

Criteria and Guidelines for UAMS College of Medicine

Faculty Appointments, Promotion, and Tenure

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CRITERIA AND GUIDELINES FOR UAMS COLLEGE OF MEDICINE

FACULTY APPOINTMENTS, PROMOTION, AND TENURE

INTRODUCTION

The mission of UAMS and its College of Medicine (COM) is to improve the health, healthcare and well-being of all Arkansans and others in the region, nation, and the world through the education of exemplary health care providers, the provision of standard-setting, comprehensive clinical programs, scientific discovery and research, and the extension of services to the State of Arkansas and beyond. This mission is accomplished through collegial work that manifests the institution's core values of integrity, respect, teamwork, creativity, and excellence. The primary instrument by which this mission is executed for the College of Medicine is the Faculty. Their success significantly depends on a system that provides adequate recognition and rewards for their work in promoting the mission of the College.

The purpose of this document is to provide guidance for faculty development to all faculty members, including department chairs, by defining the criteria for promotion at a given rank and for granting tenure. These guidelines set high standards to ensure the success of the College in meeting its mission, and also to support the success of each individual faculty member. The expectations become higher and more stringent as one progresses through the ranks from Instructor to Assistant Professor, Associate Professor, and Professor. The overarching expectation is that each faculty member will define a career characterized by continuous, creative contributions to his or her field(s) of work. The faculty must, through its representatives on the College's Promotion and Tenure Committee, maintain high standards so that only faculty members who have made very substantial contributions are promoted to Associate Professor and those who have made outstanding contributions are promoted to Professor.

These guidelines are deliberately broad in scope because they are to be used throughout the College, in each of its departments and free-standing administrative divisions. The guidelines are intended to be used by departmental promotion and tenure committees and by the College Promotion and Tenure Committee in making decisions regarding promotion at each rank and the granting of tenure.

The categories of professional endeavors by which each faculty member will be assessed reflect the mission areas of the College: the teaching and mentoring of students and trainees in all programs for which the College has educational responsibility, the provision of direct health care to those who seek care in any of the sites where faculty members practice medicine, pursuits of discovery carried out in any of the facilities where faculty members conduct research, and service to the work of the College, to the University, to the citizens of Arkansas, and to many national and international professional organizations and agencies that promote health. In addition, the guidelines specify the need to demonstrate the importance of one's contributions to academic medicine which are the basis for one's professional reputation, as assessed by experts in one's field. The degree of excellence of a given individual's academic contributions often cannot be exactly defined. However, an

evaluation of the degree of excellence of contribution is a professional judgment which can best be made initially by members of the discipline itself, subject to a later broader faculty review by the College Promotion and Tenure Committee.

Scholarship and scholarly contributions are required for promotion on the Basic Scientist, Clinical Scientist, and Clinical Educator pathways. They are encouraged on the Clinical Attending pathway. These guidelines reflect the faculty's appreciation of Ernest Boyer's characterization of the four domains of academic endeavor: 1) the scholarship of **discovery**, which is consistent with traditional research, 2) the scholarship of **integration**, which makes connections across disciplines and places specialties in a larger context, 3) the scholarship of **application**, which demonstrates the vital interaction between research and practice, wherein the one continuously informs the other, and 4) the scholarship of **teaching**, which emphasizes the creation of new knowledge about teaching and learning in the presence of learners.¹ These domains are increasingly meaningful in this era of translational biomedical research. All areas of scholarship, in general, and for the purpose of supporting requests for promotion, require the "3Ps" of a **product** that is made **public** and is **peer-reviewed**.²

Contemporary academic medicine - at work in the laboratory, in the hospital and ambulatory practice settings, and in a myriad of educational settings - is undertaken collaboratively. The College values the contributions of collaborators who clearly demonstrate their critical importance to teambuilding and successful teamwork. Those individuals will merit recognition whether their participation is as a principal investigator, co-principal investigator, or co-investigator. To recognize appropriately and reward faculty members who assume collaborative roles in any or all of the mission areas of the College, the Promotion and Tenure Committee invites and welcomes evidence of collaboration and includes this as an important component in the assessment of a faculty member's contributions. Documentation of collaboration may include and is not limited to participation in multidisciplinary grant proposals, research projects, clinical care teams that create innovations and/or improvements in care, educational activities, and manuscript production. It will be the responsibility of the faculty member to solicit and submit to the Promotion and Tenure Committee letters documenting collaborative activity from colleagues, relevant division chief(s), and department chair(s) to support their promotion and tenure requests.³

INITIAL APPOINTMENTS AND ACADEMIC PATHWAYS (TRACKS)

COMPENSATED PATHWAYS

Four broad labels are used to designate the compensated academic pathways: Basic Scientist, Clinical Scientist, Clinical Educator, and Clinical Attending. Within the first three of these categories there is both a tenure-eligible pathway and a non-tenure-eligible pathway. Each faculty member who is financially compensated for work done on behalf of the College of Medicine shall be appointed to one of the seven academic pathways: Basic Scientist-Tenure Pathway, Basic Scientist-Non-Tenure Pathway, Clinical Scientist-Tenure Pathway, Clinical Scientist-Non-Tenure Pathway, Clinical Educator-Tenure Pathway,

¹ Boyer EL. Scholarship reconsidered: Priorities for the Professoriate 1990; the Carnegie Foundation for the Advancement of Teaching: Princeton, NJ.

² Glassick CD, Huber MR, Maeroff GI. Scholarship Assessed: Evaluation of the Professoriate 1997; San Francisco, CA: Jossey-Bass.

³ UAMS College of Medicine gratefully acknowledges the assistance in framing these Guidelines provided by the Policies, Procedures and General Guidelines for Promotion and Tenure of Oregon Health Sciences University.

Clinical Educator-Non-Tenure Pathway, and Clinical Attending (a Non-Tenure Pathway) Each faculty member's specific pathway appointment shall be based on the person's credentials, expertise, career goals and demonstrated potential to succeed. The number of faculty members on each pathway within each department will be determined by the needs of the College and the department. It is the shared responsibility of the Department Chairs and the Dean to assess and determine these needs.

Basic Scientist		Clinical Scientist		Clinical Educator		Clinical Attending
TP	NTP	TP	NTP	TP	NTP	NTP

The criteria that will be used to assess the achievements of Basic Scientists are identical for those on the Basic Scientist-Tenure Pathway and the Basic Scientist-Non-Tenure Pathway. The distinction between the pathways pertains to whether an individual and his/her Department Chair determine, with the approval of the Dean, that the individual shall seek tenure or not. The same principle applies to the two available pathways within the labels Clinical Scientist and Clinical Educator.

An individual who is to receive an initial appointment at any given rank shall have credentials and experience equivalent to individuals already promoted to that same rank from within the College faculty. Before the time of initial appointment, the appointing Department Chair, after careful review of the individual's credentials and qualifications, will meet with the faculty candidate to determine and record his or her work responsibilities, expectations, and career goals, as well as the individual's initial time and effort distribution. These deliberations will determine the Chair's request to the Dean for the appropriate appointment at a specific rank on one of the seven academic pathways. Requests for appointment at the rank of Associate Professor and Professor must also be reviewed and approved by the College Promotion and Tenure Committee. Accepted titles for faculty members appointed to all seven compensated pathways shall be Assistant Professor, Associate Professor and Professor. Instructors play important roles in the College. Individuals appointed at the rank and with the title of Instructor are not assigned to a specific academic pathway until the time of promotion to Assistant Professor.

VOLUNTARY NON-COMPENSATED PATHWAYS (Adjunct Appointments)

The College values the voluntary service of fully qualified individuals to help achieve its mission. It is the shared responsibility of the Department Chairs and the Dean to determine the need for specific voluntary services. When such need exists, adjunct appointments may be made to one of two pathways: Adjunct Clinical Pathway and Adjunct Basic Scientist Pathway. The requirements for appointment and reappointment on these two pathways are specified within two documents available through the College's Office of Faculty Affairs: Principles for Adjunct Faculty Appointments and Principles for AHEC Adjunct Faculty Appointments. (<http://www.uams.edu/facultyaffairs/Promotionandtenure/Appointments.asp>)

Candidates on the adjunct pathways may request promotion upon satisfying the criteria specified in Appendix B for Adjunct Clinical faculty and Appendix C for Adjunct Basic Scientist faculty. Accepted titles for faculty members appointed to the Adjunct Clinical Pathway are Adjunct Clinical Instructor, Adjunct Clinical Assistant Professor, Adjunct Clinical Associate Professor and

Adjunct Clinical Professor. Similarly, accepted titles for faculty members appointed to the Adjunct Basic Science Pathway are Adjunct Basic Science Instructor, Adjunct Basic Science Assistant Professor, Adjunct Basic Science Associate Professor, and Adjunct Basic Science Professor.

SECONDARY APPOINTMENTS

Each faculty member shall have one primary appointment within one of the College of Medicine Departments or free-standing Divisions. A faculty member may also be awarded a secondary appointment with the approval of the Chairs of the primary and secondary appointing Departments and the Dean. Secondary appointments are appropriate means of acknowledging and rewarding a faculty member's research and/or teaching and/or clinical contributions to both Departments. There are circumstances under which it is appropriate for a faculty member to hold more than one secondary appointment. A faculty member who holds a secondary appointment may seek promotion in both his/her primary and secondary Departments if the criteria for promotion are met in both departments. It is possible to hold a higher rank in one's primary department and a lower rank in one's secondary department; however, the reverse is not permitted.

REAPPOINTMENTS AND PROMOTION

Annual reappointment of a non-tenured faculty member to a given rank requires that the individual continues to meet the requirements of that rank and show good year-to-year performance in all aspects of his/her job description. This includes both faculty members appointed on non-tenure pathways and faculty members appointed on tenure-eligible pathways, but who have not yet been awarded tenure. To be considered for promotion, a faculty member must have the qualifications of the next rank. It is possible to be a valuable faculty member at a certain rank for many years without demonstrating sufficient progress to merit promotion. It is an important faculty development responsibility of each Department Chair, with assistance of Division/Section Chiefs as needed, to provide annually to each faculty member, whether tenured or non-tenured, a written review and evaluation of the faculty member's performance and academic progress.

TIME AND EFFORT DISTRIBUTIONS FOR COMPENSATED PATHWAYS

Academic success requires careful attention to how a faculty member spends his/her time pursuing work in each of the College's mission areas that are involved in the individual's job description. The Promotion and Tenure Committee shall pay serious attention to each faculty member's reported time and effort distribution(s) over the course of the person's career within the College. The quantity of the individual's contributions to each mission area will be assessed in proportion to the amount of time devoted to each area. A matrix system will be used to estimate the approximate faculty effort in each of the main areas of academic endeavor: Teaching, Research, Clinical Service, and Leadership/Administrative Service. With advancing rank, faculty members are expected to be involved in increasing levels of leadership and administrative service. Faculty members appointed on any pathway are expected to be mindful of their obligations regarding time and effort as stipulated in any research support for which they are responsible.

Table 1 depicts the range of time & effort that COM faculty members may spend in each mission area, on each compensated academic pathway, and an estimate for a “typical” faculty member on each pathway. Each faculty member and his/her respective Department Chair share responsibility for ensuring that the individual’s job description conforms to these “time and effort guidelines.” If an individual’s job description differs significantly from these guidelines, the faculty member and chair will need to explain and justify the discrepancies to the College Promotion and Tenure Committee when requests for promotion and/or tenure are submitted.

Table 1: Time and Effort Distribution on the Compensated Pathways

(in Percents)	Basic Scientist-TP		Basic Scientist-NTP		Clinical Scientist		Clinical Educator		Clinical Attending	
	Range	Typically	Range	Typically	Range	Typically	Range	Typically	Range	Typically
Teaching/Mentoring (Total)	10-35	30	0-30	5	5-10	7.5	10-50	25	0-30	20
Didactic Teaching					1-3	2.5	2-10	5	0-2	1
Bedside Teaching					2-10	5	10-40	20	0-30	20
Research	50-85	60	90-100	90	40-90	75	5-30	10	0-10	5
Clinical Service (Total)					10-50	20	40-80	80	70-100	90
Direct Patient Care					10-50	15	40-60	60	70-100	70
Bedside Teaching					2-10	5	10-40	20	0-30	20
Leadership/Admin. Service	0-35*	10	0-10*	5	0-10*	2.5	0-20*	5	0-10*	5

* Leadership/Administrative Service responsibilities are fundamental to the success of the College, and are fulfilled by faculty members who have established the foundations of their careers. Thus, newly appointed junior faculty may have little or no administrative service responsibilities. These duties will increase as their careers mature, including within the later years of appointment as Assistant Professor.

For all Clinicians: Total Teaching/Mentoring Time combinations Didactic and Bedside Teaching
 Total Clinical Service Time combines Direct Patient Care and Bedside Teaching
 Note: Bedside Teaching is counted in both categories of Teaching/Mentoring and Clinical Service

ACADEMIC RANKS AND GENERAL EXPECTATIONS

INSTRUCTOR

The rank of Instructor is appropriate for qualified individuals who have limited experience in teaching, research, and/or clinical service. Assignment to one of the academic pathways is anticipated, but not made at the time of appointment as Instructor, allowing the individual time during this appointment to develop his/her interests and competence in order to succeed on the anticipated pathway that best suits his/her career goals, aligned with the needs of his/her Department.

A faculty member may advance from Instructor to Assistant Professor in any of the tenure-eligible or non-tenure-eligible pathways at the request of the individual's Department Chair, with the approval of the Dean. While serving as an Instructor, a person is expected to demonstrate significant professional growth, as evidenced by active involvement as follows:

- Instructors who are scientists, both basic and clinical, are expected to enhance their research skills and to apply for research support within the period of appointment. The application can be for internal institutional research support and/or for external support from sources such as a federal agency or a private foundation. Instructors who anticipate progressing on either of the Clinical Scientist pathways, on the Basic Scientist-Tenure pathway and on the Basic Scientist-Non-Tenure pathway (if teaching is to be a significant aspect of their careers in the latter pathway) are also expected to acquire teaching experience during the period of appointment.
- Instructors who are clinicians are expected to enhance their clinical and teaching skills through active clinical practice, by contributing to teaching programs, by becoming involved in original research and enhancing their research skills, and/or by participating in ongoing institutional research consistent with the anticipated pathway.

ASSISTANT PROFESSOR

An initial appointment of Assistant Professor may be offered to an individual who has the qualifications for that rank, with the approval of the Dean. While serving as an Assistant Professor, an individual is expected to demonstrate significant development and make substantial contributions to his or her area(s) of academic medicine. An individual's probationary period (tenure clock) begins at the time of appointment or promotion to the rank of Assistant Professor on one of the three tenure-eligible pathways. (See page 9 regarding the commencement of the academic year and the accrual of time within the probationary period.)

ASSOCIATE PROFESSOR

An initial appointment of Associate Professor may be offered to an individual who has the qualifications for that rank, with the approval of the College's Promotion and Tenure Committee and the Dean. A significant degree of maturity as a scientist, teacher, and/or clinician must be evident for such an initial appointment or for promotion to this rank. It is expected that a candidate for appointment or promotion to Associate Professor on the Basic Scientist, Clinical Scientist, or Clinical Educator pathway will have established a regional and/or national reputation based on substantial contributions to his/her field(s) of academic work. It is expected that a candidate for appointment or promotion to Associate Professor on the Clinical Attending Pathway will have established at least a regional reputation based on substantial contributions to clinical care and/or teaching.

