



Queen's
UNIVERSITY

Family
Medicine

Academic Promotions

Reappointment and Tenure
Department of Family Medicine
Queen's University
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This is an info session... followed by discussion...

- Discussion:
 - Some 'myths' or 'urban legends' about promotion?
 - T/F "Promotion is necessary, useful, and important."
 - T/F "The DFM has historically done a good job at promoting promoting."

- We're hoping to demystify the process.

The fundamental principles for promotion:

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

Some Basics...

- Promotion is not mandatory.
- It is a useful measure of achievement and contribution to Queen's University and a medical specialty.
- There are four (4) academic ranks:
 - (Lecturer, Assistant Professor, Associate Professor, Professor).
- Appointees have the right to be considered for promotion in any year.
- There is no fixed timeline (promotion prior to the fifth year in rank is considered “accelerated”)

When

- Reappointment – q3yrs initially, then q5yrs.
- Consider working towards promotion in year 6.
- What's required...
 - Promotions Dossier:
 - CV (formatted specifically), Teaching Dossier, Teaching Evals, List of Referees.
 - Number of reference letters required:
 - For Associate Professor (4 with 3 external, all associate or higher),
 - For Full Professor (5 with 4 external, all full professor).

Why apply for promotion?

- Recognition for the important work we are doing.
 - It is a big deal internationally to get promoted to Associate.
- Most specialists get promoted relatively quickly.
 - Why shouldn't we do this too? Promotion of FM academics.
- Supporting/mentoring junior colleagues to help them get promoted as well.
- International collaborations and job opportunities down the road.

Criteria

- Promotion is based on accomplishments and excellence in the domains of:
 - Research and Scholarship
 - Teaching and Education
 - Professional and/or Administrative Service
- Most successful candidates demonstrate sustained excellence in one domain and competence in the other areas.
- Faculty in all role descriptions (Clinician Scholar, Clinician Educator, and Clinician Scientist) are fully entitled to academic advancement.
- Based on merit not longevity.

Promotion to Associate Professor:

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

Promotion to Professor:

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

Key wording from promotion committee...

- For promotion to associate professor.
- At a minimum... in the tables that follow you need: “very good” for teacher (middle column), “high quality” for research (middle column), and “evidence of” service to the department/university.

“The appointee should be a **very good teacher**, carrying a reasonable teaching load. The appointee’s research and scholarly **work should show high quality** as judged by experts in the appointee’s field of specialization. **Contributions** of the appointee to the operations of the Department, the University and the profession will be **taken into account.**”

Teaching/Education

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

Research/Scholarship

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

Professional and/or Administrative Service

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

Pain Points

- General Awareness of the process (hopefully this presentation and the links that follow will help demystify),
- Finding external referees (need to be selected by Sep 1st),
- Completing the Application itself
 - Components of the Promotions Dossier – we can give you a sample
 - Number of Letters required, students/residents as well...
 - To Associate (4 with 3 external, all ass. or higher), To Full (5 with 4 external, all full).

Key Dates

- Inform head of intent by 1 Aug
- Submit entire package by 1 Sep. (Summer work anyone?)
- Committee decides by 30 Oct.

Where to find more info

- Policy Statement on Promotions [link](#).
- Department of Medicine Promotion Manual “Guidelines for Academic Promotion, Reappointment and Tenure” [link](#).
- Thanks to Laura Kennedy 😊