

Faculty Career Track

Faculty, through their creativity, contributions to knowledge advancement, engagement with the intellectual life of the University, and mentoring of learners, define the character and impact of Duke University. These activities are the elements of the foundational framework for faculty advancement on the Faculty Career Track. This document describes criteria for promotion along the Faculty Career Track, an untimed track that recognizes exceptional contributions to Duke that impact the delivery of clinical care, advance the education of learners, contribute to original discovery, and enhance the academic missions of Duke. This track does not confer tenure.

The Faculty Career Track is intended for faculty in clinical science departments of the Duke University School of Medicine and, in departments that use both clinical sciences and basic sciences pathways, for faculty following a clinical sciences pathway. Appointment and promotion requires that the faculty member hold a degree of MD, MD/PhD, DO, DO/PhD, MD/DVM, PhD/DVM or PhD (or highest equivalent degree in relevant fields per the Faculty Handbook <https://provost.duke.edu/policies-resources/faculty-handbook>). Policies for promotion and tenure of the faculty in basic science departments are delineated by the Duke University Office of the Provost.

This track applies to faculty who wish to be evaluated for promotion on the basis of excellence in clinical care, effectiveness as educators, and / or contributions to research. Faculty on this track are expected to excel in their domain of expertise, engage in scholarly activity, and contribute substantively in at least one other domain (see below for descriptions of domains). It is expected that the Faculty Career Track will be the largest track in the School of Medicine and will be appropriate for most faculty.

Scholarship. Scholarship is critical to the demonstration of impact and is expected on the Faculty Career Track. Scholarship may take many forms, including original contributions in diagnostic approaches, therapeutic or surgical interventions, safety and quality of care delivery, biostatistics, informatics, data science, bioethics, medical humanities, healthcare communications, education, basic science, translational science, clinical research, health services research, population health, and other clinical care and healthcare related fields. Scholarship can be demonstrated across any of four broad categories: 1) scholarship of discovery – original research that advances knowledge; 2) scholarship of integration – synthesis that brings new insight about information and knowledge across disciplines, across topics within a discipline, or across time, 3) scholarship of engagement – application and evaluation of knowledge and expertise applied to consequential problems and societal needs of individuals and institutions; and 4) scholarship of teaching – systematic study of teaching and learning processes (Boyer EL, *Scholarship Reconsidered: Priorities of the Professoriate*. The Carnegie Foundation, 1990).

Impact. For faculty with a clinical and/or educational focus, promotion on the Faculty Career Track is awarded in recognition of the overall impact of contributions to the academic missions of Duke, with impact evaluated primarily at the institutional level. Evidence of impact outside the institution is not required for promotion on the Faculty Career Track, but documented regional, national, or international impact will substantively strengthen the promotion dossier. For faculty

with a research focus, particularly those with little or no clinical responsibilities, impact outside the institution is required as described in the promotion criteria below.

Impact is defined as work that is of exceptional quality and affects and influences clinical care, healthcare and / or the education of learners. Work will have health and societal impact in one or more of the domains of clinical and medical benefits, community and public health benefits, economic benefits, and policy and legislative benefits (Luke DA, et al., The Translational Science Benefits Model: A New Framework for Assessing the Health and Societal Benefits of Clinical and Translational Sciences. *Clin Transl Sci* (2017) 00, 1–8; doi:10.1111/cts.12495).

Promotion Timing. The timing of promotion along this track is flexible, allowing faculty to progress at their own pace. This distinguishes it from the Faculty Tenure Track, which is timed and has separate criteria for advancement. The Faculty Tenure Track is described in a separate document.

Differences Between Tracks. The expectations for the Career and the Tenure tracks are parallel in that both require excellence in a primary area of focus, contribution to the academic missions, and the creation of scholarly work. The distinguishing feature is level of responsibility for the development and maintenance of original research portfolios or novel educational methods and the responsibility for supporting this work through extramural funding.

- Tenure Track evaluation for promotion focuses on scholarship; Career Track evaluation for promotion focuses on institutional / local impact
- Tenure Track requires excellence in both secondary clinical (i.e., healthcare impact) and education domains, and anticipates excellence in leadership / service; Career Track requires excellence in one additional secondary domain (original investigation, clinical practice advancement, leadership / service)
- Tenure Track requires program development with substantive extramural funding; Career Track does not require program development or substantive extramural funding

Three Potential Areas of Primary Focus

Clinical Focus: This description is relevant to the Clinician-Investigator, Clinician-Educator, Clinician-Administrator and other faculty who devote effort principally to the delivery of clinical care.

Clinical faculty in the Faculty Career Track are expected to deliver high quality, compassionate, innovative and evidence-based clinical care. To be considered for promotion, faculty should demonstrate effectiveness in clinical practice as well as at least one additional domain (research / original investigation, clinical practice advancement, education programs, or leadership / service). Several clinician-based '[Pathways to Promotion](#)' are described at the end of this document; these illustrate in part the variety of faculty activities valued by the institution. The Pathways to Promotion are meant to be facilitative and instructive (rather than prescriptive or exclusive) to aid the faculty member in career development and in preparation of materials to be

evaluated by mentors and Department / Division leadership. The criteria for promotion are further described below (see Clinical Practice).

Research Focus: This path is expected to be used by research intensive faculty with little to no clinical responsibilities. This includes investigators in clinical departments and faculty with a clinical sciences appointment in departments using both clinical and basic science pathways.

