regularly regarding resident education in the Department _____ at Queen's. Dr. _____ does not mentor or supervise the applicant and has not collaborated with the applicant on any research projects, manuscripts or other academic endeavours in the past five years.

Dr. _____ is a senior staff member at the hospitals with whom the applicant has worked with clinically. He/she is aware of the applicant's contributions to research and is in a strong position to comment about

the quality of his/her work. Dr. _____ does not mentor/supervise the applicant and has not collaborated or published with the applicant in the last five years.

Dr. _____ is a member of the Department of _____ who works closely with the applicant in all areas of clinical activity. He/she can comment on the applicant's clinical and scholarly work and activities. Dr. _____ and the applicant have not worked together on any major projects or grants and have an 'arm's length' professional relationship.

Dr. _____ is a highly respected researcher in the area of _____. Although her/his work focuses on _____, s/he does understand _____, and would be well able to comment on research work that the applicant has done related to _____. While the applicant had contact with Dr. _____ several years ago while assembling a large Queen's-based research team for a major collaborative grant, the applicant has never worked with her/him and has not had contact with him/her in quite some time.

Funding of GFT Clinical Faculty

Most M.D. clinical faculty at Queen's hold geographic full-time (GFT) appointments. This involves full-time devotion to University-related activities, including academic patient care. A minority of clinical faculty have other types of appointment (adjunct, non-renewable, etc.) which are not considered further herein.

GFT appointments can be either tenured/tenure track or special appointments. By definition, the latter are funded primarily from sources other than University operating grants or tuition fees (together called "hard" or "operating" funds hereafter). Importantly, special appointees are not eligible for tenure at Queen's, since the university won't commit long-term support to individuals whose funding is not derived primarily from the operating budget.

Funding for GFT faculty has always been complex, as their mandate involves patient care in addition to scholarly activities. Individuals have traditionally received a base salary based on academic salary-for-rank, supplemented by additional clinical income derived from patient care, mainly via OHIP billings. Beginning in the early 1960's this clinical income was limited by a University-established "ceiling", designed to discourage undue clinical work at the expense of scholarly activity. Any clinical earnings beyond the ceiling were returned to the University as "overage", which was used as a trust fund for academic purposes. A relatively minor modification of this system was introduced in 1990, in which individual clinical departments could elect to limit earnings by a sliding-scale levy instead of a fixed ceiling, but the principle of University control over clinical income remained intact.

Funding for clinical faculty was revamped in mid-1994, when a groundbreaking alternative funding plan (AFP) was negotiated between the Ministry of Health and the University in partnership with its major teaching hospitals and the clinical teachers themselves, collectively called the Southeastern Ontario Academic Medical Organization (SEAMO). The AFP contract grants a single envelope of funding for the combined activities of the clinical departments. GFT individuals receive a base salary (known as "T4 income") plus additional professional income in lieu of OHIP billings ("T4A income").

Regardless of the funding specifics, a fundamental principle has been maintained over the years, namely that GFT faculty are university scholars whose clinical activities take place in an academic milieu. Academic promotion and tenure have always been based on traditional scholarly criteria. Because of the complex and varied roles that GFT faculty undertake, several years ago the University created the designations of investigator-scholar, educator-scholar, and clinician-scholar to describe the primary mandate of individual clinical faculty members.

The Problem: Tenure-Track/Special Appointee Dichotomy

The above system functioned well in the 1960's and 1970's, as operating funds were sufficient to support a cadre of tenure-eligible GFT appointees. Gradually, however, operating funds failed to keep pace with the need for GFT appointments. The Faculty of Medicine responded by beginning to use clinical overage to

fund new GFT faculty. In many instances the appointee's clinical billings generated enough overage to fully fund his/her base salary. Thus this mechanism, though not ideal, initially flourished because it permitted faculty expansion with little outlay by the University. Importantly, however, these GFT scholars had to be hired as special appointees rather than tenure-track, as their base salary came from "soft" monies.

In face of further and progressive constraints on operating funds throughout the 1980's and 1990's, the University administration increasingly limited the number of tenure-track appointments in the clinical departments. Specifically, during the 1980's only 30% of new GFT clinical faculty were tenure-track (20 of 66), and in the 1990's a mere 8% (6 of 71 to mid-1996).

Consequently, the large majority of new GFT faculty in the past 20 years have been special appointees, funded primarily by overage derived from patient care. These individuals increasingly form the backbone of scholarly activity within the clinical departments, yet are not eligible for tenure. This contrasts with the traditional and historic situation at Queen's, in which deserving GFT scholars were granted tenure at an appropriate stage of their careers.