Promotion to Associate Professor is considered to be a very important step for both the University and the faculty member. It would be unusual for a person to be promoted to Associate Professor before having completed five years of service at the rank of Assistant Professor. If an individual has served for several years at the rank of Assistant Professor at another institution before joining the College faculty, upon review of the individual's academic contributions and with the approval of the Department Chair and the Dean, some or all of that time may be counted as years in service as Assistant Professor prior to requesting promotion to Associate Professor within the College.

PROFESSOR

An initial appointment of Professor may be offered to an individual who has the qualifications for that rank and with the approval of the College Promotion and Tenure Committee and the Dean. Achieving the rank of Professor is a high University honor reserved for faculty members who have demonstrated outstanding ability and who have made outstanding contributions to their area(s) of expertise within academic medicine. It is expected that a candidate for appointment or promotion to Professor on any of the seven compensated academic pathways will have established a national and typically an international reputation based on substantial contributions to his/her field(s) of academic work. Promotion to the rank of Professor is not based on length of time in service as Associate Professor alone. It is expected that such an individual will have spent considerable time, typically five to ten years, in service at the rank of Associate Professor and within that appointment will have made additional outstanding contributions to the mission of the College.

Each Department or free-standing Division of the College shall have a committee of senior faculty members whose job it is to review the requests for promotion and/or tenure put forward by individual faculty members within the Department or Division. The Department Chair may be a member of this committee. After careful study of an individual's promotion and tenure packet, the committee shall vote as to whether the individual has met the criteria for promotion and/or tenure, and shall inform the candidate (and the Department Chair, should that person not be a member of the committee) about the results of the vote(s). The results of the committee's voting shall also be transmitted to the College Promotion and Tenure Committee within the individual's promotion and tenure packet. It is typical that an individual will seek promotion and/or tenure with the approval of the departmental committee and the Department Chair, but it is permissible for an individual to request promotion and/or tenure from the College Promotion and Tenure Committee without that approval.

TENURE, PROBATIONARY PERIOD (TENURE CLOCK), and SUSPENDING THE TENURE CLOCK

Tenure is the right of continuous appointment, subject to University of Arkansas Board Policy 405.1. The awarding of tenure is a high honor bestowed by the University upon faculty members who have displayed substantive and continuous contributions that advance the mission of the College, and hence academic medicine. In accordance with UA Board policy, only full time faculty members appointed on the tenure-eligible pathways with the ranks of Assistant Professor, Associate Professor, Professor, and Distinguished Professor are eligible to be awarded tenure.⁴ However, within the College, only in very unusual circumstances would tenure be awarded to an Assistant Professor. It is typical but not required of a tenure-eligible faculty member that a request for promotion to Associate Professor and a request for tenure be submitted simultaneously. Individuals on the non-tenure compensated pathways as well as those in voluntary non-compensated pathways are not eligible to acquire tenure. Tenure is typically awarded to faculty members who have demonstrated their value to the University through at least three years of service within the College. Tenure may be awarded at the time of initial appointment to candidates, with the approval of the College Promotion and Tenure Committee, the Dean, the Chancellor or his/her designee, and the UA President,

⁴ Specific policy pertains to College of Medicine faculty members who work part time or full time within the Veterans Administration Healthcare System. See Appendix D: UAMS College of Medicine Policy for Tenure Related to VA Faculty Appointments.

who are being hired to fill demonstrably vital, senior roles in the College and who have records of outstanding accomplishments in other institutions that strongly suggest they will continue to pursue academically productive careers within the College. Appointment to a tenure-eligible pathway implies a commitment on the part of the faculty member to participate in the full range of academic activities of the College throughout one's career. The criteria for being awarded tenure include:

- Clear demonstration that the faculty member is valuable to the University and shows evidence of sustained productive activity by having made significant contributions to the College's mission consistent with the pathway-specific requirements for promotion as outlined later in this document.
- Evidence of positive institutional citizenship manifested as effective participation in service activities, mentoring, support of the University mission and values, professionalism, and leadership initiative.

The academic year begins July 1 and ends June 30. Appointments effective between July 1 and December 31 count as a full year for purposes of probationary year accrual. Appointments effective between January 1 and June 30 do not start the tenure clock until July 1 of the next academic year.

PROBATIONARY PERIOD

The term "probationary period" is used to specify the time interval between an individual's appointment, in full time service, to a tenure-eligible pathway and the time at which tenure is awarded. In accordance with University of Arkansas Board Policy 405.1, the probationary period may not extend beyond seven years, except as specifically provided within that document and reflected herein. For tenure-eligible faculty members who are not awarded tenure before the end of the seventh year of their probationary period, the seventh appointment will be a terminal appointment. The granting of tenure implies that the individual has met the criteria noted above and, as such, has acquired additional procedural rights in the event that dismissal proceedings are filed.

SUSPENDING THE PROBATIONARY PERIOD (PAUSING THE TENURE CLOCK)

During the first six years of the probationary period, a full time faculty member appointed on a tenure-eligible pathway may request, for reasons set forth below, that the probationary period be suspended for as much as one year at a time per request. Any such request should be made within a reasonable period of time related to the circumstances that triggered the request – typically within twelve months. Each request requires the approval of the individual's Department Chair, the College Promotion and Tenure Committee, the Dean, the UAMS Chancellor or his/her designee, and the UA President. It would be unusual that approval would be granted for more than a maximum of two years (total) suspension of an individual's probationary period. The reasons for such a request are those required under the Family and Medical Leave Act of 1993: a) the birth of a child to the faculty member or spouse and its care during the first year of life; b) the adoption of a child by the faculty member or placement in the faculty member's home of a foster child; c) the care of the faculty member's spouse, child, or parent with a serious health condition; and d) the serious health condition of the faculty member. There are two additional criteria for which a suspension of the probationary period may be requested: 1) the time period during which a faculty member pursues an advanced degree or certificate (other than during an Off-Campus Duty Assignment/Sabbatical), and 2) the time period during which a faculty member, at the request of the Department Chair and the Dean, assumes a significant administrative workload

on an interim basis in service to the Department. In both of these latter circumstances, the individual and Department Chair must demonstrate to the Dean and the College Promotion and Tenure Committee why either of these new pursuits effectively precludes the achievement of the candidate's previously expected scholarly activities.

CHANGING ACADEMIC PATHWAYS

Appointment to one of the seven compensated academic pathways is a critically important step in a faculty member's career, as career achievements will be assessed by the College Promotion and Tenure Committee according to the criteria for that specific pathway. There can arise, however, circumstances in the evolution of an individual's academic career that could warrant a request to change the individual's academic pathway.

A faculty member appointed to any of the four non-tenure pathways may request that his/her appointment be changed to the appropriate tenure-eligible pathway, with the approval of the Department Chair and the Dean, before the conclusion of his/her first 36 months of appointment at the rank of Assistant Professor. The individual's probationary period begins on July 1 of the current or next academic year following the Dean's approval of the pathway change depending on whether the change occurs before or after January 1 as outlined on page 9.

It is recommended that annual departmental reviews of each faculty member include careful consideration of the individual's progress toward meeting the requirements for promotion on his/her specific academic pathway. This is of particular importance for faculty members on the tenure-eligible pathways in view of the probationary period. In addition, it is advisable for departmental promotion and tenure committees to review the accomplishments of each tenure-eligible faculty member during the fourth year of the individual's probationary period. The purpose of this review is to provide the basis for guidance about what further accomplishments must be achieved in order for the individual to be awarded promotion to Associate Professor and tenure, typically during the sixth, but no later than during the seventh year of the probationary period.

It is permissible for a faculty member on a tenure-eligible pathway to switch to a non-tenure pathway anytime before the beginning of the final year of the probationary period (typically before the commencement of the seventh year in service unless the probationary period has been suspended through the process described above, page 9), with the permission of the Department Chair and the Dean. The switch from a tenure-eligible to a non-tenure pathway is a permanent change that cannot be subsequently reversed.

PART TIME STATUS, in general, and as it applies to Tenure-Eligible Pathways

Part time employment may be an appropriate choice for some faculty members. The availability of part time employment is at the sole discretion of Department Chair and the Dean, and depends on the needs of the College. Only full time faculty members may be appointed on the three tenure-eligible pathways.

Full time faculty members who receive tenure and later wish to work part time in the College may do so only with the approval of the Chair and the Dean. The Dean's approval of such part time work status requires that the individual voluntarily relinquish tenure at the time part time work status commences.

CRITERIA FOR APPOINTMENT AND PROMOTION ON EACH COMPENSATED PATHWAY

The ability of the College to meet its mission is dependent on the successful participation of every faculty member, regardless of assigned academic pathway. The seven academic pathways exist because the scope of academic medicine is very broad. The pathways help individual faculty members and the College Promotion and Tenure Committee categorize and assess the accomplishments of each faculty member. The pathways adequately describe the expected contributions of the majority of the College's faculty members. There are, however, individuals who contribute significantly to the College whose work is not easily characterized by any of the pathways. It is the responsibility of the Department Chairs and the Dean to appoint these individuals, on a case-by-case basis, to the pathway that best fits their expertise, career goals and expected contributions. It is the shared responsibility of these individuals and their Department Chairs to ensure that when these faculty members seek promotion and/or tenure, the value of their contributions is adequately assessed by peers from within and without the College who can clarify for the College's Promotion and Tenure Committee whether these individuals have satisfied the criteria for promotion, appreciating that their field of expertise and expected scholarly contributions are not perfectly described by the criteria of their assigned pathway.

Each physician who is appointed on a clinical pathway and who is involved in the care of patients is expected to achieve and maintain certification in his/her cognate specialty and/or subspecialty board(s). For appointment at the rank of Assistant Professor, a faculty member who has recently completed residency is expected to be on a defined path, approved by the Department Chair, for board certification. Faculty members who trained abroad and who are not eligible for United States board certification are expected to have attained the equivalent of US board certification in the country in which they trained, as determined by the Department Chair. Those faculty members who are not eligible for US maintenance of board certification are expected to demonstrate to the College Promotion and Tenure Committee, by other means, their ongoing commitment to the maintenance of their clinical excellence.

Each psychologist who is appointed on a clinical pathway and who is involved in the care of patients is expected to maintain his/her state license and manifest ongoing commitment to the maintenance of clinical excellence.

Four tables presented herein specify the College's expectations for appointment or promotion at the ranks of Assistant Professor, Associate Professor, and Professor on the seven compensated pathways. These tables must be interpreted within the context of this entire document and do not stand alone. In all domains of academic work, the quality of an individual's contributions is of critical importance. Guidance is given in these tables about the generally expected quantity of an individual's contributions. However quantity is not a substitute for quality. The College appreciates, for example, that some individuals will dedicate themselves to extensive periods of study that result in fewer but very important and high quality science and related publications than are stipulated in these guidelines. Several measures of the quality and importance of such contributions,

including and not limited to recognition by experts in an individual's field of expertise, will be helpful to the College Promotion and Tenure Committee in assessing such individual's fulfillment of the criteria for promotion.

The *required* letters of recommendation from experts within the candidate's field, referenced within the following tables, must be written by academic authorities who have neither trained nor employed the candidate (e.g., letter authors must have been neither teachers, thesis advisors, residency program directors, fellowship program directors, major mentors, supervisors nor employers of the person requesting promotion and/or tenure). Letters of recommendation *in addition to those required* may be submitted from individuals who have taught and/or employed the candidate if these add substantially to the dossier.

All faculty members, regardless of rank or pathway, are expected to conduct themselves professionally at all times and to promote the institutional core values of integrity, respect, teamwork, creativity, and excellence.

BASIC SCIENTIST-Tenure Pathway and BASIC SCIENTIST Non-Tenure Pathway

Table 2: Basic Scientist-Tenure Pathway Time and Effort Distribution

	Range	Typically
Teaching/Mentoring (Total)	10 - 35	30
Didactic Teaching		
Bedside Teaching		
Research	50 - 85	60
Clinical Service (Total)		
Direct Patient Care		
Bedside Teaching		
Leadership/Admin. Service	0 - 35*	10

Table 3: Basic Scientist-Non-Tenure Pathway Time and Effort Distribution

	Range	Typically
Teaching/Mentoring (Total)	0 - 30	5
Didactic Teaching		
Bedside Teaching		
Research	90 - 100	90
Clinical Service (Total)		
Direct Patient Care		
Bedside Teaching		
Leadership/Admin. Service	0 - 10*	5

Basic science research involves the discovery and dissemination of new knowledge or new insights into existing knowledge that results from competent mastery of a scientific discipline. Discovery may also consist of innovative conceptualizations that lead to novel biotechnologies, diagnostic or health solutions.

Basic Scientists on the tenure-eligible pathway are expected to participate in the full range of academic activities of the College, with emphasis placed on research and teaching. Qualifications for appointment and criteria for promotion as a Basic Scientist-Tenure Pathway are specified within Table 4. Qualifications for appointment and the criteria for promotion as a Basic Scientist-Non-Tenure Pathway are specified in Table 5. The criteria are quite similar but differ in the extent to which teaching/mentoring and leadership/administrative service are expected. The other major distinction between the Basic Scientist-Tenure Pathway and the Basic Scientist-Non-tenure Pathway is the existence of a probationary period and the potential of being awarded tenure for individuals appointed on the former pathway.

Excellence may be demonstrated and promotion may therefore be awarded without the candidate having fulfilled every single criterion noted on the tables.

