

Bylaws of the University of Connecticut School of Medicine¹

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Acronyms

AAC:	Academic Advancement Committee.
BOD:	University of Connecticut Health Center Board of Directors.
BOT:	University of Connecticut Board of Trustees
CAO:	Chief Academic Officer. Title for the most senior academic person in a domain, generally referred to as a Dean, Associate Dean, or Assistant Dean.
CC:	Clinical Council
EVP:	Executive Vice President for Health Affairs, University of Connecticut Health Center
EC:	Education Council
GME:	Graduate Medical Education
HCOP:	Health Career Opportunity Programs
OC:	Oversight Committee
PIC:	Public Issues Council
RC:	Research Council
SAPC:	Senior Appointments and Promotions Committee
SOM:	School of Medicine
UHC:	University of Connecticut Health Center

¹ Throughout this document and its appendices, “Dean” means “Dean or Dean designee”, and “Chair” means “Chair or Co-chairs”.

Bylaws of the University of Connecticut School of Medicine

I. PREAMBLE

The faculty and administration of the University of Connecticut School of Medicine preserve, disseminate and advance knowledge by teaching and research. The faculty are committed to the health and well-being of our patients and the community at large. These Bylaws are to assist faculty and staff in meeting these objectives.

These Bylaws describe the interrelationships and responsibilities of the administrative officers, faculty, and governance committees within the School of Medicine (SOM). The Dean of the SOM and duly appointed and elected committees of the faculty are responsible for developing medical school policies and contributing to the development of Health Center and University policies. The SOM faculty are responsible for the educational programs leading to the degree of Doctor of Medicine, for programs and courses approved by the Graduate School, for graduate medical education (GME) including fellowship programs, for continuing medical education programs for professional and lay audiences, for patient care, for research, and for leadership in the State of Connecticut in these various areas.

II. FACULTY

The faculty shall consist of the President, Executive Vice President for Health Affairs (EVP), Dean, professors, associate professors, assistant professors, and instructors belonging to the departments that are administratively organized within the SOM, and others who are appointed by the EVP (consistent with Article XI of the University of Connecticut Bylaws).

Each faculty member of the SOM is responsible for contributing in a meaningful way to the School's teaching, research and/or clinical missions. Faculty members must be capable of functioning autonomously (independent of supervision) in their academic roles. Faculty are appointed in one of the following areas:

- A. **Faculty Members in Professional Categories** are SOM faculty paid by the University and faculty at affiliated institutions so designated in affiliation agreements². These faculty are appointed within one of the following professional categories³:
1. Investigator
 2. Clinician-Investigator
 3. Clinician-Scholar
 4. Medical Educator
 5. Medical Researcher

Change of professional category can and should occur if a change in job description involves duties that better fit a different professional category. Change of professional

² Affiliation agreements with healthcare organizations (both medical and research facilities) such as Connecticut Children's Medical Center, including their employed faculty ambulatory practices and research facilities, will designate which key SOM faculty, working 80% time and effort or greater, are "Faculty Members in Professional Categories" eligible to run for Council seats designated for clinical faculty (excluding the Clinical Council and the Oversight Committee).

³ Some faculty continue in Clinical Xology and Xology professional categories and some faculty hired before 1990 were not required to select professional categories unless/until they seek promotion to senior rank.

category can occur at any time, but must occur at least two years before consideration for promotion and must be signed by the faculty member and approved by the department chair and the Dean.

SOM faculty members paid by the University are also assigned to either a tenure track position or an in-residence position. The modifying term “in-residence” is used for non-tenure track appointments. The designation “in-residence” is for administrative purposes only and not for use in correspondence or published faculty lists.

Faculty members in professional categories self-designate as either basic scientist faculty or clinical faculty for the purpose of standing for elections and voting. New faculty members will self-identify and will sign a designation as one or the other when they choose their professional categories. Default assignments are as follows: Investigators– basic scientist faculty; Clinician-Investigators and Clinician-Scholars – clinical faculty; Medical Educators and Medical Researchers – default to his/her general departmental designation as basic science or clinical faculty. Changes in self-designation as basic science or clinical faculty member are allowed but must occur one year before the election in which the new assignment is assumed, except for initial assignments, for which there is no waiting period.

- B. **Community-Based Faculty Members** are employed by other, non-affiliated institutions, by a private practice, or by an affiliated institution for less than 80% time and effort.
- C. **Adjunct Faculty Members** are paid to teach on a per assignment basis.
- D. **Visiting Faculty** are faculty members from other academic institutions or recognized experts or scholars from industry.
- E. **Emeritus Faculty** are retired faculty who are appointed to emeritus status.

Definitions of these categories of faculty and standards governing appointment to junior faculty rank as well as joint appointments may be found in Appendix A. Appointments to junior faculty rank are made by department chairs with the Dean’s approval. Guidelines for appointment or promotion to senior faculty rank and/or tenure are in Appendix B.

III. ADMINISTRATION

A. Dean

1. Appointment

The Dean of the SOM shall be appointed by the EVP.

2. Duties

The Dean is the chief executive officer of the SOM. Responsibilities include all its academic programs (education and research) as well as its faculty clinical practice. The Dean is responsible for ensuring that the School successfully addresses its strategic missions. The Dean, working in cooperation with the governance committees established in these bylaws, will develop policies and strategic plans for the SOM and be responsible for implementing them as well as conducting the routine operations of the School. The Dean may appoint other dean level and office staff to assist in the administration of the School. The Dean will appropriately staff the

governance committees described in these bylaws with dean level and/or office staff as needed. The Dean reports to the University of Connecticut Health Center (UCHC) Board of Directors (BOD) and its subcommittees through the EVP.

B. Chief Academic Officers (CAOs)

1. Appointment: The Dean has the authority to appoint Chief Academic Officers in the domains of education, research, clinical affairs, and in other areas as are deemed appropriate. A CAO is the highest ranking Dean in each domain.
2. Duties: CAOs work closely with administrative leadership and with faculty members (via the Councils) to develop policies and plans and allocate resources, and implement plans (via operational committees) in their respective domains. The specific duties of each academic officer will be defined by the Dean, but include roles described in these bylaws.

CAOs, working with the Dean, may in turn, recruit and appoint additional administrative officers to carry out specific functions of their offices.

C. Standing Administrative Committees

1. Admissions Committee

a. Duties

The Admissions Committee selects the student body of the SOM. It is responsible for determining admission prerequisites and candidate selection criteria.

b. Authority

The Admissions Committee alone has authority to admit or deny admission to applicants.

c. Membership: 20 voting; 3 non-voting

Chief Academic Officer for Student Affairs (*ex officio*; non-voting)

Chief Academic Officer for Admissions (*ex officio*; non-voting)

Chief Academic Officer, Office of Health Career Opportunity Programs (*ex officio*; non-voting)

Fifteen (15) faculty

One (1) representative from the Office of Health Care Opportunity Programs

One (1) member from the community

Three (3) medical students

The chair is one of the 15 faculty members. The chair and all voting members are appointed by the Dean of the SOM, with consultation from the Chair of the Admissions Committee and the CAO of Admissions. Terms of appointment for faculty are three to five years and are renewable. Terms of appointment for students are one year, and are renewable.

Quorum: No less than a simple majority of all members eligible to vote⁴ is required to approve a motion.

2. Senior Appointment and Promotions Committee (SAPC)

a. Duties

The SAPC shall manage the peer review process to consider awards of tenure and promotion to senior rank on academic grounds, except for department chairs. The SAPC shall also manage the post-tenure review process (See Appendix C.)

b. Authority

The SAPC shall make recommendations regarding tenure and/or promotion to senior rank, on academic grounds, to the Dean. The Dean will forward recommendations regarding tenure and promotion to the Provost, who will in turn make a final recommendation to the BOD.

The SAPC has full authority to determine outcomes of the post-tenure review process.

c. Membership

All members are full professors, and appointed by the Dean. The chair is appointed annually by the Dean. The membership shall initially be eleven (11), five (5) from basic science departments and six (6) from clinical departments. If the total number of members is changed, it shall be done by adding or removing one basic science member and one clinical member simultaneously. In addition, 11 to 14 alternate committee members will be appointed.

Terms are of three (3) years duration. Consecutive terms may be served.

3. Appeals Committees

The Dean is responsible for establishing standing faculty committees to hear appeals related to compensation and space and any other area in which s/he has full authority.

4. Academic Advancement Committee (AAC)

a. Duties

The AAC certifies that the academic and non-academic performance of each student is adequate in all phases of the curriculum, and when it is not, determines the outcome, which could include remediation, discipline, or dismissal.

⁴ "Eligible to vote" refers to the total number of members on the committee, less the non-voting members.

At the end of each year in which satisfactory performance has been demonstrated, the AAC certifies that the student is prepared to go on to the next year, and ultimately is qualified to receive the M.D. degree.

The AAC also concerns itself with non-academic issues that may affect the student's ability to perform as a physician. The AAC meets any time a student's performance in one or more components of the curriculum requires a decision as to whether the student should continue in his/her plan of study.

The AAC is responsible for taking appropriate disciplinary action against students related to both academic and nonacademic issues.

b. Authority

The AAC alone has authority to determine issues of academic advancement, remediation, discipline, and dismissal.

c. Membership

One (1) faculty member to serve as chair.

Four (4) basic science faculty members.

Four (4) clinical faculty members.

One (1) Chief Academic Officer for Student Affairs (*ex-officio*, non-voting)

One (1) Chief Academic Officer, Office of Health Center Opportunity Programs (*ex-officio*, non-voting)

The CAO for Education (*ex-officio*, non-voting)

Members of the AAC and its chair are appointed by the CAO for Education.

IV. DEPARTMENTS

A. Purpose

All faculty are members of academic departments. Departmental faculty are joined by similar academic interests, although their individual activities are characteristically independent and diverse. The function of departments is to promote these diverse interests, to mentor and guide the professional development of faculty, and to foster excellence. Clinical departments may be mandated by accreditation and licensing organizations.

B. Creation, merging or disbanding of departments must be approved by the Dean's Council (see Section VI.E.), by the Dean, and by the BOD/Board of Trustees (BOT) as described in the University Laws and Bylaws.

C. Department chairs

1. Duties: Department chairs are responsible for mentoring faculty members to ensure their professional development. They work with them to determine allocation of effort to education, research, clinical and/or administrative activities and to ensure the profile is consistent with the faculty member's professional category.

