



## Academic promotion and tenure: a user's guide for junior faculty members

George R. Buchanan<sup>1</sup>

<sup>1</sup>Division of Hematology-Oncology, Department of Pediatrics, University of Texas Southwestern Medical Center at Dallas, Dallas, TX

**Securing a junior faculty position is an important early step in an academic career in hematology. Shortly thereafter one should begin to plan for eventual promotion and possible tenure. The process is not straightforward, as the “rules of the road” regarding academic positions, academic tracks, assessment and evaluation metrics, and timelines vary immensely from one institution to another. It is critically important, therefore, for the new junior faculty member to become knowledgeable about the institutional policies and “culture” regarding this process. This understanding includes the definition of and criteria for achieving tenure, the academic tracks and the policies for advancement on each track, and the process by which the institutional committee responsible for promotion and tenure conducts its activities. Learning the rules and successfully navigating the academic pathway will help ensure success by achieving the desired promotion and the self-satisfaction, prestige, and financial awards that may accompany it.**

**C**ongratulations! You have recently assumed your first full time faculty position practicing hematology or hematology-oncology. You carefully explored various employment and career pathway options and have secured a fine Assistant Professor position suited to your interests. You have wisely and successfully negotiated with the division chief and department chair an excellent “package” that provides you with clearly defined clinical duties as well as designated time for research, access to the necessary infrastructure, and evaluation metrics to ensure your success. Your salary and benefits—while not ideal—far exceed those that you secured as a fellow or in a transitional instructor-type position. You can now finally tell your spouse, parents, other relatives, and friends that you have a “real” job! During the initial months in your new position you have experienced some successes: You have seen interesting patients, conducted some preliminary experiments (either in the clinic or the laboratory), received helpful advice from peers and mentors, and gained the appreciation of trainees with whom you have worked. Life is good. Your career is “on a roll”!

But wait. What about the future? You surely aren't going to remain in your current position forever. You are not self-employed nor are you able to create your own rules. You're working for a “company” – a university and/or hospital – with myriad expectations, regulations, and oversight. You are expected to “produce” (practice revenue, grants, manuscripts, etc). You are regularly reminded by your boss

that there are many hoops to jump through and many metrics employed to monitor your actions, with particular scrutiny placed on how you will generate income to “pay the bills” (eg, your salary and benefits and the cost of your administrative and research support) resulting from your position on the faculty. You soon learn that there are no “free lunches” in academic institutions.

But don't fear! It is truly possible to accomplish what your division chief and department chair expect of you and to master the complexities of academic career advancement. You realize that you cannot and should not be an Assistant Professor forever. Some day you will want to be promoted, and perhaps even gain tenure at the prestigious institution where you work. Some of the guidelines and suggestions offered in the remainder of this article may make that process less painful than you think.

### Setting the Stage: Making the Initial Steps Toward an Academic Promotion

As a new Assistant Professor on the faculty you must take a number of steps to eventually achieve a higher level faculty position, whether it comes with academic tenure or not. Navigating this sometimes difficult pathway requires understanding a number of terms (the definition of which may vary from one institution to another), the local institutional “culture,” and the process and criteria related to the promotion process. These considerations include who makes the decision regarding your potential promotion, the

type of preparation that needs to be undertaken by you and those who support you, and the nature of the committee that makes or recommends the promotion decision.

### The Institutional Culture

Every faculty member should learn the rules, regulations, and guidelines regarding the process of promotion and tenure at their own institution. Clearly one size does not fit all. The steps in place in the institution where you did your fellowship or served as Instructor may not be relevant in your current position. You should not take things for granted when planning for your future livelihood.

### Ranks and Titles

The hierarchy of faculty ranks in most academic medical centers starts with Instructor and moves up the ladder to Assistant Professor, Associate Professor, and full Professor (**Table 1**). In some centers the term “clinical” or “research” can be added to the title; for example, you can be a Clinical Assistant Professor of Medicine or an Associate Professor of Clinical Pediatrics or a Research Professor of Pathology. Learning what each of these titles means with regard to your current position and your future is obviously important.