Over time, therefore, an unfair two-class system has evolved in which an aging tenured faculty coexists side by side with a growing number of productive special appointees who share similar job descriptions but lack academic security: only about 38% of the GFT clinical faculty is currently tenured or tenure-track, the remaining 62% being special appointees. The alternative funding plan has not altered this situation, since AFP funding is guaranteed only life of the SEAMO contract and no new tenure-track slots are available.

Approach to a Solution

To help address this problem, in 1994 then-Vice-Dean Bob Maudsley proposed phasing out tenure for clinical faculty and replacing it with a new type of special appointment called Continuing Appointment with Periodic Review (CAPR). In brief, CAPR appointees would have an initial probationary appointment for two 3-year terms, then would be granted renewable 5-year appointments subject to satisfactory review. Mixed feedback on the CAPR concept led then-Dean Duncan Sinclair to establish a Working Party charged with examining the issue of tenure for clinical faculty. Members of the Working Party comprised a mixture of junior and senior clinical faculty and included tenured, tenure-track, and special appointee members. In the fall of 1995 the Working Party submitted a preliminary report which was distributed to all members of the Faculty of Medicine for feedback, criticisms, and suggestions. We also sought comments from CEO's of the teaching hospitals, the Queen's University Faculty Association (QUFA), and others. We received extensive and thoughtful feedback from a large number of individuals representing the full spectrum of interested parties. In general, there was broad support for the preliminary report, though a minority of respondents held strong contrary views to one or more of the major recommendations.

The Working Party subsequently held a series of additional meetings to weigh the comments and further develop a consensus position. We also co-opted Prof. Dan Soberman, former Dean of the Faculty of Law and an acknowledged expert on tenure, who was largely responsible for developing the current tenure regulations at Queen's. Professor Soberman's expertise was very valuable to the Working Party and helped crystallize our thoughts.

In the spring of 1996 the Working Party put forward a revised report containing 9 recommendations to serve as the focus for further debate. Again there was extensive and broadly-based discussion within the Faculty of Medicine over a lengthy period. The report was ultimately approved by Faculty Board and subsequently forwarded to Senate in the Spring of 1998. The document was then carefully reviewed by the Senate Committee on Appointments, Promotion, Tenure and Leave, which

support the principles in the report but recommended several relatively minor changes in wording to ensure full compliance with the existing Senate policy on tenure. The present document incorporates all of these changes and has been endorsed by Senate (May 1999).

The 9 recommendations and their rationale follows. Although M.D. clinical faculty are barred by the Ontario Labour Relations Act from inclusion in a bargaining unit, the recommendations below are consonant with the recent collective agreement between QUFA and the University.

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3. There is broad agreement that the current two-class system of GFT scholars is unfair and divisive, and must be changed. Further, any replacement system should not be linked to the AFP – i.e., it should stand on its own whether or not the AFP is renewed.

GFT clinical faculty are normally hired with the expectation of scholarly career development, whether primarily as investigator-scholar, educator-scholar, or clinician-scholar. Under usual circumstances, therefore, these individuals should be granted the same academic rights and protections as other members of the University community. The University's obligations in this regard should not be abrogated simply because funding mechanisms for clinical departments are more complex than elsewhere in the University.

2. The principle of tenure deserves brief discussion, since there is much misunderstanding about the concept. Tenure originated with the judiciary in early 18th century England, not in academe: to assure citizens that complaints against the state would be adjudicated impartially, judges were given parliamentary protection against arbitrary dismissal or salary reduction by the monarch. Since academic freedom was also deemed in the public interest, the concept later entered academe to thwart retribution against individuals who promoted ideas contrary to the established wisdom. Hence the essence of tenure is protection to pursue academic interests without fear of arbitrary retribution. Contrary to widespread belief, tenure has never been intended to guarantee career-long employment or fixed salary regardless of circumstances. Tenured individuals can (and should) be dismissed for just cause, e.g. incompetence, as long as there are safeguards to ensure that the grounds are appropriate. Similarly, tenure systems permit salary reductions, layoffs, forced early retirement, closure of whole departments, etc., in situations of financial exigency – provided that the decision-making process is demonstrably fair and is not arbitrarily directed against specific individuals. In this context, the principle of tenured academic protection is at least as valid today as in the past.

4. Despite the above, some individuals (including academics) believe that tenure is an outdated concept and/or that it should not apply to clinical faculty. Proponents of the latter belief argue that clinicians either do not require or do not deserve tenure protection, since a substantial or predominant part of their work and income relates to the provision of clinical care. Tenure is therefore deemed not only irrelevant or of little practical value, but actually detrimental because it inhibits staffing adjustments needed to meet the Faculty's collective clinical obligations.