Department chairs make recommendations regarding appointments, compensation, professional advancement, and multi-year contracts. With the SAPC, they may approve or deny applications to interrupt progression to tenure (see Appendix B). Department chairs are responsible for annual performance reviews of the faculty and collaborate with Type II Center directors where applicable. The net evaluation of faculty for purposes of academic advancement and compensation will be determined jointly by the department head and the center director. In the event of disagreement, the matter will be adjudicated by the Dean's Council, which will tender its recommendation to the Dean.

Department chairs make recommendations about departmental budget and space needs. Department chairs report to the Dean.

2. Appointment: The Dean of the SOM shall appoint an ad hoc faculty search committee to advise on the selection of a department chair. The search committee shall include some members from inside and outside the department, and at least one member of the SAPC. The CAO for Education will interview all finalists and make recommendations to the search committee. The search committee shall identify individuals eminently qualified for the position and make a recommendation to the Dean.

Department chairs will be appointed for a maximum of 7 years, renewable at the time of the departmental review.

3. The Dean may appoint acting or interim department chairs who may serve for no more than two years in the absence of an active search for a permanent department chair.

D. Departmental Review

The teaching, research, clinical service programs and administrative contributions of each department will be reviewed at least every 7 years in addition to such other reviews as the Dean considers appropriate, according to procedures described in Appendix D. The Oversight Committee (OC; see section VII) will initiate the reviews and will report the status of those reviews to the Board of Directors or to an appropriately designated subcommittee of the Board of Directors. Results of reviews will be sent to both the Dean and the OC.

V. CENTERS⁵

There will be times when programmatic needs require specialized organizational units within or among departments. Other clinical and/or research units may need to be created to respond to changing medical developments and advances. These units will be called centers. The purpose of centers is to focus resources. All centers must be designated as either Type I or Type II, designations indicating different degrees of autonomy.

⁵ The word "center" may be used when such a term is advantageous to the University and must have the Dean's written approval.

A. Type I Centers

A Type I center is administered within the structure of a department. The center itself, by agreement among the chairs of the relevant departments and the center director, may consist of faculty members of more than one department or school. However, the chairs of the departments that contribute faculty members must agree in advance that the center will exist within the administrative structure of one of the departments. The chair of that department shall accept administrative responsibility for the center. The chairs will need to agree to matters such as resource allocation and conditions for continuing or discontinuing the center. Article XIII of the University Laws and Bylaws does not apply to Type I centers.

B. Type II Centers⁶:

1. Purpose

A Type II center may be created when a University activity would better flourish outside existing departments.

2. Creation of Type II centers shall require a written plan, including description of its purpose and resources. Creation, merging or disbanding requires approval by the Dean's Council and approval by the Dean.

3. Type II Center directors

a. Duties

Type II center directors are given authority over dedicated resources. They may initiate faculty recruitment, both internal and external, in collaboration with the prospective department chair. Center directors supervise and evaluate those faculty activities that occur within the center, while the department chair supervises and evaluates those activities that occur outside the center. The net evaluation of faculty for purposes of academic advancement and compensation will be determined jointly by the center director and department head. In the event of disagreement between the center director and department chair, the matter will be adjudicated by the Dean's Council, which will tender its recommendation to the Dean.

b. Appointment

Type II center directors are appointed by and report to the Dean. They are appointed for a maximum of 7 years, renewable at the time of the center review.

4. Center Review

Type II centers must be reviewed at least every 7 years in addition to other reviews the Dean considers appropriate, according to procedures described in Appendix D.

⁶For the purposes of participating in School of Medicine governance and mentoring School of Medicine faculty, Signature Programs are considered Type II Centers. However, Signature Program directors may also report directly to the Health Center Vice President for Health Affairs.

The Oversight Committee (OC: see section VII) will initiate the reviews. Results of reviews will be sent to both the Dean and the OC.

VI. PLANNING AND POLICY DEVELOPMENT

The five policy and planning committees are called the Councils for Education, Research, Clinical Affairs, and Public Issues, and the Dean's Council.^{7, 8} One or more of these five Councils will participate in all policy and planning activities. These committees have a responsibility to respond to requests for policy in a timely fashion.

The Councils for Education, Research, Clinical Affairs and Public Issues are the primary places in which elected faculty members will work with their CAOs to develop policies and plans, including strategic plans, within each domain. The Dean's Council is the primary place where the impact of proposed policies and the availability of resources to implement proposed policies are considered. In some areas, such as the undergraduate medical curriculum, a Council may have decision making authority but must subject major policy changes to the scrutiny of the Dean's Council prior to making final decisions. In other cases, such as the formation of new strategic plans, the Councils submit recommendations to the Dean's Council, that will in turn, make recommendations to the Dean.

While some aspects of the Councils need to be defined individually, the following are shared assignments and expectations:

1. Each Council is charged to develop policies and plans in collaboration with the CAO of that domain.
2. Each Council collaborates with the others to consider and accommodate cross-domain needs of the SOM.
3. Neither department chairs nor Type II Center directors are eligible to fill basic science or clinical faculty seats within the Councils. Chief academic officers (CAOs) and deans of any rank are not eligible to fill elected seats within the Councils.
4. Each elected member will be elected by the group s/he represents.
5. Only those eligible to sit on a Council may vote for the members of the Council, except that all voting faculty in each membership group may vote for the members of the Oversight Committee.
6. Terms of elected and appointed faculty members are staggered, and of three years duration. No member may serve more than two consecutive terms.
7. The members of each Council shall elect a chair from within its membership.
8. All faculty serving on Councils will recuse themselves whenever there is a perceived or actual conflict of interest. The Dean, CAOs or Council Chairs may excuse an individual for a perceived or actual conflict of interest.
9. In each Council, no less than a simple majority of all members eligible to vote⁹ is required to approve a motion. Votes must occur in convened meetings. However, minutes may be approved by email.
10. In addition to the voting members of each Council, appropriate *ex officio*, non-voting members may be appointed by the group.

⁷ Each committee described in these bylaws shall develop its own operational guidelines, which will be submitted to the Dean's Council for approval and then published for access by faculty members.

⁸ Participation in governance is a meaningful academic activity and time spent in governance should be recognized in the faculty member's effort profile for the duration of the term.

⁹ "Eligible to vote" refers to the total number of members on the committee, less the non-voting members.

11. Council agenda items may be assigned by the Dean or the CAO of that domain, may be internally developed, or may be raised by any faculty member or any other governance committee. All Councils will address compliance with policies of external regulatory and accreditation agencies.
12. Three or more Education, Research, Clinical or Public Issues Council members may collectively forward a minority report to the Dean's Council. Three or more Dean's Council members may collectively forward a minority report to the BOD.
13. Decisions and recommendations forwarded to the Dean's Council must have already taken into consideration the scope of resources required.
14. Each Council will create and disband policy and operational subcommittees as needed. Lists of current subcommittees, their responsibilities and their membership must be published.
15. Faculty, students and others who are not eligible for specific Council membership may serve on subcommittees of that Council.
16. Members of Councils may be dismissed by the Chair of the Council after three unexcused absences in a year.

A. Education Council (EC)

1. Duties

The EC formulates policies and plans for all educational activities sponsored by the SOM which include, but are not limited to, the undergraduate medical curriculum, graduate and postgraduate medical education, continuing medical education, and community education. The EC determines the objectives, general form, and content of the educational programs, and assures their quality. It may also request subordinate committees to deal with any issues related to the educational programs. It oversees the integration of the SOM faculty into the Graduate Programs. It considers the roles of off-site faculty, affiliated hospitals, and community faculty in these educational endeavors. It makes recommendations regarding priorities for the use of available resources.

2. Authority

The EC has authority over all educational activities. As a matter of process, it must submit new strategic plans or major policy revisions to the Dean's Council for review and comment. In addition, decisions that require the allocation of new resources must be considered by the Dean's Council and approved by the Dean.

3. Membership

One (1) Chief Academic Officer for Education (*ex officio*)

One (1) Chief Academic Officer of the Graduate School, Farmington campus (*ex officio*)

One (1) faculty member from each standing EC policy subcommittee

Five (5) elected basic science faculty members

Five (5) elected clinical faculty members

B. Research Council (RC)

1. Duties

The RC makes recommendations regarding priorities for the research mission and the implementation of research strategic plans. The RC will formulate policies related to the conduct of research. Such policies include, but are not limited to: allocation of research space, incentive plans (if the EVP so delegates), and adherence to compliance requirements imposed by regulatory agencies. The RC will cooperate with other bodies involved in Health Center-wide research planning and policies, and should have a dominant position either directly (through dual membership) or indirectly on committees concerned with research-related Health Center issues. The RC will endeavor to coordinate biomedical research throughout the University (particularly with the School of Dental Medicine and Graduate Schools) and with our affiliated hospitals, by analysis, review, and promotion of real and potential cooperative ventures. The RC will make recommendations on strategies to identify and procure resources that are essential for the recruitment and retention of faculty members. The RC is charged to maintain a technically advanced and supportive infrastructure and develop timely new ventures in biomedical science.

2. Authority

The RC is advisory to the Dean's Council on matters of research governance.

3. Membership

One (1) Chief Academic Officer for Research (*ex-officio*)
One (1) basic science department chair
Two (2) basic science faculty members
Two (2) center directors¹⁰
One (1) clinical department chair or delegate elected by the chairs
One (1) clinical faculty member
One (1) multidisciplinary clinical research center representative¹¹

C. Clinical Council (CC)

1. Duties

The CC is responsible for policies, strategic planning, and management of the clinical activities of the SOM and its faculty. These responsibilities include the faculty practice, which exists to support the vision of the SOM, including its educational, clinical and research missions. The CC is also responsible for the clinical components of our strategic plans, and all other clinical business affairs. Examples would be contracted services provided elsewhere by faculty members who are paid by the practice, and the development of contracts with clinicians not on salary with the faculty practice to provide services directly for the SOM.

¹⁰ Only directors of approved Type II centers are eligible

¹¹ This position refers to what, in 2017, is the Lowell P. Weicker, Jr. Clinical Research Center

2. Authority

The CC manages the faculty practice. The development of any major new policies or strategic plans, or major modifications to the existing structure or academic function of the faculty practice requires review and approval by the Dean's Council.

3. Membership

One (1) Chief Academic Officer for Clinical Affairs (*ex officio*)
One (1) Medical Director, Clinical Compensation Plan (*ex officio*)
Two (2) clinical faculty members,
One (1) clinical faculty member or department chair elected specifically to advocate for the accommodation of academic concerns by the clinical practice.
Two (2) clinical department chairs
One (1) clinical center director¹²
Chief Financial Officer (*ex officio*; non-voting)
UHC Chief of Staff (*ex officio*, non-voting)
Chief Operating Officer of the clinical faculty practice (*ex officio*, non-voting)
Senior Administrative Officer for Planning and Development (*ex officio*, non-voting)
Junior Academic Officer for Clinical Affairs (*ex officio*, non-voting)

All elected members must be active clinicians billing through and working within the faculty practice.