### Terms of Appointments

Most faculty appointments (whatever the rank or track) have a specific term. This is usually for a period of one year. Although appointments with tenure are theoretically indefinite, an annual reappointment process of some type is usually established.

### Tenure

The concept of academic tenure did not originate in medical schools but instead in undergraduate and graduate universities as a means of assuring “academic freedom” to an excellent and productive faculty member whose views or research findings might be unpopular, controversial, or politically incorrect. Tenure generally is reserved for individuals at the Associate Professor or full Professor rank and is awarded only to those faculty whose contributions (usually emphasizing research) to the institution are considered outstanding, irrespective of whether they are widely accepted as being popular or mainstream. A tenured position has often been misinterpreted as a “guaranteed” lifetime appointment protecting the individual from being terminated because of unpopular views or for other reasons. This actually is incorrect. Faculty members in tenured positions are expected to exhibit continued productivity and leadership. Many institutions have a form of periodic “post-tenure review” to provide assurance that the individual’s contributions remain substantial. Although a position with tenure is usually considered secure until resignation or retirement, gross negligence, misconduct, or

impropriety can be a cause for termination. Moreover, if the individual’s performance is suboptimal he or she may have their salary cut appreciably, be given a closet for an office, be offered little or no administrative support, and/or be assigned an onerous teaching or clinical load. Accordingly, one might conclude that “tenure” doesn’t really mean very much. In fact, in many institutions, a tenured position actually has little value except for the prestige associated with it.

### The Institutional Process of Promotion and Tenure Decision-Making

An important question is who makes the decision about proposing a faculty member for a promotion from Assistant to Associate Professor. It would logically seem to be the immediate supervisor of the faculty member under consideration, but this is not always the case. In large hematology or hematology-oncology sections it is usually the division chief who typically initiates the process. Alternatively, however, this could be handled by the department chair, especially in smaller academic units. In some cases an internal divisional or departmental promotion and tenure (“P&T”) committee meets annually to review the performance evaluations of junior faculty and recommends to the division chief or department chair whom they believe is ready for promotion.

The process within an institution may differ greatly from one department to another, or there may be no formal process at all. Therefore, you should be observant regarding how one achieves a promotion in your own institution. Sometimes a popular, hardworking, and highly successful faculty member can be “overlooked” by a busy division chief or chair or may be purposely passed over for promotion for political, financial, or competitive reasons. You don’t want to be left out. A squeaky wheel gets the grease! Thus, pay attention to those around you, and when peers or colleagues—whether in your own work unit or another—are

**Table 1. Hierarchy of academic ranks.**

<b>Rank</b>	<b>Usual Duration of Appointment</b>
Transitional Position (following completion of 3-year fellowship)	1 - 5 years
<ul style="list-style-type: none"> <li>▪ Instructor</li> <li>▪ Lecturer</li> <li>▪ Clinical Associate</li> <li>▪ Etc.</li> </ul>	
Assistant Professor	5 - 8 years
Associate Professor	5 - 10 years
Professor	Until resignation or retirement

being considered for promotion think about whether consideration should be given to you as well. Sometimes the best advocate for your advancement is yourself.

### Timing of Promotion

The typical number of years you serve at a specific faculty rank varies immensely depending upon the institutional culture and on your productivity and skills (**Table 1**). Typically following completion of fellowship you serve as an Instructor for a year or more, especially when research is a major career goal. There is much variation in title, job description, and duration of such a transitional positions between senior fellow and junior faculty. Often, especially for more clinically oriented positions, you can move immediately to Assistant Professor after fellowship. In some cases an Instructor level appointment may last 5 years or longer, especially at prestigious institutions where the young faculty member is expected to secure grants to get a jump start and/or is already receiving support from a K08 or similar award.