The Working Party disagrees with this mind-set, which ignores the fact that this clinical care is delivered in an academic setting and is integral to the scholarly mandate of the GFT faculty. Moreover, clinical faculty share similar scholarly obligations and commitments with other University faculty, and are judged by equally rigorous criteria for academic advancement. Loss of academic protection would therefore render clinical faculty vulnerable to arbitrary dismissal for administrative reasons. Abandonment of tenure may ease the task of senior administrators in the School or affiliated teaching hospitals but would be anathema to the academic protection and well-being of individual faculty members.

Hence the Working Party disagrees with any proposals such as CAPR which weaken the academic security of GFT clinical faculty and arbitrarily set them apart from other members of the scholarly community at Queen's.

For interest, a recent survey of U.S. and Canadian medical schools revealed that 96% retain tenure systems. Of the 9 schools with no tenure for clinical faculty, however, 4 are Canadian: Laval, Ottawa, Toronto, and Western (Jones RF and Sanderson SC, *Academic Med* 69:772-778, 1994).

5. Given recommendation 3, the crucial hurdle is how to meld tenure with fiscal reality: available "hard" funding is grossly inadequate to fully support the number of clinical faculty worthy of tenure. After extensive review, the Working Party believes that this dilemma should be solved by de-linking tenure from guaranteed full salary-for-rank. In this model, tenure would be granted on academic grounds alone and would not depend upon availability of full operating funding for rank. Instead, operating funds available collectively for the clinical departments would be distributed proportionately to individuals (see point 5 below). The exception would be currently tenured faculty, who would continue to receive salary-for-rank until retirement unless they voluntarily relinquished this privilege (there are major legal and ethical impediments to forced elimination of this exception).

This proposal is based on the principle that academic protection for all deserving GFT faculty is more important than full salary-for-rank for a few.

5. This proposal requires an appropriate distribution of the relatively limited operating funds collectively available to the clinical departments. For fairness, individuals should receive more or less than the average "share value" based upon job description and other agreed upon criteria such as seniority, merit, etc. For example, a GFT clinician whose job description mainly involves research should normally receive a greater proportion of operating funds than one whose contribution involves a larger proportion of patient care which is compensated separately. Exact policies for the appropriate distribution of these funds would need to be established by a collegial mechanism. However, each individual should receive a specified reasonable minimum share of the operating funds. Over time, the hard funds available for distribution will progressively increase as currently tenured faculty retire or resign; about 20% of the tenured GFT faculty will be retiring within the next 5 years, and fully 50% within the next decade (42 of 83). Nevertheless, only a portion of the overall operating funds will thereby be freed up for redistribution – still far too little to permit full salary compensation for the average GFT faculty member.

6. University fringe benefits (pension, insurance, etc.) have always been based on salary-for-rank, which in turn is adjusted annually for seniority/progress through the ranks, negotiated inflationary increments, etc. All current GFT faculty have such a “nominal salary” for determination of benefits, regardless of whether this salary is derived from “hard” or “soft” monies. Special appointees have traditionally been able to use their clinical income to fund benefits on the “soft” portion of their nominal salary. For fairness, this tradition should continue within the new system we propose.

7. A corollary tenet of this proposal is firm linkage of the GFT University appointment with a clinical appointment that provides additional income derived from patient care. This would normally be a hospital appointment via the affiliation agreements which already exist between the University and the teaching hospitals. This linkage has traditionally provided and should continue to provide a major source of income for most clinical faculty members through their patient care activities – either via T4A income within the AFP or by OHIP billing in the absence of an AFP. In special circumstances the clinical activities might be non-hospital based in whole or in part. There may also be unusual individual GFT clinical appointments in which there is minimal or no funding derived from patient-related activities.

8. In this proposal, therefore, academic freedom and security of appointment are provided by tenure, whereas income security is provided primarily through the linked clinical appointment. The individual could not be removed from either appointment except for just cause, with all the appropriate safeguards for appeal, etc. As a corollary, it must be understood that the University appointment is contingent upon the continuation of hospital privileges; loss or significant change in hospital privileges may result, after careful review, in modification or termination of the university appointment. Normally, it should be an express term of employment that a tenured faculty member who resigns or is dismissed for cause no longer has an enforceable claim to retain a clinical appointment. In the unusual event that a tenured individual loses an affiliated clinical appointment for reasons unrelated to University performance, any salary adjustments derived from operating funds should require University approval.