D. Public Issues Council (PIC)

1. Duties

The PIC champions scholarly activities in public health, preventive medicine and health education. It identifies critical health and disease issues for the region and state, prioritizes them and focuses broad faculty effort to improve both health care delivery and health education on these issues. It makes recommendations regarding priorities for the use of available resources, and seeks to increase community resources through legislative and private educational efforts. Its concerns span a variety of settings [such as affiliated hospitals, physicians' offices, community health centers, and schools] and include our educational partners in the community and across the state.

2. Authority

The PIC advises other Councils and the Dean regarding the leadership role of the SOM faculty in regional, statewide, and public health and health education missions.

¹²Only directors of approved Type II centers are eligible

3. Membership

- One (1) Chief Academic Officer for Primary Care (*ex-officio*)
- One (1) clinical department chair
- Four (4) clinical faculty members
- One (1) center director¹³
- Two (2) basic science faculty members
- Two (2) faculty members from public health programs
- One (1) representative from affiliated hospitals (rotating)
- One (1) representative from the community and not from an affiliated hospital
- One (1) appointed by the Commissioner for Public Health

E. The Dean's Council

1. Duties

The Dean's Council works with the Dean to determine broad medical school policies and strategic plans. It does this primarily by (a) ensuring that all recommendations regarding policies and strategic plans have been developed with the consideration of how they effect the entire School and not just a single domain, (b) synthesizing, coordinating and evaluating the initiatives put forward by the Councils into cohesive strategic plans and objectives¹⁴, (c) initiating recommendations regarding policies and priorities in the use of resources, and (d) acting on recommendations from the Oversight Committee.

These functions will be achieved through the consideration of (a) the overall use and commitment of resources and the availability of resources for newly developed policies and plans; (b) how new policies put forth by a Council fit within the strategic plans/goals/objectives of the school as a whole; (c) possible synergies between new proposals and other school needs and goals; and, importantly, (d) the consequences of policies developed by one Council on the entire faculty and students. Thus, while most policies will be developed in the Councils, the Dean's Council plays a critical integrative function. It bears the final responsibility for evaluating the impact of proposed policies and plans on the SOM and its faculty as a whole.

In addition to considering the policies and recommendations sent from the Councils, the Dean's Council may be assigned tasks by the Dean, the EVP, or the BOD. The Dean's Council will then delegate tasks to the Councils or, if appropriate, delegate an ad hoc committee to address the task.¹⁵

The Dean's Council will also lead the effort to educate the administration of the SOM and of the Health Center about the impact its policy decisions have on the ability of the faculty to do its work and to negotiate ways to streamline the processes. This charge focuses on, for example, the administrative requirements for hiring new

¹³ *ibid.*

¹⁴ The Dean's Council does not rework or re-think the policy or decision itself.

¹⁵ The latter would be especially appropriate when tasks that do not neatly fit within the domains need to be addressed, such as the development of a new faculty compensation plan, revisions to the grievance procedures, or revisions to the criteria for promotion to senior rank.

faculty members, for spending research dollars, and for implementing approved strategic plans.

2. Authority

The Dean's Council advises the Dean regarding strategic planning and resource allocation decisions. When the Dean's Council finds an impediment to the implementation of a decision or recommendation of a Council, it can (a) return the decision or policy to the Council from which it originated with feedback on the flaws or impediments to implementation, (b) send the decision or policy to a different Council to get further information on the consequences and ways to ameliorate those consequences, or (c) reject the recommendation outright.

The Dean's Council has authority to overturn a negative decision by SAPC on promotion or tenure only on non-academic grounds.

The Dean's Council approves the operating rules and guidelines of all governance committees, and designates departments and centers as either "basic science" or "clinical".

The Dean's Council will arrange an election, make an appointment, or delegate the appropriate Council to make an appointment when a University, Health Center, Dental School, Graduate School or other non-SOM committee, or the BOD, desires official representation from the SOM.

The Dean's Council holds elections for all SOM governance committees. Elections, to be held annually, must provide the opportunity for faculty to nominate self or others.

3. Membership:

Dean of SOM (*ex officio*, non-voting)

Chief Financial Officer of the SOM (*ex officio*, non-voting)

The Chief Academic Officers for Education, Research, Clinical Affairs, and Primary Care

One (1) each from the Research, Clinical, and Public Issues Councils

Two (2) from the Education Council

One (1) clinical department chair

One (1) basic science department chair

One (1) center¹⁶ director

Only senior SOM faculty in Professional Categories may serve on the Dean's Council. If an Education, Research, Clinical or Public Issues Council member is unable to attend a meeting, s/he shall be responsible for identifying another member of the Council to attend. Decisions are made by a simple majority of those voting.

¹⁶ Only directors of approved Type II centers are eligible.

VII. OVERSIGHT COMMITTEE

A. Duties

The Oversight Committee (OC) is an elected group of faculty that monitors the implementation of the governance mechanisms as outlined in the Bylaws of the SOM. The OC (a) ensures that there is communication between the governance committees and the faculty¹⁷; (b) reviews the results that been achieved by implementation of policies and programs; (c) initiates and monitors all department, center, and other reviews mandated in the Bylaws; and (d) identifies bylaws that may need to be reviewed and/or amended. The committee will be responsible for *ad hoc* as well as periodic reviews of the Bylaws, at intervals no greater than seven years, and for implementing the amendment process described in Section IX.

The OC reports its findings to the Dean and the Dean's Council.

B. Authority

The OC has access to the agendas and decisions of all Councils. It ensures open communication regarding governance by working with the Dean to establish a publishing mechanism and by calling Faculty Forums at appropriate times. It initiates Department and Center reviews and monitors the results. It controls the Bylaws amendment process as described in section IX.

C. Membership

One (1) basic science department chair
One (1) clinical department chair
One (1) center director¹⁸
Three (3) basic science faculty members
Three (3) clinical faculty members
Immediate past chair (*ex officio*, non-voting)

Only senior SOM faculty on the University's payroll may serve. In addition, chairs of all academic departments are eligible to serve. Neither department chairs nor Type II Center directors are eligible to fill basic science or clinical faculty seats within the Oversight Committee. Chief academic officers (CAOs) and deans of any rank are not eligible to fill elected seats within the Committee. The OC elects a chair from within its ranks. Terms of elected and appointed faculty members are staggered, and of 3 years duration. No person may serve on the OC while also serving on other Councils. No elected or appointed member may serve more than two consecutive terms.

With the exception of revisions to the Bylaws of the SOM (see section IX), no less than a simple majority of all OC voting members is required to approve a motion. Votes must

¹⁷ Sections of departmental and center reviews that address personnel issues are confidential and any communications regarding these issues must be via the Chair of the OC in consultation with the Dean.

¹⁸ Only directors of approved Type II centers are eligible.

occur in convened meetings. Minority reports may be forwarded to the Dean by three or more members.

VIII. COMMUNICATION REGARDING GOVERNANCE

Participation in School governance is encouraged of all faculty members, especially through membership on the committees described in these Bylaws. There must be effective communication between the committees engaged in governance and other faculty members. In order to provide venues for those participating in School governance to keep the rest of the faculty informed on their activities as well as to provide a formal opportunity for hearing faculty concerns and advice, two mechanisms are provided:¹⁹

1. Written Communication

Working with the OC, the Dean will develop and maintain a mechanism for the purpose of publishing and archiving important communications about SOM governance committee activities. Each governance committee will be responsible for submitting relevant information for publication in a timely manner. These communications will include committee members, meeting schedules, agendas and minutes. In addition they will contain copies of written reports or governance updates provided to the faculty.

The Dean of the School will provide a “State of the School” at least once a year.

Each governance committee will provide a report summarizing its activities twice a year.

2. Faculty Forum

The Faculty Forum is a meeting held to discuss current policy formulation.

Faculty Forums will be held regularly and not less than two times a year. The OC will schedule Faculty Forums and set the agenda. Relevant materials will be published at least one week in advance. The chair of the OC will preside and will publish minutes of the meeting. Members of the Councils, including the Dean’s Council, and the OC, are expected to attend.

Councils or individual faculty may submit a request to convene a Faculty Forum and the Oversight Committee must consider the request.

3. General Faculty Meetings may be called by the Dean as provided in the University Laws and Bylaws. The Dean of the SOM will preside over general faculty meetings.

¹⁹ Proprietary, competitive, personal or other information protected by the Freedom of Information Act may not be disseminated.

IX. AMENDMENTS

The Bylaws may be amended by bringing the issue before the OC for consideration. While any faculty member or governance group could suggest an amendment to the OC, there are four triggers that will require the OC to consider formally the proposed amendment. The four triggers are:

1. an amendment is proposed as a result of a cyclical review of the bylaws
2. the OC proposes an amendment as a result of its routine governance monitoring
3. the Dean or any of the Councils asks for an amendment to be considered
4. a proposed amendment is sent to the OC with a petition signed by 50 faculty members

Following any one of these four triggers, the OC will review the proposed amendment. It may redraft the proposed amendment as appropriate or necessary. If two-thirds of the OC voting members endorse the proposed change, it will be sent forward through the approval process as described below. Votes must occur in convened meetings.

As an alternative mechanism to OC review, if 100 SOM faculty on the University's payroll propose an amendment (a signed petition is required), it must be sent by the OC through the approval process described below.