Table 4: Criteria for Appointment or Promotion as a Basic Scientist on the Tenure Pathway

Assistant Professor	Associate Professor	Professor
<p><u>Qualifications:</u> Terminal degree (Ph.D. or equivalent); two or more years of post-doctoral fellowship training is typical for most basic scientists</p>	<p><u>Qualifications:</u> Service as an Assistant Professor with demonstrated excellence in research/scholarly activity, high quality teaching/mentoring, and contributions in academic service or demonstrated excellence in teaching/mentoring; high quality contributions to research/scholarly activity, and contributions in academic service</p>	<p><u>Qualifications:</u> Service to all mission areas of the College as an Associate Professor with a record of outstanding contributions in at least two of the following three mission areas: research/scholarly activity, teaching/mentoring, and contributions to academic service. Typically the two areas of outstanding contributions are research/scholarly activity and teaching/mentoring.</p>
<p><u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> o Strong potential as a teacher, mentor, and role model of professional conduct for trainees and colleagues o Teaching experience at the time of appointment is desirable but not required. o During the time of appointment as Assistant Professor - participation in teaching activities including but not limited to lectures, small group teaching session, and mentoring activities 	<p><u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> o Continued participation in local teaching activities including but not limited to lectures, small group teaching sessions, one-to-one teaching in the laboratory, and mentoring activities o Continued favorable evaluations of teaching activities by students, peers, and supervisors o Teaching awards 	<p><u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> o Continued high quality teaching in the activities of the College, as specified for Associate Professor o Continued participation in mentoring activities, with evidence of effective mentoring including documented success of mentees; co-authorship of abstracts, manuscripts, and funding applications. o Continued evidence of local, regional, national, and/or international teaching influence

	<p><u>Teaching/Mentoring (continued)</u></p> <ul style="list-style-type: none"> ○ Mentoring activities take on a broader scope at this rank. Evidence of effective mentoring includes co-authorship with trainees on abstracts & manuscripts and evidence of mentees' successful career progression. ○ For the Basic Scientists whose major emphasis is teaching, the candidate should show evidence of actively seeking extramural financial support for educational activities & innovations as the PI or Co-I, and publish the peer reviewed results of the innovative educational activities ○ For Basic Scientists whose major emphasis is teaching, evidence of regional and/or national teaching influence through educational presentations at national professional organizations and/or dissemination of innovative curriculum materials beyond UAMS COM 	<p><u>Teaching/Mentoring (continued)</u></p> <ul style="list-style-type: none"> ○ For the Basic Scientist whose major emphasis is teaching, evaluations from learners & peers documenting that the individual is an outstanding teacher. ○ For the Basic Scientists whose major emphasis is teaching, the candidate should show evidence of continued seeking of extramural financial support for educational activities & innovations as the PI or Co-I, and publish the peer reviewed results of the innovative educational activities
<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Demonstrated potential for excellence in creative research ○ Demonstrated promise to obtain peer-reviewed research funding awards as a Principal Investigator ○ Demonstrated ability to collaborate effectively ○ Publication in peer-reviewed journals with consideration of quality as well as quantity 	<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Principal Investigator (PI) on a major extramural research grant and/or leader of a major project of a program grant (or the equivalent), or alternatively substantial and clearly documented contributions as a Co-I on multiple extramurally funded research grants ○ Evidence of research productivity manifest as 1 – 3 first-author or senior author peer reviewed publications per year in rank as Assistant Professor. Note that the quality of publications will be considered to be as important as the quantity ○ Regional and/or national reputation for excellence in research/scholarly activity demonstrated through scientific presentations at meetings of professional organizations and/or invitations to serve as a visiting scholar at other academic institutions. 	<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Robust record of extramural funding for research as demonstrated by being awarded at least two major extramural research grants (e.g., R01 or equivalent) or a single major grant that has been competitively renewed, or alternatively continued substantial and clearly documented contributions as a Co-I on multiple extramurally funded research grants. ○ Evidence of outstanding contributions to the individual's field(s) of expertise with typically 30 – 50 peer reviewed journal publications of original and innovative research findings of basic, clinical or translational studies, on roughly half of which the individual is first or senior author. Note that the quality of the publications will be considered to be as important as the quantity. ○ Regional, national and typically international reputation for excellence in research/scholarly activity with recognition as being an authority in one's area(s) of expertise. ○ National and/or international invitations to present one's research findings

<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Potential to contribute to the good functioning of the Department, College, and/or University 	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Active participation in one or more committees of the Department, College and/or University ○ For Basic Scientists whose major emphasis is teaching, significant achievements include successful leadership of teaching programs for medical students and/or graduate students, and/or leadership roles in planning, implementing, and evaluating curriculum innovations. ○ May serve on editorial boards and/or as peer reviewer for journals in one's discipline ○ May serve on study sections and equivalent bodies that peer review grant proposals ○ May serve as an advocate for science and/or health care policy 	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Demonstration of leadership in department or institution ○ Active involvement in appropriate administrative committees in the College and/or University, including service as chair of some committees ○ Leadership, service or committee work for regional, national or international professional organizations ○ Service, sometimes as chair, on study sections and equivalent bodies that review major grant proposals (e.g., NIH, NSF, major foundations review panels) ○ Service on external advisory committees of other academic institutions and/or commercial firms ○ For the Basic Scientist whose major emphasis is teaching – long-standing leadership of one or more major graduate or medical student courses and/or administrative leadership at the College level in curriculum planning & implementation
	<p><u>Professional Recognition</u></p> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field outside UAMS, typically Professors, who have neither trained nor employed the candidate. 	<p><u>Professional Recognition</u></p> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in their field(s) outside UAMS, all Professors, who have neither trained nor employed the candidate.

Basic Scientists on the Non-Tenure Pathway are expected, with the concurrence of the Department Chairman and Dean, to develop one major area of focus and excellence: either research or teaching. The majority of faculty members on the Basic Scientist-Non-Tenure Pathway are expected to focus on research and scholarly activities, while a minority will focus on teaching and mentoring and associated scholarly activity. The Time and Effort distributions for those faculty members who elect to focus on teaching and mentoring are specified in Table 2 rather than in Table 3, above.

Qualifications for appointment and promotion on the Basic Scientist Non-Tenure Pathway are specified in Table 5.

Excellence may be demonstrated and promotion may therefore be awarded without the candidate having fulfilled every single criterion noted on the table.

Table 5: Criteria for Appointment or Promotion as a Basic Scientist on the Non-Tenure Pathway

Assistant Professor	Associate Professor	Professor
Terminal degree (Ph.D. or equivalent); two or more years of post-doctoral fellowship training is typical for most basic scientists	Service as an Assistant Professor with demonstrated excellence in the individual's stated primary mission area: research/ scholarly activity or teaching/mentoring of trainees	Service as an Associate Professor with outstanding contributions in the candidate's area of primary focus: research/scholarly activities or teaching/mentoring
Teaching/Mentoring <ul style="list-style-type: none"> ○ The candidate may have experience in teaching and/or mentoring interactions with trainees at the time of appointment as Assistant Professor. 	Teaching/Mentoring – if these activities are part of the candidate's work portfolio: <ul style="list-style-type: none"> ○ Participation in local teaching activities including but not limited to lectures, small group teaching sessions, one-to-one teaching in the laboratory, and mentoring activities ○ Favorable evaluations of teaching activities by students, peers, and supervisors ○ Teaching awards ○ Mentoring activities take on a broader scope at this rank. Evidence of effective mentoring includes co-authorship with trainees on abstracts & manuscripts and evidence of mentees' successful career progression ○ For Basic Scientists whose major emphasis is teaching - evidence of regional and/or national teaching influence through educational presentations at regional and/or national professional organizations and/or dissemination of innovative curriculum materials beyond UAMS COM. ○ For the Basic Scientists whose major emphasis is teaching, the candidate should show evidence of actively seeking extramural financial support for educational activities and innovations as the PI or Co-I, and also publishing the peer reviewed results of the innovative educational activities 	Teaching/Mentoring – if these activities are part of the candidate's work portfolio: <ul style="list-style-type: none"> ○ Continued participation in teaching activities of the College as specified for Associate Professor ○ Continued participation in mentoring activities, with evidence of effective mentoring including documented success of mentees who may be students, fellows, and/or junior faculty. Co-authorship of abstracts, manuscripts, and funding applications also serves as evidence of mentoring ○ Continued evidence of local, regional, national, and/or international teaching influence ○ For the Basic Scientist whose major emphasis is teaching, evaluations from learners and peers should document that the individual as an outstanding teacher ○ For the Basic Scientist whose major emphasis is teaching, the candidate should show continued evidence of active seeking of extramural financial support for educational activities and innovations as the PI or Co-I, and also publishing the peer reviewed results of the innovative educational activities

<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Demonstrated potential to conduct independent research ○ Evidence on scholarly activity as manifest by publication in peer reviewed journals with consideration of quality as well as quantity ○ Demonstrated ability to collaborate effectively 	<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Principal investigator (PI) on a major extramural research grant and/or leader of a major project of a program grant, or the equivalent, or alternatively substantial and clearly documented contributions as a Co-I on multiple extramurally funded research grants ○ Evidence of research productivity manifested as 1 – 3 first-author or senior author peer reviewed publications per year in rank as Assistant Professor. Note that the quality of publications will be considered to be as important as the quantity. ○ May be invited to present research findings at other institutions and/or regional and/or national professional organizations ○ May participate actively, including leadership roles, in national professional scientific organizations 	<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Robust record of extramural funding for research as demonstrated by being awarded at least two major extramural research grants (e.g., R01 or equivalent) or a single major grant that has been competitively renewed, or alternatively continued substantial and clearly documented contributions as a Co-I on multiple extramurally funded research grants. ○ Evidence of outstanding contributions to the individual's field(s) of expertise with typically 30 – 50 peer reviewed journal publications of original and innovative research findings of basic, clinical or translational studies, on roughly half of which the individual is first or senior author. Note that the quality of the publications will be considered to be as important as the quantity. ○ Regional, national and typically international reputation for excellence in research/scholarly activity with recognition as being an authority in one's area(s) of expertise ○ National and/or international recognition may also be demonstrated through invitations to present research findings
<p><u>Leadership/Administrative Service</u></p>	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Active participation in one or more committees of the Department, College, and/or University is typical. ○ For Basic Scientists whose major emphasis is teaching - significant achievements include successful leadership of teaching programs for medical students and/or graduate students, and/or leadership roles in planning, implementing, and evaluating curriculum innovations. ○ May serve on editorial boards and/or as peer reviewer for journals in one's discipline ○ May serve on study sections and equivalent bodies that peer review grant proposals ○ May serve as an advocate for science and/or health care policy 	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Active involvement, including some leadership service on appropriate administrative committees of the Department, College, and or University. ○ For the Basic Scientists whose major emphasis is teaching, long-standing leadership of one or more major graduate or medical student courses and/or administrative leadership at the College level in curriculum planning and implementation.

	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field outside of UAMS, typically Professors, who have neither trained nor employed the candidate. 	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in their field(s) outside UAMS, all Professors, who have neither trained nor employed the candidate.
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CLINICAL SCIENTIST Tenure Pathway and CLINICAL SCIENTISTS Non-Tenure Pathway

Table 6: Clinical Scientist Time and Effort Distribution

	Range	Typically
Teaching/Mentoring (Total)	5-10	7.5
Didactic Teaching	1-3	2.5
Bedside Teaching	2-10	5
Research	40-90	75
Clinical Service (Total)	10-50	20
Direct Patient Care	10-50	15
Bedside Teaching	5-10	5
Leadership/Admin. Service	0-10*	2.5

Total Teaching/Mentoring Time combinations Didactic and Bedside Teaching

Total Clinical Service Time combines Direct Patient Care and Bedside Teaching

Note: Bedside Teaching is counted in both categories of Teaching/Mentoring and Clinical Service

Clinical Scientists play fundamental and vital roles linking research and discovery from both bench to bedside and from bedside to the community at large. Clinical Scientists are expected to participate in the full range of academic activities of the College, typically with emphasis placed on research and clinical care, and scholarship related to either or both of those mission areas. Qualifications for appointment and criteria for promotion on the Clinical Scientist Tenure Pathway and the Clinical Scientist Non-tenure Pathway to the ranks of Assistant, Associate, and Professor are specified within Table 7. The distinction between the Clinical Scientist-Tenure Pathway and the Clinical Scientist-Non-tenure Pathway is the existence of a probationary period and the potential of being awarded tenure for individuals appointed on the former pathway. The criteria for promotion on both of these pathways are identical. Excellence may be demonstrated and promotion may therefore be awarded without the candidate having fulfilled every single criterion noted on the table.

Table 7: Criteria for Appointment or Promotion as a Clinical Scientist

Assistant Professor	Associate Professor	Professor
<p><u>Qualifications:</u> Terminal degree (M.D. +) and appropriate residency/fellowship; may also hold Ph.D. with appropriate postdoctoral training; the candidate must have completed 1 to 2 years of research training following a clinical residency or fellowship (which may include mentored research experience as an Instructor)</p>	<p><u>Qualifications:</u> Service as an Assistant Professor with demonstrated excellence in laboratory, clinical and/or translational research, and demonstration of successful participation in teaching</p>	<p><u>Qualifications:</u> Candidates must meet all of the criteria outlined for the rank of Associate Professor and have demonstrated excellence in independent research and successful continued participation in teaching.</p>
<p><u>Teaching/Mentoring</u> <ul style="list-style-type: none"> ○ Demonstrated potential to be an effective participant in medical and/or graduate student teaching </p>	<p><u>Teaching/Mentoring</u> <ul style="list-style-type: none"> ○ Active and effective participation in medical and/or graduate student education with favorable objective evaluations by students, peers, and supervisors ○ Evidence of being an effective role model and mentor for students, residents, fellows, graduate students, and colleagues, with good evaluations from those formally mentored </p>	<p><u>Teaching/Mentoring</u> The teaching performance of a candidate for Professor should serve as a standard of excellence for colleagues. <ul style="list-style-type: none"> ○ Active and effective participation in medical/graduate student education, including mentoring, with favorable objective evaluations by students, peers, and supervisors ○ Continued service as an effective role model and mentor for students, residents, fellows, graduate students, and colleagues, with good evaluations from those formally mentored ○ Impact of teaching and mentoring excellence may also be recognized by the success/stature of trainees </p>
<p><u>Research/Scholarly Work</u> <ul style="list-style-type: none"> ○ A minimum of one peer-reviewed high quality journal publication as first or senior author ○ Demonstrated serious commitment to original and independent basic and/or clinical research </p>	<p><u>Research/Scholarly Work</u> <ul style="list-style-type: none"> ○ Evidence of research productivity manifest as 1 – 3 peer reviewed journal publications per year in rank as Assistant Professor demonstrating seniority or major contribution to development of research ideas and their implementation. Note that the quality of the publications will be considered to be as important as the quantity. ○ Recognition as an original independent investigator (PI) as demonstrated by the ability to generate financial support from external peer-reviewed funding agencies, whether federal or private foundations (e.g., NIH R01 or equivalent, CDC, NSF; Robert Wood Johnson Foundation, American Heart Association, etc.) Career development awards & other mentored funding mechanisms demonstrate a path </p>	<p><u>Research/Scholarly Work</u> <ul style="list-style-type: none"> ○ Robust record of sustained extramural funding for research as demonstrated by being awarded at least two major extramural research grants (e.g., R01 or equivalent) or a single major grant that has been competitively renewed ○ Evidence of outstanding contributions to the individual's field(s) of expertise with typically 30 – 50 peer reviewed journal publications of original and innovative research findings of basic, clinical or translational studies, on roughly half of which the individual is first or senior author. Note that the quality of the publications will be considered to be as important as the quantity. </p>

	<p><u>Research/Scholarly Work (continued)</u> toward research independence. Career development or mentored awards should be considered along with other factors for promotion to Associate Professor.</p> <ul style="list-style-type: none"> ○ Alternatively, substantial and clearly documented contributions as a Co-I on multiple extramurally funded research grants ○ Establishment of professional recognition and reputation beyond UAMS COM through active participation and/or leadership roles in local, regional, and/or national professional organizations 	<p><u>Research/Scholarly Work (continued)</u></p> <ul style="list-style-type: none"> ○ Regional, national and typically international reputation for excellence in research/scholarly activity with recognition as being an authority in one's area(s) of expertise ○ National and/or international recognition may also be demonstrated through invitations to present research findings
<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ Evidence of a high level of competence in a clinical area ○ Board certification – see text within page 11 of this document 	<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ Continued evidence of a high level of competence in a clinical area ○ Maintenance of board certification – see text within page 11 of this document ○ Active participation and/or leadership in local, regional, or national medical and/or scientific professional organizations 	<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ Continued evidence of a high level of competence in a clinical area ○ Maintenance of board certification – see text within page 11 of this document ○ Continued active participation and/or leadership in local, regional, or national medical and/or scientific professional organizations
<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Recognized interest in service to the academic institution, local and/or national organizations, and/or community organizations that foster health. 	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Active participation in one or more committees of the Department, College or University ○ May have leadership role in department or hospital ○ May serve on editorial boards or as peer reviewer for journals in one's discipline ○ May serve on study sections or equivalent bodies that peer review grant applications <p>May serve as an advocate for science and health care policy</p>	<p><u>Leadership/Administrative Service</u></p> <ul style="list-style-type: none"> ○ Demonstration of leadership within the department and/or institution ○ May have leadership role in the department or hospital ○ Leadership, service or committee work for professional organizations ○ National and typically international reputation for excellence in research as evidenced by service on editorial boards and/or as peer reviewer for journals and/or reviewer on study sections <p>May serve on external advisory committees for other academic institutions or commercial firms</p>

	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field outside UAMS, typically Professors, who have neither trained nor employed the candidate. 	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in their field(s) outside UAMS, all Professors, who have neither trained nor employed the candidate.
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CLINICAL EDUCATOR Tenure Pathway and CLINICAL EDUCATOR Non-tenure Pathway

Table 8: Clinical Educator Time and Effort Distribution

	Range	Typically
Teaching/Mentoring (Total)	10-50	25
Didactic Teaching	2-10	5
Bedside Teaching	10-40	20
Research	5-30	10
Clinical Service (Total)	40-80	80
Direct Patient Care	40-60	60
Bedside Teaching	10-40	20
Leadership/Admin. Service	5-20*	5

Total Teaching/Mentoring Time combinations Didactic and Bedside Teaching

Total Clinical Service Time combines Direct Patient Care and Bedside Teaching

Note: Bedside Teaching is counted in both categories of Teaching/Mentoring and Clinical Service

Clinical Educators are expected to participate in the full range of academic activities of the College, typically with emphasis placed on teaching, clinical care, and scholarship related to either or both of those mission areas. Examples of teaching, scholarly work, clinical service and leadership & administrative service on the Clinical Educator and Clinical Attending Pathways are provided in Appendix A. No single faculty member is expected to achieve all of the examples. The list serves to demonstrate the variety of activities that might support promotion.