Faculty engaged primarily in research activities are expected to develop high quality, innovative, original contributions. To be considered for promotion, faculty should demonstrate effectiveness in at least one additional domain (education programs, clinical practice advancement, or leadership / service). Research faculty are expected to be collaborative, extending the research capabilities of Duke and fully utilizing available resources in ways that are responsive to the availability of external funding. They are expected to facilitate research opportunities for additional faculty, and protect the long-term financial stability of the research enterprise. Faculty appointments are contingent on the availability and sustainability of external research funding. Should a faculty member lose external funding, departments may provide short-term financial support in the University component of compensation. Faculty are required to keep their Department Chair and (as applicable) Center or Institute Director fully informed of known or reasonably anticipated changes in funding as soon as that information is available. The criteria for promotion are further described below (see Research/Original Investigation)

Education focus: This description is relevant to faculty for whom the development of education programs is a primary focus.

Educational effort and effectiveness are expected of all faculty, and is an essential component of all promotion dossiers. The majority of faculty in the School of Medicine will engage in teaching in the context of their clinical or research work. The Faculty Career Track allows for education to be a primary focus of the evaluation for promotion. For this focus area, education innovation, program development, leadership, recognition for teaching excellence and scholarship in education all provide evidence of excellence in education and are considered in the promotion process. The criteria are further described below (see Education Programs).

Promotion Process: Promotions on the Faculty Career Track are considered and granted at the Department level, and additional Department requirements may apply that are more reflective of specialty-specific standards provided those specifications meet the minimum standards described herein. In addition to the promotion pathways described in this document, faculty may choose to develop (with input and approval of the Department Chair and / or Division Chief) an individualized promotion pathway that reflects their personal career goals; such an individualized portfolio may include components spanning several pathways.

Academic Titles: Academic titles (Assistant Professor, Associate Professor, and Professor) do not differ between the Faculty Tenure Track and the Faculty Career Track. While tenure is not conferred via the Faculty Career Track, the opportunity for longer term, multiyear contracts may be offered at the ranks of Associate Professor and Professor in the Faculty Career Track at the discretion of the respective Department.

Professionalism: Engagement in the academic community of the University, School of Medicine, and Health System will be evaluated in the promotion process. Professional conduct that reflects the Core Values of the School of Medicine and the Duke University Health System is required. These Core Values include (<https://medschool.duke.edu/about-us>):

- Excellence in education, research and patient care
- Respect for and inclusion of people from all backgrounds
- Commitment to service, solving real world problems
- Sense of urgency in transforming discoveries into improved human health
- Professionalism and integrity demonstrated in all aspects of performance and effort – expectations are further articulated in the Statement on Faculty Professionalism (<https://medschool.duke.edu/about-us/faculty-resources/faculty-development/professionalism/statement-faculty-professionalism>)

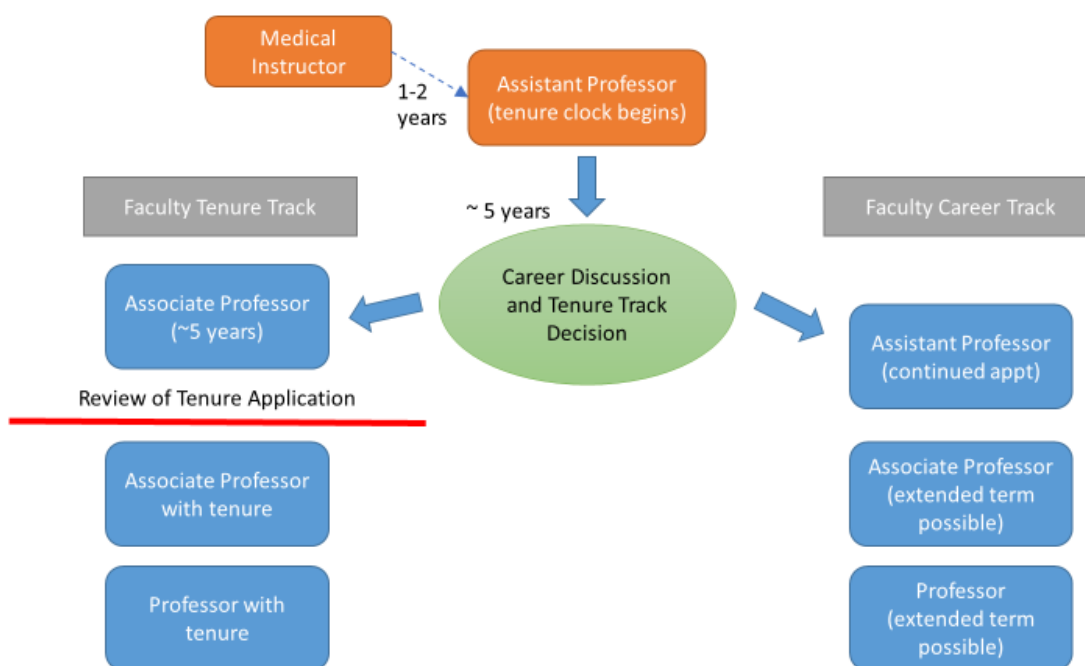
These Core Values reflect what is required of all Duke faculty and are an expectation of faculty seeking promotion in any track.

Tenure Timeline (“Tenure Clock”)

The initial hire of early career faculty (e.g., at the completion of fellowship or post-doctoral training) is “undifferentiated” with respect to tenure track (neither Tenure or Career Track). The initial appointment may be made either at the rank of Medical Instructor or Assistant Professor (see further descriptions below). Appointment as a Medical Instructor allows junior faculty time to develop a scholarship portfolio and achieve early career accomplishments without time accrual on the tenure clock. Appointment at the rank of Medical Instructor is typically for a period of 1-2 years (maximum of 3 years). Appointment at the rank of Assistant Professor marks the beginning of the ten-year probationary period for achieving tenure. Regardless of whether the Faculty Tenure Track or Faculty Career Track is ultimately chosen, the “tenure clock” always starts on the date of hire at the rank of Assistant Professor. This is a critical point, particularly for individuals who may be undecided about which track to ultimately follow.