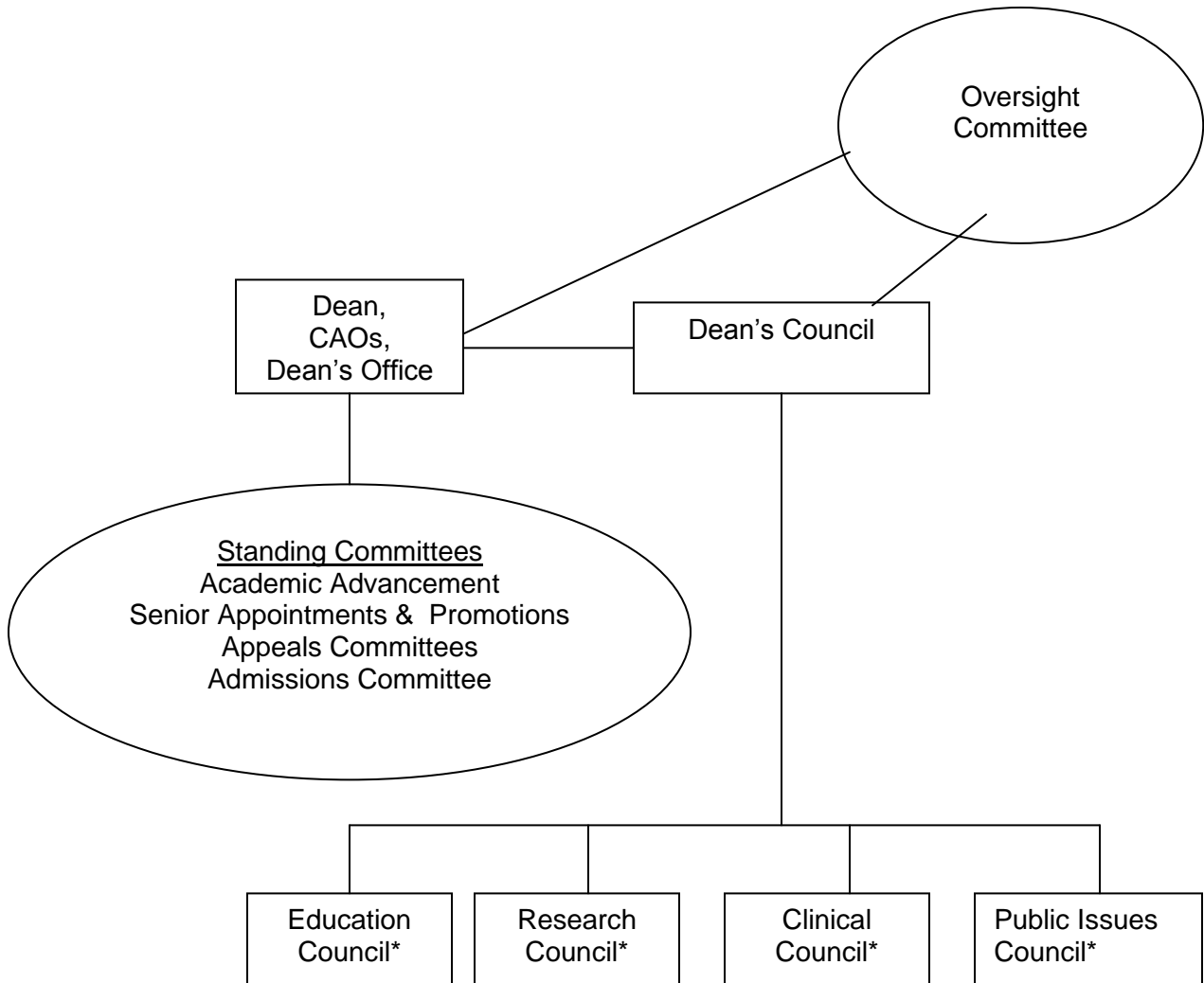
Unless specifically noted as an exclusion²⁰, all proposed changes to the bylaws are subject to this approval process:

1. The proposed amendment will be published.
2. The proposed amendment will be discussed at a Faculty Forum called for this purpose.
3. The Dean and the Councils will prepare position papers that are made available to the faculty at least 21 calendar days prior to the Faculty Forum.
4. A vote of the SOM faculty paid by the University will take place no sooner than 7 calendar days and no later than 21 calendar days after the Faculty Forum. The balloting will remain open for seven calendar days.²¹
5. The SOM faculty paid by the University must approve the amendment by two thirds of those voting.
6. If approved, the amendment will be sent to the BOD with the position papers of the Dean and the Councils.
7. Final approval is required by the BOD.

²⁰ This amendment process applies to the Appendices of the Bylaws except where specifically noted. Appendix A, Guidelines for Appointment to Junior Faculty Rank, is not subject to this amendment process. It may be amended by the Dean after consultation with Department Chairs.

²¹ The mechanism for voting should include absentee and electronic options in order to be as inclusive as possible.

X. Organizational Chart of Working Relationships



*Each Council will create and disband policy subcommittees and operational subcommittees as needed. Lists of current subcommittees, their responsibilities and their membership must be published.

Bylaws of the University of Connecticut School of Medicine

Approved by the Dean, School of Medicine on January 10, 2005.
Approved by the Dean's Advisory Committee on January 24, 2005
Approved by the School of Medicine Council on February 16, 2005
Approved by the voting faculty of the School of Medicine on February 28, 2005
Approved by the UCHC Board of Directors on March 1, 2005
Revised May 2007
Approved by the voting faculty of the School of Medicine on June 5, 2007
Approved by the UCHC Board of Directors on September 17, 2007.
Revised April, 2010
Approved by the voting faculty of the School of Medicine on November 15, 2010
Approved by the UCHC Board of Directors on February 14, 2011
Revised July, 2013
Approved by the voting faculty of the School of Medicine on December 9, 2013
Approved by the UCHC Board of Directors on March 24, 2014
Approved by the voting faculty of the School of Medicine on July 13, 2016
Approved by the UConn Health Board of Directors on September 12, 2016
Approved by the voting faculty of the School of Medicine on May 10, 2017
Approved by the UConn Health Board of Directors on June 19, 2017

Bylaws of the University of Connecticut School of Medicine
Appendix A
Guidelines for Appointment to Junior Faculty Rank and Joint Appointments²²

General Criteria: Appointments to the faculty must comply with the Bylaws for the School of Medicine (SOM). An individual being proposed for a faculty appointment should have completed his/her training (e.g., residency, clinical fellowship, post-doctoral fellowship, etc.), and must be able to function autonomously (independently) in his/her academic role. In addition, he/she should contribute in a meaningful way to the academic missions of the School, and engage professionally with our academic community, other academic communities, public organizations and/or with the public community at large.

With few exceptions, initial appointments should be made at the Assistant Professor level. Instructor level appointments are appropriate when teaching is the major activity.

Exceptions

1. An Instructor-level appointment is appropriate in the Medical Educator category if the purpose for the appointment is to allow a meaningful contribution to the education of undergraduate medical students, graduate students, post-doctoral research trainees, and/or medical residents or fellows.
2. In order to indemnify individuals whose activities are critical to the operation of UConn Health and/or the School of Medicine, it may be necessary to provide a faculty appointment, even if the individual does not meet the above criteria. Examples of such an individual who is a member of the Institutional Review Board (IRB) or a physician whose credentials allow him/her to admit patients at the John Dempsey Hospital. In the case of the latter, if so asked he/she must spend 100 hours a year teaching/precepting students and be able to document such teaching.

Initial Appointment of Faculty

Initial appointments of in-residence faculty are generally for two (2) years. The duration of a contract will be determined by the department chair and the Dean for any individual who is not tenured or in the tenure track.

Non-Salaried²³ Faculty

An individual who is not salaried by the School of Medicine as a faculty member shall be eligible for a faculty appointment provided he/she meets the above enumerated criteria. Such an individual may be employed by UConn Health affiliated institutions and/or their employed faculty ambulatory practices or research facilities, in private practice, employed by other units of UConn Health or the University, employed by another College or University, or engaged in scholarly activity in a private organization (e.g. a research center or the scientific arm of a business such as a pharmaceutical firm).

Affiliated Faculty: Faculty working 80% time and effort or greater at affiliated organizations are eligible for affiliated faculty appointments. Eligibility for an affiliated faculty appointment will be clearly defined in an affiliation agreement between UConn SOM and the organization, but at a

²² The Guidelines for Appointment to Junior Faculty Rank may be amended by the Dean after consultation with Department Chairs, and are not subject to the Bylaws amendment procedures outlines in Section IX of the School of Medicine Bylaws.

²³ Non-salaried faculty may in some instances received stipends from the School of Medicine and may be employed by the School of Medicine or UConn Health for roles independent of the faculty appointment.

minimum a faculty must meet the following criteria: be employed 80% or greater by that organization; dedicate more than 100 hours in academic efforts (teaching, research, administration associated with teaching or research) for the SOM; and then be identified as dedicating more than 50% of their academic efforts to the SOM.²⁴

For faculty from affiliated institutions, the appropriate affiliation is noted in parenthesis after the academic title [e.g. Assistant Professor (Hartford Hospital) or Professor (Connecticut Children's Medical Center)]. This designation is for administrative purposes only and should not be used for public faculty lists or correspondence.

Affiliated faculty appointments must be reviewed and renewed by the department chair on an annual basis with the advice, where applicable, of the appropriate chief of service of the affiliated institution. Faculty from affiliated institutions are not eligible for tenure.

Community-Based Clinical Faculty: A clinician who is neither employed by UConn Health affiliated institutions, nor employed as faculty by other units of UConn Health or the University, shall be eligible for a community-based clinical faculty appointment if he or she contributes to the academic mission of the School of Medicine. The academic ranks for community-based faculty include Clinical Associate, Clinical Instructor, Assistant Clinical Professor, Associate Clinical Professor, and Clinical Professor. The title Clinical Associate may be used for those who make intermittent or less than major contributions to the academic programs of the School of Medicine. If asked to teach, such individuals, with the exception of Clinical Associates, are required to document at least 100 hours per year in the programs of the University of Connecticut School of Medicine.

All community-based clinical faculty appointments must be reviewed and renewed by the department chair on an annual basis, with the consent of the Dean/Dean designate. These appointments are made on an annual basis and may be renewed without limit. Faculty members with community-based faculty appointments are not eligible for tenure.

Adjunct Faculty: An individual who is employed by another College or University, or engaged in scholarly activity in a private organization (e.g. a research center or the scientific arm of a business such as a pharmaceutical firm), and who is not a clinician, shall be eligible for an adjunct faculty appointment if he or she is contributing to the education or research missions of the School of Medicine. These contributions might be in the form of teaching in the undergraduate medical curriculum or the graduate student curriculum, collaborative research, or serving on the doctoral committee of a UConn Health graduate student. If asked to teach, such individuals are required to document at least 100 hours per year in the programs of the University of Connecticut School of Medicine. The academic ranks for adjunct faculty include Adjunct Associate, Adjunct Instructor, Adjunct Assistant Professor, Adjunct Associate Professor, and Adjunct Professor.

All adjunct faculty appointments must be reviewed and renewed by the department chair on an annual basis, with the consent of the Dean/Dean designate. These appointments are made on an annual basis and may be renewed without limit. Faculty members with adjunct faculty appointments are not eligible for tenure.

²⁴ Affiliated organizations are healthcare organizations (both medical and research facilities) such as Connecticut Children's Medical Center, including their employed faculty ambulatory practices and research facilities, as designated in respective affiliation agreements.

