

## Rutgers NJMS professional tracks: Faculty Questions, Provost Answers

1. Professor "Emeritus"... how has the emeritus status changed to conform with Rutgers? How is it different?

*PROFESSOR EMERITUS IS NOW AUTOMATIC IF YOU HAVE BEEN A PROFESSOR OR ASSOCIATE PROFESSOR FOR 10 YEARS PRIOR TO RETIREMENT.*

2. Is there still the limit of 9 years to be at Assistant Professor level, followed by termination if one is not promoted to Associate Professor within that period of time? (regardless of track chosen)

*ONLY ON TENURE TRACK. THERE IS NO UP OR OUT ON THE FOUR NON-TENURE TRACKS. FACULTY CAN REMAIN AND BE REAPPOINTED AS ASSISTANT PROFESSORS INDEFINITELY.*

3. Is it likely that any clinical faculty will qualify for "teaching track?"

If one is a program director, has developed and taught classes in the graduate school, is doing some research in education, will that be adequate for teaching track, or would one be better off as a "clinical educator track?"

*THE GUIDING PRINCIPLE IS SCHOLARSHIP AND LEADING THE FIELD OF EDUCATION. TEACHING IS REQUIRED IN ALL TRACKS AND ADMINISTRATION IS PERMITTED ON ALL TRACKS, SO SIMPLY BEING A TEACHER AND HEADING A PROGRAM WILL NOT DEFINE SOMEONE WHO EXCELLS ON THE TEACHING TRACK. BOTH TRACKS REQUIRE SCHOLARSHIP, SO THERE IT'S NOT A 'BETTER OFF' ISSUE. THE GUIDING PRINCIPLE IS WHERE DOES THE FACULTY BEST FIT, i.e. HOW DO THEY DEFINE THEMSELVES.*

4. Here's my question. My primary appointment is a staff appointment as a Research Teaching Specialist I. I also have a coterminous (non-tenure track) Assistant Professor appointment with full academic rank. Because my faculty appointment is coterminous and secondary to my staff appointment (although it does confer full academic rank), do I also need to choose a track?

*IF YOU ARE IN THE AAUP AS A FACULTY MEMBER AND ARE EMPLOYED AS FACULTY AT > 0.5 FTE, YOU HAVE TO PICK A TRACK. SOUNDS LIKE YOU WILL BE IN THE RESEARCH TRACK.*

5. The track descriptions have been reviewed by the members of our (surgery) department. The question that remains is what are the specific details of promotion within each track, as the descriptions are rather vague. It becomes difficult to pick a track if we don't know what is expected of us in terms of advancement once we choose to be part of a track.

*REQUIREMENTS FOR PROMOTION VARY BY TRACK. TENURE TRACK IS EASIEST TO UNDERSTAND AND QUITE EXPLICIT. FULL TIME CLINICIANS REALLY HAVE THREE CHOICES THAT ARE DIFFERENTIATED BY SCHOLARSHIP*

*THE PROFESSIONAL PRACTICE TRACK REQUIRES NO SCHOLARSHIP FOR PROMOTION. THE DEAN AND THE CHAIR MAY NOT REQUIRE OR EXPECT SCHOLARSHIP. PROMOTION IS EARNED ON THE BASIS OF CLINICAL ACHIEVEMENTS AS OUTLINED IN THE GUIDELINES AND TEACHING EVALUATIONS. THESE ARE DOCUMENTED BY NON-ARMS LENGTH LETTERS FROM COLLEAGUES AND THE CHAIR'S LETTER. TEACHING CAN BE EVALUATED BY REFERENCES FROM COLLEAGUES, STUDENTS, RESIDENTS AND FELLOWS. IF THE FACULTY ENABLES SCHOLARSHIP BY OTHER FACULTY WITH RESEARCH PROGRAMS BY PERMITTING OR FACILITATING THE USE OF THEIR PATIENTS IN CLINICAL STUDIES, THAT SHOULD BE DOCUMENTED BY THE INVESTIGATORS. THIS LEVEL OF SCHOLARSHIP DOES NOT HAVE TO RISE TO CO-AUTHORSHIP ON PUBLICATIONS. FACULTY INVOLVED IN SURGICAL RESIDENCY PROGRAMS MAY WANT TO SELECT A DIFFERENT TRACK THAT REQUIRES SCHOLARSHIP FOR THE SAKE OF THE PROGRAM ACCREDITATION.*