Useful guidance about educational scholarship is provided from the 2006 AAMC/Group on Educational Affairs Consensus Conferences: Faculty members engage in educational scholarship by drawing upon resources and best practices in the field and by contributing resources to the field. Documentation of educational scholarship begins by demonstrating that the educational activity product is publicly available to the education community in a form upon which others can build. The product may be public at a local level or at regional, national and/or international levels. Once the educational activity product is public and in a form upon which others can build, peers can assess its value to the community. Educators seeking academic promotion may present evidence focused on a single education activity category or in multiple categories (e.g., curriculum design and development, learner assessment, leadership, etc.). Consistent across all categories is that documentation progression for academic advancement as an educator starts with quantity and quality and moves toward evidence of a scholarly approach and scholarship.⁵

Qualifications for appointment and criteria for promotion on the Clinical Educator Tenure Pathway and the Clinical Educator Non-tenure Pathway to the ranks of Assistant, Associate, and Professor are specified within Table 9. The distinction between the Clinical Educator Tenure Pathway and the Clinical Educator Non-tenure Pathway is the existence of a probationary period and the potential of being awarded tenure for individuals appointed on the former pathway. The criteria for promotion on both of these pathways are identical. Excellence may be demonstrated and promotion may therefore be awarded without the candidate having fulfilled every single criterion noted on the table.

Table 9: Criteria for Appointment or Promotion as a Clinical Educator

Assistant Professor	Associate Professor	Professor
<p>Qualifications: Terminal degree (M.D., Ph.D., etc.); appropriate residency/fellowship or post-doctoral training</p>	<p>Qualifications: Service as an Assistant Professor with a record of significant accomplishments in teaching/mentoring, research/scholarly work, clinical service, and educational leadership/administrative service. Excellence is expected in at least two of these four areas, one of which must be teaching/mentoring or educational leadership/administrative service.⁶</p>	<p>Qualifications: Service to all mission areas of the College as an Associate Professor with a record of significant contributions in teaching/mentoring, research/scholarly work, clinical service, and educational leadership/administrative service. Outstanding contributions are expected in at least three of these four areas.</p>

⁵ As cited by Advancing Educators and Education: Defining the Components and Evidence of Educational Scholarship (Summary Report and Findings from the AAMC Group of Educational Affairs Conference on Educational Scholarship; 2007) February 9 – 10, 2006

⁶ See Appendix A, page 30. All aspects of leadership/administrative service are important to the College of Medicine. On the Clinical Educator Pathway, educational leadership/administrative service is of special importance and value if this is one of the two areas of excellence demonstrated by a specific candidate for promotion.

<p><u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> ○ Demonstrated potential to be a good teacher ○ Commitment to participation as a teacher and to educational development activities that will enhance the candidate's teaching skills 	<p><u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> ○ Evidence of high quality teaching demonstrated through formal peer and trainee evaluations and/or teaching awards ○ Teaching should be recognized beyond local level as evidenced by invitations to teach at other institutions, within programs of professional societies, and/or within CME courses. ○ Evidence of being an effective role model and mentor for students, residents, fellows and/or colleagues, with good evaluations from those formally mentored ○ Development of innovative educational curricula for patients or healthcare professionals 	<p><u>Teaching/Mentoring</u></p> <p>The teaching performance of a candidate for Professor should serve as a standard of excellence for colleagues</p> <p>Recognition for being an exceptional teacher of medical students, residents, fellows or continuing medical education participants</p> <ul style="list-style-type: none"> ○ Impact of teaching should be apparent regionally, nationally and typically internationally as demonstrated by invitations to serve as visiting teacher or to teach in specialty societies and national continuing medical education courses ○ Impact of teaching and mentoring excellence may also be recognized by success/stature of trainees ○ Evidence of being an effective role model and mentor for students, trainees and colleagues, with good evaluations from those formally mentored
<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Demonstrated potential to participate in the development of teaching materials including lectures or other educational programs. ○ May have published clinical case reports and clinical analytic studies. ○ May play a role in clinical trials/clinical investigation 	<p><u>Research/Scholarly Work</u></p> <p>Peer-review is required of educational scholarship, appreciating that some local contributions may obtain local rather than national peer-review.</p> <ul style="list-style-type: none"> ○ Demonstration of scholarship by publication of analytical studies, reviews, chapters, or clinical observations ○ Development and dissemination of teaching materials including new curricular offerings, educational programs, textbooks, syllabi, or electronic media that significantly improve methods or quality of instruction ○ Participation in clinical trials or clinical investigations as investigator or collaborator ○ Structured quality improvement projects or clinical pathways that are monitored by measurable outcomes ○ Development, implementation, and publication of clinical practice guideline(s), standards of patient care, and/or health care policy ○ Active in the dissemination of scholarly work to the bedside, modeling the practice of evidenced-based medicine 	<p><u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Demonstration of outstanding scholarship by development and dissemination of original teaching materials, such as widely used textbooks, new curricular offerings, educational program, syllabi, or ○ electronic media ○ May have ongoing leadership role in clinical trials or clinical investigations ○ Publication of analytic clinical studies, clinical observations, comprehensive clinical reviews, textbooks or chapters ○ May continue to pursue and/or lead structured quality improvement projects or clinical pathways that are monitored by measurable outcomes ○ May continue to pursue and/or lead in the development, implementation, and publication of clinical practice guideline(s), standards of patient care, and/or health care policy ○ May remain active in the dissemination of scholarly work to the bedside, modeling the practice of evidenced-based medicine

	<u>Research/Scholarly Work (continued)</u> <ul style="list-style-type: none"> ○ Ordinarily, a candidate for promotion to Associate Professor will have published, on average, at least one peer-reviewed, scholarly work annually during the appointment as Assistant Professor. 	<u>Research/Scholarly Work (continued)</u> <ul style="list-style-type: none"> ○ Ordinarily, a candidate for promotion to Professor will have published, on average, at least one peer-reviewed scholarly work annually during the appointment at Associate Professor.
<u>Clinical Service</u> <ul style="list-style-type: none"> ○ Evidence of a high level of competence in a clinical area ○ M.D.s – board certification – see text within page 11 of this document 	<u>Clinical Service</u> <ul style="list-style-type: none"> ○ Continued evidence of a high level of competence and diligence in a clinical area ○ M.D.'s - board certification – see text within page 11 of this document ○ Demonstrated excellence in clinical care as documented in clinical outcomes, patient and peer feedback ○ Development / implementation / evaluation of innovative approaches to patient care and/or development of standards for patient care and/or improved quality of patient care ○ Development of a regional and/or national reputation as an authority in a clinical field as evidenced by patient referrals and invited presentations ○ Active participation and/or leadership in local, regional, and/or national professional organizations 	<u>Clinical Service</u> <ul style="list-style-type: none"> ○ Continued evidence of a high level of competence and diligence in a clinical area ○ M.D.'s - board certification – see text within page 11 of this document ○ Continued demonstration of excellence in clinical care as documented in clinical outcomes, patient and peer feedback ○ Recognized clinical leader in department, hospital, or healthcare system ○ Regional, national and typically international reputation for excellence in clinical practice and/or as an authority in a clinical field ○ Continued active participation and/or leadership in local, regional, and/or national professional organizations.
<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> ○ Recognized interest in service to the academic institution, local or national organizations, and/or community organizations that foster health 	<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> ○ Leadership role in section, hospital, or department ○ For Clinician Educators whose primary emphasis is education - successful and sustained leadership of a training program such as clerkship, residency or fellowship program ○ Work on significant committees – local, regional and/or national ○ Service on editorial boards and/or service as peer reviewer for journals ○ Providing service to the professional or lay community through education, consultation, and/or other roles ○ Advocacy for patient groups or health care policy 	<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> ○ Demonstration of collegiality, professionalism, and leadership in department or institution ○ Leadership role in department or hospital, such as section or clinical division head, or medical staff representative ○ Active involvement in appropriate administrative committees in the affiliated hospitals and the College, including serving as chair of some committees ○ Leadership, service or committee work for regional, national or international professional organizations ○ Editor/editorial board of textbooks or journals ○ Sustained community service that fosters health

	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field outside of UAMS, typically Professors, who have neither trained nor employed the candidate. 	<u>Professional Recognition</u> <ul style="list-style-type: none"> ○ The Department Chair, on behalf of a candidate for promotion to Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in their field(s) outside of UAMS, all Professors, who have neither trained nor employed the candidate.
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CLINICAL ATTENDING – Non-Tenure Pathway

Table 10: Clinical Attending Time and Effort Distribution

	Range	Typically
Teaching/Mentoring (Total)	0-30	20
Didactic Teaching	0-2	1
Bedside Teaching	0-30	20
Research	0-10	5
Clinical Service (Total)	70-100	90
Direct Patient Care	70-100	70
Bedside Teaching	0-30	20
Leadership/Admin. Service	5-10*	5

Total Teaching/Mentoring Time combinations Didactic and Bedside Teaching

Total Clinical Service Time combines Direct Patient Care and Bedside Teaching

Note: Bedside Teaching is counted in both categories of Teaching/Mentoring and Clinical Service

Clinical Attendings are expected to excel in clinical work. They often play critically important roles in the bedside teaching mission of the College, and may also participate in clinical research. Scholarly work in any of these areas is encouraged but is not required. Examples of teaching, scholarly work, clinical service and leadership & administrative service on the Clinical Educator and Clinical Attending Pathways are provided in Appendix A. No single faculty member is expected to achieve all of the examples. The list serves to demonstrate the variety of activities that might support promotion. Qualifications for appointment or promotion on the Clinical Attending Pathway are specified within Table 11. Excellence may be demonstrated and promotion may therefore be awarded without the candidate having fulfilled every single criterion noted on the table.

Table 11: Criteria for Appointment of Promotion as a Clinical Attending

Assistant Professor	Associate Professor	Professor
<p><u>Qualifications:</u> Terminal degree (M.D., Ph.D. etc); appropriate residency/fellowship or postdoctoral training</p>	<p><u>Qualifications:</u> Service as an Assistant Professor with a record of significant accomplishments and demonstrated excellence in clinical efforts. The faculty member should have developed an active, productive clinical practice with evidence of skill, high quality, efficiency and cost effectiveness. For positions with significant expectations for teaching, evidence of high quality teaching will be required.</p>	<p><u>Qualifications:</u> Promotion to the rank of Professor is an honor conferred on those who have demonstrated a consistent and high quality of clinical practice over many years. Candidates must meet all of the criteria outlined for the rank of Associate Professor and have accomplishments in clinical service and/or teaching/mentoring and leadership/administrative service. Scholarship is encouraged.</p>
<p><u>If to have a role in teaching:</u> <u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> ○ Demonstrated potential to be a good teacher ○ Commitment to participate as a teacher and in educational development activities that will enhance the candidate's teaching skills ○ May be involved in clinical scholarship or an administrative role in teaching 	<p><u>If to have a role in teaching:</u> <u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> ○ Evidence of high quality clinical teaching from formal peer and trainee evaluations ○ Serving as an effective role model of a practicing physician and mentor for students, residents, fellows and colleagues. ○ Teaching awards ○ Educational programs/products for patients and community 	<p><u>If to have a role in teaching:</u> <u>Teaching/Mentoring</u></p> <ul style="list-style-type: none"> ○ Recognition for being an excellent teacher of medical students, residents, fellows or continuing medical education participants. ○ Continued evidence of being an effective role model and mentor for students, trainees and colleagues.
	<p><u>Encouraged, but not required:</u> <u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Collaboration in clinical research, including recruitment of patients for clinical trials ○ Co-author of reviews, case reports, reports of clinical investigation ○ Development of curricular or other teaching materials, including materials for patients and families 	<p><u>Encouraged, but not required:</u> <u>Research/Scholarly Work</u></p> <ul style="list-style-type: none"> ○ Collaboration in clinical research, including recruitment of patients for clinical trials ○ Co-author of reviews, case reports, reports of clinical investigation ○ Development of curricular or other teaching materials, including materials for patients and families
<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ Evidence of a high level of competence in a clinical area ○ M.D.s – board certification – see text within page 11 of this document 	<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ A high level of competence and diligence in a clinical area as evidenced by recognition from peers and patients as an outstanding clinician ○ M.D.s – board certification – see text within page 11 of this document ○ Demonstrated practice of current standards of patient care and/or development of standards for patient care ○ Local, and/or regional reputation for excellent clinical skills as evidenced by patient referrals and/or invited presentations 	<p><u>Clinical Service</u></p> <ul style="list-style-type: none"> ○ Highly regarded as a leader in a clinical practice, department, hospital, healthcare system ○ M.D.s – board certification – see text within page 11 of this document ○ Local, regional, and national reputation for excellence in clinical practice and/or as an authority in a clinical field ○ Demonstrated excellence in clinical care as documented in clinical outcomes, and/or patient and peer feedback

	<u>Clinical Service (continued)</u> <ul style="list-style-type: none"> o Active participation and/or leadership in local, regional, and/or national professional organizations 	<u>Clinical Service (continued)</u> <ul style="list-style-type: none"> o Demonstrated practice of current standards of patient care and/or development of standards for patient care o Continued active participations and/or leadership is local, regional, and/or national professional organizations
<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> o Interest in service to the academic institution, local or national organizations, and/or community organizations that foster health. 	<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> o Participation in section, hospital or department administration o Work on committees – local or regional o Providing service to the professional or lay community through education, consultation and/or other roles o Active in the development and/or implementation of clinical practice guidelines and/or serving to help develop health care policy o Advocate for patient groups or health care policy 	<u>Leadership/Administrative Service</u> <ul style="list-style-type: none"> o Demonstration of collegiality and leadership in arena of practice, department or institution. o Leadership role in provision of clinical care in department or hospital o Active involvement in appropriate administrative committees in the affiliated hospitals and the College of Medicine o Leadership, service or committee work for local, regional, and/or national professional organizations o Sustained community service
	<u>Professional Recognition</u> <ul style="list-style-type: none"> o The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field from within or outside of UAMS, typically Professors, who have neither trained nor employed the candidate. 	<u>Professional Recognition</u> <ul style="list-style-type: none"> o The Department Chair, on behalf of a candidate for promotion to Assoc Professor, must present to the Promotion & Tenure Committee at least three letters of recommendation, based on assessment of the candidate's contributions to academic medicine, from recognized authorities in candidate's field from within or outside of UAMS, typically Professors, who have neither trained nor employed the candidate. At least one letter of recommendation must be from outside UAMS and attest to the candidate's national reputation and contributions.