The decision to advance an (undifferentiated) Assistant Professor to a differentiated track (whether Faculty Tenure Track or Faculty Career Track) occurs in discussion with the faculty member, faculty member mentor, and the Department Chair or Division Chief. For faculty electing to follow the Faculty Tenure Track, this decision is expected to occur in the 4th-5th year of hire and is generally coincident with promotion to the rank of Associate Professor without tenure (see graphic below).

The decision regarding tenure for faculty electing to follow the Faculty Tenure Track is required within 10 years of appointment at the rank of Assistant Professor. Promotion on the Faculty Career Track is not timed or otherwise time constrained.



The table below illustrates expectations of faculty members on the Faculty Tenure and Faculty Career Tracks. There is intentional overlap between activities on these tracks.

Activity	Expectations of Faculty Tenure Track	Expectations of Faculty Career Track
Peer-reviewed publications	expected	expected
1 st author peer-reviewed publications	expected	supportive
Senior author peer-reviewed publications	expected	supportive
Team science middle author publications	expected	supportive
External funding (clinical or education focus)	expected	supportive
External funding (research focus)	expected	expected
Independent, peer-reviewed external funding	expected	supportive
PI of independent research group	expected	supportive
PI of independent non-NIH research grants	expected	supportive
PI of independent NIH research grants and contracts	expected	supportive
Institutional impact	expected	expected
National impact (Associate Professor)	expected	supportive
National impact (Professor)	expected	expected
International impact (Professor)	expected	supportive
Service to Duke		

Service on Duke committees (e.g. IRB, IACUC, IBC)	expected	expected
Chair of Duke committee	expected	supportive
Service with National Recognition		
NIH study section	expected	supportive
Journal editor or editorial board member	expected	supportive
Chair of National Meeting session	expected	supportive
Invited speaker	expected	supportive
Service with International Recognition		
Chair of International Meeting session	expected	supportive
Invited speaker	expected	supportive

Annual Reviews: All “undifferentiated” and Faculty Career Track faculty will be reviewed annually by the Department Chair, Division Chief, and / or the Department Appointments Academic Promotion and Tenure Committee Chair, or a combination of the above. This annual review is conducted to provide timely feedback and guidance through the tenure clock and promotions processes. The annual review is to include a discussion of the progress of the faculty member through the promotion process, anticipated goals for the following year, potential issues, needs and obstacles, and a plan to address identified challenges. A form for facilitating this review can be found on the School of Medicine Appointments Promotion and Tenure website (<https://medschool.duke.edu/about-us/faculty-resources/faculty-development/resources/faculty-annual-reviews>).

It is expected that faculty will hold each rank below Professor for sufficient time to demonstrate excellence at that rank (typically at least 3-5 years).

Transfer from the Faculty Career Track to the Faculty Tenure Track is possible but will occur only rarely. The general context for considering transfer to the Faculty Tenure Track is a major career change of a faculty member associated with scholarship in a new area of focus.

Faculty previously at an outside institution hired into a position at Duke may be hired at the rank of Assistant Professor, Associate Professor without tenure, Associate Professor with tenure, Professor without tenure, or Professor with tenure based on existing scholarship and career trajectory. The applicable track will be determined at the time of hire. Appointments must be formally approved by the appropriate department and institutional APT committees (and other applicable committees and authorities) to become official. Until the approval process has been completed, the new faculty member will be at the rank of Instructor, Temporary. Where applicable, the ten-year probationary period for achieving tenure for these faculty begins on the date of hire.

Criteria for Appointment and Promotion

The following outlines the general guidelines and performance measures for appointment and promotion on the Faculty Career Track. It is recognized that individual faculty will demonstrate productivity and contribution in different areas of focus such that criteria in each performance

area may not be applicable to every individual. Effort inclusive of the entirety of the Duke Health System, including the Durham Veteran's Administration (VA) Medical Center and the national VA system, may be considered in support of promotion.

Appointment Ranks

Medical Instructor

The rank of Medical Instructor is intended as an entry level appointment. The tenure clock is not active for faculty at this rank. This "pre-tenure clock" appointment provides the beginning faculty member time to establish the foundations of an academic career prior to advancing to the rank of Assistant Professor. Appointment at the rank of Medical Instructor is typically for a period of 1-2 years (maximum of 3 years), after which it is expected that the faculty member will transition to the rank of Assistant Professor as a Regular Rank faculty member, or for clinicians, to transition to the Non-Regular Rank faculty if the intent is to engage solely in clinical practice. The Clinical Sciences Appendix of the Faculty Handbook has additional information about distinctions between Regular Rank and Non-Regular Rank faculty.

Assistant Professor

The rank of Assistant Professor is intended as an entry level appointment. This appointment is "undifferentiated" regarding track assignment. During time at this rank, the faculty member has the opportunity to become established in scholarly endeavors. The date of hire at the rank of Assistant Professor marks the start of the tenure probationary period. Criteria for promotion from Medical Instructor to Assistant Professor and for initial appointment at the Assistant Professor level are developed at the Department level.

The decision to advance an (undifferentiated) Assistant Professor to the Faculty Tenure Track occurs in discussion with the faculty member, faculty member mentor, and the Department Chair or Division Chief. This discussion should be ongoing, with a decision made in the 4th -5th year after hire. For faculty electing to follow the Faculty Tenure Track, this decision is expected to coincide with promotion to the rank of Associate Professor without tenure. For faculty electing to follow the Faculty Career Track, timing of the promotion to the rank of Associate Professor is flexible.

