

Faculty of Medicine and Dentistry Guidelines Used for the Evaluation of Academic Staff for Merit Increments Promotion and Tenure by the Faculty of Medicine and Dentistry Evaluation Committee

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A. INTRODUCTION

Under the Faculty Agreement each Faculty is required to publish guidelines to assist the Department Chairs and the Faculty Evaluation Committee (FEC) in their deliberations on merit increments and promotions. These guidelines are used in assessing the performance of individual faculty members and are also required in delineating the category of performance, classed as “unacceptable academic performance” (Article 14).

The standards will act as a useful basis for discussion between the faculty member and his or her Chair (or designate) in regard to University responsibilities (Article 7).

The Chair (or designate) is expected to provide career guidelines to the faculty member, however, the responsibility for good performance remains with the faculty member.

It is expected that each faculty member will have a written job description outlining his/her university responsibilities. This should document weighing of activities. (**General Guidelines:** *Basic Sciences Faculty:* Research 40%, Teaching 40%, Service 20%; *Clinical Faculty:* Teaching 35%, Clinical Activity 25%, Research 15%, other 25%. Salary support from an outside agency for research e.g. MRC or AHFMR, usually requires research 75%, other 25%). The job description should be reviewed annually and updated, when required, during the faculty member's career.

I. Reviews of performance

On an annual basis, the faculty member's progress will be reviewed by the Department Chair and the FEC. The reviews are based on Article 7 (University Responsibilities) Article 8 (Supplementary Professional Activities) and Article 13 (Faculty Evaluation). At appropriate times after their appointment, academic staff will be considered for promotion and tenure (Article 12). If a staff member is granted one or more leaves during a probationary period and if the length or type of leave is such that it materially affects the performance on which the staff member is to be assessed, then the probationary period shall be extended for one or more years. This extension shall be made by the Vice-President (Academic) on the recommendation of the Dean following consultation with the staff member. It is the responsibility of the Chair and FEC to ensure that the faculty member is not disadvantaged by such leave.

In the Faculty of Medicine and Dentistry the reviews will be based on the following categories: **Teaching; Research; Service and Clinical Practice.**

B. GENERAL GUIDELINES

It is implicit in the function of the Faculty that all faculty members should normally have some responsibilities in each of the categories: Teaching, Research, and Service. Clinical faculty members will also have some clinical duties. All of these responsibilities may be discharged by a member of the Faculty in different ways depending on the job description. Performance which is at least adequate must be provided in each category. The expectations for performance in each category will increase with increasing rank and seniority. Performance will be documented using, wherever possible, objective criteria.

I TEACHING

I.a Teaching activities:

1. **Course teaching** at both undergraduate and graduate levels by means of lectures, small group discussions, tutorials or

seminars. This includes teaching to those outside the Faculty of Medicine (service teaching in Faculties of Science, Nursing, Dentistry, etc.) and continuing medical education for graduates in practice.

2. **Clinical teaching** involving patients.
3. **Supervision of trainees** including summer students, graduate students in Ph.D. or M.Sc. programs, residents, postdoctoral trainees and other more advanced students.
4. **Administration of courses** at all levels.
5. **Administration of training programs** at the level of the Faculty or the University.
6. **Development of new courses/approaches** teaching methods or curriculum.
7. **Teaching workshops**, including attending or providing workshops on teaching and other educational matters.
8. **Continuing Medical Education** including organization of workshops, telephone conferences, and travel to rural communities.
9. **Educational research**, conducting publishable research on educational matters.

I.b Assessment of Teaching

Each faculty member should maintain a teaching dossier which will detail what teaching responsibilities have been carried out and provide some means by which the success of those endeavors can be assessed. This document will be required for all considerations of promotion and tenure and must be available to FEC in the same way as a curriculum vitae. The teaching dossier will be a major criterion, along with the presentation by the department Chair in all cases of abnormal increment recommendations which are based on teaching.