- More than 50% of academic effort devoted to the SOM will always represent more than 100 hours of effort annually

Visiting Faculty: Visiting faculty members are appointed for a brief period of time (maximum one year). An individual considered for such appointment must be a faculty member at another academic institution or a recognized expert or scholar from industry. A meaningful contribution to the academic mission of UConn Health is expected and will be specified at the time of appointment.

Joint Appointments

- a. Joint appointments within the School of Medicine:
 - (1) There must be sustained and demonstrable involvement by the faculty member in the academic programs of the secondary department.
 - (2) Appointment or promotion in the secondary department must be reviewed and approved by the department chair and the Dean/Dean designate and may not be at a rank higher than that in the department of primary appointment. Joint appointments do not require SAPC review.
 - (3) Tenure may be granted only through the department of primary appointment.
 - (4) The joint appointment must be reviewed annually and approved by the departments involved and the Dean/Dean designate.
- b. Joint appointments for faculty whose primary appointment is in a Department of another School of the University and whose secondary appointment is in a Department of the School of Medicine:
 - (1) In all cases, the department chairs shall indicate in writing why a joint appointment is desirable and describe in detail the responsibilities of the individual in the School of Medicine department.
 - (2) Appointment or promotion in the School of Medicine department must be reviewed and approved by the department chair and the Dean/Dean designate in the School of Medicine, and it may not be at a rank higher than that in the department of primary appointment. These appointments do not require SAPC review.
 - (3) Tenure may be granted only through the department of primary appointment.
 - (4) All secondary appointments are subject to annual renewal. At the time of renewal, the department chair will indicate to the Dean/Dean designate whether the original commitments of the individual to the programs of the School of Medicine have changed.

Procedure for Requesting Faculty Appointments

1. All requests must be made by a department chair.
2. All requests must be sent to the Dean's Office for processing and routing. The request should be addressed to the Dean/Dean designate.
3. The request for appointment must include the following:
 - A cover letter stating why the appointment is being requested, at what rank, source of salary support (i.e., general fund, extramural research grant, clinical), space needs associated with the appointment and a description of how those space needs will be met.
 - A copy of the individual's curriculum vitae, current to the date of appointment.
 - For paid faculty: an appropriate draft appointment letter that specifies duties, responsibilities, salary, space assignment, etc. (appointment letter templates are posted in the Shared Folders under School of Medicine/hire letters).
4. The appointment must be approved by the Dean/Dean designate and renewed annually unless the individual is tenured or has a multi-year contract. Reasons for denial of an appointment by the Dean/Dean designate include but are not limited to:
 - lack of sufficient evidence of autonomy (independence),
 - lack of contribution to the academic missions of the School of Medicine,
 - inadequate financial resources,

- lack of appropriate space, and/or
- nonalignment of the appointment with the strategic plans, initiatives and priorities of the School of Medicine.

Professional Categories: SOM paid faculty and affiliated faculty must choose a professional category. These faculty and their department chairs must sign a written statement indicating the selection of a professional category, and the faculty's understanding of the criteria for promotion within the selected professional category. In the event of disagreement between the faculty member and the department chair regarding selection of professional category, the issue may be appealed to the Dean/Dean designate for resolution. In any event, professional category selection must be approved by the Dean/Dean designate and a copy filed in the Dean's Office.

Individuals awarded a faculty appointment in professional categories that have a "promotional clock" (e.g., Investigator, Clinician-Investigator, Clinician-Scholar) must have a realistic opportunity to be promoted within the requisite time period. Tenure track or in-residence appointments in the Investigator, Clinician-Investigator and Clinician-Scholar professional categories are time-limited and require promotion. The Medical Educator and Medical Researcher professional categories are in the in-residence track and do not have a promotional clock. The guidelines for promotion to senior rank and/or tenure are found in Appendix B of the Bylaws of the University of Connecticut School of Medicine.

The following are examples of how individuals may meet the above criteria given their specific duties, responsibilities, and activities. These examples are presented within the context of the current professional categories in the School of Medicine.

SOM Paid Faculty (Tenure track or In-Residence)

Investigator, Clinician-Investigator Faculty: An individual whose major activity is research could meet the above criteria in the following ways.

1. **Evidence of completion of training:** The individual has earned an advanced degree (e.g., Ph.D., M.D., D.M.D., etc.) and has completed any post-graduate or post-doctoral training. In general, the post-graduate or post-doctoral training period should be at least two years in length.
2. **Autonomous function:** The Individual must be able to function autonomously (independently) in his/her academic role. For example:
 - He/she is expert in a field of research.
 - He/she is qualified to teach a particular topic, classroom session, course section, etc. without direct supervision.
 - He/she has a record of publication in peer-reviewed journals, and he/she should be the first or corresponding author on some of the publications.
 - He/she will be the principal investigator on research grants and projects, or in other ways clearly demonstrate intellectual and scientific independence. The Individual is not required to have pre-existing grant support to be eligible.
3. **Meaningful contribution to the academic missions:** Meaningful contribution should be clearly defined at the time the individual is proposed for appointment. For example:
 - Teaching in the undergraduate medical curriculum, graduate school, in residency/fellowship programs, or in the lab (e.g., lecturer, conference leader, laboratory preceptor).
 - Participating in the activities of the department (e.g., departmental meetings, journal clubs).

- Is a critical or required member of a research program and brings a unique contribution to that program.

Clinician Scholar: An individual whose major activity is the provision of clinical service could meet the above criteria in the following ways.

1. Evidence of completion of training: The individual has earned an advanced degree (e.g., Ph.D., M.D., D.M.D., etc.), and completed a post-graduate training program. *Note:* Chief residents and clinical fellows are considered trainees.
2. Autonomous function: The individual must be able to function autonomously (independently) in his/her academic role. For example:
 - He/she is qualified to teach a particular topic, classroom session, course section, etc. without direct supervision.
 - He/she is licensed and provides clinical service without supervision.
 - If he/she publishes, he/she is the first or corresponding author on some of the publications.
3. Meaningful contribution to the academic missions: Meaningful contribution should be clearly defined at the time the individual is proposed for appointment. For example:
 - Teaching in the undergraduate medical curriculum, graduate school, in residency/fellowship programs, or in the lab. (e.g., lecturer, conference leader, laboratory preceptor, attending). *Note:* If teaching is limited to precepting students and residents, at least 100 hours/year should be devoted to that activity.
 - Participates in the activities of the department (e.g., departmental meetings, journal clubs, grand rounds).
 - Makes a unique contribution to the clinical operation of UConn Health.

Medical Educator: An Individual whose major activity is related to education could meet the above criteria in the following ways.

1. Evidence of completion of training: The Individual has earned an academic degree. An advanced degree (e.g., Ph.D., M.D., D.M.D., etc.) is preferred but not required.
2. Autonomous function: The Individual must be able to function autonomously (independently) in his/her academic role. For example:
 - He/she is qualified to teach a particular topic, classroom session, course section, etc. without direct supervision.
 - If he/she publishes, he/she is the first or corresponding author on some of the publications.
3. Meaningful contribution to the academic missions: Meaningful contribution should be clearly defined at the time the individual is proposed for appointment. For example:
 - Teaching in the undergraduate medical curriculum, graduate school, or in residency/fellowship programs, or in the lab (e.g., lecturer, conference leader, laboratory preceptor, attending). *Note:* If teaching is limited to precepting students and residents, at least 100 hours/year should be devoted to that activity.
 - Participates in the activities of the department (e.g., departmental meetings, journal clubs, grand rounds).
 - Makes a unique contribution to the educational mission of UConn Health.

Medical Researcher: An Individual whose major activity is related to research could meet the above criteria in the following ways.

1. Evidence of completion of training: The individual has earned an advanced degree (e.g., PhD, M.D., D.M.D.) and is able to function autonomously (independently) in his/her research

capacity. This individual will have completed at least two years of post-graduate or post-doctoral training.

2. Autonomous function: The individual must be able to function autonomously (independently) in his/her academic role. For example:
 - He/she is an expert in a field of research.
 - He/she is qualified to teach a particular topic, classroom session, course section, etc. without direct supervision.
 - He/she has a record of publication in peer-reviewed journals, including first and corresponding author publications.
 - He/she is capable of contributing to research grant proposals as a PI, co-PI, or co-investigator.
3. Meaningful contribution to the academic missions that is clearly defined at the time the individual is nominated for appointment. For example:
 - Teaching in the undergraduate medical curriculum, graduate school, in residency/fellowship programs, or in the lab (e.g., lecturer, conference leader, workshop leader, clinical preceptor, laboratory preceptor).
 - Participates in the activities of the department (e.g., departmental meetings, journal clubs, and grand rounds).
 - Makes a unique contribution to the research mission of UConn Health.

Adopted: October 20, 2003

Amended: January 27, 2005

Revised: Approved by SOM Dean May 2, 2007 after consultation with department chairs and Dean's Council

Revised: Approved by SOM Dean September 30, 2016 after consultation with department chairs and Type II center directors

Revised: Approved by SOM Dean January 12, 2017, after consultation with department chairs and Type II center directors

By-laws of the University of Connecticut School of Medicine
Appendix B
Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure²⁵

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 - B. General Factors to be Weighed in Evaluating Different Activities
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 - 2. Research
 - 3. Patient Care
 - 4. Other Professional Activities
 - C. Specific Requirements for Appointment or Promotion to Senior Rank
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 - 3. Clinician-Scholar
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²⁵ Guidelines for Appointment to Junior Faculty Rank and Joint Appointments may be found in Appendix A of the SOM Bylaws.

I. Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure

A. Introduction

The faculty of medicine is engaged in teaching, research, patient care, and other professional activities. While it is expected that all faculty members will teach and that excellence in teaching is a requirement for senior rank, the nature and extent of the other activities vary among faculty members. In recognition of this, different professional categories have been designed which differ in their requirements for attainment of senior rank.

A faculty member's job description and academic professional category should match the allocation of his/her time. This requires an active dialogue between department chair and faculty member to ensure that each faculty member's professional category is a true reflection of his/her activities. The criteria for appointment, promotion, and tenure reflect the diverse activities of the faculty and provide a basis by which performance may be rewarded. In determining academic rank, the candidate will be evaluated by effort and accomplishment in teaching, research, patient care, and other professional activities. Insofar as possible, these criteria establish high standards that are reflected in objective evaluations. These evaluations should be readily interpretable by the Senior Appointments and Promotions Committee (SAPC).

SOM faculty paid by the University and faculty paid by affiliated institutions at least 80% time and effort must choose a professional category.²⁶

B. General Factors to be Weighed in Evaluating Different Activities

In all cases, the following criteria are to be considered in evaluating the teaching, research, and patient care activities of candidates for appointment or promotion to senior rank. However, the degree to which each criterion must be satisfied will vary in the different professional categories and will differ for appointment or promotion to Associate Professor and Professor.