Most academic centers will have guidelines regarding how long a faculty member generally serves as Assistant Professor, assuming they are highly regarded and productive and receive good performance reviews from their superiors. The usual time at the Assistant Professor rank is 5 to 8 years and Associate Professor 5 to 10 years. However, this varies greatly. If you are not sure what the usual duration of an Assistant Professorship in your institution is, you should ask. If you are doing a spectacular job and are surpassing in most respects the standards established for promotion (see below), then you should be considered for “fast tracking,” ie, for promotion earlier than the norm. In certain circumstances this could be as few as 3 to 4 years at both the Assistant and Associate Professor ranks. On the other hand if your performance is viewed as not up to par you may become a candidate for an “Assistant Professor forever” position. The more prestigious the university, the more difficult it is to be promoted sooner than the norm unless you are viewed a superstar in danger of being lured away by a competing institution. There are many highly capable and even superb clinically oriented faculty members at certain allegedly top tier institutions who in fact finish their illustrious careers as Associate or even Assistant Professors.

The bottom line is you must learn the criteria and expectations at your institution, request written policies (likely to be found in the faculty handbook or website), and consult peers and mentors. Pay attention! It’s your career.

### Academic Tracks and Lines

Every new faculty member should be aware of the specific “track” that they have been appointed to. Some centers use the term “line” in lieu of track. Such tracks (see **Table 2**) are basically career advancement pathways that are means of classifying individual faculty members with regard to their primary duties and evaluation metrics. What track you are assigned to depends upon a number of factors, including the faculty member’s major interests and areas of expertise, credentials, assignments, and expectations.

**Table 2** provides an overview of the various tracks available for hematology-oncology faculty at most academic institutions. These pathways are generally of two broad types—patient care oriented and research oriented. Since most clinically focused hematology-oncology specialists are also substantially involved with teaching medical students, residents, and fellows, the pathway that they are appointed to is often called the “clinician educator” track or something of the sort rather than just “clinical” track. Promotion to Associate Professor (**Table 3**) generally requires excellence in patient care, good to excellent teacher evaluations from trainees, and, importantly, successful generation through billings (as measured by Relative Value Units or RVUs) and collections in dollars equivalent to or surpassing your salary and benefits. In some cases—especially for more senior faculty—service on hospital committees or administrating a laboratory or other vital institutional activity (eg, Institutional Review Board) is helpful. On this track an extensive publication and peer-reviewed grant portfolio is not required.

Many institutions also have a so called a “Clinical Scholar” track (**Table 3**). Here the emphasis is still clinical, but the faculty member is expected to engage substantially in collaborative or investigator-initiated research. Excellent teaching is also expected, as well as publications in respectable journals. Some centers also require peer-reviewed grant support, especially if the clinical scholar is

**Table 2. Description of academic tracks.**

Tracks	Primary responsibilities	Primary source of salary support
Clinical or Clinician-Educator	Patient care and teaching	Clinical revenue
Clinical Scholar	Clinical research, patient care, and teaching	Clinical revenue, grants (often not externally peer-reviewed)
Tenure	Independent research	Externally peer reviewed grants
Research	Collaborative research	Grants (often not as PI) and contracts

**Table 3. Usual criteria for promotion from assistant to associate professor.**

	<b>Clinical or Clinician-Educator</b>	<b>Clinical Scholar</b>	<b>Tenure</b>	<b>Research</b>
Clinical work	Outstanding	Excellent	Good or satisfactory	Usually not required
Teaching	Outstanding	Excellent	Good or excellent	Often not expected
Publications	Few required	Multiple in well-respected peer-reviewed journals	Substantial numbers in high impact journals	Variable
Other services to the institution	Committees, task forces, advocacy positions	National committees, panels and advisory groups	High profile national committees and study sections	Reputation as successful scientist
Breadth of professional reputation	Local	Regional to national	National-international	Variable

expecting to receive appreciable protected or designated time for their research activities.