1. **Course teaching:** Both the quantity and particularly the quality of teaching will be evaluated. All courses given by lecture should be assessed by objective criteria. The University has made such evaluation mandatory. A student assessment should be conducted on the performance of instruction in a course. This should be carried out each time the course is presented and the results retained as part of the teaching dossier. In addition to student evaluation, first hand assessment by the Chair and/or the course coordinator is important. Additional assessment by those knowledgeable about the content of the teaching exercise is desirable and appropriate. Teachers are expected to carry out their duties conscientiously, to have a comprehensive knowledge of their subject, and to communicate this knowledge clearly and in an interesting manner.
2. **Clinical teaching:** A similar means of assessment will be used for small group teaching and clinical teaching involving patients. Student assessments should be collected in a systematic fashion using a standardized approach.
3. **Supervision of trainees:** Assessment of contributions to graduate education may be a major part of the educational activities of those whose primary role is in research. This must be documented and recognized as an appropriate and important activity. Teaching in graduate courses must be assessed as described above and evidence of success in graduate education should be obtained from assessments by the Director of Graduate Studies for the Department. Additional assessments of supervisory performance may be obtained from student publications, the proportion of students who successfully complete their programs under that supervisor, and the quality of subsequent placements. Similar assessment of the success of supervision of residents in training should be documented by the Department Chair and the Director of the Residency Training Program. Success in post-graduate examinations and final placement may also provide information.
4. **Guidelines for the determination of total hours involved in the supervision of students:** Graduate supervision is usually 80-120 hours per year with a maximum of 220 hours per year. Residency supervision and administration may often exceed these hours.

5. **Administration of courses:** Effectiveness of the administration of a course will be assessed by evaluations from students, the Phase coordinators and other teachers (if applicable) and the Department Chair, according to the stated objectives of the course.
6. **Administration of training programs:** Effectiveness in maintaining resident evaluations, documentation of residency training meetings and feedback from the residents will be assessed by the Program Director, the Chair of the Department and the Associate Dean of Graduate Training Programs.
7. **Development of new courses/approaches:** The impact of new courses or teaching techniques will be assessed by evaluations from students, the Department Chair and Phase coordinators if applicable.
8. **Teaching workshops:** Attendance at teaching workshops will be taken as evidence of a serious attempt to improve teaching performance.
9. **Continuing Medical Education:** Performance will be assessed by frequency of requests, and by objective evaluations by attendees.
10. **Educational research:** Publications in education journals or application of research findings in courses will be used to assess research performance.

I.c Superior Performance

The criteria for superior teaching listed below are intended to describe some indicators of superior teaching. For early promotion, an overall rating of 'superior' will require more than one (but not all) of these conditions to be met. For merit increments, one of these criteria may be sufficient for a superior rating.

- 1,2. **Course teaching and Clinical teaching:** Superior performance in course teaching may include receiving student ratings in the top 10% of instructors of similar rank, recognition by students or clinical trainees as a superior teacher in winning an annual award such as the Rutherford undergraduate teaching award or one of the Phase 1, II or III awards. Repeated nomination for one of the above awards would also be considered evidence of superior teaching, as would recognition as an outstanding teaching scholar by the Department Chair or course director. Superior instructors would normally have high course enrollments and be frequently selected as preceptors.
3. **Supervision of trainees:** Superior performance may be indicated by awards given for clinical teaching in residency programs at hospitals, awards to summer students and graduate students, ability to attract and successfully train a substantial number of graduate students who subsequently obtain prestigious positions and/or make notable scientific contributions.
- 4,5,6. **Administration and Innovation in teaching:** Superior performance would include reorganization of a weak course so that it is recognized by students, Phase coordinators and the Department Chair as a significantly improved, or in the case of residency programs, converting from probationary or 'notice to terminate' to full accreditation from the Royal College/College of Family Physicians. Recognition will also be given for introduction of successful new courses, or innovative teaching methods that are implemented.
7. **Teaching workshops:** Superior performance would include presenting at workshops on the basis of an excellent teaching record.
8. **Continuing Medical Education:** Superior performance would include frequent requests for such services, and ratings in the top 10% by objective attendee evaluations.
9. **Educational research:** Superior performance will be assessed as described under 'Research assessment' below.

I.d Unacceptable Performance

Unacceptable teaching performance would include refusal to accept teaching responsibilities commensurate with the job description, consistently poor student evaluations, inadequate communication of information as assessed by peer evaluation, high dropout rates for courses or research trainees, poorly organized courses, unresponsiveness to constructive criticism or failure to participate in teaching workshops when recommended.