SPECIAL RANKS: Emeritus Status and Distinguished Professor

EMERITUS STATUS (see University of Arkansas Board Policy 475.1) Faculty, at any rank on any academic pathway, retiring after distinguished service to the College may be awarded emeritus status. This status is not routinely awarded but represents an honor for a career characterized by the highest academic abilities and devotion to the advancement of the College. Emeritus faculty members are expected to assist and support the College and University in their areas of competence, particularly in an advisory capacity, when requested to do so.

In order to be considered for emeritus status, an individual must be appropriately recommended by his/her Department Chair and the Dean and meet at least one of the following conditions:

1. The retiring individual is age 65 or older and has at least five years of continuous service to the University.
2. The retiring individual is age 62 or older and has at least ten years of continuous service to the University.
3. The retiring individual has at least 20 years of continuous service to the University.
4. The retiring individual has elected to retire early under the early retirement provisions of Administrative Memorandum 430.2.

In order for emeritus status to be conferred by the Board of Trustees, the individual must be recommended to the President by his/her Department Chair, the College Promotion and Tenure Committee, the Dean, and the Chancellor. Emeritus status will normally be conferred once each year by the Board of Trustees effective on July 1 for those individuals who have retired prior to that date. The President will receive recommendations no later than February 15, or on such other date as may be specified, from the Chancellor. Necessary documents that must accompany the request for the award of emeritus status can be found in UA Academic Policy Series 475.10.

DISTINGUISHED PROFESSOR (See University of Arkansas Board Policy 470.1) The rank of Distinguished Professor is the highest honor bestowed by the University to Professors of the College of Medicine. This honor is reserved for those individuals who are recognized nationally and/or internationally as intellectual leaders in medicine who have made extraordinary accomplishments and contributions in teaching and/or clinical care and/or research. Such individuals may have gained recognition for this distinction at this or another university and must have made substantial contributions to the College of Medicine over a significant period of time. Appointments to this rank shall be made only when clear indication exists that an individual so appointed will provide exemplary academic and intellectual leadership and continue their professional activities in such a way as to maintain national and/or international recognition at a commensurate level of accomplishment.

The rank of Distinguished Professor may be requested of the University Board of Trustees by the President with the prior approval of the request by the College Promotion and Tenure Committee, the College of Medicine Dean, and the UAMS Chancellor.

OFF-CAMPUS DUTY ASSIGNMENTS (SABBATICALS)

An Off-Campus Duty Assignment (OCDA, sabbatical leave) is a privilege, not a right. It is an appointment, usually away from the campus, which allows eligible faculty members and senior administrators to pursue approved projects while being relieved of teaching, clinical, research and/or administrative duties for the purpose of enhancing an individual's professional development and value to the College.

Faculty members and non-classified senior administrators who have completed six years of continuous, full time employment for the UAMS College of Medicine or who have completed six years of continuous, full time employment in the College since a previous OCDA may apply for such an appointment. Application requires a description of the project the individual wishes to

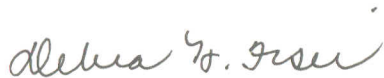
undertake, where it will be done, how the work will be funded, and the anticipated value to the individual and to the College and University. The proposed project must serve the needs, objectives, and mission of the College. The University of Arkansas Board of Trustees approves a limited number of such applications annually. Applications must first be approved by one's Department Chair, the College Promotion and Tenure Committee, the Dean, and the Chancellor before submission to the Board.

OCDAs will not exceed one semester (or six months for employees on twelve month appointments) at full salary, or two semesters (or one year for those on twelve month appointments) at half salary. In accepting a sabbatical leave, the recipient agrees to return to the College for at least one full year following the end of the sabbatical.

Within sixty days after returning from an OCDA, the faculty member or administrator is required to submit a written report of activities and accomplishments during the leave to the Department Chair, Dean, Chancellor, and President.

Approved by vote of the UAMS College of Medicine Faculty, December 4, 2009

Amendments to Table 9 and additions to Appendix A **Approved** by vote of the UAMS College of Medicine Executive Committee, May 10, 2011



6-3-11

Approved

Date

Debra H. Fiser, M.D.
Dean, College of Medicine
Vice Chancellor, UAMS



6/3/11

Approved

Date

Daniel W. Rahn, M.D.
Chancellor, UAMS



6/9/11

B. Alan Sugg, Ph.D.

Date

President, University of Arkansas System

Appendix A

Examples of Teaching, Scholarly Work, and Service on the Clinical Pathways

Examples of Teaching

- Effectively documented education and supervision of trainees, including students, residents, fellows, and/or other health care professionals. Settings can include:
 - Ambulatory care setting
 - Inpatient service
 - Procedural skills facilities
- Mentorship of colleagues and trainees and service as a role model
- Developing/ presenting effective CME or other professional programs
- Clerkship director
- Program Director for Residency or Fellowship programs
- Design, organize, coordinate and evaluate a course or series of lectures
- Acquisition or development of new knowledge of teaching methods
- Demonstration of innovation in teaching methods
- Presenting/instruction to the public or non-health care professionals
 - Invited Lectureships
 - Media Interviews
 - Volunteer organizations

Examples of Scholarly Work

- Ongoing role in clinical trials, clinical investigations, educational projects
- Publication of independent research findings and scholarly papers in peer-reviewed journals
- Obtaining grants and/or contracts for support of research or educational initiatives
- Presentation of research and other scholarly findings at scientific and professional meetings
- Publication of papers and/or presentations at professional meetings on topics related to education
- Collaboration and serving essential roles in research with other investigators
- Development of new curriculum
- Production of texts, educational software or courseware

Examples of Clinical Service

- Exemplary provider of patient care as evidenced through metrics such as -
 - peer assessment
 - patient satisfaction scores
 - referring physician satisfaction
 - compliance with preventive care guidelines
 - outcomes assessments
 - productivity and efficiency
 - cost-effective provider
 - program growth
- Leadership in a practice or hospital setting
- Recognition by peers as a skilled clinician
- Utilization and/or initiator of new diagnostic or treatment modalities
- Development of evidence-based clinical practice guidelines
- Development and/or effective implementation of quality improvement projects or programs

Examples of Leadership and Administrative Service

- Service on committees within the department, school, university and/or affiliated institutions
- Leadership roles (e.g., chair) on those committees
- Service on committees to develop clinical practice guidelines or to formulate healthcare policies
- Service to the professional or lay community through education, consultation or other roles
- Service on editorial boards of professional publications
- Participation in state, regional, national, and international groups in the faculty member's area of competence, including acceptance and execution of committee assignments and leadership offices

Examples of Educational Leadership and Administrative Service

- Service as a Medical Student Course or Clerkship Director
- Service as a Residency or Fellowship Director
- Service as a Graduate School Course Director
- Service as a Continuing Medical Education Course Director
- Service as an Associate Dean of some level of medical education (e.g., UME, GME, CME, Academic Affairs)
- Creation and/or Direction of a significant community health education program
- Service as an educational leader/administrator within an allied health field
- Service on regional, national, or international educational committees or boards

Appendix B

Criteria for Promotion on Adjunct Clinical Pathway

Adjunct Associate Professor – exhibit high levels of skill as practitioners and /or teachers; contribute actively to the educational and/or clinical programs of the College of Medicine; demonstrate the ability to stimulate students and trainees toward a scholarly approach to medical practice; provide high-quality patient care as judged by their peers; willingly involve their patients in teaching activities

Examples of teaching and professional service (candidates are not expected to fulfill all of these)

- Recognition as a clinical role model and mentor for medical and allied health students and house staff
- Participation as a teacher in medical courses, clinical rotations, and residency programs in conferences, lectures, seminars, and at the bedside
- Demonstrated enthusiasm and capability in involving patients in the teaching setting
- Provision of skilled, high-quality and compassionate medical service
- Participation in lay and community services, when appropriate
- Preparation and presentation of material in a well-organized, current and stimulating fashion as viewed by peers, medical, allied health, and graduate students and/or house staff
- Ability to counsel medical students or house staff and others assigned to teaching responsibilities

Adjunct Professor – has achieved undisputed recognition as outstanding clinician and/or teacher. An adjunct professor should demonstrate efficiency in design, organization and presentation of material, and should continue to contribute to the formal teaching programs of the College of Medicine. The candidate should demonstrate a more distinguished level of accomplishment and a longer record of academic involvement than an Adjunct Associate Professor

For Promotion in the adjunct pathway, documentation of activities as well as time commitment to the College should be submitted to the College Promotion and Tenure Committee for review.

Appendix C

Criteria for Promotion on Adjunct Basic Scientist Pathway

Adjunct Associate Professor – exhibit high levels of skill as a researcher and/or teacher; contribute actively to the research and/or educational programs of the College of Medicine; participate in the mentorship of students and trainees in research; willingly allow students and trainees to participate in their research activities.

Examples of research and educational activities (candidates are not expected to fulfill all of these)

- Recognition as a research and/or educator role model for students and trainees
- Participation in mentoring, graduate courses, research lab rotations, conferences, lectures, and seminars
- Show evidence of research productivity including peer-reviewed publications
- Preparation and presentation of high quality material in a well-organized, current and stimulating fashion as viewed by peers, medical, allied health students and trainees

Adjunct Professor – has achieved high recognition as an outstanding researcher, teacher or leader. An adjunct professor should demonstrate leadership qualities that enhance the teaching and mentoring programs of the College of Medicine. The candidate should demonstrate a distinguished level of accomplishments and a strong record of academic, scientific and/or professional achievements.

For promotion in the adjunct pathway, documentation of contributions and activities as well as time commitment to the College should be submitted to the College Promotion and Tenure Committee for review.

Appendix D

UAMS COLLEGE OF MEDICINE POLICY FOR TENURE RELATED TO VA FACULTY APPOINTMENTS

Approved by College of Medicine Executive Committee

Date: May 8, 2009

Tenure Track Appointments

Recognizing that UAMS faculty members at the VA hospital are integral to our academic mission, the College of Medicine has, in the past, made tenure track positions available to selected faculty members with clinical or academic duties at the VA and who are employed full- or part-time by the VA. Effective July 1, 2009, tenure-eligible appointments for faculty members with clinical or academic duties at the VA and employed part-time at the VA will be limited to physicians or PhD scientists who have no more than a 5/8 VA appointment. If a tenure-track faculty member should leave or lose VA employment for any reason, that faculty member may be non-reappointed with a full year's notice from the College of Medicine. Alternatively, at the College of Medicine's discretion, the faculty member may be fully integrated into UAMS operations and allowed to continue on the tenure track.

As to all UAMS faculty members who are currently employed part-time by the VA, the College of Medicine notes that tenure is defined by UA Board Policy as "the right to continuous employment;" however tenure does not guarantee a specific salary. For example, in the case of a full time tenured faculty member who is employed 5/8 time by the VA, if he or she should leave VA employment for any reason, UAMS tenure would imply that the faculty member would still be employed at UAMS but at the UAMS fraction of the employment, in this case 3/8th full time equivalent (FTE). Furthermore, the salary related to the 3/8th FTE would be determined by the Department Chair and Dean. Should such a situation arise, the faculty member, department chair and dean may consider, in good faith, whether increased fractional employment at UAMS is feasible and appropriate and may, at the discretion of the College of Medicine, endeavor to increase the UAMS employment to full time.

College of Medicine	Document No:	7000-0100-600
	Effective Date:	2-25-10
	Responsible Party:	Margaret R. Ward
FGP Principles and Rules of Operation	Manual Responsible Party:	Charles W. Smith, MD
	Manual:	7000 FGP Clinical Operations
	Page 1 of 6	

1.0 PURPOSE

This document sets forth the principles of operation of the University of Arkansas for Medical Sciences Faculty Group Practice (UAMS FGP). This document replaces the University of Arkansas Medical College Physicians Group Bylaws.

The final authority of the UAMS FGP (FGP) rests with the Dean of the College of Medicine of the University of Arkansas for Medical Sciences, following the recommendations of the FGP Executive Committee.

2.0 REVISION HISTORY

This policy is a consolidation of the following policies and supersedes any earlier versions:

7000-0100-100 P&R Composition & Organizational Structure

7000-0100-200 P&R Purposes and Responsibilities

7000-0100-300 P&R Membership Meetings

7000-0100-400 P&R FGP Executive Committee

7000-0100-500 P&R Financial Responsibility

Administrative update	2/10/12
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3.0 ARTICLE I: COMPOSITION AND ORGANIZATIONAL STRUCTURE

Section I. Composition and Membership

The full-time physicians, dentists and Ph.D. clinical psychologists who are UAMS College of Medicine faculty and who provide patient services are voting members of the UAMS FGP. Others may be included as non-voting members at the discretion of the Dean acting on behalf of the Executive Committee. All FGP members are eligible for FGP fringe benefits pursuant to the College of Medicine Faculty Group Practice Fringe Benefit Program.

Section II. Termination of Membership

A member's standing in the UAMS FGP shall be terminated whenever he or she:

1. Is terminated from the University;
2. Does not meet the rules and standards established by the UAMS FGP, as determined by the Executive Committee, after consultation with the appropriate department chair.

Section III. Organizational Structure

UAMS FGP is an un-incorporated division of the College of Medicine. Its activities and operations are subject to review and approval by the Dean of the College of Medicine.

4.0 ARTICLE II: PURPOSES AND RESPONSIBILITIES

Section I. Mission and Responsibilities

The principal mission of the FGP is to provide support, assistance, oversight and management of medical practice within UAMS College of Medicine. Its other responsibilities include:

1. Promotion of professional practice at UAMS in order to further the mission of the College of Medicine.

2. Approving, billing and collecting patient care fees generated by members and ensuring effective and efficient operation of the billing and collecting system.
3. Providing a mechanism for receiving and distributing professional earnings and other revenue, in accordance with the policies of the College of Medicine, the approval of the Dean, the policies of the Board of Trustees, and in accordance with state laws and regulations.
4. Addressing faculty concerns related to clinical practice.
5. Making decisions concerning contracting with managed care plans and other insurance plans on behalf of the faculty.
6. Establishing and enforcing professional standards, policies and procedures related to practice management and patient care, including access, availability, and effective communication with referral sources.
7. Conducting a comprehensive risk management program for its members.
8. Evaluating and determining the appropriate size and specialty mix of the FGP.
9. Evaluating the quality of faculty patient care.
10. Serving as the principal liaison and representative of the clinical faculty in its relationships with hospitals, clinics, and other health care entities with which the faculty are associated.
11. Setting and allocating the appropriate assessments to be deducted from clinical revenue. This shall include negotiating an appropriate contribution to the Dean to support College of Medicine functions.
12. Receiving and acting on reports and data from its committees and subcommittees.
13. Authorizing the budget for the operation of the group practice.
14. Administration and assessment of the clinical practice development fund.