Associate Professor

The rank of Associate Professor is earned by the faculty member who has demonstrated excellence as a clinician, educator, and / or investigator along with scholarship that advances the academic missions of the Health System, School of Medicine and / or their Department. This promotion recognizes contributions that add value to the institution and to healthcare. Faculty at the rank of Associate Professor may be eligible for longer term contracts per the discretion of their Department.

To be promoted to the rank of Associate Professor, the faculty member will have a strong institutional (or wider) reputation for excellence in their area of expertise. Faculty at this level should be able to demonstrate effective engagement with the School in several ways, including:

- Contribution to innovative Division level processes and programs.
- Mentoring of trainees and junior colleagues.

- Collaboration across medical disciplines or units.
- Leadership within a service line, local or regional organization, and / or committees, subcommittees, and / or task forces of the University and Health System (including all affiliated hospitals and the Durham Veteran's Administration (VA) Medical Center).

Three domains of effort, clinical practice, education programs, and original investigation, serve as the primary areas of promotion evaluation on the Faculty Career Track. Impact at the institutional level in one of these primary domains is required for promotion. In addition to impact in a primary domain, institutional impact must also be demonstrated in at least one additional domain.

Clinical Practice (as area of primary domain or focus, option 1)

- The Associate Professor is expected to have an established institutional and, if applicable (e.g., subspecialty practice) regional reputation for clinical excellence. The ability to attract clinical referrals from a wide region or, for primary care fields, acknowledgement of the faculty member as a recognized expert in the care of patients, populations or communities is expected.
- Scholarship related to clinical practice is required and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Faculty at the rank of Associate Professor are expected to contribute to process and systems improvement, aspiring to become clinical leaders within Duke Medicine (including the Private Diagnostic Clinic, affiliated hospitals and the VA), as a component of demonstration of their impact on clinical practice (e.g., participation in local and regional administrative think tanks and conferences, development of processes to facilitate and improve organizational effectiveness, membership on University committees and task forces, and local or regional leadership positions in professional societies).
- Other supportive criteria include:
 - Visiting professorships, invited presentations at national meetings, honors and awards
 - Mid-level editorial leadership positions in major journals, or executive leadership of lower-level journals
 - Co-authorship of clinical policy statements, consensus statements, or practice guidelines
 - Influential educational blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of practice of the faculty member.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Education Programs (as area of primary domain or focus, option 2)

- The Associate Professor is expected to have an established record in the design, delivery and evaluation of education programs, including didactic courses, adult learning frameworks, learner performance assessments, and programmatic impact assessment (learner, patient, system).
- Scholarship in education is required (e.g., publication reflecting the application of education methodologies, articulating education philosophy, or developing a pathway for future education innovation)
- Scholarly output can include non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Faculty at the rank of Associate Professor are expected to have leadership responsibilities in institutional and regional education organizations (e.g., education accreditation organizations, departmental education committees, admissions committees, national educational organizations, faculty development programs, inter-institutional education collaboratives such as the Duke-UNC Health Professions Education Collaborative, *Blending the Blues*).
- Faculty at the rank of Associate Professor should be recognized for excellence in education (e.g., institutional or national teaching awards).
- Ability to obtain funding for innovative educational program development or to have a key role in securing funding for multidisciplinary and / or inter-professional teams is viewed favorably.
- Engagement in community education and in community activities that support health literacy and access is supportive.
- Active engagement in Duke AHEAD is expected (<https://dukeahead.duke.edu>).
- Other supportive criteria include:
 - special consideration will be given for teaching that motivates and inspires students
 - Visiting professorships, invited presentations at national meetings, honors and awards
 - Mid-level editorial leadership positions in major journals, or executive leadership of lower-level journals
 - Co-authorship of clinical policy statements, consensus statements, or practice guidelines
 - Influential educational blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of practice of the faculty member.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Research / Original Investigation (as area of primary domain or focus, option 3)

- The Associate Professor is expected to have an institutional reputation as an investigator and collaborator, demonstrated by substantive scholarship, leadership of a

funded research program, and active facilitation of the research and academic activities of their Division and Department.

- Scholarship in original investigation via peer-reviewed publications is required, with numbers varying by department and type / topic of scholarship. Several of these publications should be first or senior author publications in the faculty member's discipline or should be publications where the role and creative contributions of the faculty member were demonstrably critical.
- Published materials are expected to be constructive conveyors of our academic missions and provide high quality information that enhances and advances the academic missions.
- Faculty at the rank of Associate Professor are expected to contribute expertise and leadership to advancing the research enterprise, such as participation in local and regional administrative meetings, think tanks, or conferences, development of processes to facilitate and improve organizational effectiveness, membership on School of Medicine and University committees, task forces, search committees, and local or regional leadership positions in professional societies or mid-level leadership of a national organization.
- Participation in NIH study sections and equivalent review groups, or election to offices of professional societies, are supportive of promotion.
- Collaborative research and team science are highly valued by the School of Medicine.
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine (see also Leadership / Service section).
- Sustained and / or independent research funding is not required; however, effort on funded grants or other forms of demonstrated contribution to ongoing funded activities is expected for promotion that references research / original investigation.
- Other supportive criteria include:
 - Invitations to present topic workshops at regional and national professional meetings
 - Visiting professorships, invited presentations at national meetings, honors and awards
 - Mid-level editorial leadership positions in major journals, or executive leadership of lower-level journals
 - Co-authorship of clinical policy statements, consensus statements, or practice guidelines
 - Influential educational blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Effective mentoring of graduate and medical students, postdoctoral fellows, graduate medical education residents and fellows, and / or clinical fellows is expected, within the sphere of expertise of the faculty member.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

In addition to impact in one of the three domains (above) of primary focus, promotion to the rank of Associate Professor requires effectiveness in at least one of the additional domains of research / original investigation, clinical practice advancement, or administration / service. The following paragraphs describe qualities that support advancement to the rank of Associate Professor.