II. RESEARCH

II.a Research Activities:

1. **Publications** resulting from research, including peer-reviewed original articles, reviews, case reports, book chapters etc.
2. **Research grants and contracts** from international, national and regional granting bodies, and industrial sources.
3. **Peer-reviewed salary awards** including national or provincial scholarship and scientist awards.
4. **Patents and licenses** which, for applied research, may be more significant outcomes than publications.
5. **Clinical trials** supported by pharmaceutical companies or public granting agencies.
6. **Awards and Recognition** from international, national and local organizations.
7. **Meetings and symposia** including invited and contributed, oral and poster presentations.
8. **Invitations onto research evaluation committees** including grant review committees, editorial boards, advisory committees.

II.b Assessment of Research

The annual report will be the major basis for the evaluation of research performance.

1. **Publications:** A list of publications is required in the annual report. On multi-author papers the first, senior or corresponding author normally receives more credit, otherwise the role and degree of contribution of each author to the publication should be indicated. Primary consideration should be given to the quality of publications, one measure of which is the discrimination and prestige of the journals in which they are published. Chairs should be prepared to comment on papers that make an unusually significant contribution to their field. These publications will be valued much more highly than a larger number of publications that do not contribute significantly to advancement of knowledge in the field. Peer-reviewed primary data papers and major reviews normally receive most recognition. Book chapters, non-peer reviewed papers, minor reviews, published meeting proceedings and published abstracts normally represent less significant achievements.
2. **Research grants and contracts:** All grant support should be listed in annual amounts. In cases where there are more than one applicant, the proportion of funding allocated to the individual should be clearly indicated. Major recognition will be given to holders of peer-reviewed grants from international or national agencies. Industrial grants/contracts will be weighted according to size and relationship to the academic interest of the Faculty member.
3. **Peer-reviewed salary awards:** Initial or renewal awards of national or AHFMR scholarship or scientist awards will constitute strong recognition of the value of the Faculty member's research.
4. **Patents and licenses:** Increasingly, industrial support, often matched by federal grant funds, is available to Faculty members. The resulting research frequently yields patents and licenses, rather than immediate publications. This activity will also be recognized as a meritorious research contribution. As for publications, the number of patents and licenses will give some indication of the quantity and quality of the research, and the Chair should be prepared to comment on patents of unusual importance. The impact of a patent may be reassessed at a later date.

5. **Clinical trials:** All clinical trials should be listed. If there is more than one applicant, the status of the individual should be specified (principal investigator) and credit will normally be given only to the principal investigator, unless the Chair explains that unusual circumstances prevail. More recognition will be accorded to a principal investigator or a member of the steering committee who has played a significant role in designing the study, compared to a participant in a multi-centre trial.
6. **Awards and recognition:** The stature of the award will be the primary means of assessing the significance of an award. Significant awards to trainees also reflect on the quality of the supervisor's research program.
7. **Meetings and symposia:** Invitations to present lectures or chair sessions/workshops at major international meetings will be considered as strong peer recognition of the quality of the Faculty member's research. International workshop and poster presentations, as well as all presentations at national or local meetings, also constitute significant recognition.
8. **Invitations onto research evaluation committees:** Although this overlaps into the area of service to the discipline, being asked to serve on important review bodies is a recognition of past achievement in research. These committees include research grant committees including site visits, editorial boards, meeting program committees and advisory committees on research matters.

II.c Superior Performance

The criteria for superior research listed below are intended not as rules, but as guidelines to describe the typical indications of superior research. For promotion, an overall rating of 'superior' will require more than one (but not all) of the conditions to be met. For merit increments, one of these criteria may be sufficient for a superior rating.