*THE CLINICAL EDUCATOR PATHWAY REQUIRES SCHOLARSHIP IN THE FORM OF PUBLISHED PAPERS, CASE REPORTS, PRACTICE GUIDELINES, RETROSPECTIVE STUDIES, LITERATURE REVIEWS AND REVIEW PAPERS, OR OTHER FORMS OF COMMUNICATIONS, REGIONAL OR NATIONAL PRESENTATIONS. FACULTY ON THE CLINICAL EDUCATOR PATHWAY DO NOT HAVE TO DO RESEARCH. THE SCHOLARSHIP SHOULD BE ASSESSED BY ARMS LENGTH LETTERS SOLICITED BY THE CHAIR FROM FACULTY WHO HAVE NOT TRAINED WITH, BEEN EMPLOYED WITH OR COLLABORATED WITH THE FACULTY MEMBER. THE LETTERS SHOULD EXPLICITLY EVALUATE THE SCHOLARSHIP AND STATE WHETHER THE FACULTY MEMBER WOULD BE PROMOTED AT THEIR RESPECTIVE INSTITUTIONS. FROM MY UNDERSTANDING, FACULTY WHO ARE LISTED AS TEACHING FACULTY ON ACCREDITED SURGICAL RESIDENCY AND FELLOWSHIP PROGRAMS MUST ENGAGE IN SCHOLARSHIP, SO I WOULD FORSEE THE A NUMBER OF FACULTY WHO PARTICIPATE FORMALLY IN THOSE PROGRAMS TO SELECT THIS PATHWAY ON THE CLINICAL TRACK.*

*FACULTY ON THE CLINICAL SCHOLAR PATHWAY HAVE TO DO RESEARCH. THEIR RESEARCH TIME SHOULD BE SUPPORTED. THEY DON'T HAVE TO INITIATE THE RESEARCH BUT THEY MUST BE PART OF THE PLANNING AND MUST BE CO-AUTHORS ON THE PUBLICATIONS THAT ARISE FROM IT. THERE ARE VERY FEW FACULTY WITH CLINICAL RESEARCH PROGRAMS AT THIS INSTITUTION SO LIKELY, THERE WILL BE VERY FEW FACULTY WHO CHOSE THIS PATHWAY.*

6. How will the faculty be evaluated in terms of promotion between clinician/educator vs. clinician/researcher track?

Can someone look over my CV to help me determine which track I'm more likely to get promoted in?

*SEE ABOVE, QUESTION 5.*

*CLINICAL EDUCATOR REQUIRES SCHOLARSHIP BUT DOES NOT REQUIRE RESEARCH CLINICAL SCHOLAR REQUIRES RESEARCH, WHERE RESEARCH TIME NEEDS TO BE SUPPORTED.*

7. How many years do Associate Professors on the Tenure track have to obtain tenure?

THE NUMBER OF YEARS IS CURRENTLY UNDER DISCUSSION BETWEEN RUTGERS AND UNION REPRESENTATIVES AND SHOULD BE ANNOUNCED IN DAYS. REGARDLESS, THERE WILL BE A FORMAL TENURE TRACK REVIEW FOR ALL FACULTY REMAINING ON OR SWITCHING TO THE TENURE TRACK REGARDLESS OF RANK. As faculty select tracks this year, those faculty remaining on the tenure track will be evaluated for reappointment no later than three years from July 1, 2016 (reappointment evaluation will take place during academic year 2018-2019) or during the year ending their current contract, whichever date comes first. THIS CONSISTS OF A DEPARTMENTAL REVIEW AND VOTE, AN FCAP VOTE TO RECOMMEND OR NOT RECOMMEND REAPPOINTMENT ON THE TENURE TRACK TO THE DEAN, A DEAN DECISION AND A CHANCELLOR DECISION. THE DEPARTMENT MAY HAVE A READING COMMITTEE IN THE FACULTY MEMBER'S FIELD EVALUATE THE FACULTY MEMBER'S SCHOLARSHIP AND REPORT TO THE DEPARTMENT PRIOR TO ITS VOTE.