5.0 ARTICLE III: MEMBERSHIP MEETINGS

Meetings of the FGP membership shall be called by the Dean of the College of Medicine, who serves as Chair of the Executive Committee. Meetings may be called by the UAMS FGP Chair, whenever necessary or appropriate. The agenda for the

meetings is prepared by the Dean and Executive Associate Dean for Clinical Affairs, after receiving input from the Executive Committee.

6.0 ARTICLE IV: FGP EXECUTIVE COMMITTEE

Section I. Executive Committee Composition

Membership on the committee will be for a three year term. The membership of the committee shall consist of:

1. Dean, College of Medicine, and Chair of the Executive Committee and Board
2. The Assistant Dean, Clinical Finance, ex officio.
3. The Executive Associate Dean for Clinical Affairs, who also serves as the Executive Director of the FGP, ex officio.
4. At least four chairs of clinical departments, one from ACH and three from UH.
5. Four non-chairs, 2 from University Hospital and 2 from Arkansas Children's Hospital.

Executive committee members act as representatives of all group practice physicians and practitioners. Attendance by surrogates is not allowed. Failure to attend at least 75% of the meetings annually will be a sufficient reason for replacement.

Section II. Election of New Members

The Dean shall appoint a nominating committee to compile a slate of candidates for open positions on the committee. Current positions will expire on the last day of the month of June in the year of the expiration of the term on the committee. Prior to July 1 of that year, the nominating committee, after receiving input from appropriate sources, shall present a slate of candidates to the FGP Executive Committee.

Section III. Duties and Responsibilities of the Executive Committee

The role of the UAMS FGP Executive Committee is to act on behalf of the membership in order to insure that the mission and responsibilities are carried out. The UAMS FGP Executive Committee shall function within the rules and regulations, shall be responsive to the membership, and shall be accountable for meeting

institutional objectives. Actions of the Executive Committee will be referred to the Board for information and discussion.

Section IV. Chair

The Chair shall be the only officer of the FGP Executive Committee. The Dean of the College of Medicine shall serve as the chair of the UAMS FGP. The chair shall prepare the agenda for the Executive Committee meetings. The Chair may designate someone to serve as interim chair in his/her absence, for the purpose of conducting FGP Executive Committee meetings.

Section V. Executive Committee Meetings

The UAMS FGP Executive Committee shall meet at regular intervals, as determined by a majority of the committee. A quorum shall consist of a simple majority of the voting members. Robert's Rules of Order shall be followed during executive committee meetings. Minutes of meetings shall be filed in the office of the Chair, with copies distributed to all members of the Committee.

Section VI. Board

The Board of the UAMS FGP shall consist of the clinical chairs of the College of Medicine, in addition to the non-chair members and ex-officio members of the Executive Committee. Meetings of the Board shall be held regularly, at an interval to be determined by the Chair.

Section VII. Other Committees

The Executive Committee may establish other standing and ad hoc committees without amendment to the Bylaws as deemed necessary to carry out the mission of the Group Practice.

7.0 ARTICLE V: FINANCIAL RESPONSIBILITY

Section I. Collection and Transfer of Funds

UAMS FGP is responsible for the efficient billing, collection and transfer of funds in accordance with FGP policies, University policies and procedures and State laws and regulations.

Section II. Custodian of Funds

By direction of the University of Arkansas Board of Trustees, UAMS FGP is responsible, as custodian, for the maintenance of a separate auxiliary professional fee fund. This fund may be subdivided, on approval of the UAMS FGP Executive Committee, into separate, specific subsidiary accounts for each service contributing to the fund.

Section III. Sources of UAMS FGP Funds

All sources of generated income related to professional care of patients belong to the UAMS FGP including, but not limited to, the following:

1. Patient care fees from all sources, regardless of where and when they are earned by the faculty member.
2. Professional consultation.
3. Professional income from procedures and services provided from the delivery of patient care.

Section IV. Income going directly to faculty

Subject to University policies and state law limitations, other sources of income not related to professional practice may be retained by the faculty member including, but not limited to, the following:

1. Honoraria. All Honoraria are subject to review by the FGP for evaluation of conflict of commitment.
2. Prizes and awards.
3. Faculty members' interests in:
 - a. Royalties
 - b. Copyrights
 - c. Patent Rights
4. Non-professional income.
5. Compensation received as a result of military leave.
6. Others, including consultation and testimony in legal matters, only upon the approval of the department chair and the Dean.

College of Medicine	Document No:	7000-0200-100
	Effective Date:	September 25, 2009
	Responsible Party:	Margaret R. Ward
FGP Professional Standards and Guidelines – UAMS	Manual Responsible Party:	Charles W. Smith, MD
	Manual:	7000 FGP Clinical Operations
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1.0 PURPOSE

The following document details the professional standards and guidelines established by the Faculty Group Practice (FGP) for the UAMS Medical Center and off-site clinics staffed by FGP physicians. Standards and guidelines for practice at ACH and affiliated clinics are documented in policy number 7000-0200-200. Any standards applying on both campuses are included in both documents.

2.0 REVISION HISTORY

This policy is a consolidation of the following policies and supersedes any earlier versions:

7000-0200-010 Guidelines & Standards – UAMS

7000-0300-010 Reporting & Communication Standards – UAMS, ACH

7000-0400-010 Systems of Reporting & Communications – UAMS

7000-0500-010 Appointment System Guidelines – UAMS

Original Approval	6/12/09
Revised 3.0 part A #3	9/25/09
Revised 3.0 part D	2/24/12
Revised 3.0 part D	3/23/12
Revised 3.0 part D #1	5/17/12

3.0 PROFESSIONAL STANDARDS & GUIDELINES

A. FGP Guidelines & Standards - UAMS

UAMS Medical Center Outpatient Standards

1. Recognizing that accessibility is a key component of excellent patient care we, as FGP members will participate in the development of a reasonable and accessible schedule for our clinics. For those clinics which are scheduled by the appointment center, FGP members will cooperate fully with appointment center staff in managing our appointments.
2. Our goal is to make new patient appointments available with a health care provider in every clinic within 14 days or, in any case, within a period of time that meets the patient's medical needs and is acceptable to the patient and the referring physician.
3. Patient appointments are made during the initial telephone call from the patient, the office of a referring physician, or other licensed independent practitioner. Although records may be requested, appointments at UAMS should NOT be dependent on receipt and review of outside medical records.
4. Open slots for urgent or "work in" appointments are created for each clinic.
5. Our goal is to avoid the cancellation of clinics. We plan our attendance at medical meetings, conferences, lectures, etc., as much as possible around clinic schedules and block scheduling for these clinics when a conflict is unavoidable, rather than canceling clinics after patients have been scheduled.
6. As FGP members, we arrive in clinic on time for the first scheduled patient. When tardiness is unavoidable, we offer an apology to the patients who have been waiting.
7. As FGP members, we are involved in all aspects of our patients' care. When supervising/teaching in clinics or seeing patients with resident physicians, we abide by CMS guidelines regarding the presence of faculty physicians.
8. Before we leave the exam room, we ask each patient if there are any further questions concerning their condition or plan of treatment.
9. We work with the Practice Director, clinic manager, and physician colleagues to utilize clinic resources effectively and efficiently.
10. FGP members will be responsible for routinely reporting lab and test results to their patients in a timely manner.

UAMS Medical Center Inpatient Standards

1. When serving as an attending physician on an inpatient service, we see each of our patients daily, and document our care in the patient's record. Attending notes must be completed within 24 hours of the daily visit. We inform each patient as to which faculty physician is responsible for his or her care.
2. As the attending physician on the service, FGP members ensure their availability or arrange for someone else to cover the service at all times.
3. As the attending physician on the service, FGP members are accessible by telephone for communicating with referring physicians, patients, colleagues, the Emergency Room, and nursing units as needed.
4. UAMS Emergency Department specialty consults are seen immediately (less than 1 hour). When patients are seen by a resident or fellow on a consulting service, documentation of his/her discussion of the case with the attending physician will be placed in the medical record promptly.
5. Inpatient consults are seen according to the following guidelines:
 - a. Routine: Within 24 hours
 - b. Urgent: Within 4 hours
 - c. Emergent: Immediately (less than 1 hour)

When patients are seen by a resident or fellow on a consulting service, documentation of his/her discussion of the case with the attending physician will be placed in the medical record promptly. The attending physician will see the patient within a reasonable time period after the resident or fellow's initial visit, as dictated by the urgency of the case, and will provide his/her own written consult documentation in the medical record no later than 24 hours after the initial request for the consult.

6. Upon completion of an operation or a procedure, we notify the family of the outcome prior to the delivery of a patient to the recovery room, and answer any questions they may have about the procedure or about the patient's condition. We also notify the family of the location of the recovery room and tell them when they will be able to visit the patient.
7. As FGP members, we ensure that the discharge treatment plan, home health care, and follow-up care are planned in advance and implemented. We ensure that all home health orders clearly delineate the responsible faculty or community physician.

This document expresses the intent of the Faculty Group Practice to ensure provision of excellent, efficient patient care and to provide timely, accurate, and pertinent information to families and referring physicians regarding the care of patients in both inpatient and outpatient settings. Compliance with these standards will be evaluated periodically by chart audit, direct

observation of faculty performance, by annual departmental review or other means. In addition, FGP members who have concerns should communicate them to the FGP Director's office for follow-up and investigation.

B. FGP Reporting and Communication Standards - UAMS

The following standards apply to all UAMS Medical Center, Arkansas Children's Hospital clinics, and all other off-site clinics staffed by FGP physicians. These standards are intended to provide all pertinent patient information, including clinic visit notes, diagnostic testing, and treatment plans, to the patient's referring physician, including both FGP referring physicians and non-FGP referring physicians.

Communication Standards for Outpatient Care

All FGP members will provide legible communication to the referring physician within 14 days of the clinic visit. Ideally, the report should be done in 48 hours. When appropriate or necessary, we will provide more immediate communication to referring physicians via the following channels:

1. If the FGP member identifies an urgent condition, or one that requires immediate treatment, a phone call should be made to the referring physician immediately.
2. For non-urgent clinic visits, options for communication with referring physicians include:
 - A phone call to the referring physician
 - A secure e-mail to the referring physician (particularly useful for on-campus referring physicians)
 - Facsimile or auto-faxed copy of transcription
 - Letter
 - EMR note routed to Medical Records and faxed or mailed to referring physician

Communication Standards for Inpatient Care

1. The attending physician or his/her designee will communicate with the referring physician at least once per admission, or for extended stays, once per week.
2. Unusual, unexpected, or urgent clinical issues will be communicated to the referring physician before the end of the following business day via telephone, secure electronic messaging or fax.
3. Discharge Summaries will be dictated within 24 hours of discharge and mailed or faxed to the referring physician within 48 hours of completed transcription, whether or not they are signed by the physician
4. Operative Notes will be dictated within 24 hours of the procedure. Physicians may choose to communicate these results by telephone, electronically, by email, fax, or summary letter form.

C. FGP Systems of Reporting and Communication - UAMS

Recognizing that many of these standards require cooperation from the various hospitals, the Faculty Group Practice will work together with UAMS Medical Center and Arkansas Children's Hospital to ensure that effective systems are in place to accurately implement these standards, and to identify, track, and maintain information on referring physicians and progress toward guidelines stated in this document.

On-Call Messaging Standards for UAMS Medical Center (including UAMS Physician Call Center)

1. All UAMS Medical Center-based Faculty Group Practice physicians and house staff will utilize the centralized, call center/operator-based messaging system and online on call schedule.
2. All departments and divisions are required to follow the FGP standard procedure for providing the names of individuals responsible for covering each clinical service.
3. Every service must have an attending physician identified for every 24 hour period who is legally responsible for the care of the patients on that service.
4. Department/division office staff or physicians will be responsible for inputting and updating schedules and contact information, including the name and contact information for the attending physician on call. All call schedules will be entered/revised/maintained in the designated electronic database.
5. All physicians will be responsible for responding to urgent calls within 5 minutes. If calls are not returned within the allotted time frame, the next physician on call will be paged. All calls or pages will be responded to within 15 minutes.
6. External referring physicians calling the UAMS Physician Call Center will be directed to the attending physician. In some cases, the Call Center staff, at their discretion, may communicate initially with the resident, on behalf of the attending. The attending physician on a particular service, however, must be available to consult with the referring physician.

D. FGP Appointment System Guidelines - UAMS

Since the Faculty Group Practice is committed to putting the Patient First, the attached guidelines have been established for outpatient appointment scheduling. They will improve patient satisfaction, access to physicians, and make seeing the doctor more convenient. They are designed to create more efficient clinic operations, assist in gathering more accurate patient information and in verifying payer status at or before the time of service.

UAMS Medical Center Appointment Scheduling

1. Faculty will support the appointment centers' policy to insure a response to referring physicians' request for a patient appointment or consult within one business day. A response is defined as a date and time for the patient appointment.
2. Appointment requests made by UAMS faculty physicians will be appointed without triage by the receiving clinic. Any exemptions from this guideline must be approved by the Executive Committee.
3. Provisions are made for same-day appointments in each clinic, so that arrangements can be made for seeing "urgent" patients promptly.
4. Arrangements will be made for emergent patients to be seen in the clinic or in the Emergency Department immediately. Patients will not be sent to the Emergency Department without first contacting the ED by telephone to transmit key information about the patient's status.
5. Patients may schedule appointments at least six months in advance. To facilitate appointment availability, faculty physicians must have their schedules worked out and available to appointment center personnel at least six months in advance.
6. Each clinic will develop and maintain scheduling criteria, following a standard format, documenting conditions/diseases seen, subspecialties by physician, etc. Each clinic scheduling criteria will be approved by the Executive Committee.
7. All patients, including those participating in clinical trials, who need clinic appointments as a part of their protocols, will be scheduled using the standard appointment system.
8. Appointments may be scheduled by appropriately trained clinic/department staff members or by the Ambulatory Business Center.
9. Faculty members in the COM who are members of the FGP may refer a patient directly to another colleague within the FGP. Screening these referrals through evaluation of records and other methods will not be done. Referral coordinators within a given clinic may access the appointment template of a specialty colleague within the FGP and make an appointment. If appropriate, necessary, or desired, the number of slots for these "open" appointments may be limited by the receiving department. The preregistration process, in these cases, will be completed by the Ambulatory Business Center after the appointment has been scheduled. This process will only apply to patients who have a valid payor source.
10. If there is a category of illness within a specialty that cannot be accommodated at UAMS, (e.g. Orthopedic department indicates they will not make appointments for patients with back pain), the practice director or department chair will submit an exception request for review and approval by the FGP executive committee. This request must also include a backup response plan (e.g., the appointment center staff will offer the referring physician an appointment in neurosurgery).