9. An important question is whether it is “legal” to dissociate tenure from a specified guaranteed salary. For faculty members in Arts and Science, for example, tenure without reasonable salary-for-rank could be construed as meaningless and the equivalent of constructive dismissal. Nevertheless, none of the University’s documents specifies that a tenured appointment must be accompanied by a particular salary. Moreover, in the School of Medicine there has long been an historical separation of income from rank for clinical faculty. A University solicitor and Professor Soberman both informed the Working Party that there is no legal barrier to implementing the above proposal. QUFA also examined this issue and acknowledged that, due to the unique funding situation for clinical faculty, tenure-stream GFT faculty could receive salaries that are less than full salary-for-rank. This limitation on salary should be expressly stated in the employment contract.

For interest, in the recent survey cited at the end of point 3 above, the large majority of U.S. and Canadian medical schools provide either limited or no financial guarantees for tenured clinical faculty. Hence there is ample precedent for the concept of dissociating tenure from salary-for-rank for a medical school's clinical faculty.

10. The Working Party also examined a totally different approach that would preserve linkage of tenure with salary-for-rank. This approach assumes that clinical income from either OHIP billings or an AFP envelope is equally as "hard" as traditional University funding from the Ministry of Education and Training and other sources. Tenured salary-for-rank could therefore be guaranteed from either combined operating plus T4A funds (if an AFP continues) or combined operating funds plus OHIP billings (if an AFP is not renewed). In the latter instance, the School of Medicine/University would exercise control over individual OHIP income via levers already available, namely levy or ceiling payments. Because clinical faculty members' total income is substantially higher than base University salaries, the Faculty would remain fiscally solvent despite guaranteeing full base salary-for-rank. This alternative proposal would require commitment by the University to career-long salary guarantees derived from clinical sources of income – a radical change. Further, the concept raises a number of major issues and serious potential problems including the University's responsibility/liability for clinical care, whether the University's operating budget includes clinical monies, jeopardized tax status of professional income, etc.

Despite these barriers, the Working Party raised this proposal in the original preliminary report because of its advantage in permitting tenure with full salary-for-rank. However, the feedback from a wide spectrum of the Faculty was overwhelmingly negative. As a result, the Working Party concluded that this option was not worth further exploration.

11. Under usual circumstances, GFT faculty should be hired with the expectation of scholarly career development ultimately leading to tenure – i.e., a tenure-track appointment. Occasionally, however, there may be a need for clinicians who primarily undertake patient service with little expectation of scholarly achievement. A tenure-track appointment is inappropriate for these individuals. Traditionally they have been offered either a GFT special appointment or an adjunct appointment, depending on individual circumstances. The Working Party believes these options should continue. It is important, however, that new GFT scholars should normally be given a tenure-track appointment, as the University should not be able to avoid its obligation to these members by offering them a lesser appointment.

12. In the feedback received from the Working party's preliminary report, some Faculty members objected strongly to dual tenured and special appointee streams for future GFT faculty. They argue that fairness demands the same type of appointment for all clinical faculty, that either everyone or no one should be tenured, and that the Working Party's proposal merely replaces one unfair two-class system with another. Some also believe that special appointees are financially more vulnerable within an AFP, since their clinical monies are controlled by the central AFP governance; this is raised as a further argument against two types of GFT appointment.

The Working Party acknowledges these concerns but we think they are misplaced. First, we believe it is inappropriate to lump all clinical faculty into one category regardless of job description, scholarly mandate, or academic contribution to the University. Second, there is a fundamental difference between the present two-class system and our proposal: currently, special appointees and tenured faculty are doing similar or

identical work, with the University having the same scholarly expectations of both – yet the special appointees lack academic protection solely because of bad historical luck in the timing of their appointments. Indeed, it's a particular anomaly that vigorous young special appointees are often the most productive scholars. There is universal agreement that this dichotomy is unfair. This contrasts strikingly with the Working Party's proposal, in which all GFT scholars would be tenure-track; the few new special appointees by definition would have different job descriptions and academic expectations.

Third, the University has always exerted control over the clinical earnings of GFT faculty – tenured and special appointees alike. The AFP has not altered this, nor are special appointees disadvantaged financially by virtue of the AFP. If anything, the AFP provides greater protection against unilateral fiscal control by the University, since the Clinical Teachers' Association is an equal partner in AFP governance. Hence we disagree that the AFP uniquely enhances the financial vulnerability of special appointees.