8. When does the clock start? July 1?

YES

9. Is there an up or out for non-tenure tracks?

NO

10. On the Clinical Scholar what percent research effort is required? How variable can the research component be over time?

*THERE IS NO SET PERCENTAGE. EACH CIRCUMSTANCE IS DIFFERENT. THE GUIDING TENET IS THAT CLINICAL SCHOLARS MUST DO RESEARCH AND PUBLISH THEIR RESEARCH. THEIR RESEARCH TIME MUST BE SUPPOTED. THEY DON'T HAVE TO LEAD THE RESEARCH BUT MUST BE PART OF THE PUBLICATION OF THE OUTCOMES AS AN AUTHOR, NOT NECESSARILY LEAD AUTHOR THOUGH.*

11. In the Professional track, after a junior faculty member establishes a clinical reputation and has new opportunities for new clinical research, how can they get credit for the research unless they are transferred to the Clinical Scholar's track?

*EVEYONE CAN DO RESEARCH. SCHOLARSHIP ON THE PROFESSIONAL PRACTICE TRACK DOES NOT HAVE TO RISE TO THE LEVEL OF COAUTHORSHIP. INVESTIGATORS WHOSE RESEARCH THE FACULTY MEMBER ENABLES WILL WRITE LETTERS ATTESTING TO THEIR CONTRIBUTION TO THEIR STUDIES. SINCE SCHOLARSHIP IS NOT REQUIRED FOR PROMOTION, THEIR CLNICAL AND TEACHING SUCCESSES WILL BE THE KEY FACTORS. HOWEVER, IF THEY DO GET LETTER ATTESTING TO THEIR ENABLING OF RESEARCH OR IF THEY ACTUALLY APPEAR ON PUBLICATIONS, THIS WILL BE CONSIDERED FAVORABLY AT THE TIME OF PROMOTION.*

12. Rutgers is calculating an “academic index” for their faculty. Will such an academic index be calculated for RBHS faculty?

*FOR TRACKS THAT REQUIRE SCHOLARSHIP, THE FACULTY AFFAIRS OFFICE DOES CALCULATE AN H INDEX. THERE ARE DISCIPLINES WHERE THE JOURNALS ARE NOT INDEXED SO FOR THOSE DISCIPLINES, OTHER IMPACT FACTORS ARE CALCULATED. IMPACT FACTOR OF PUBLICATIONS IS ONLY ONE MEASURE. IT'S THE QUALITY OF THE PUBLICATIONS THAT MATTERS AND THE IMPACT ON THE FIELD AS JUDGED BY IMPARTIAL LETTERS FROM FACULTY AT OTHER INSTITUTIONS WHO ARE WELL ESTABLISHED IN THAT FIELD WILL CARRY A LOT OF WEIGHT. IT IS THE CHAIR'D DUTY TO SEEK OUT APPROPRIATE ARMS LENGTH LETTERS FROM FACULTY IN THE FIELD TO ASSESS THE IMPACT OF A FACULTY MEMBER'S PUBLICATIONS AND OFFER OPINIONS ON WHETHER THE FACULTY MEMBER WOULD BE PROMOTED AT THEIR INSTITUTION.*

13. The length of contracts are given for various academic levels after the doctor has been on a specified track for a period of time. Since we are starting the track system now, do current faculty get credit for time they've already been at their current rank in calculating their new contract?