Most medical schools and other academic centers have a tenure or tenure-accruing track that is designed primarily for individuals expected to excel in translational or laboratory-based research (Table 3). However, in some institutions faculty primarily involved in patient care and/or clinical research are also eligible for tenure. In such cases the criteria for tenure and promotion to Associate or full Professor are often much less rigorous than at top tier research-based institutions. A candidate for a tenure track position at a “top 10” academic medical center is usually a laboratory-based physician scientist with a robust publication record, an extensive portfolio of peer-reviewed external funding, and an unquestioned national reputation as a leader in their respective area. Most such institutions have a “tenure clock” that formally prescribes the number of years one has until tenure decision is made regarding whether you are “up or out.” Importantly, you also need to know when the “tenure clock” begins to tick. Sometimes it is at the Instructor level and at other times only when you become an Assistant Professor. Thus there are advantages in remaining an Instructor while your research career is getting off the ground as a means of “protection” during those first several years devoted to securing independent grant support and significant publications.

Some institutions also have a so-called “research track.” This is generally reserved for PhDs in clinical departments who are uninvolved with patient care and whose research, if not truly independent, is conducted under the umbrella of a much larger laboratory enterprise.

There are many variations on the themes described above (summarized in Tables 1 and 2). You should determine what type of academic track structure exists where you are employed. In some centers—such as certain prestigious Ivy League institutions and institutions in the University of California system—there are literally several dozen tracks

or lines that are often categorically linked to specific hospital appointments. Each type of position has its own specific and often unique criteria for advancement. Finally, the question is often asked whether one can switch tracks after the initial faculty appointment. The answer is usually “yes,” but this opportunity generally presents itself only once annually and often does not exist near the time of the promotion/tenure decision. For instance, in some universities promotion on the new track cannot occur for at least three years following a switch.

### Why Is Getting Promoted Important?

Receiving a promotion and possibly being granted tenure is logical in a career development master plan. It is greatly satisfying that your immediate superior, the institutional leadership, and the powerful P&T committee recognizes your contributions. Also, it doesn’t hurt that expert peers from outside your institution, who surely will have been consulted, have offered their support of your professional efforts. But there is usually another very tangible benefit: a substantial salary increment. Although this certainly is not universal (especially in these troubled financial times), a promotion from Assistant to Associate Professor and from Associate to full Professor is ordinarily accompanied by a nice raise. Since notification of your promotion will likely occur somewhat in advance of when your new position goes into effect, if a significant salary boost isn’t mentioned or offered, you should certainly ask about it.

### Preparing the Promotion Packet

The time has come, in your opinion, for promotion. You are highly satisfied with your progress and accomplishments in whatever combination of clinical care, teaching, and research is expected. Your professional colleagues and mentors are in agreement, as is your division chief and, very likely, department chair. Now comes the formal process of asking the Promotion and Tenure Committee to make an assessment of your academic worth. This requires putting together what has been called the “promotion package.”

The proposer (generally the department chair) will usually be asked to submit a package that consists of your updated curriculum vitae, a comprehensive summary (usually in the form of a letter) that catalogues and documents your myriad accomplishments, copies of key articles that you have written. A list of internal and external referees for P&T Committee members to consult with (either by requesting a letter or by telephone call) is also included. If you have received attractive offers from other institutions (especially if they are competing with and/or are more prestigious than the center where you are now), your nominator should certainly make that known to the committee. In some institutions it is considered appropriate for you, the candidate, to contact potential referees (who will obviously be friends and colleagues who know you well and provide a strong endorsement of your promotion), notifying them that they might be contacted. However, this practice is sometimes discouraged since it is obvious that individuals whom you recommend are likely to say favorable things about you, and the committee knows this. Many P&T Committees will instead contact experts on your list solely to solicit the names of other references, whom you have not named, to consult for the actual review.