13. Finally, what happens to the large number of current special appointees? The Working Party considered several options:

- a) Giving “grandfathered” tenure to all special appointees with minimum service of, say, 6 years. We believe this is inappropriate, since some have not attained the scholarly achievements to justify tenure.
- b) Permitting application for tenure after an appropriate minimum length of service, e.g. 6 years, to be judged by the usual academic criteria. Those who choose not to apply would remain special appointees, as would those who apply but fail to succeed. This is a reasonable option but may inundate tenure committees with inappropriate applications, since “there's nothing to lose”. The latter fear may be groundless, however, as most individuals are aware of the stringent grounds for tenure and are unlikely to submit frivolous applications.
- c) As in b), except that those who apply but fail to achieve tenure would then lose their University appointment. We believe this option is unfair, as it would unduly inhibit tenure applications and may result in loss of some excellent people in favour of weaker individuals who choose not to apply.
- d) Grant tenure upon pro forma application to special appointees who have already achieved the rank of Associate or full Professor, since these individuals have already met the rigorous academic scrutiny required for promotion. Special appointees at the rank of Lecturer or Assistant Professor would be handled as in b). The Working Party favours this option.

Members of the Working Party

Jeremy Heaton, Alan Jackson, Susan MacDonald, Bob Maudsley (ex officio), Dale Mercer, Jerry Simon
(Chair)

A conflict of interest is a conflict between a person's duties and responsibilities with regard to the review process and that person's private, professional, business or public interests. There may be a conflict of interest if/when the committee member, external reviewer/referee or other person asked to assess the application:

- would receive professional or personal benefit resulting from the application under consideration;
- has a professional or personal relationship with an applicant or the applicant's institution; or
- has a direct or indirect financial interest in the application being reviewed.

A conflict of interest may be deemed to exist or perceived as such when a committee member, external reviewer/referee or other person asked to assess the application:

- is a relative or close friend, or has a personal relationship with the applicant;
- is in a position to gain or lose financially/materially/of reputation from the success of the application;
- has had long-standing scientific/academic or personal differences with the applicant;
- is currently affiliated with the applicant's institutions, organizations or companies;
- is closely professionally affiliated with the applicant, as a result of having in the last six years:
 - frequent and regular interactions with the applicant in the course of their duties at their department, institution, organization or company;
 - been a supervisor or a trainee of the applicant;
 - collaborated, published or shared funding with the applicant, or have plans to do so in the immediate future; or,
- for any reason, feels that s/he is unable to provide an impartial review of the application.

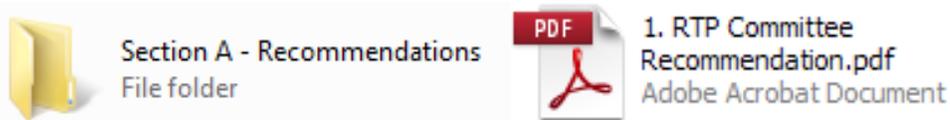
- What is the perception of the relationship in the community affected by the decision?
- Would a reasonable person, knowing the facts, conclude that the committee member or external reviewer/referee would likely be biased in one way or the other?
- Has the committee member or external reviewer/referee already stated or indicated that they've come to a conclusion on the issue to be decided prior to the review process? If so, this gives rise to reasonable apprehension of bias.

1. – If regarding a committee member, is the influence of the member diluted? How many members are there? Is this person chairing the committee? Is their influence controlling? Is the influence on the committee only by persuasion?
2. – How open is the relationship? Is the committee member or external referee/reviewer open and forthcoming about the nature of the relationship with the candidate? Was there any attempt to conceal the relationship?
3. – Is there anything to suggest to a reasonable observer that the committee member or external referee/reviewer may be going into deliberations with a closed mind? Members and referees/reviewers should be fair and frank about the source of

their information, the basis of their opinions and the extent to which they are prepared to deal with the task with an open mind.

the Department of Medicine Reappointment, Promotion and Tenure Committee's
Administrative Assistant

	Select Current Rank
	Select Appointment Type
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	Select Date of Completion



Section A - Recommendations
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1. RTP Committee Recommendation.pdf
Adobe Acrobat Document

Section A:	<div style="margin-left: 40px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <p style="margin-top: 20px;">*In accordance with the Collective Agreement, for all recommendations for promotion to Professor, the specified reasons should include a clear statement as to whether the applicant is recommended for promotion on the basis of:</p> <ul style="list-style-type: none"> (i) scholarly or creative work judged to be distinguished with very good teaching; or (ii) continuing high quality scholarly work with exceptional contributions in teaching; or (iii) scholarly or creative work judged to be distinguished with exceptional contributions in teaching.
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