YES

14. On the clinical research track and on the research track what is the minimum percent of salary that has to be funded by research?

*TIME ALLOCATED TO RESEARCH HAS TO BE SUPPORTED. THERE IS NO MINIMUM OR MAXIMUM IN THE GUIDELINES. THE FACULTY MEMBER FULFILLS THE NEEDS OF THE DEPARTMENT FOR THEIR CLINICAL AND TEACHING TIME. THEIR RESEARCH TIME WILL DEPEND ON THE LEVEL OF SUPPORT THEY GENERATE FOR THEIR RESEARCH ON THE CLINICAL SCHOLAR TRACK. FACULTY ON THE RESEARCH TRACK SHOULD SPEND MOST OF THEIR TIME DOING RESEARCH. THIS TIME IS TO BE SUPPORTED BY A SPECIFIC FUNDING SOURCE.*

15. It is clear why a change in the tenure pathway is difficult. However, why is it necessary to restrict change between the clinical and professional tracks? Practices change and evolve and academic influences change over time as well. What fits now, may not be appropriate 5 or 10 years later.

THE CONCEPT GOVERNING TRACKS IS THAT THESE ARE DISTINCTLY DIFFERENT JOBS. FACULTY WHO HAVE NEVER PUBLISHED AND HAVE LITTLE OR NO TRAINING IN SCHOLARY OUTPUT WILL BE UNLIKELY TO BEGIN TO PRODUCE SCHOLARSHIP WHILE PRACTICING FULL TIME WITHOUT SIGNIFICANT MENTORING AND PROTECTED TIME. ON THE OTHER HAND, FACULTY WHO HAVE BEEN SCHOLARLY AND IMAGINE THEIR JOBS AS CONTRIBUTING TO NEW MEDICAL KNOWLEDGE THROUGH PUBLICATIONS WOULD NOT IMAGINE THEMSEVLES ON A TRACK THAT DOESN'T HAVE NOR REQUIRE SCHOLARSHIP. CERTAINLY THINGS CAN CHANGE DOWN THE LINE AND THAT'S WHY,

UNDER SPECIAL CIRCUMSTANCES OF INDIVIDUAL CASES, WHERE A SPECIFIC SITUATION CHANGED, THERE WILL BE POSSIBILITIES TO SWITCH WITH APPROVAL. THESE SHOULD BE RARE, HOWEVER.

16. How can we encourage basic science faculty to get involved in graduate education and teaching when there is no incentive in the current track structure?

EVERY TRACK REQUIRES TEACHING. IT IS ONE OF THE MISSION AREAS AND THE DEPARTMENTS EXPECT FACULTY TO CONTRIBUTE TO THE TEACHING MISSION AS A PERCENT EFFORT.

17. Is there a percentage of faculty in clinical departments who need to be on a clinical track?

THERE IS NO PERCENTAGE REQUIRED. THE CHAIR IS CHARGED WITH PROVIDING THE SERVICES NEEDED TO FULFILL THE DEPARTMENT'S MISSION.

18. Why would any clinician choose a clinical track if the promotion requirements are so much more stringent?

SEE 1 ABOVE. SOME FACULTY PRACTICE IN A MEDICAL SCHOOL BECAUSE THEY SEE THEMSELVES AS CONTRIBUTING TO THE SCHOLARSHIP OF A FIELD. IT'S AN INDIVIDUAL ASPIRATION.

19. What metrics are going to be used for promotion and rehire of clinical track and professional track physicians? How can faculty make an informed decision about a track if this important aspect of the track is not clearly defined?