Research / Original Investigation (applicable to faculty with a primary focus on Clinical Practice or Education Programs)

- The Associate Professor will have actively facilitated the conduct of research through original investigation, medical education outcomes research, patient enrollment into clinical trials and / or other collaborations that enable research as appropriate to the Department and the faculty member.
- Scholarship reflecting original investigation is expected and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Published materials are expected to be constructive conveyors of our academic missions and provide high quality information that enhances and advances patient care.
- Participation in clinical, site-based research as a site Principal Investigator (PI) of major national trials is considered favorably.
- Collaborative research and team science are highly valued by the School of Medicine.
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine (see also Leadership / Service section).
- Sustained and / or independent research funding is not required; however, effort on funded grants or other forms of demonstrated contribution to ongoing funded activities is expected for promotion that references research / original investigation.
- Effective mentoring of trainees and junior faculty is expected, within the sphere of original investigation of the faculty member.

Clinical Practice Advancement (e.g., patient safety / quality, information technology innovation)

- The Associate Professor will have demonstrated leadership in developing and evaluating innovative approaches that advance patient care, coordinating a variety of processes, systems and platforms.
- Obtaining funding (institutional or otherwise) for program innovation is viewed favorably.
- Demonstration of improved outcomes in the quality of care, patient satisfaction, value of care, and / or return on investment as a result of clinical practice advancement activities, reflected by use of national metrics, is expected.
- The Associate Professor will have developed institutional, local and regional reputations for excellence:
 - Development of think tanks, collaborative research platforms focused on clinical practice
 - Visiting professorships, invited presentations at national meetings, honors and awards

- Influential clinical practice blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Organization and leadership of CME courses focused on clinical practice
- Effective mentoring of trainees and junior faculty is expected, within the sphere of clinical practice advancement of the faculty member.

Leadership / Service

- Service to the institution that contributes to the greater good of the University will be considered supportive.
- Leadership of clinical services (inpatient and / or outpatient), participation in clinical regulatory and oversight groups, and / or leadership of clinical teams is expected at the rank of Associate Professor – examples include:
 - Division Chief, service line director, or executive leadership of major health system or Department-wide organizations or committees
- Contribution of expertise and leadership to advancing healthcare is expected, such as participation in local and regional administrative meetings, think tanks, or conferences; development of processes to facilitate and improve organizational effectiveness; membership on School of Medicine and University committees, task forces, search committees, and local or regional leadership positions in professional societies or mid-level leadership of a national organization.
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine. Opportunities for documentation of contributions to Open Science include annotation of publications listed in the Duke CV, in the personal statement (for bodies of work such as specific research initiatives), and in the letter of support provided by the Division Chief and Department Chair. Participation is considered under the broad category of service to the School of Medicine. The quality and use of data deposited into Open Science platforms by faculty may be recognized for contributing to knowledge generation and research integrity. Specifics of the policy are available at <https://scholarworks.duke.edu/open-access>.

Professor

The rank of Professor is reserved for individuals who are recognized both within and beyond the institution as outstanding clinicians, educators, and / or investigators with a scholarship portfolio that enables and advances the academic missions of their Department, the School of Medicine, and the Health System. This promotion recognizes contributions that add value to the institution and to healthcare. Faculty at the rank of Professor may be eligible for longer term contracts per the discretion of their Department.

To be promoted to the rank of Professor, the faculty member will have a strong regional or national reputation for excellence in their area of expertise. Faculty at this level should be able to demonstrate effective engagement with the School in several ways, including:

- Leadership and innovation through Department level programs that could serve as exemplars for other institutions to emulate.
- Mentoring of learners and colleagues.

- Collaboration across departments, disciplines and / or institutions.
- Executive level leadership within a service line, local or regional organization, and / or committee, or subcommittee, and / or task forces of the University and Health System (including all affiliated hospitals and the Durham Veteran's Administration (VA) Medical Center).

For clinicians, the ability to attract clinical referrals from a wide region or, for primary care fields, acknowledgement of the faculty member as a recognized expert in the care of patients, populations or communities will be considered in the promotion decision as well as contributions to teaching, mentoring, and leadership / service.

Criteria for achievement listed under each category below are meant to build on those described for prior ranks and should be considered in that context.

Clinical Practice (as area of primary focus, option 1)

- The Professor must have a strong regional to national reputation for exceptional knowledge of and excellence in a defined domain of clinical care.
- Scholarship related to clinical practice is required and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- The rank of Professor requires that the faculty member is clearly recognized as a leader in the School of Medicine, Private Diagnostic Clinic (PDC), and / or Duke Health System, including all affiliated hospitals and the VA Hospital; some faculty at this rank will hold executive leadership positions and / or leadership of major committees or organizations.
- Within a Department, the School of Medicine, or the Health System (including affiliated hospitals and the VA), the faculty member should be engaged with activities that advance clinical practice. Examples include the following (and are to be documented under "Clinical Practice Advancement", or "Leadership & Service" as appropriate):
 - Development of better health care structures or processes that improve outcomes and systems performance, with associated national metrics
 - More efficient, cost-effective delivery of health care as measured by national metrics
 - Demonstration of positive ROI from implementation decisions, as measured by prospective metrics (including non-financial)
 - Participation in national think tanks and conferences
 - Leadership of national administrative groups, specialty groups, governing bodies, and licensing groups
 - Leadership of University committees, task forces, and search committees
 - Leadership position in national professional societies / organizations
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Education Programs (as area of primary focus, option 2)