1. Teaching

- a. Knowledge and level of mastery of subject matter.
- b. Effectiveness in oral and written communication; ability to lecture and to conduct conference and discussion groups.
- c. Ability to stimulate student interest, to encourage independent study, and to direct student research projects.
- d. Development of teaching and evaluation methods.
- e. Effectiveness as a student mentor.
- f. Leadership in a teaching program (e.g., clerkship, medical school course, graduate program).

2. Research

- a. Quality, independence, originality, and importance of published work.
- b. Continuity of record of scientific contribution.

²⁶ Faculty hired prior to May 11, 1990 need not select a professional category until nomination for promotion, at which time selection of a professional category must be made. The usual two year period required between selection of a professional category and consideration for promotion is waived.

- c. Level of acceptance by peers, and national and international standing.
 - d. Quality of presentations at local, national, and international meetings.
 - e. Leadership in a research program, or significant, essential and independent contributions to the work of more than one principal investigator on multiple projects.
3. Patient Care
- a. Role model of excellence in clinical work for students and house staff.
 - b. Demonstrated sensitivity and responsibility to patients.
 - c. Recognition by peers.
 - d. Level of knowledge and skill in professional field or specialty.
 - e. Competence in all aspects of patient management.
 - f. Leadership in health care programs.
4. Other Professional Activities
- a. Participation and leadership in critical intramural committees (e.g., Admissions committee, SAPC, etc.).
 - b. Leadership role in department or hospital as a section or division chair.
 - c. Participation and leadership in professional societies, scholarly organizations, editorial boards, scientific advisory boards, and research review panels on a local, state, national, and international level.

C. Specific Requirements for Appointment or Promotion to Senior Rank

1. Investigator

For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:

- a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).

and either b. or c.

- b. A record of sustained²⁷ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. Examples of reputation are the importance, originality, independence and sustainability of one's scientific contributions.
- c. A record of sustained²⁸ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and unique contributions to this

²⁷ In these contexts, the attributes and relative magnitudes that these words are meant to denote are as follows. "Sustained" suggests repeated publications at regular intervals throughout the current appointment; "periodically" implies repeated publications at a lower frequency than "sustained"; and "occasional" indicates the least frequent publication rate, where publications may occur at irregular intervals.

²⁸ *ibid.*

published work. One indicator of these contributions is for the candidate to be listed as key personnel or investigator with collaborators. The candidate must also periodically²⁹ be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

Appointment or promotion to the rank of Professor will require:

- a. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements.
- b. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- c. An established reputation as an original or essential investigator outside the University of Connecticut Health Center.

and either d. or e.

- d. A record of sustained³⁰ publication of original and independent research findings that have had a demonstrable impact on the field. Examples of Recognition are the importance, originality, independence and sustainability of one's scientific contributions.
- e. A record of sustained³¹ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and unique contributions to this published work. An example of these contributions is continued recognition as key personnel or investigator with collaborators. The candidate should also periodically³² be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

2. Clinician-Investigator

For appointment or promotion to Associate Professor based on performance as a clinician-investigator, the candidate must demonstrate:

- a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- b. Recognition as an authority in a clinical specialty both inside and outside the immediate medical community, or a demonstrably effective leadership role in a department or hospital.
- c. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² *Ibid.*

and either d. or e.

- d. A record of sustained³³ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations. Examples of reputation are the importance, originality, independence and sustainability of one's scientific contributions.
- e. A record of sustained³⁴ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and unique contributions to this published work. One indicator of these contributions is for the candidate to be listed as key personnel or investigator with collaborators. The candidate should also be the occasional³⁵ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

Appointment or promotion to the rank of Professor will require:

- a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- b. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, or by awards, prizes, or other notable academic achievements.
- c. Superior accomplishment in a clinical specialty or effective departmental, hospital, or institutional leadership.
- d. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community.

and either e. or f.

- e. A record of sustained³⁶ publication of original and independent research findings that are important. Examples of recognition are the importance, originality, independence and sustainability of one's scientific contributions.
- f. A record of sustained³⁷ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and unique contributions to this published work. An example of these contributions is continued recognition as key personnel or investigator with collaborators. The candidate should also be the occasional³⁸ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

³³ *ibid.*

³⁴ *ibid.*

³⁵ *ibid.*

³⁶ *ibid.*

³⁷ *ibid.*

³⁸ *ibid.*

3. Clinician-Scholar

For appointment or promotion to Associate Professor based on performance as a clinician-scholar, the following requirements must be met:

- a. Development of original teaching materials or major improvements over those used elsewhere (such as new curriculum or educational programs, textbooks or chapters, syllabi, computer programs, videotapes, evaluation mechanisms, etc.), or continuing publication of clinical observations, reviews, or analytic studies in peer-reviewed journals. Should be contributor of major ideas and innovations.
- b. Effective participation in clinical training and service. Teaching may include medical students, residents, specialty fellows, or postgraduate students. Recognition of high quality teaching by formal evaluations or teaching awards. Impact of teaching should extend beyond home hospital as evidenced by invitations to teach in other institutions or in the programs of professional societies and continuing medical education (CME) courses.
- c. Established reputation inside and outside the immediate area as an authority in a clinical specialty as evidenced by outside referrals, visiting lectureships, or participation in the teaching programs of professional societies.

Appointment or promotion to the rank of Professor will require:

- a. A record of continuing publication in peer-reviewed journals of (1) analytic clinical studies or observations or (2) widely recognized comprehensive clinical reviews. Alternatively, development of original materials or major improvements over those used elsewhere (such as new curricula, textbooks or materials, or computer programs, evaluation mechanisms, etc.) which have reached a national audience.
- b. Performance as a key individual in clinical training and service; active and continuing participation in medical student teaching with recognition of extraordinary effectiveness. Evidence of a wide impact from teaching, e.g., in specialty societies, in CME courses, or in visiting professorships.
- c. A national reputation for superior accomplishments within a clinical specialty as evidenced by invitation to membership or fellowship in prestigious professional societies or by other academic recognition or awards, or play leadership role in department or hospital.

4. Medical Educator

To be eligible for appointment or promotion to senior rank in the medical educator professional category, candidates must have both (a) and (b):

- a. A high level of professional competence, as well as significant achievement, in one of the following:
 - (1) Clinical achievement: Clinical achievement is measured through development and/or improvement of clinical protocols and guidelines, or clinical programs, or quality initiatives that demonstrate objective positive impact in the quality of patient care. There must be objective evidence of the candidate's personal contributions to the development or improvement.

- (2) Research: Achievement is demonstrated through sustained publication in peer reviewed professional journals of observations, analytical studies, or topic reviews. Emphasis will be given to first or corresponding authorships*.
- (3) Education: Achievement in education is measured through the development of one of the following and objective demonstration of its positive outcomes. There must be objective evidence of the candidate's personal contributions to the development or improvement.
 - a) New and/or innovative educational program
 - b) New and/or innovative curriculum
 - c) Leadership of new and/or innovative educational programs
 - d) New and/or innovative assessment tools;
 - e) A recognized leader in the skills of mentoring/advising

Significant contributions in one of the educational areas above must be substantiated by documented improvements to education. Examples include, but are not limited to, outstanding achievement in accreditation; educational material such as syllabi, curricula, web-based modules and courses that demonstrate improvement in the quality of a course; newly developed assessment tools that helps measure achievement of course objectives; dissemination of achievements at regional or national conferences; or results of a mentoring relationship such as the success of an advisee that can be linked to the mentor's role.

- (4) Health Service Management: Achievement in health service management is measured through the development of clinical programs or clinical support programs which objectively improve the effectiveness, efficiency, safety, timeliness, patient-centeredness, or equity of health care delivery; development of effective physician leadership programs; and/or scholarly evaluation of health care delivery. There must be objective evidence of the candidate's personal contributions to the development or improvement.
- b. A record of excellence in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).

Local and regional recognition is most consistent with appointment or promotion to the rank of Associate Professor, whereas significant institutional influence, regional, and national recognition is most consistent with appointment or promotion to the rank of Professor.

*When research and/or scholarship is pursued in a collaborative manner and results in multi-authored publications, the specific contributions of the candidate must be clear and significant. Unique contributions must be clear both in the Chair's nomination and candidate's personal statement.

5. Medical Researcher

For appointment or promotion to Associate Professor based on performance as a Medical Researcher, the following requirements must be met:

- a. Active and effective participation in at least one of the following levels of education: undergraduate education, undergraduate medical education, graduate medical education, graduate school, postgraduate (which includes other health professionals) and/or continuing medical education.
- b. A record of sustained publication³⁹ in refereed journals of important work resulting from collaborations to which the candidate has contributed his/her unique skills. The candidate must have documented evidence of significant and essential contributions to this published work.
- c. A record of occasional publications⁴⁰ in refereed journals in which the candidate is a corresponding author.
- d. An established reputation for research within his/her field outside the University of Connecticut Health Center.

Appointment or promotion to the rank of Professor will require:

- a. A national reputation for research within his/her field. One such indicator, among others, of the recognition of the importance and originality of one's scientific contributions and its sustainability is grant support either as a principal investigator or as key personnel on grants and collaborations.
- b. Active and effective participation in at least one of the following levels of education: undergraduate education, undergraduate medical education, graduate medical education, graduate school, postgraduate (which includes other health professionals) and/or continuing medical education.
- c. A record of sustained publication⁴¹ in refereed journals of important work resulting from collaborations to which the candidate has contributed his/her unique skills. The candidate must have documented evidence of significant and essential contributions to this published work.
- d. A record of periodic publication⁴² in refereed journals in which the candidate is a corresponding author.

³⁹ *ibid*

⁴⁰ *ibid*

⁴¹ *ibid*

⁴² *ibid*

6. Clinical Xology⁴³

For promotion to Associate Professor of Clinical Xology, the following requirements must be met:

- a. Local or regional recognition by peers and students for excellence in clinical teaching of residents, fellows, or medical students.
- b. Local or regional recognition by peers of a high level of competence in a clinical specialty.
- c. The candidate also must either:
 - (1) play an effective and significant leadership role in the University, one of its components, or an affiliated hospital, or
 - (2) develop clinical services new to the University of Connecticut SOM, or
 - (3) publish clinical observations, reviews, or analytic studies in peer-reviewed journals, or
 - (4) develop new curriculum offerings, educational programs, or teaching materials not previously available at the University of Connecticut SOM.

Promotion to Professor of Clinical Xology will additionally require regional or national recognition for any of the achievements required for promotion to Associate Professor.