1. **Publications:** While a substantial number of primary data papers in good journals obviously suggests significant research achievements, evaluation as superior performance requires that some of these papers make significant contributions to the field. One landmark paper could represent superior performance.
- 2,5. **Research grants and contracts, clinical trials:** Superior performance may be recognized if a Faculty member were successful in obtaining multiple peer-reviewed national grants with substantial funding, depending on stage of career development. Leading a successful major group application for peer-reviewed or industrial funding may also contribute to superior performance.
3. **Peer-reviewed salary awards:** Any peer-reviewed salary award, including peer-reviewed renewals, will be recognized in the year of award as superior performance.
4. **Patents and licences:** Because of the difficulty of early evaluation, the filing of a patent or license may contribute to overall research excellence, but normally would not contribute strongly to a superior rating.
6. **Awards and recognition:** Exceptional credit will be given to winners of major international or national awards including those from a Society in the Faculty member's discipline. Membership in a Royal Society and local awards of distinction, e.g. Kaplan Award or ASTech award, may also contribute to recognition of superior performance.
7. **Meetings and symposia:** Superior performance would be recognized if a Faculty member were invited to give a keynote address at a major international meeting, or to give invited presentations at meetings with substantial international participation.
8. **Invitations onto research evaluation committees:** Being asked to serve as chair of a grant review panel or an editor of a well-quoted journal would be considered particularly meritorious.

II.d Unacceptable Performance

For a Faculty member whose job description includes a substantial research component (>40%) and who has been appointed in the Faculty for more than three years, unacceptable research performance would include poor publication output (low or zero numbers,

poor quality), lack of research funding (grants, contracts or clinical trials) and no research trainees. Deceptive or unethical practices, where substantiated, are unacceptable.

III. SERVICE

III.a Service activities

Service activities include all those activities which contribute to the efficient operation of academic medicine in its three main aspects: research, education, and clinical care. Service activities include but are not limited to:

1. Service to the Discipline:

- a. Journal and grant reviews.
- b. Grant panels, site visits.
- c. Office in professional society.
- d. Committee for professional society or government.

2. Service to University/Hospital:

- a. University/Hospital, Faculty or Departmental committees.
- b. Phase coordinators, directors of residency training programs.
- c. Department chairs, associate/assistant deans, divisional directors.
- d. Directors of major programs or services facilities.

3. Service to the Public:

- a. Communication of expertise to lay audiences.
- b. Voluntary professional service.

III.b Assessment of Service

The annual report will be the major basis for the evaluation of service contributions.

- 1. Service to the Discipline:** A Faculty member is expected to participate in the reviewing of journal articles and grants in the appropriate discipline. Consideration will be given to the stature of the journal and granting organization. Although both quantity and quality of service are considered important, it is recognized that the quality of reviews of grants or journal articles is difficult to judge. Repeated invitations to serve in this capacity can be taken as an indication of effectiveness. Service on an editorial board, grant panel or site visit is considered more meritorious than ad hoc reviewing.

Significant service contributions to the discipline may be made by holding office in a professional society or serving on an advisory committee in the Faculty member's area of expertise. Service in national or (especially) international organizations/committees would be considered more important than service in local societies.

- 2. Service to University/Hospital:** Contributions to the administration of the University and affiliated teaching hospitals will be considered equally valuable. Membership on a small number of departmental, faculty, hospital or university committees is expected. Faculty members are expected to organize some departmental functions, e.g. a seminar series, or to play a role in the administration of teaching, e.g. by coordinating a course. A Faculty member may supervise a service facility.
- 3. Service to the Public:** Service to the general public is laudatory, and contributes significantly to academic performance if it is related to the discipline of the staff member. Communication of expertise to lay audiences might include presentations

at schools, interviews with the media, speeches with business groups, invitations for open houses at the university, etc. Indications of quality may be obtained from the demand for such services, and feedback from the public to other Faculty members. Another form of meritorious public service is represented by contributions of professional expertise for which no or minimal payment is received.

III.c Superior Performance

1. **Service to the Discipline:** Serving as chair of a grants panel, or editor of a significant journal, would be considered superior. Other exceptional contributions might include organization of a major conference; serving on a policy committee of a professional society or a governmental advisory committee; holding major office in a professional organization; or receiving a service award from a society.
2. **Service to University/Hospital:** Superior performance might include effectively chairing a major University, Faculty or Hospital committee, and/or taking chief responsibility for a new initiative or restructuring.
3. **Service to the Public:** Service that has a high positive impact on public opinion or knowledge would contribute to a superior rating.