- The Professor will hold a significant education leadership position at Duke, one which extends beyond the scope of the individual's program or division.
- Faculty at the rank of Professor will have an established record for design, delivery and evaluation of new courses, assessments, or learning activities, with demonstration of significant impact on learners and programs.
- Scholarship in education is required (e.g., publication reflecting the application of education methodologies, articulating education philosophy, or developing a pathway for future education innovation).
- Scholarly contributions in education should result in curriculum changes locally and / or nationally.
- Faculty at this rank are expected to have leadership positions in local or regional educational organizations, accreditation organizations, scholarly societies, departmental education committees, admissions committees, curriculum committees, relevant SoM or department committees, and / or national educational organizations (e.g., AAMC).
- Active engagement in Duke AHEAD is expected (<https://dukeahead.duke.edu>), with leadership of Duke AHEAD preferred.
- Faculty at the rank of Professor are recognized for excellence in education (e.g., institutional or national teaching awards).
- Leadership of an education sub-component of national specialty organization conferences or faculty development courses is viewed favorably.
- Extramural funding for innovative educational program development or education research is viewed favorably.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Research / Original Investigation (as area of primary focus, option 3)

- The Professor will have established a national reputation as a researcher, demonstrated by significant scholarship, publications, funding support, participation in NIH study sections and equivalent review groups, and election to offices of professional societies.
- Authorship of peer-reviewed publications is required. Numbers and impact will vary by department and type / topic of scholarship. Ranges of numbers of publications for faculty previously promoted at each rank are available from the Department and School of Medicine APT offices. It is expected that as a faculty member progresses in rank, the faculty member will author an increasingly larger proportion of first author, co-first author, and senior author manuscripts, and provide and promote substantive contributions to team science efforts. Publications reflecting large collaborative efforts are encouraged.
 - Objective metrics may include the impact factor of the journals accepting the work, advancements of the faculty member's h-index or similar metrics, and lay press or other acknowledgement of the work's broad interest
 - At least 5 of these publications should be first or senior author publications in the discipline of the faculty member or should be team science middle author publications where the role and creative contributions of the faculty member were demonstrably critical
 - The 10 most important papers, as identified by the faculty member, will be included in the promotion dossier and reviewed by the Department APT (DAPT) Committee for originality and significance of scholarship

- As appropriate, intellectual property development is also considered, provided there is evidence of the faculty member's significant contribution and the work is peer reviewed
- For faculty who have little or no clinical responsibilities, expectations are for higher than minimal numbers of publications. Publication number alone is insufficient for promotion – the body of work must demonstrate impact on the field.
- The rank of Professor requires that the faculty member is clearly recognized as a leader of the institution. Evidence of institutional leadership across the mission areas in a manner that improves the effectiveness of the organization is required for promotion at this level.
- Multi-year service as a full committee member on institution-wide committees such as an IRB panel, Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee, with attendance consistent with committee standards, is required. The goal at this level of promotion is to developing effective processes, structure and procedures to facilitate and improve organizational effectiveness that deliver positive impact on the institution.
- Contributions to the institution through service to the Duke School of Medicine, Duke Hospital, Duke University, and Department committees (e.g., chair search, strategic faculty recruitments, five-year reviews, periodic reviews of academic units including departments, divisions, centers, institutes, and other work groups as needed) will be considered favorably for promotion at the rank of Professor.
- The rank of Professor requires that the faculty member will have made educational contributions to the institution and beyond. Examples of educational activities that can be used to support promotion include:
 - Invited lectures at national meetings, seminars, and workshops, successful mentorship of graduate students and residents pursuing advanced degrees (e.g., Master's and PhD degrees), and regional presentations
 - Local and national recognition for teaching through awards will also be considered in the evaluation of the faculty member's educational work
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine (see also Leadership / Service section).
- Sustained and / or independent research funding is not required; however, effort on funded grants or other forms of demonstrated contribution to ongoing funded activities is expected for promotion that references research / original investigation.
- Effective mentoring of graduate and medical students, postdoctoral fellows, graduate medical education residents and fellows, and / or clinical fellows is expected, within the sphere of expertise of the faculty member.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

In addition to impact in one of the three domains (above) of primary focus, promotion to the rank of Professor requires effectiveness in at least one of the additional domains of research / original investigation, clinical practice advancement, or administration / service. The following paragraphs describe qualities that support advancement to the rank of Professor.

Research / Original Investigation (applicable to faculty with a primary focus on Clinical Practice or Education Programs)

- The Professor will have actively facilitated the conduct across applicable domains of research (e.g., basic science, translational science, clinical science, implementation science, outcomes research, population health, health services research) through original investigation, patient enrollment into clinical trials and / or other collaborations that enable research as appropriate to the Department and the faculty member.
- Scholarship reflecting original investigation is expected and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Published materials are expected to be constructive conveyors of the academic missions and provide high quality information that enhances and advances patient care and / or healthcare.
- Demonstration of sustained funding of a research portfolio as site PI for multi-center trials or other clinical research activities is supportive but not required.
- Other supportive accomplishments include:
 - Sustained record of leadership in a field of clinical research
 - Visiting professorships, plenary session / keynote presentations at national meetings, invited presentations at national meetings, national honors and awards
 - Executive editorial leadership positions in major specialty journals
 - Lead author or committee chair of clinical policy statements, consensus statements, or practice guidelines
 - Multiple influential educational blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Invention disclosures, patent applications, awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of original investigation of the faculty member.