FACULTY APPOINTMENTS AND REAPPOINTMENTS ARE BASED ON NEEDS OF THE DEPARTMENT AND THE SCHOOL. PROMOTIONS ARE BASED ON THE CRITERIA IN THE A&P GUIDELINES FOR EACH TRACK. THERE IS NO CHECKLIST FOR ANY OF THE CRITERIA FOR PROMOTION. EVALUATION LETTERS BY PEERS, STUDENTS AND OTHER PROFESSIONALS WILL SUPPORT A FACULTY MEMBER'S CLINICAL EXCELLENCE AND EXISTING METRICS, THEIR PRODUCTIVITY. SCHOLARSHIP CRITERIA ARE ALSO LISTED. THE DEPARTMENT SENIOR FACULTY WILL ASSESS THESE ACCOMPLISHMENTS AND PARTICIPATE IN A DEPARTMENT VOTE AND THE CHAIR WILL SUMMARIZE THE ACCOMPLISHMENTS AND DEPARTMENT VOTE IN A LETTER TO THE DEAN.

20. The Clinical Educator Track is now confusing. They are not required to do bench research, but have to show scholarship in a variety of ways: case reports, unfunded clinical studies, reviews, presentations etc. Everyone is involved in teaching. I thought the thrust of the effort had to be in educational publications such as ways to assess residents, teaching curricula etc.

SCHOLARSHIP CAN BE IN ANYTHING, CASE SERIES, CASE REPORTS, RETROSPECTIVE STUDIES, PRACTICE GUIDELINES, ANALYSIS OF PATIENT OUTCOMES, ETC. IT DOES NOT HAVE TO BE IN EDUCATIONAL MATTERS.

21. Can the scholarship be in any area?

YES

22. What about someone who is a part time administrator? Does administrative work count towards scholarship? What about a program director? They spend a lot of time with the residency but is still can be active clinically.

NO. ADMINISTRATION IS THE PERCENT OF OUR EFFORT SPENT ON THE SERVICE MISSION. WE STILL HAVE THE FOUR MISSIONS: SCHOLARSHIP, CLINICAL TEACHING AND SERVICE, ADDING UP TO 100%. SCHOLARSHIP IS WRITING MATERIALS THAT CAN BE EVALUATED BY OUTSIDE REVIEWERS IN ARMS LENGTH LETTERS EXPLAINING THE CONTRIBUTION OF THE WRITINGS TO THE FIELD. ADDITIONAL FACTORS THAT WILL BE EVALUATED IN SCHOLARSHIP ARE INVITED PRESENTATIONS. SERVICE WILL ALSO BE EVALUATED AS CONTRIBUTION TO YOUR SOCIETIES AND STATE OR NATIONAL ORGANIZATIONS OR AGENCIES, GRANT OR MANUSCRIPT REVIEWER, EDITORIAL BOARDS, ETS.

23. What about someone who has to spend 5-10 years establishing a practice and acquiring a reputation for a particular area before getting opportunities to get grants from industry or build up a clinical database for analysis. There are still so many questions and common scenarios that do not seem to fit into a track. The faculty is very confused about these issues. I thought I had it figured out, but the information you sent about the Clinical Educator track was not my interpretation.

TO BE PROMOTED ON THE CLINICAL EDUCATOR TRACK, GREAT CLINICIANS HAVE TO PUBLISH AND HAVE ARMS LENGTH LETTERS ATTESTING TO THE PUBLICATIONS' CONTRIBUTION TO THE FIELD AND STATING WHETHER THEY WOULD BE PROMOTED AT THE REVIEWER'S INSTITUTION. TO BE PROMOTED ON THE PROFESSIONAL PRACTICE TRACK, FACULTY HAVE TO BE GREAT CLINICIANS ATTESTED TO BY PEOPLE WHO KNOW THEM AND CAN VOUCH FOR THEIR CLINICAL ABILITIES, REFERRALS AND CONTRIBUTION TO THE CLINICAL MISSION. IF THEY ENABLE OTHER INVESTIGATORS' RESEARCH BY IDENTIFYING PATIENTS FOR STUDIES OR LETTING THEIR PATIENTS BE ENTERED IN CLINICAL TRIALS, THOSE OTHER INVESTIGATORS WILL WRITE LETTERS OF SUPPORT FOR THEIR CONTRIBUTION TO THEIR SCHOLARLY EFFORTS.