III.d Unacceptable Performance

1. **Service to the Discipline:** Unsatisfactory performance may include refusal to participate in peer review of journals or grant applications, or being asked to withdraw from a review committee for ethical reasons (e.g. breach of confidentiality).
2. **Service to University/Hospital:** Unsatisfactory performance may include refusal to serve on at least one University or Hospital committee; being asked to withdraw from a committee for ethical reasons (e.g. breach of confidentiality); or inadequate supervision of a program, resulting in loss of accreditation, or jeopardizing patient care.
3. **Service to the Public:** Unsatisfactory performance may be indicated by adverse publicity resulting from inaccurate information given to the public by the faculty member.

IV CLINICAL PRACTICE

IV.a Clinical Practice Activities

1. **Knowledge base**, as indicated by MOCOMP, MAINPRO, presentations, CME and self-study.
2. **Quality improvement**, including judgment, maintaining adequate medical records, appropriate utilization of resources.
3. **Technical proficiency/skills**, as assessed by quality improvement indicators.
4. **Communication/writing skills**, timelines of completion of medical records, and communication with referring physicians, patients and relatives.
5. **Complexity/intensity of work**, emergency and night work.
6. **Innovation/leadership**, cooperation with, participation in and leadership of change.

IV.b Assessment of Clinical Practice

For those Faculty members whose job description includes clinical service, assessment will depend heavily on the evaluation from the Division Director, Department Chair, and appropriate hospital representative. Wherever possible, the assessment will be on the basis of objective information.

IV.c Superior Performance

1. Recognition at a national level as an important resource and leader in an area of clinical expertise.
2. Exceptional success with the introduction of a new procedure or program.
3. Discovery of a new diagnostic or therapeutic (procedure or medication) that gains national or international recognition.
4. Leadership in successful projects resulting in improved quality of care or cost effectiveness.
5. Exceptional recognition by patient groups for exemplary patient care.
6. National recognition for leadership in health care delivery reforms.

For the above activities, recognition would normally be given only “one-time” for single major achievements.

IV.c Unacceptable Performance

1. Any form of unethical behavior, when substantiated, is unacceptable.
2. Failure to maintain clinical competence.
3. Persistent failure to complete adequate medical records or to communicate effectively with patients or colleagues.
4. Persistent significant deviation without justification from generally accepted practice guidelines.
5. Repeated failure or refusal to adequately meet clinical obligations.
6. Persistent irresponsible use of hospital resources.

C. PROMOTION AND TENURE

Promotion is earned and will not be granted automatically. The promotion of a staff member to the next higher rank shall be decided by the FEC following a review of the staff member's performance over the course of his/her complete career. Newly appointed staff members will normally be appointed as Assistant Professors and shall be on probation (Article 12.04). Consideration for tenure will normally be made in the last twelve months of a (second) probationary period. The initial probationary period is four years (Article 12.07) followed by a second probationary period of two years (Article 12.10).

Each staff member who becomes eligible for promotion shall be so informed in writing at least three months prior to the meeting of the FEC and must be advised by the Department Chair in writing at least two months before the meeting of FEC of the intended recommendation of the Chair. Should the Chair's review indicate that the recommendation will not favor promotion then the Chair

should discuss this with the faculty member and indicate the areas where improvement is required. The Chair shall also indicate the procedure for contested hearings.

I. TENURE AND PROMOTION TO ASSOCIATE PROFESSOR

Promotion to Associate Professor is an important academic step. Thus promotion ordinarily coincides with the granting of tenure. Candidates will be evaluated according to their job description and the criteria outlined in section B. Promotion will normally require satisfactory performance in each of the categories of Teaching, Research, Service (and Clinical Practice where applicable), including achieving key milestones as described below.

I.a Timing:

Tenure is normally considered in the final twelve months of the second probationary period (two years) or anytime after the conclusion of the first probationary period (four years). If there has been a significant change in the job description - e.g. clinical investigator (75% research), to clinician, then a new probationary period should be activated for 3-4 years. The Faculty member may request an extension the probationary period for parental leave, or absence due to illness or secondment. It is the responsibility of the Chair and FEC to ensure that the Faculty member is not disadvantaged by such leave.

Early tenure can be considered according to Article 12.11 of the Faculty Agreement, but only for individuals demonstrating superior performance in two of the four categories (teaching, research, service and clinical practice). The criteria for superior performance in each category (section B.I-IV.c) will be interpreted more generously for promotion to Associate Professor than to Professor. Teaching and research will normally be considered of primary importance. Service will be considered important but secondary, since Assistant Professors will not normally carry a heavy service commitment.