11. UAMS FGP will provide a mechanism to provide medical care for all patients, regardless of payor source. There must be appointment slots available in every specialty and subspecialty practice for patients in all major payor groups, including uninsured patients. This includes primary care specialties such as General Internal Medicine, Family Medicine and Geriatrics and all specialties and sub-specialties. In some cases, such as for outpatient elective problems, it may be appropriate to limit the number of slots in a specialty or subspecialty practice for uninsured patients or other payor groups in order to allow sufficient time to provide care for all patients who require care within that clinic. In those payor groups that, for practical reasons, must be limited, there may be a longer wait for certain payor groups to receive appointment times. All patients seen at UAMS are expected to complete registration and, if appropriate, undergo financial counseling. All are expected to take financial responsibility for their medical care and to pay the required minimum fees in order to initiate their appointment in the clinic (see outpatient policy POS-13 http://intranet.uams.edu/ops_policies/ptofserv/pos-13.htm).

It is not appropriate, and will not be an acceptable FGP practice, for specialty or subspecialty practices to refuse to see a patient based solely on their payor status. At the discretion of the Practice Director, in consultation with the Department Chair, a specific provider may or may not be required to see patients from any payor status, as long as the specialty care is accessible to patients from any payor status. The Practice Director may also designate which clinic sessions during a week are open to patients with any designated payor status.

In instances in which a patient contacts the clinic with an urgent problem, a clinically trained professional in the clinic should assess the problem and should make an appropriate disposition, e.g. call 911, bring patient to the Emergency Department, or make arrangements to fully assess the patient in the clinic on an urgent basis.

12. If there is a specific patient referral request that is refused for any reason by an FGP member without explicit alternative arrangements made to accommodate the patient, such incident is to be recorded by the appointment center or clinic staff, including the name of the patient, nature of the problem, name of the referring physician, name of the FGP member who refused to see the patient, and an explanation of why the patient was not seen. This report is to be transmitted immediately to the FGP Director for his review and action.

UAMS Medical Center Templates

1. No “block scheduling” will be allowed; all appointments will be time-specific according to the type of appointment.
2. Standard clinic session times are as follows:
Morning session:
7:45 a.m. First patient appointment with 8:00 a.m. physician start time
11:15 a.m. Last patient appointment
Afternoon session:
12:45 p.m. First patient appointment with 1:00 p.m. physician start time
4:15 p.m. Last patient appointment

Exceptions to the session start and stop times must be approved by the Executive Committee.

3. Providers may not close their practice to new patients without department chair and Executive Committee approval.
4. A minimum of one (1) slot per day per physician will be reserved for same-day scheduling. Usage of the same-day slots will be monitored by clinic template managers and will be adjusted by Ambulatory Administration in consultation with Practice Managers as needed.
5. Providers will submit their clinic schedule templates no less than (6) months in advance.
6. Clinic time will be blocked for non-clinical time slots, i.e., conferences, vacations, meetings, rounds, etc.
7. Once established, templates will not be changed for at least thirty days.
8. The same provider will not be scheduled simultaneously in different locations.
9. For every weekly clinic half day, faculty are expected to conduct a minimum of 46 sessions per year. The total number of sessions should equal a multiple of this number; e.g., 3 clinic half days per week = 138 total clinic half day sessions per year.

UAMS Medical Center Clinic Cancellations

1. Clinic cancellations by physicians and/or house staff officers must be approved, in writing, by the Practice Director at least thirty days in advance of the scheduled clinic session.
2. Emergencies, e.g. illness of physician or family, death in the family, or professional emergency, etc., will be exempt from the thirty day time frame. Notification of personal emergencies requiring clinic cancellation will be made as soon as possible to the Practice Director and Clinic Manager.
3. The Department Chair has the overall responsibility to ensure that all of their clinics operate as scheduled and to ensure that during major national and local meetings, faculty coverage is immediately available. To avoid cancellation of a clinic when a provider must be absent, the provider and/or the Practice Director may choose to assign another appropriate provider to cover the absent provider's clinic schedule.
4. If cancellation is necessary, the canceling physician will review the list of patients with clinic staff in order to determine urgency level for re-scheduling patients. Adding a make-up clinic or adding extra appointments to future clinics is expected in order to see the re-scheduled patients in a timely fashion.
5. A report of blocked and cancelled clinics will be made available to Practice Directors and Department Chairs on a regular basis.

UAMS Medical Center Clinic Late Policy

1. Patients who arrive within 15 minutes of their scheduled appointment time will be accommodated in the usual fashion, working them into the physician schedule as soon as possible.
2. Patients arriving more than 15 minutes after their appointed schedule will be worked into the next available appointment slot with the physician they were originally scheduled with, if possible.
3. If the patient cannot be worked in with the physician they were scheduled with, they will be worked into the next available provider's schedule for that clinic half day.
4. If the patient cannot be accommodated by any provider during the current half day clinic, they will, if possible, be worked in to that clinic later that day (if a.m. clinic, during the p.m. clinic)
5. If the appointment was an afternoon appointment and cannot be worked in with another provider, they will be rescheduled at a future date and time that is convenient for the patient, subject to attending physician review and approval.

UAMS College of Medicine Faculty Professionalism Guideline

I. Purpose:

This Professionalism Guideline serves to document the expectations we collectively hold for ourselves in our interactions with patients, colleagues, health professionals, students, trainees, staff and the public.

II. Our Culture:

The UAMS College of Medicine strives to achieve an environment of collegiality by demonstrating the utmost respect for one another, free from disruptive, threatening, and violent behavior. We will not accept inappropriate, unprofessional, or intimidating behavior within the workplace. All persons, including patients, visitors, staff, students, residents, postdoctoral fellows and faculty are treated with courtesy, and dignity. All faculty members who practice at or in affiliation with UAMS conduct themselves in a professional, collaborative, and cooperative manner consistent with the UAMS Faculty Handbook, the Faculty Group Practice Handbook, the Medical Staff Bylaws of the affiliated institutions, the House Officer Manual, UAMS Human Resources policies, other applicable UAMS policies and procedures, and the University of Arkansas Board of Trustees policies and any applicable University wide Administrative Memoranda.

III. Our Practices:

Our culture is supported by the pursuit of ethical virtues and professional ideals. [See Appendix I & II for Specific Examples]

A. Ethical Virtues

1. Responsibility for Patient Care
2. Integrity in Research
3. Respect for People
4. Respect for Patient Confidentiality
5. Honesty, Integrity
6. Awareness of Limitations, Professional Growth and the need for Life-long Learning
7. Deportment as a Professional
8. Avoiding Conflicts of Interest
9. Responsibility for Peer Behavior
10. Respect for Personal Ethics
11. Respect for Property and Laws

B. Professional Ideals

1. Clinical and Scientific Virtues
2. Conscientiousness and Dedication to Duty
3. Collegiality

- 4. Personal Health
- 5. Objectivity
- 6. Responsibility to Society

IV. Guideline for Honoring Exemplary Professional Behavior

Directly commend individuals whose exemplary professionalism you observe.

Additionally, enter an objective report into the Circle of Excellence reporting system, naming the individual(s) whose professional behavior you wish to honor and briefly describe the circumstances or story(ies) that prompted your report.

V. Guideline for Action When Lapses in Professionalism Occur

When any member of the UAMS community believes that s/he has witnessed or was the recipient of behavior manifest by a COM faculty member that is inconsistent with our professional culture and practices, the following options serve as a mechanism for action.

- If possible, it is desirable to discuss the incident with the offending faculty member who may be unaware of how s/he is perceived or is impacting others (unless you feel that this conversation may result in personal harm and/or retribution).
- If the issue can not be satisfactorily resolved by direct communication, take two subsequent steps:
 - 1) Report the incident up the chain of command to one or more of the following individuals depending on the specific circumstances:
 - The direct faculty supervisor
 - The appropriate Residency Program Director
 - The appropriate Divisional Chief of Service
 - The Chair of the Department(s) involved
 - The appropriate Associate Dean of the College of Medicine
 - The Dean of the College of Medicine
 - 2) Enter a report into the confidential reporting system: ILLUMINE, found on the UAMS Intranet.
- Individuals' concerns need to be taken seriously and addressed appropriately. The UAMS College of Medicine faculty will not tolerate retaliation. <Title VII of the Civil Rights Acts of 1964, 42 U.S.C. 2000e, and the Arkansas Whistleblowers Act, Ark. Code Ann.s.16-123-108>
- If the observer or the recipient of the unprofessional behavior is unsure of the appropriate chain of command, s/he can confidentially consult any of the individuals noted in the list above as well as the Faculty Group Practice Risk Management Director, the UAMS College of Medicine Wellness Program Director, and the UAMS Employee Assistance Program for guidance as to how s/he should proceed.
- **Imminent danger** - Immediately report to **UAMS Police** any actions which appear to pose an immediate threat of harm to any individual in order to safeguard the health and safety of others. **(501) 686-7777**.
- **Sexual harassment** represents a serious lapse of professional behavior that, by UAMS policy, must be reported to the Office of Human Resources (Employee

Relations Manager, 501-686-5650). When any UAMS employee receives a report of sexual harassment, he or she must immediately notify their supervisor or Department Head who, in turn, must notify the Office of Human Resources prior to taking any action to investigate or resolve the matter informally and must act only on direction from the Office of Human Resources. Employees who need to report an incident of sexual harassment after regular business hours should report the incident to the UAMS Police Department if the employee's supervisor is unavailable or other administrative offices are closed. The UAMS Police Department will take appropriate action and will notify the Office of Human Resources at the beginning of the next business day.

VI. Corrective / Disciplinary Actions:

It is the intent of the UAMS COM community to support the remediation of faculty members who have significantly breached this guideline. Performance improvement counseling or corrective action will be initiated depending on the specific facts and circumstances. Significant violation(s) or repeated patterns of disruptive behavior may result in serious action, up to and including termination. A single egregious instance of disruptive behavior may warrant disciplinary or corrective action, including termination, in accordance with appropriate University of Arkansas Board of Trustees policies.

VII. Some Useful Web References:

[U of A Board of Trustees Policies](#)

[UAMS Administrative Guide](#)

[UAMS Medical Center Policies & Procedures](#)
(<http://www.uams.edu/uhs/policy/pptoc.htm>)

[UAMS Drug Free Work Place](#)

[UAMS Drug Testing](#)

[UAMS Employee Disciplinary Notice](#)

[UAMS Faculty Group Practice Handbook](#)

[UAMS Sexual Harassment Code](#)

[UAMS Substance Abuse Policy](#)

[Appropriate Treatment of Residents](#)

[College of Medicine House Officer Code of Conduct](#)

[College of Medicine Student Handbook](http://www.uams.edu/com/students/) <<http://www.uams.edu/com/students/> then click on Student Handbook>

Appendix I. Applicable to All Clinicians

A. Ethical Virtues

1. Responsibility for Patient Care

- Maintain the best interest of the patient as the foremost concern.
- When you are off duty, or on vacation, be sure that your patients are adequately cared for by another practitioner.
- Obtain the patient's informed consent for diagnostic procedures, therapies, and all treatments, including surgical procedures.
- Follow up on ordered laboratory tests.
- Complete patient record documentation promptly and conscientiously.
- Coordinate with your team the timing of information sharing with patients and their families to present a coherent and consistent treatment plan.
- Maintain collegial relationships among physicians who are jointly involved in the care of a particular patient. Communicate directly with each other when issues, questions or concerns arise.
- Charge patients or their insurers fairly and appropriately.
- Do not abuse alcohol or drugs that could diminish the quality of patient care or academic performance.
- Do not allow to develop, or engage in romantic or sexual relationships with patients. If such a relationship seems to be developing, seek guidance and remove yourself from the situation.
- Be mindful of your personal reactions to patients and colleagues. Seek guidance if you feel your reactions could be impairing your patient care or your professional demeanor and judgment.
- Do not abandon a patient. Once you assume care of a patient, your responsibility continues until the problem has resolved or you are assured that your patient is under the care of another physician.
- Do not withhold urgently needed treatment to a patient because of inability to pay.

2. Integrity in Research

- Adhere to institutional, state and federal regulations that govern research using human subjects and animals.
- Do not engage in research that knowingly and unnecessarily jeopardizes the health, safety, or longevity of human subjects and/or animal subjects.
- Report research results honestly in scientific and scholarly presentations and publications.
- When publishing and presenting reports, give proper credit and responsibility to colleagues and others who participated in the conduct and/or initiation of the research.
- Co-authorship should be assigned to individuals who meaningfully contribute to the project.
- Report research findings to the public and press accurately and honestly, without exaggeration.

- Manage potential conflicts of interest in research and seek guidance from the Associate Dean for Research in identifying and managing potential conflicts of interest.
- Disclose funding sources, company ownership, and other potential conflicts of interest in written and spoken research presentations and in educational presentations.

3. Respect for People

- Treat patients, patients' family members, colleagues, health professionals, staff, students and teachers with respect.
- Treat patients with kindness, gentleness, dignity, compassion and honesty.
- Respect the privacy, modesty and belief systems of each of your patients.
- Do not use offensive or derogatory language, either verbally or in writing when referring to patients or their illnesses.
- Do not harass others physically, verbally, psychologically or sexually. Do not yell and do not throw objects.
- Do not discriminate on the basis of sex, religion, race, national origin, disability, age or sexual orientation.
- Be mindful of your interactions with students and colleagues. Recall that close relationships that span any kind of power hierarchy, especially in a shared work environment, carry risks for both parties. Seek guidance if you feel your reactions could be impairing your professional demeanor or judgment.

4. Respect for Patient Confidentiality

- Only share the medical or personal details of a patient's history, diagnostic or therapeutic regimen, or prognosis with those health care professionals integral to the well-being of the patient or within the context of an educational endeavor, at which time the patient's identity must not be disclosed.
- Only reveal confidential information about a patient to their family members after obtaining specific permission to do so (except in the case of a medical emergency when the patient is not conscious and incapable of giving consent).
- Do not discuss patients or their illnesses in public places where the conversation may be overheard.
- Do not publicly identify individual patients, in words or in writing, without adequate justification and the patients' authorization.
- Do not invite or permit unauthorized persons into patient care areas of the institution.
- Do not share your confidential electronic passwords.
- Do not seek confidential data on patients without a professional need to know.
- Do not photograph or videotape a patient without their written authorization.

5. Honesty, Integrity

- Be truthful in all verbal and written communications.
- Acknowledge your errors of omission and commission to colleagues and patients.
- Be aware of how personal, institutional, or financial considerations may influence clinical decision-making.
- Do not knowingly mislead others.
- Do not cheat, plagiarize, or otherwise act dishonestly.
- Do not abuse privileges, e.g. inappropriate expenses being charged to the medical school or the hospital.

6. Awareness of Limitations, Professional Growth, and the need for Life-long Learning

- Be aware of your personal limitations and deficiencies in knowledge and abilities.
- Know when and from whom to ask for supervision, assistance or consultation.
- Promptly countersign the work of trainees after providing appropriate supervision.
- Be aware of your own physical and emotional limitations. Think carefully about your capabilities and the wisdom of patient involvement when you are ill, distraught, or overcome with personal problems.
- Do not engage in unsupervised involvement in areas or situations where you are not adequately trained.
- Give appropriate credit and authorship for trainee and collaborator contributions.

7. Deportment as a Professional

- Clearly identify yourself and your professional level to patients and staff. Wear your name tag when in patient areas.
- Dress in a neat, clean, professionally appropriate manner.
- Maintain a professional composure despite the stresses of fatigue, professional pressures or personal problems.
- Do not make disparaging remarks about other health care professionals to patients, patients' family members, students, residents, or staff members.
- Do not introduce medical students as "Doctor".
- Do not write offensive or judgmental comments of any kind in patients' charts.
- Do not criticize the medical decisions of colleagues in the presence of patients or in inappropriate places, e.g. in areas where patients or families can overhear.
- Refer to patients by the name with which they are most comfortable. Be sure to ask them.