Clinical Practice Advancement (e.g., patient safety / quality, information technology innovation)

- The Professor will have established nationally recognized expertise related to activities in this domain, particularly innovative approaches for developing and implementing programs that advance patient care coordination across a variety of platforms and processes.
- Professors will be recognized institutional leaders positioned to guide others in the use of processes, systems, and technologies that enhance patient care and healthcare.
- Professors are expected to embrace and enable collaborative and innovative approaches.
- Effective mentoring of trainees and junior faculty is expected, within the sphere of clinical practice advancement of the faculty member.

Leadership / Service

- Professors should be clearly recognized as leaders of the institution through leadership of a discipline, service line, cross departmental program, course or administrative unit.
- Significant leadership of clinical services, participation in clinical regulatory and oversight groups, or demonstration of significant leadership of operating room or clinical teams is expected of faculty members at this rank – examples include:
 - Division Chief, service line director, and executive leadership of a major Department-wide organization or committee
 - Participation in regional and national administrative meetings, think tanks, or conferences; development of processes to facilitate and improve organizational effectiveness; membership on University Committees, task forces, search committees, and leadership position of a regional or national professional society or organization
 - Active engagement with recruitment processes for new faculty and learners as requested by the Chair
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine. Opportunities for documentation of contributions to Open Science include annotation of publications listed in the Duke CV, in the personal statement (for bodies of work such as specific research initiatives), and in the letter of support provided by the Division Chief and Department Chair. Participation is considered under the broad category of service to the School of Medicine. The quality and use of data deposited into Open Science platforms by faculty may be recognized for contributing to knowledge generation and research integrity. Specifics of the policy are available at <https://scholarworks.duke.edu/open-access>.

Appendix 1 - PATHWAYS TO PROMOTION (Clinical Practice Faculty and Education Programs Faculty)

[Pathways to Promotion](#) provides clinical practice or education programs faculty on the Faculty Career Track a framework to delineate and distinguish their interests and contributions to the institution, both for the purpose of defining an intended career path and for describing scholarly contributions for the purposes of seeking promotion. The basic rubric for promotion is described above across the components of clinical care, education, research / investigation, clinical practice advancement, and leadership / service. The pathways described below reflect the content of the intellectual and scholarly contributions that are the subject of the promotion package. Where applicable, specific promotion criteria are defined; otherwise please refer to criteria listed above. As noted previously, a customized portfolio and career plan may be developed by faculty in collaboration and under the advisement of the Department Chair, Division Chief, and / or DAPT Chair. This format is flexible and an individual portfolio may include aspects of other portfolios in order to accurately reflect the faculty member's accomplishments, interests and career goals.

The demonstration of clinical effectiveness is required for promotion on these pathways. Clinical effectiveness in this context connotes outstanding contributions to clinical practice in the faculty member's chosen field, evidence of a wide referral base (for physicians who accept referrals, or acknowledgement of institutional reputation if primary care or other non-referral specialty), excellent patient reviews, consistent compliance with clinical performance metrics, adherence to institutional standards for professionalism, and evidence of respect by peers (e.g., serving as a reference resource about an area of clinical knowledge, invitations to present at regional or national CME meetings). Each pathway includes demonstration of service to the institution, much of which is also described above.

Prototypic clinical practice pathways include the following as developed below.

- Clinician-Investigator
- Clinician-Educator
- Clinical Practice Advancement (patient safety / quality, health services research, implementation science, informatics / information technology / data science)
- Clinician Leader-Administrator
- Individualized Portfolio (as approved by Division Chief and Department Chair)

Clinician-Investigator

The Clinician-Investigator contributes in a more substantial manner to scholarly advancement of the field than the basic requirements for scholarship on the Faculty Career Track. The faculty member is expected to author or co-author peer-reviewed publications with significant academic content value, with first author and senior author manuscripts being particularly responsive to scholarship requirements. Other forms of scholarly dissemination are also relevant to the promotion portfolio, including book chapters, digital content, social media platforms, invention disclosures, patent applications and awarded patents, and other original and supportive scholarly content. Faculty in this pathway are expected to contribute to site-based research as a PI, including clinical trials development, patient recruitment, and oversight of the Duke research

site in multi-center studies. Faculty in this pathway are expected to demonstrate evidence of engagement in collaborative research such as multicenter clinical trials, outcomes studies, and epidemiological research. Independent research funding is optional, but some degree of research funding as collaborator / co-investigator is expected. Service related to research is also expected, such as service on an IRB, directorship of a research program, research committee service, or other related activity.

Clinician-Educator

The Clinician-Educator contributes directly to the scholarship of education per se, such as collaborative educational research, scholarly evaluation of teaching methodologies, publication regarding learning in an area of clinical expertise, or creation and dissemination of innovative approaches to improving clinical care through learning pathways. Publication in traditional and digital formats, use of social media, review chapters, preparation of national educational materials, institutional guidelines regarding education, classroom teaching and contribution to content development for educational products and courses are all elements considered in a promotion portfolio. Membership in Duke AHEAD is a requirement. Some faculty may choose to take advantage of educational offerings and advanced training in educational methodologies. Demonstration of measurable impact at the institutional level is a requirement. Service components may include membership in departmental, SoM or institutional committees relevant to education, education administration and leadership, service as course or program director, and implementation of education programs locally or nationally.