I.b Documentation Required:

1. Letter from the Chair.
2. Letter from the candidate.
3. An updated curriculum vitae.
4. Teaching dossier including copies of student evaluations.
5. Five letters from referees concerning suitability of the candidate for tenure, with at least three of these letters external to the University of which two should be chosen by the Chair and not have had any mentoring relationship with the candidate. All responses received by the Chair should be considered by the FEC. In soliciting external reviews the Chair should include a copy of the FEC Evaluation Standards and a statement outlining the candidate's job description and weighting of teaching, research, service and clinical practice.
6. If research constitutes $\geq 40\%$ of the job description, or superior research performance is a basis for tenure consideration, the candidate's five best papers should be included in the material for evaluation.

I.c Teaching, expectations - Promotion to Associate Professor

“Except where a staff member has a reduced teaching assignment, performance as a teacher shall be of major importance in the review” (Article 13.05).

Candidates for promotion will be evaluated according to the criteria outlined in section B.I.b. The teaching load for a Faculty member [lectures, seminars and scheduled (structured) clinical teaching] would normally be between 10-20 hours of teaching for each 10% of teaching commitment in the job description. Bedside teaching, graduate student supervision or other teaching that

involves less preparation, would be expected to involve considerably more hours for each 10% of commitment. These expectations would be reduced in cases where there was a substantial coordinating role.

Performance will be deemed reasonable, i.e. consistent with promotion, when the Faculty member participates actively and receives satisfactory reports from students, peers, coordinators, and departmental chairs. Superior performance by an Assistant Professor would be evaluated according to the criteria described in section B.I.c.

I.d. Research expectations - Promotion to Associate Professor

The evaluation of research of a candidate for promotion will be carried out according to the criteria outlined in section B.II.b, and will be influenced by the percentage of research in the job description. When research constitutes a major proportion ($\geq 40\%$) several criteria should normally be achieved by the candidate:

1. The candidate should have established a national reputation in their particular field of research.
2. The candidate should have demonstrated continued success at a national level in peer reviewed grant competitions as the principal investigator. Other sources of funding will be considered important but usually given less weight than peer reviewed funding.
3. The candidate should have demonstrated independence from his/her previous appointment at other universities or postdoctoral positions by publishing articles in respected journals as the first, last or corresponding author.
4. The candidate should select their five best papers and include them in the documentation. These papers should demonstrate their contributions to research and some of these publications should have originated while on faculty at the University of Alberta.
5. The candidates should have demonstrated an ability to attract and supervise graduate students or post-doctoral fellows.

When research is considered a “significant” “but not major” component (16-39% of a job description) the following will be expected:

1. Evidence of funding for research through clinical trials, research contracts or peer reviewed funding..
2. Publications demonstrating independent research or significant contributions to collaborative research.
3. Supervision or co-supervision of research trainees.

Where research is $\leq 15\%$ of the job description, one would expect demonstrated involvement in research by participation in collaborative research projects. If individuals have minor research and major teaching commitments in their job description, they are expected to demonstrate scholarly activities in teaching by publishing academic works related to teaching and evaluation techniques.

I.e. Service expectations – Promotion to Associate Professor

The evaluation of the service contributions of a candidate for promotion will be carried out according to the criteria outlined in Section B.III.b, and will be influenced by the percentage of service in the job description. Candidates with job descriptions

including research >15% will be expected to carry out some service to the discipline, such as reviewing of grants and journal articles, service on grant panels, or holding office in professional societies. For all candidates, some service to the University/Hospital is also expected, for example membership in a small number of committees, and coordination of a departmental function. Public service is optional.

I.f. Clinical Practice expectations – Promotion to Associate Professor

Anyone having a job description that includes clinical service will maintain at least an “acceptable” evaluation in this category. It is unlikely that an individual would warrant early promotion purely on the basis of clinical practice.