It is critical that you meticulously review, update, and refine your curriculum vitae at promotion time. It must be comprehensive and accurate. You should include in it a detailed compilation of whatever activities and achievements are most important, depending upon your specific track and the specific prerequisites for promotion. Now is not the time to be modest. Have a friend, colleague, or mentor review and critique the detailed summary letter that accompanies the curriculum vitae. Although ultimately it is the chair who writes it, often you will be asked to compose a draft. Who knows better than you how wonderful you are and how valuable you are to the institution! You should also select the key publications that will be included in the package. Don't expect the department chair or section chief to be fully knowledgeable about what your most important work is.

### The Promotion and Tenure Committee

One of the most mysterious but yet important academic committees in most medical schools is the P&T Committee. You should become familiar with its membership, policies, meeting schedule, and general *modus operandi*. These committees vary greatly in size and scope from one center to another, but some general principles apply. The committees are usually quite large, including at least one faculty member from each clinical and basic science department. Its members are usually full professors who are highly respected and wise to the ways of the university. Their job is to review applications submitted by department chairs for consideration of promotion with or without tenure. The

committees normally meet regularly (often weekly) for a period of several months during the winter preceding the summer or fall when promotions generally go into effect. Their deliberations are conducted with great secrecy. The processes by which these committees assess candidates and vote whether or not to recommend promotion (and in some circumstances tenure) are highly variable. Sometimes every member on the committee reviews and deliberates on all the applicants' files, whereas in other settings one or two primary reviewers are responsible for conducting a rigorous assessment and leading the discussions. The material reviewed by the committee is often limited to the packet that they receive from the nominator (ie, department chair). In addition to letters of recommendation that are included in the packet, committee members may write (or more often call) others thought to be knowledgeable about the applicant to ask for their confidential opinions about the candidate's record and reputation in the medical and scientific community.

### The "Final Decision"

Promotion decisions (Table 4) are usually conveyed by the P&T Committee to the department chair and formally submitted to the Dean or Chief Academic Officer. Occasionally the decision is overruled at that level. Usually no appeals are possible. If the promotion is granted it generally goes into effect at the beginning of the next academic year. Most negative promotion decisions provide to the candidate an opportunity to reflect and consider various options including remaining at their current institution and attempting to remedy perceived academic deficiencies. When the decision to grant tenure has been denied, in many cases you are required to leave the institution and seek employment elsewhere. Such a "up and out" policy, common for tenure track positions at top academic centers, usually has provided a period of 6 to 8 years at the Assistant Professor level before the promotion and tenure decision is made. Oftentimes those failing to achieve promotion and tenure are given another year to wind their work down and find opportunities elsewhere. Sometimes it is possible to

**Table 4. The promotion-tenure decision is made.**

Success	No success
Celebrate!	Doesn't mean "failure"
Reflect	Reflect:
Begin to prepare for subsequent career advancement	<ul style="list-style-type: none"> <li>▪ Possible reasons</li> <li>▪ Fixable—try again</li> <li>▪ Not fixable—accept the decision or seek another position</li> </ul>
<ul style="list-style-type: none"> <li>▪ Professor</li> <li>▪ Division Chief</li> <li>▪ Department Chair</li> <li>▪ Center Director</li> <li>▪ President or other office in professional society</li> </ul>	

switch tracks and remain at your center, although this option is often unsatisfactory.

### **Final Comments**

The general guidelines provided in this “User’s Guide” are directed primarily to new faculty members, recently appointed to an Assistant Professor position, who are looking down the road at subsequent steps in their career. Others, however, might have initially overlooked some of these important steps and are hoping for promotion in just a year or two. If this describes you, it is not too late to benefit from a deeper understanding of the definitions, ranks and tracks, institutional culture, and processes in place in your current institution or in another one to which you are giving consideration.

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### **Correspondence**

George R. Buchanan, MD, Professor of Pediatrics, Division of Hematology-Oncology, University of Texas Southwestern Medical Center at Dallas, 5323 Harry Hines Blvd, Dallas, TX 75390-9063; Phone: (214) 648-8594; Fax: (214) 648-3122; e-mail: george.buchanan@utsouthwestern.edu