Clinical Practice Advancement (patient safety / quality, health services research, implementation science, informatics / information technology / data science)

Scholarship typical of this pathway includes contributions to clinical quality assessment and performance improvement, population health research, health services research, implementation science research, informatics, data science, and patient safety. Publication in traditional and digital formats for dissemination of durable content is expected. Other forms of scholarship dissemination such as social media, electronic products and courses, and invention disclosures / patent applications / awarding of patents are all elements considered in a promotion portfolio. Pathways can include implementation of advances in electronic health record (EHR) systems that facilitate excellent and efficient patient care. Outcomes research and implementation science innovation is particularly responsive to this pathway requirement, as is the development of related collaborative research platforms, development of care paths and best practices implemented through the EHR, and creation and dissemination of innovative approaches to clinical care. The service component could include committee service in the department, SoM or institution, leadership role in accreditation, PDC, or other committees, responsibility for CME programs, or leadership of a health system patient safety / quality initiative.

Clinician Leader-Administrator

Clinicians on this path likely contribute to and lead development of new programs or significant enhancements of established programs. These programs may include not only clinically-focused programs but those of importance to other mission areas of the institution. Clinician Leader-Administrators will have shown creativity in problem solving and / or in developing innovative programs that advance the missions of the School of Medicine or Health System.

Approaches may be published via traditional or non-traditional media for dissemination; implementation of solutions outside of Duke is viewed highly favorably. While publication in the peer-reviewed literature is not required, some form of dissemination as durable content is expected. Publication can take any of a variety of formats including book chapters, digital content, social media platforms, invention disclosures, patent applications and awarded patents, and other original and supportive scholarly content. Presentations at and contributions to institutional, regional, and national meetings focused on leadership of healthcare systems is expected. Service responsive to the requirements of the Clinician Leader-Administrator includes participation in institutional committees, contribution to local, regional, and national committees, participation in Duke internal governance, policy development, and University outreach. Service may also include leadership of community organizations, advocacy at a regional or national level, and work as a consultant on foundation or other boards.

Individualized Portfolio

Duke faculty are engaged in many different types of activities, and there is no intent to limit the creativity of individuals who are engaged in valuable activities that enhance the ability of the institution to advance our missions of excellence in patient care, research and teaching. With the assistance of a faculty mentor(s), Division Chief, and Department Chair, faculty may devise their own path with written / established criteria for evaluation, success, and promotion. Excellence in clinical care as well as service to the institution are expected and required components of any individualized path.

Domain of Institutional Impact	Primary Activities Along Pathway to Promotion*	Associated Service
Clinical Care	<p>Acknowledged excellence as a clinician</p> <p>Facilitative role in academic mission of department</p> <p>Strong local / regional reputation, eventually attaining national or international reputation (Professor)</p> <p>Practice improvement initiatives</p>	<p>Executive level leadership of service line, eventually attaining health system level leadership that impacts patient care</p> <p>Participation / leadership of committees, task forces</p> <p>Leadership of local, regional, and national organizations</p> <p>Effective mentoring of trainees and junior faculty</p>
Clinician-Investigator	<p>Participation in clinical research through clinical trial enrollment, PI of site-based research program, or work in support of translational research</p> <p>Evidence of collaborative and facilitative work expected as scholarly output in form of published manuscripts, case reports, book chapters, consensus statements and non-peer reviewed content on social media and other platforms</p> <p>Sustained independent research funding not required but funding as co-investigator on federal or other grants expected</p> <p>Visiting professorships or invited presentations at national meetings</p> <p>Invention disclosures, patent applications, patents or trademarked products</p>	<p>Editorial leadership position of specialty journal</p> <p>Service on institutional, regional or national committees related to research activities (IRB, DOCR, etc)</p> <p>Influential blogs, websites, columns in professional trade journals or patient publications</p> <p>Effective mentoring of trainees and junior faculty</p>

Clinician-Educator	<p>Established track record of development and support of didactic courses, assessments and learning activities</p> <p>Lectures given at institutional, regional, national meetings</p> <p>Service as director or associate director of course, clerkship, residency or fellowship</p> <p>Receipt of national or institutional teaching award</p> <p>Obtaining internal funding for innovative educational program or interdisciplinary team</p> <p>Development of new courses or adoption of ideas into curricular changes locally regionally, nationally</p> <p>Appointed to institutional education leadership position (professor)</p> <p>Participation in Duke AHEAD required</p>	<p>Course or program director</p> <p>Leadership of accreditation groups, scholarly societies, departmental education committees, admissions committees, national educational organizations (AAMC). CME course, faculty development course</p> <p>Effective mentoring of trainees and junior faculty</p>
Clinical Practice Advancement (patient safety / quality, health services research, implementation science, informatics / information technology / data science)	<p>Responsible for development and implementation of innovative programs that advance patient safety and quality of care through changes in systems of practice or information technology systems</p> <p>Secured internal funding to implement innovative program</p> <p>Demonstrated improvement in care through assessment of patient outcomes, patient satisfaction, ROI</p>	<p>Relevant presentations at local / regional / national meetings</p> <p>Invited lecture at national meeting</p> <p>Visiting Professorships</p> <p>Development of materials that educate others about successful practices</p> <p>Development of think tanks, local collaborations at Duke and elsewhere to advance the practice of patient care</p>

	Local (Associate Professor) or regional / national (Professor) reputation for expertise	Effective mentoring of trainees and junior faculty in this area
Clinician Leader-Administrator	<p>Service to the institution that contributes to the greater good</p> <p>Evidence of developing (Associate Professor), mature (Professor) leadership abilities</p> <p>Significant leadership of clinical services unit</p> <p>Professors are clearly recognized leaders of the institution</p>	Most activities are service-based
Individualized Portfolio	Activities may reflect a unique skill set that advances patient care and the missions of the institution, or be comprised of a unique combination of the above activities	Service is required and milestones must be described
* Common to all pathways is the expectation of conduct consistent with Core Values and Mission Areas of the School of Medicine, and the Statement on Faculty Professionalism		