II. Promotion to Professor

Promotion to Professor is an important but not automatic step in an academic career. It is recognized that a long-term career as an Associate Professor may be an acceptable and appropriate career path for some individuals. Candidates for promotion to professor should have maintained the standards described in Section C.III-V for promotion to Associate Professor. In addition, they will normally have achieved national or international recognition as a leader in their chosen area of expertise as teacher/researcher/scholar/clinician. This will normally be demonstrated by their reputation among peers, and by a substantial body of work that contributes significantly to their field. Candidates will be evaluated according to their job description and the criteria outlined in Section B. Promotion to Professor represents recognition of special merit. It is essential that the candidate demonstrate superior performance in at least one of the four categories of Teaching, Research, Service and Clinical Practice, and satisfactory performance in the other areas(s). The category in which superior performance is demonstrated should normally be a significant part of the job description.

II.a. Timing:

Staff members are eligible to apply for promotion when their salary is within one increment or is higher than the minimum for Professor (Article 13.26).

II.b. Documentation Required:

1. Letter from the Chair.
2. Letter from the candidate.
3. An updated curriculum vitae.
4. Teaching dossier including copies of student evaluations.
5. Five letters from referees external to the University concerning suitability of the candidate for promotion. At least three referees should be chosen by the Chair and not have had any mentoring relationship with the candidate. Additional letters from within the University may be provided. All responses received by the Chair should be considered by the FEC. In soliciting external reviews the Chair should include a copy of the FEC Evaluation Standards and a statement outlining the candidate’s job and weighting of teaching, research, service and clinical practice.
6. If research constitutes $\geq 40\%$ of the job description, or superior research performance is a basis for promotion, the candidate’s five best papers should be included in the material for evaluation.

II.c. Teaching expectations - Promotion to Professor

“Except where a staff member has a reduced teaching assignment, performance as a teacher shall be of major importance in the review” (Article 13.05).

Criteria for evaluation of teaching will be similar to those for promotion to Associate Professor, unless the candidate's job description includes a large teaching component (> 50%). It is expected that the candidate will then distinguish themselves by major contributions.

II.d. Research expectations - Promotion to Professor

The evaluation of research of a candidate for promotion will be based on the criteria outlined in section B.II.b, and will be influenced by the percentage of research in the job description. When research constitutes a major proportion ($\geq 40\%$) several criteria should normally be achieved by the candidate:

1. The candidate should be an internationally recognized expert in their area of expertise.
2. The candidate should have demonstrated continued success at a national level in peer reviewed grant competitions as the principal investigator.
3. The applicant's publications should have made a substantial contribution to progress in their field. The candidate should select their five best papers and include them in the documentation.
4. The candidate should have demonstrated an ability to attract and supervise graduate students, post-doctoral fellows or other research trainees. After completion of their training, some of these trainees should be pursuing successful research careers.

When research is considered a “significant” “but not major” component (16-39% of a job description) the following will be expected:

1. The candidate should have established a national reputation as an expert in their particular field, and his/her publications should contribute significantly to knowledge.
2. The candidate should have demonstrated continued success in peer reviewed grant competitions.
3. If superior performance in research is the basis for a recommendation for promotion to Professor, the applicant should select their five best papers and include them in the documentation.
4. The candidate should have demonstrated an ability to supervise graduate students, post-doctoral fellows or other research trainees.

Even if research is $\leq 15\%$ of the job description, it is expected that all applicants for promotion to Professor will demonstrate some involvement in research by publishing independent or collaborative research.

II.e. Service expectations - Promotion to Professor

The evaluation of the service contributions of a candidate for promotion will be carried out according to the criteria outlined in Section B.III.b, and will be influenced by the percentage of service in the job description. Candidates with job descriptions including significant research contributions (>15%) will be expected to carry out some service to the discipline, such as reviewing

of grants and journal articles, service on grant panels, or holding office in professional societies. For all candidates, some service to the University/Hospital is also expected, for example membership in a small number of committees, and coordination of a Departmental function. Candidates for promotion to Professor would be expected to have taken a leadership role in some part of their service to the discipline, University or Hospital, for example by chairing one or more committees. While public service is desirable and will contribute to the overall quality of service, it will not normally be a major factor in promotion to Professor.

II.f Clinical Practice expectations - Promotion to Professor

There is an expectation that anyone having a job description that includes clinical service will maintain at least an “acceptable” evaluation in this category. It is unlikely that an individual would warrant early promotion purely on the basis of clinical service. Any form of unacceptable performance would preclude promotion.