7. Community Faculty

Appointments or promotions to senior rank shall occur on application to the SAPC by the department chair.

Application for appointment at senior ranks of Associate Clinical Professor, Adjunct Associate Professor, Clinical Professor or Adjunct Professor shall be based on prior accomplishments using the criteria in one of our professional categories (Investigator, Clinician-Investigator, Clinician-Scholar, Medical Educator, or Medical Researcher).

Application for promotion to senior ranks of Associate Clinical Professor, Adjunct Associate Professor, Clinical Professor or Adjunct Professor shall require evidence of continual high quality contributions to the programs of the School of Medicine. The application should include evidence of the contributions and their quality, such as (a) medical or graduate student, resident, fellow or post-doc evaluations, (b) objective evidence of efficacy of teaching, (c) research productivity and mentorship, and/or (d) description of administrative contributions to program development or maintenance, as well as other factors deemed relevant by the department chair.

⁴³ The Clinical Xology professional category was eliminated as an option for newly appointed faculty in 2001, but those already in that professional category were allowed to remain. Faculty members who have been in the Clinical Xology professional category and who change to another professional category are not eligible to transfer back into the Clinical Xology professional category.

D. Tenure

Tenure in the professorial ranks will be granted only to persons of outstanding achievement. In general, the qualifications for tenure will be equivalent to those for promotion or appointment at senior rank. The review for tenure shall be concerned with assurance that the faculty member will continue a high level of performance consistent with senior rank.

The awarding of tenure requires a level of excellence in faculty performance commensurate with a permanent appointment to the faculty.

Faculty members in the Medical Educator and Medical Researcher professional categories are not eligible for tenure.

E. Duration in Rank for Appointment, Promotion, or Receiving Tenure

1. Maximum time to promotion for In-Residence faculty

Assistant professors *in-residence* (hired after February 1985) in the Investigator, Clinician-Investigator, Clinician-Scholar, and Clinical Xology professional categories must be promoted to Associate Professor by the end of the ninth year of the appointment as Assistant Professor. Assistant Professors *in-residence* who work part-time have the same nine year requirement, pro-rated by percent effort worked.

If not promoted, an appointment for a terminal tenth year appointment is at the discretion of the department chair. This promotion requirement does not apply to the Medical Educator and Medical Researcher professional categories. If, however, an individual selects the Medical Educator or Medical Researcher categories and later transfers to another category, the allowed nine years includes the time served in the Medical Educator or Medical Researcher category.

2. Minimum and maximum times for achieving promotion and tenure for Tenure Track faculty

Consistent with the University Laws and Bylaws, only full-time faculty members may have tenure track positions or positions with tenure.

Service at another institution may be credited towards tenure. The amount of credit should be agreed upon by the Dean, department chair, and candidate at the time of appointment. For junior faculty appointments, the amount of credit towards tenure should not exceed three years.

The probationary period for tenure track faculty begins September 1 of the calendar year of the initial appointment. Ordinarily, Assistant Professors may be nominated for tenure and promotion as early as the end of the fifth, but not later than the end of the seventh, probationary year after initial appointment. Promotion and tenure shall take effect at the beginning of the appointment year following a positive decision by the Board of Directors.

If tenure is not approved by the end of the eighth year, the terminal year is defined by the University Laws and Bylaws. A faculty member denied tenure then may not transfer to the in-residence track.

Appointment to senior rank with or without tenure may be granted by the Board of Directors upon arrival at the University. This requires SAPC review and approval. In all other circumstances, the University requires new appointees to serve a probationary period of at least one year. Continuous tenure may be granted at any time thereafter and before the expiration of the maximum probationary period by vote of the Board of Directors.

3. Interruption of Progression to Promotion and Tenure

Significant life events may be allowed to increase the probationary period leading to promotion and, where applicable, tenure, for a maximum of twenty-four months. A faculty member may request an increase in the probationary period to promotion and, where applicable, a congruent increase in the probationary period to tenure when the faculty member's productivity is affected by a significant life event. Such requests must be approved by the Department Chair and the Dean's Office. An increase in the probationary period leading to promotion and/or tenure is automatically awarded when the faculty member takes leave documented and approved under the Federal Family Medical Leave Act, the State of Connecticut Family Medical Leave Act, or the State of Connecticut Workers' Compensation Act.

Extension of the tenure probationary period does not alter the standards by which the faculty member will be judged for promotion to senior rank or for tenure.

F. Changing Professional Category or Track

Change of professional category can and should occur if a change in job description involves duties that better fit a different professional category. Change of professional category can occur at any time, but must occur at least two years before consideration for promotion and must be signed by the faculty member and approved by the department chair and the Dean.

Assistant Professors may transfer into the Medical Educator or Medical Researcher professional categories (if appropriate) only through the end of the eighth year. Assistant Professors may transfer into professional categories with a promotion clock only through the end of the sixth year.

Full-time faculty members who leave the in-residence track for an appointment in the tenure track may then be eligible for tenure according to the University of Connecticut Laws and By-Laws. Transfers from either the tenure to the non-tenure track or from the non-tenure to the tenure track can be made on one occasion only, and such a change is irreversible.

All changes of professional categories and tracks must be approved by the faculty member, department chair, and the Dean.

Individuals with tenure are not eligible to transfer into the Medical Educator or Medical Researcher professional category.

G. Review of Rehired Faculty

If a faculty member of senior rank or who previously achieved tenure voluntarily discontinues employment with the University but is rehired after an interval of one year or more, the faculty member must be reviewed and approved again for appointment at senior rank and, if in the tenure track, for tenure.

H. Faculty Transferring from Another School of the University of Connecticut System or from Other Institutions

All appointments at senior rank must be reviewed by the SAPC, including transfers from other schools within the University of Connecticut or other institutions. Tenured faculty transferring to the School of Medicine from another school of the University of Connecticut system will retain their tenure.

II. Operating Guidelines for the SAPC

A. Review Mechanisms

1. All business of the Committee shall be considered confidential and only communicated by the Chair(s).
2. Initiation of all senior appointments, promotions, or tenure will be by the appropriate department chair. Before initiating a recommendation for appointment, promotion, or tenure, the department chair will indicate his/her intentions to the Dean.
3. The list of documents required to support the deliberations of the SAPC as well as the procedures the SAPC will use in making its decisions will be developed by the SAPC and transmitted to the department chairs and the Dean on an annual basis.
4. For each nomination for promotion, the Chair(s) of SAPC will choose one member of the SAPC as principal reviewer, and one alternate member of the Committee will serve as a secondary reviewer. All written material pertinent to a nomination will be distributed by the Chair(s) to all Committee members.

B. Meetings of the SAPC

1. At least seven members of the 11 total, one of whom may be an alternate, must be present and voting for business to be conducted.
2. Committee members who hold primary appointments in the nominee's primary department of appointment will not receive the written materials and will not be present during discussion by the reviewers, nor be eligible to vote.
3. Alternate members shall be used as secondary reviewers. Alternate members may, at the discretion of the Chair(s), observe the proceedings of the SAPC meetings. Such use of alternate members is designed to provide a pool of qualified Professors for subsequent appointment by the Dean as regular members.
4. All votes will be cast by secret written ballot.

C. Transmission of the Decision and Supporting Data

The Chair(s) of the Committee will transmit in writing all decisions to the Dean. The Dean will inform the appropriate department chair within two weeks of the decision and will include the numerical vote and explanatory comments concerning the basis for the decision. The department chair, in turn, will inform the candidate as soon as possible. The Dean will forward recommendations for promotion or tenure to the Provost, who will in turn make final recommendations to the Board of Directors. The Board of Directors will vote on the Provost's recommendations.

D. Reconsideration of Negative Actions Taken by the SAPC

1. Request by the Department Chair for Reconsideration

The department chair may request through the Dean reconsideration of the SAPC's action when new information concerning academic credentials is provided or when important non-academic issues are raised. This request must be submitted to the Dean no later than one month after the department chair is notified of the SAPC's action.

- a. New academic information will be submitted to the SAPC and incorporated into the overall review of the nominee's academic accomplishments. The SAPC will report to the Dean its decision in light of the new academic information.
 - b. Appointment, promotion, and/or tenure will be considered by the Dean's Council only if there are overriding, non-academic institutional issues for the appeal that were outside the purview of the SAPC. Only in rare circumstances should non-academic issues outweigh the lack of academic accomplishments.
 - (1) When a department chair chooses to appeal based on non-academic considerations, the supporting information will be distributed to the Dean's Council prior to its formal consideration.
 - (2) At the Dean's Council meeting, the department chair or designate will present the non-academic issues. After answering questions, the department chair will be excused from discussion and voting by the Dean's Council.
 - (3) The Chair(s) of the SAPC or designee will present the evidence for the negative action by the SAPC.
 - (4) Voting will be by secret written ballot, and only Dean's Council members present shall vote. A quorum must be present for a vote.
 - (5) The Dean will forward a recommendation for promotion or tenure to the Provost, who will in turn make a final recommendation to the Board of Directors. The Board of Directors will vote on the Provost's recommendation.
- #### 2. Requests for Reconsideration by a Faculty Member in the Event of Failure to Nominate or of Negative Action by the SAPC

A request to the Dean by a faculty member is allowed either when the department chair has failed to nominate the faculty member for promotion and/or tenure, or when the department chair fails to request reconsideration of a negative action by the SAPC.

a. Failure to Nominate by Department Chair

The department chair must notify the faculty member and the Dean's Office in writing that he or she does not intend to nominate the faculty member by September 1 of the penultimate year. If notification by the department chair is not made, then the faculty member will be informed in writing by the Dean's Office. These letters of notification must indicate that an appeal by the faculty member to the Dean can be made, but must be submitted to the Dean within one month. The Dean may deny the request or appoint ad hoc a faculty committee to consider its merits.

The ad hoc committee will consist of three faculty members who have the same qualifications as members of the SAPC. The ad hoc committee will collect appropriate information and recommend to the Dean either that the request be denied or that sufficient evidence exists for consideration by the SAPC. The ad hoc committee should report to the Dean within one month.

Review by the SAPC will follow customary procedures, and its recommendation reported to the Dean.

The timing of notification of non-renewal of tenure track appointments will be governed by the University of Connecticut Laws and By-Laws.

b. Failure by the Department Chair to Request Reconsideration of Negative Action of SAPC

Within one month of the SAPC's negative action, the department chair must notify the faculty member and the Dean's Office in writing of the department chair's decision not to request reconsideration. If notice by the department chair is not made within a month, the Dean's Office will notify the faculty member in writing. These letters of notification must indicate that an appeal by the faculty member to the Dean can be made, but must be submitted to the Dean within one month. The Dean may deny the request or appoint ad hoc a faculty committee to evaluate the request.

The ad hoc committee can recommend to the Dean that (1) the request for reconsideration be denied; (2) sufficient new academic information is available to warrant reconsideration by the SAPC; upon consideration of new information and review of academic credentials, the SAPC may sustain or reverse its earlier action; or (3) non-academic issues are of sufficient importance for consideration by the Dean's Council. The ad hoc committee should report to the Dean within one month.

If important non-academic issues are raised by the ad hoc committee and the Dean, consideration of appointment, promotion, or tenure of the faculty member will be made by the Dean's Council. The supporting information will be distributed to the Dean's Council prior to its formal consideration. Only in rare circumstances should non-academic issues outweigh the lack of academic accomplishments.

- (1) At the Dean's Council meeting, the chair of the ad hoc committee or the Dean will present the non-academic issues to be considered. After answering questions, the chair of the ad hoc committee will be excused from discussion and voting by the Dean's Council.
- (2) The earlier negative recommendation by the SAPC will be reported to the Dean's Council by the Chair(s) of the SAPC or designee.
- (3) The involved department chair will not be present during discussion or voting by the Dean's Council, but will have the opportunity to present a statement.
- (4) Voting will be by secret written ballot, and only Dean's Council members present shall vote. A quorum must be present for a vote.
- (5) The Dean will forward a recommendation for promotion or tenure to the Provost, who will in turn make a final recommendation to the Board of Directors. The Board of Directors will vote on the Provost's recommendation.

C. Appeal by a Faculty Member

The faculty member has the right of appeal using the grievance process as described in the University Laws and By-Laws.

III. Instructions for Chairs of Academic Departments

A. Obligations of the Department Chair to Department Members

1. At the time of initial appointment:
 - a. State in writing expectations regarding responsibilities and portion of effort to be expended in various activities, and professional category selection.
 - b. Provide a clear written statement of the time when the appointee will be considered for tenure or promotion.
2. Annually:
 - a. Review progress with all department members and formulate a written summary to be filed in the Dean's Office, including revision of expectations if there are to be changes in responsibilities.
 - b. Review all community-based faculty appointments concerning continued contribution to academic programs.
3. At the beginning of the sixth year, the progress of all in-residence faculty members will be reviewed, with special reference to their prospects for advancement, by a departmental promotions committee. A written summary of the review will be provided to each faculty member.

All department chairs should have copies of this document.

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Bylaws of the University of Connecticut SOM
Appendix C
Post Tenure Review

All tenured faculty members may be subject to post tenure review.

A. What will initiate post-tenure review?

The performance of tenured faculty will be assessed annually as described in the school's Academic Merit Compensation Plan. The final overall rating from this assessment (after all appeals are completed) will initiate post-tenure review under either of the following conditions:

- 1) The faculty member receives at least two "marginal performance" ratings in a five year review period that commences when tenure is awarded and is reset after each 5 years. This trigger only occurs at the end of each 5-year cycle.

- 2) The faculty member receives one "not acceptable performance" rating. This trigger only occurs at the end of each 5-year cycle. EXCEPTION: during the period July 1, 2005 – June 30, 2010, two consecutive "not acceptable performance" ratings will be cause for post-tenure review, and in this time interval such review will begin immediately (i.e. doesn't wait for the end of the 5-year cycle).

B. Post-tenure Review

- 1) SAPC will assess the performance of the faculty member over the last 5 years and determine if this is "satisfactory performance" or "unsatisfactory performance" for this time period. Failure of a faculty member to participate in the post-tenure review process will be grounds for a rating of unsatisfactory performance. SAPC will transmit its assessment to the Dean, the Department Chair and to the faculty member. The rating issued by the SAPC may be appealed using the faculty grievance process described in the University's Laws and Bylaws (Article XIV.T).

- 2) The criteria for this review will be that the faculty member must make sufficient meaningful contributions to the School's academic mission while taking into account the assigned distribution of effort. Such criteria include, but are not limited to the following:

RESEARCH:

- Generation and publication of novel and significant research
- Award of external grants and contracts
- Service on NIH study sections or other grant reviewing bodies
- Service on editorial boards
- Reviewing manuscripts on a regular basis
- Invited talks at other educational institutions or national and international meetings
- Invited or elected participation in scientific society governance
- Invited review articles and book chapters

TEACHING:

- Evidence of effective teaching (e.g., Medical and Graduate School courses)
- Development of new courses, course sections, and teaching materials
- Offerings in the Continuing Medical Education Program
- Invited talks at other educational institutions or national and international meetings
- Teaching awards
- Evidence of willingness to teach when asked
- Continued entrance into the lab, and graduation, of graduate students
- Evidence of effective mentoring of learners and trainees

ADMINISTRATION/SERVICE

- Effective service on, or effective leadership of, institutional committees
- Administration of institutional academic programs, clinical and research resources, or regulatory bodies.
- Service on government or professional organization panels and committees
- Service on NIH study sections or other grant reviewing bodies
- Ad hoc reviews of grants and manuscripts
- Service on editorial boards

- 3) SAPC may request and/or obtain any information on performance it deems necessary to carry out the post tenure review, but, at a minimum, the following items will be included:
- a) Copies of the faculty member's annual performance ratings as assessed in the Academic Merit Compensation Plan over the past 5 years.
 - b) A letter from the faculty member's department chair summarizing the individual's activities over the past 5 years including any mitigating circumstances and an evaluation of future prospects for academic success.
 - c) A current curriculum vitae and any other materials the faculty member may choose to submit to assist in assessing past academic performance. Failure to submit such materials in a timely manner will not be cause to delay the final assessment of the faculty member.

These materials must be submitted within 45 days of the post-tenure review being triggered.

- 4) When the post-tenure review finds that a faculty member's performance has been unsatisfactory, a faculty development plan must be created to assist the faculty member to return to productivity.

Each department will have a defined procedure for developing "faculty development plans." This procedure will ordinarily include the participation of the Department Chair and/or Center Director, at least one other senior faculty member, and the faculty member for whom the plan is being prepared. Departmental plans should address conditions which could warrant recusal or exclusion of particular individuals from participation in the development of these "faculty development plans." If the faculty member declines to participate in the development of the plan, the plan may be developed and approved without the faculty member's input.

The faculty development plan must be prepared, and approved by the Department Chair, within 3 months of the transmission by SAPC of an assessment of “unsatisfactory performance”. Each department will also have a defined procedure by which these plans can be appealed to senior faculty in the department.

- a) The goal of the plan is to return the faculty member to a state of satisfactory performance by both the criteria of the Academic Merit Compensation Plan and the Post-tenure Review process.
 - b) The plan may include reassignment of duties and effort.
 - c) The plan should include specific expectations for academic productivity within a specific timeframe. Unlike criteria for promotion and tenure decisions, such criteria may be specified quantitatively since the overall standard is making sufficient meaningful contributions to the School’s academic mission rather than the promotional criteria described in Appendix B.
 - d) Interim metrics may be assigned for each year of the faculty development plan.
 - e) Within 10 working days of receiving the faculty development plan approved by the Department Chair, the faculty member may appeal its content unless the faculty member declined to participate in its preparation. In that case no appeal is allowed.
 - f) Any appeals must be completed within 30 days. The plan will not be implemented until any final appeal on the SAPC’s initial assessment of “unsatisfactory performance” is completed.
- 5) The faculty member will continue to undergo annual review with his/her Department Chair, and the results of this review will be made available to the SAPC. SAPC will monitor progress and performance towards the goals of the faculty development plan annually and will transmit its assessment to the dean, department head and faculty member using one of the following categories:
- a) The faculty member’s performance has reached the level of “sustained satisfactory performance”, in which case the post-tenure review and monitoring process will end and the faculty member will begin a new 5-year cycle of annual reviews. Subsequent post-tenure review would be triggered by the criteria described in paragraph A (“What will initiate post-tenure review”) above.
 - b) The faculty member’s performance in the preceding year adequately addressed the performance metrics in the faculty development plan for that year.
 - c) The faculty member’s performance in the preceding year did not adequately address the performance metrics in the faculty development plan for that year. This assessment may be appealed using the faculty grievance process described in the University’s Laws and Bylaws (Article XIV.T.)
- 6) A prolonged failure to contribute to the missions of the schools is deemed as adequate cause for loss of tenure and dismissal from the University for failure to perform one’s duties. In such cases the Dean may initiate dismissal procedures as described in the University Laws and Bylaws (Article XIV.H).

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Bylaws of the University of Connecticut School of Medicine
Appendix D
Procedure for Departmental and Center Reviews⁴⁴

- I. Objectives of Review: The major objectives are to (1) review the faculty, space, staff, and other needs of a department/center in the light of changing or developing institutional goals, and (2) reappoint or remove a department chair/center director.
- II. Frequency of Review: The frequency of review is at least every seven (7) years, in addition to any other review requested by the Dean.
- III. Triggers for Review: Routine (every 7 years) reviews are initiated by the Oversight Committee. When a review is triggered, the Dean informs the department/center of the planned review and appoints an ad hoc committee to evaluate the department.
- IV. Composition of the Committee: Review committees include three University representatives, one of whom must be a senior faculty member of the Health Center who is not a department chair, and at least one senior reviewer from another university. Committee members may not be from the department or center under review.
- V. The Charge of the Review Committee: The committee will provide both a comprehensive evaluation and recommendations in the relevant areas described below. The results of such reviews will be transmitted to the Dean, the chair or director of the department or center under review, and the Oversight Committee.
 1. Quality of the faculty in the domains of education, research, and (for clinical departments) clinical services; national stature; professionalism.
 2. Research: quality, vitality, and breadth of research efforts; need for facilities, equipment, or growth.
 3. Teaching: the intellectual environment; availability of faculty for teaching; effectiveness of the teaching efforts; need for additional resources.
 4. Clinical Service: availability, quality, breadth, and vitality of clinical services; need for improved or expanded personnel or clinical facilities.
 5. Mentoring: quality and availability of mentoring of professional development.
 6. Department chair/center director: ability, leadership, and effectiveness, considering departmental/center and institutional goals in the education, research, and clinical domains.
 7. Recommendations should include changes in size, facilities, or directions of the department/center. A specific recommendation regarding the continuation of a center is required. A specific recommendation regarding retention or replacement of the department chair/center director is also required.

These guidelines for review were originally written regarding departments only.
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⁴⁴ The terms "Center", "Institute", and "Signature Program" are synonymous and are all referred to as "Centers".

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