D. MERIT INCREMENTS

Contributions in the areas of Teaching, Research and Service will be evaluated as described in section B, according to the job description. Expectations for acceptable and superior performance are high with increased rank and seniority. In some cases these different expectations have been described in section B. Merit increments are not awarded automatically, but are earned by significant professional development during the year. When appropriate, a cumulative assessment over a period of more than one year may be used to increase or decrease the merit increment by 0.5. FEC will ensure that significant achievements are recognized in the year that they occur (i.e. only once). Multiple previous extra increments will not mitigate against the award of extra merit recognition in the year under review, unless the Dean or Chair indicates that the Faculty member's salary is now at a level at which increased performance is expected.

In assessment of teaching, it is recognized that course loads may fluctuate between years, and so average performance over more than one year may be when necessary.

In assessment of research publications, submitted articles will not be considered. Merit increments will normally be assessed on papers actually published during the year under review. However, it is recognized that research productivity may fluctuate from year to year, and so the publication history, and ‘in press’ articles may be used by the Chair to assist FEC in the overall evaluation.

I. Merit Increments

Outstanding Two or three merit increments

Where the Faculty member has made exceptional achievements during the year, or has achieved a superior rating in two categories. This level of achievement is likely to be seen in 1-2% of the Faculty.

Superior One and one half merit increments

Where the Faculty member has performed significantly better than average for rank, normally achieving a superior rating in at least one category.

Good One merit increment

Where the Faculty member performs competently in the evaluation categories according to their job description, and professional development is at a level expected for rank.

Acceptable One half merit increment

Where the Faculty member shows a significant deficiency in at least one area of evaluation, or overall performs below average for rank.

II. Zero Increment

Four different categories of zero increment are identified in the Faculty Agreement (13.22). When a Chair recommends and/or FEC awards a zero increment, the particular attached to the increment shall be identified in all meetings and correspondence relating to the award.

0a Rank Ceiling

“that maximum for rank has been reached and standards for promotion have not been met, but performance is acceptable notwithstanding”.

0b Acceptable lack of progress

“that performance requirements for an increment have not been met but performance is acceptable notwithstanding;” for example, a Faculty member may have had a non-productive year of absence due to serious illness, leave or absence or parental leave.

0c Unable to evaluate

“that academic performance while on authorized leave could not be properly evaluated;” for example, if a Faculty member is on sabbatical leave and sufficient information is not available.

0d Unacceptable

“that academic performance is unsatisfactory and unacceptable.” i.e. the Faculty member performs assigned duties incompetently or significantly below average for the rank held, or professional development has ceased. An 'unacceptable' evaluation of any of teaching, research, service or clinical practice (sections B1d to IVd) will warrant consideration of a 0d recommendation.

E. CONTESTED CASES AND APPEALS

I. Contested Cases

A contested case is one where the staff member has the right to appear before FEC. A staff member has this right where:

- a) the Department Chair recommends that less than a single increment be awarded, except where the staff member is within one increment from the salary maximum of the rank and has not applied for promotion;
- b) the Department Chair recommends that a second probationary appointment not be offered;
- c) the Department Chair recommends that no further appointment be offered to a staff member;
- d) the staff member applies for promotion and the application is not supported by the Department Chair;

A contested case is also one where; after initial consideration, FEC may not be prepared to endorse

- a) a recommendation for a second probationary appointment;
- b) a recommendation for tenure and appointment to associate professor; or
- c) an application for promotion which has been supported by the Department Chair; or may be prepared

- d) to award an increment which is less than a single increment or to award no increment when the recommendation of the Department Chair was greater than the award FEC is prepared to endorse; or
- e) to cite a no increment award as unsatisfactory and unacceptable when the recommendations of the Department Chair was no so to cite.

II. Appeals

A staff has the right to appeal the following decision to GAC in accordance with the provisions of the Faculty Agreement, provided that the staff member has appeared before FEC to present a case or has submitted documentation to FEC to support a case:

- a) the decision of FEC not to offer a further appointment upon the termination of a probationary appointment;
- b) the decision of FEC not to award promotion upon the application of the staff member; and
- c) the decision of FEC not to award an increment or to award an increment which is less than single in value.

Approved Faculty Council - May 1996

Common/eva