8. Avoiding Conflicts of Interest <See *Conflict of Interest and UAMS Gift Policies*>

- Maintain the best interests of the patient when making all clinical decisions.
- Do not accept gifts from drug companies or medical equipment vendors or suppliers.
- Do not participate in individual incentive programs sponsored by pharmaceutical or medical equipment companies.
- Do not refer patients to laboratories or other agencies in which you have a direct personal financial stake.
- Do not accept a kickback for any patient referral or non-referral.
- It is a professional obligation to avoid real or perceived bias in all of the educational and professional advice you offer. Therefore, if you serve as a consultant for a commercial entity or within a "speakers' bureau" for pharmaceutical or device manufacturing company, make full disclosure of those relationships to any audiences you teach, any committees on which you serve, and any patients whose care could be influenced by those relationships.
- Avoid direct employment of family members. <See *UA Board Policy on Nepotism 410.1*>

9. Responsibility for Peer Behavior

- Take the initiative to reach out to students, trainees, physicians, nurses and other employees who appear to be having difficulty or seem impaired, to offer support and if indicated, link them with resources made available by UAMS.
- Report serious breaches of professionalism consistent with this guideline.

10. Respect for Personal Ethics

- You are not required to perform procedures (e.g., elective termination of pregnancy, termination of medical treatment) that you personally believe are unethical, illegal or may be detrimental to patients. In the event of conflict between the patient's needs and your conviction – in a non-emergent situation – show respect for the patient and request the prompt help of your supervisor or another competent practitioner willing to care for the patient. In any life-threatening emergency, physicians are obligated to provide the patient with emergency care.

11. Respect for Property and Laws

- Adhere to the regulations and policies of UAMS and its affiliated institutions.
- Adhere to all applicable local, state, and federal laws and regulations.
- Do not misappropriate, destroy, damage or misuse property of UAMS or its affiliated institutions.

B. Professional Ideals

1. Clinical Virtues

- Attempt to cultivate and practice accepted clinical virtues, such as caring, empathy, compassion, fortitude, justice, integrity and humility.

2. Conscientiousness

- Fulfill your responsibilities thoroughly.
- Work with your responsible supervisor to improve the system if something interferes with your ability to perform clinical tasks effectively.
- Learn from experience, recognizing errors to avoid repeating them.
- Dedicate yourself to lifelong learning and self-improvement by investing in a personal program of continuing education and continuous quality improvement.

3. Collegiality

- Cooperate with other members of the health care team in clinical activities and with other members of the research team in research activities.
- Be willing to teach others at all levels of education and training.
- Thoughtfully answer questions from trainees and colleagues to the best of your ability without belittling or humiliating them.
- Contribute to vital UAMS administrative functions and committees.
- Use communal resources (equipment, supplies, and funds) responsibly and equitably.

4. Personal Health

- Honor your own health and well-being remaining physically, mentally and emotionally fit to optimize your professional performance.

5. Objectivity

- Avoid providing substantial professional care to members of your family or to any person with whom you have a romantic relationship.

6. Responsibility to Society

- Avoid unnecessary patient or societal health care expenditures.
- Provide responsible advice to policy makers on social and public health issues to which accurate medical knowledge is vital.

Appendix II. Applicable to Basic and Clinical Scientists

A. Ethical Virtues

1. Integrity in Research

- Adhere to institutional, state and federal regulations that govern research using human subjects and animals.
- Do not engage in research that knowingly and unnecessarily jeopardizes the health, safety, or longevity of human subjects and/or animal subjects.
- Report research results honestly in scientific and scholarly presentations and publications.
- When publishing and presenting reports, give proper credit and responsibility to colleagues and others who participated in the conduct and/or initiation of the research.
- Co-authorship should be assigned to individuals who meaningfully contribute to the project.
- Report research findings to the public and press accurately and honestly, without exaggeration.
- Manage potential conflicts of interest in research and seek guidance from the Associate Dean for Research in identifying and managing potential conflicts of interest.
- Disclose funding sources, company ownership, and other potential conflicts of interest in written and spoken research presentations and in educational presentations.

2. Respect for People

- Treat patients, patients' family members, colleagues, health professionals, staff, students and teachers with respect.
- Do not use offensive or derogatory language, either verbally or in writing.
- Do not harass others physically, verbally, psychologically or sexually. Do not yell and do not throw objects.
- Do not discriminate on the basis of sex, religion, race, national origin, disability, age or sexual orientation.
- Do not use your authority to damage or hinder a subordinate's position or career development.
- Be mindful of your interactions with students and colleagues. Recall that close relationships that span any kind of power hierarchy, especially in a shared work environment, carry risks for both parties. Seek guidance if you feel your reactions could be impairing your professional demeanor or judgment.

3. Respect for Patient Confidentiality

- Only share the medical or personal details of a patient's history, diagnostic or therapeutic regimen, or prognosis with those health care professionals integral to the well-being of the patient or within the context of an educational endeavor, at which time the patient's identity must not be disclosed.
- Only reveal confidential information about a patient to their family members after obtaining specific permission to do so (except in the case of a medical emergency when the patient is not conscious and incapable of giving consent).
- Do not discuss patients or their illnesses in public places where the conversation may be overheard.

- Do not publicly identify individual patients, in words or in writing, without adequate justification and the patients' authorization.
- Do not invite or permit unauthorized persons into patient care areas of the institution.
- Do not share your confidential electronic passwords.
- Do not seek confidential data on patients without a professional need to know.
- Do not photograph or videotape a patient without their written authorization.

4. Honesty, Integrity

- Be truthful in all verbal and in written communications.
- Acknowledge your errors of omission and commission to colleagues.
- Be aware of how personal, institutional, or financial considerations may influence clinical and scientific decision-making.
- Do not knowingly mislead others.
- Do not cheat, plagiarize, or otherwise act dishonestly.
- Do not abuse privileges, e.g. inappropriate expenses being charged to the medical school.

5. Awareness of Limitations, Professional Growth, and the need for Life-long Learning

- Be aware of your personal limitations and deficiencies in knowledge and abilities.
- Know when and from whom to ask for supervision, assistance or consultation.
- Promptly countersign the work of trainees after providing appropriate supervision.
- Do not engage in unsupervised involvement in areas or situations where you are not adequately trained.
- Give appropriate credit and authorship for trainee and collaborator contributions.

6. Deportment as a Professional

- Clearly identify yourself and your professional level to patients and staff. Wear your name tag when in patient areas.
- Dress in a neat, clean, professionally appropriate manner.
- Maintain a professional composure despite the stresses of fatigue, professional pressures or personal problems.
- Do not make disparaging remarks about other scientists or health care professionals to students, fellows, peers, or staff members.

7. Avoiding Conflicts of Interest <See Conflict of Interest and UAMS Gift Policies>

- Do not accept gifts from drug companies or medical equipment vendors or suppliers.
- Do not participate in individual incentive programs sponsored by pharmaceutical or medical equipment companies.
- Do not refer patients to laboratories or other agencies in which you have a direct personal financial stake.
- Do not participate in grant, manuscript, or professional review procedures of anyone with whom you are collaborating, have worked with or may be in conflict with for any reason. Be mindful that the perception of conflict is conflict.
- It is a professional obligation to avoid real or perceived bias in all of the educational and professional advice you offer. Therefore, if you serve as a consultant for a commercial entity or within a "speakers' bureau" for pharmaceutical or device manufacturing company, make full disclosure of those relationships to any audiences you teach, any committees on which you serve, and any patients involved in your research whose care could be influenced by those relationships.

- Avoid direct employment of family members. <See UA Board Policy on Nepotism 410.1>

8. Responsibility for Peer Behavior

- Take the initiative to reach out to students, trainees, physicians, nurses and other employees who appear to be having difficulty or seem impaired, to offer support and if indicated, link them with resources made available by UAMS.
- Report serious breaches of professionalism consistent with this guideline.

9. Respect for Property and Laws

- Adhere to the regulations and policies of UAMS and its affiliated institutions.
- Adhere to all applicable local, state, and federal laws and regulations.
- Do not misappropriate, destroy, damage or misuse property of UAMS or its affiliated institutions.

B. Professional Ideals

1. Clinical Virtues

- Attempt to cultivate and practice accepted clinical virtues, such as caring, empathy, compassion, fortitude, justice, integrity and humility.

2. Conscientiousness

- Fulfill your responsibilities thoroughly.
- Work with your responsible supervisor to improve the system if something interferes with your ability to perform tasks effectively.
- Learn from experience, recognizing errors in an effort to avoid repeating them.
- Dedicate yourself to lifelong learning and self-improvement.

3. Collegiality

- Cooperate with other members of the UAMS research community when called upon for advice or consultation concerning their research activities.
- Share resources (reagents, equipment), wherever possible, with other researchers.
- Be willing to teach others at all levels of education and training.
- Thoughtfully answer questions from trainees to the best of your ability without belittling or humiliating them.
- Contribute to vital UAMS administrative functions and committees.
- Use communal resources (equipment, supplies, and funds) responsibly and equitably.

4. Personal Health

- Honor your own health and well-being remaining physically, mentally and emotionally fit to optimize your professional performance.

5. Responsibility to Society

- Provide responsible advice to policy makers on social and public health issues to which accurate medical and/or basic science knowledge is vital.
- Disseminate research results in the appropriate venues in an accurate and timely manner.

UAMS Faculty Group Practice Benefits Summary Sheet

Supplement to *Summary of Your Employee Benefits* (a Human Resources publication)
Following are additional benefits provided to faculty who are FGP members.

January 2012

BENEFIT	DESCRIPTION	COST/ADMINISTRATION
Medical Insurance	<p>See the Medical Plan Comparison (available through Human Resources) for an explanation of benefits available to you.</p> <p><u>Monthly premium, Point of Service plan</u> Employee - \$363.52 Employee & Spouse - \$825.44 Employee & Child(ren) - \$679.10 Employee, Spouse & Child(ren) - \$1,151.06</p> <p>Coverage is not automatic. You must complete enrollment forms in Human Resources before your appointment date. Coverage takes effect first of month following enrollment.</p>	<ul style="list-style-type: none"> • No cost to 75-100% FGP member* • Paid by your department • Administered by Human Resources • Not a taxable benefit <p>* 50-74% part-time FGP members: your department will pay a portion of the premium and you will pay the balance. Contact Human Resources for specific rates. Or view rates at www.uams.edu/ohr (click on Benefits).</p>
Long Term Disability	<p>Replaces 60% of income in event of disability. Income up to \$100,000 is covered under the group "Basic" LTD policy. Income over \$100,000 is covered under an individual "Expanded" LTD policy. The Plan Description is available on-line at www.uams.edu/ohr.</p> <p>Coverage is not automatic. You must complete enrollment forms through Human Resources (for the Basic policy) and Jim Foss (for the Expanded policy).</p>	<ul style="list-style-type: none"> • No cost to FGP members • Paid by your department • Administered jointly by FGP and Human Resources • Could be a taxable benefit* <p>*Premium taxability is based on individual election. If employee elects to have the employer-paid premium taxed as income now, future disability benefits would not be taxable.</p>
Dental Insurance	<p><u>Monthly Premium</u> Employee - \$31.08 Employee & Spouse - \$64.00 Employee & Child(ren) - \$54.08 Employee, Spouse & Child(ren) - \$87.04</p> <p>Coverage is not automatic. You must complete enrollment forms in Human Resources before your appointment date. Coverage takes effect first of month following enrollment.</p>	<ul style="list-style-type: none"> • No cost to 75-100% FGP member* • Paid by your department • Administered by Human Resources • Not a taxable benefit <p>* 50-74% part-time FGP members: your department will pay a portion of the premium and you will pay the balance of the total premium. Contact Human Resources for specific rates.</p>
Personal Liability	<p>\$1,000,000 umbrella policy</p> <p><u>Annual Premium</u>: ~ \$302/year</p> <p>Coverage is not automatic. You must complete enrollment forms through the FGP Office.</p>	<ul style="list-style-type: none"> • No cost to FGP member • Paid by your department • Administered by FGP • Taxable benefit
Medical Malpractice (applies to FGP physicians)	<p>Coverage limits depend on category assigned.</p>	<ul style="list-style-type: none"> • No cost to FGP member • Paid by your department • Administered by FGP • Not a taxable benefit

BENEFIT	DESCRIPTION	COST/ADMINISTRATION
Athletic Club	Reimbursed for one-time individual or family joining fee to the Little Rock or North Little Rock Athletic Club, or the Little Rock Racquet Club.	<ul style="list-style-type: none"> • FGP member presents receipt to department for reimbursement • Taxable benefit
FGP Fringe Member Card	<p>Acts as a secondary insurance to cover expenses received at UAMS, ACH and their pharmacies, if services are covered under the medical plan.</p> <p>FGP Fringe Member Card must be displayed when medical service is given in order to receive benefit.</p>	<ul style="list-style-type: none"> • No cost to FGP member for eligible covered charges • Paid by your department • Administered by FGP • Taxable benefit
Parking	<p>UAMS Parking</p> <p>Contact UAMS Police at (501) 686-7777</p>	<ul style="list-style-type: none"> • Paid by your department • Not a taxable benefit

Leave benefits provided to UAMS faculty (*refer to the Faculty Handbook for additional information*):

- 22.5 days vacation (15 hours accrued each month)
- 12 days sick (8 hours accrued each month)
- 11 holidays (includes your birthday)

Please refer to **Summary of Your Employee Benefits** for a summary of other benefits, including life insurance, 403(b) and 457(b) retirement plan, cafeteria plan, tuition discount, and various campus services. Please also visit the Office of Human Resources website at www.uams.edu/ohr for Plan Descriptions and additional benefits information.

If you have questions, please contact:

- your department administrator, (name) _____, at (phone) _____;
- Wanda Hinton, FGP Fringe Benefits Office, (501) 614-2084.
- Human Resources at (501) 686-5650; or
- Jim Foss & Associates (regarding LTD benefits) at (501) 221-3700



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE

NUMBER: 4.4.05

DATE: 08/10/2000

REVISION: 5/4/2010

PAGE: 1 of 3

SECTION: HUMAN RESOURCES

AREA: EMPLOYEE RELATIONS

SUBJECT: DRUG-FREE WORKPLACE

PURPOSE: To provide policy, procedures, and programs for the maintenance of a drug-free workplace and campus and to provide opportunities and information for rehabilitation and assistance for employees and students with drug related problems in accordance with the Drug Free Workplace Act and the Drug Free Schools and Campuses Act.

SCOPE

All UAMS students, employees, faculty and staff.

DEFINITIONS

The term "**conviction**" shall mean a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court, or other court of competent jurisdiction.

The term "**controlled substance**" shall mean any drug listed in Volume 21 of United States Code (U.S.C.) Section 812 or in any other federal regulations. Generally, these are drugs, which have a high potential for abuse, including but not limited to Heroin, Marijuana, Cocaine, PCP, "crack," and "legal drugs" which are not prescribed by a licensed physician.

The term "**workplace**" shall mean UAMS property and all places designated for employees during the course of any University affiliated assignment.

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, are under the direct control of UAMS, whether or not they are paid by UAMS.

POLICY

The University of Arkansas for Medical Sciences (UAMS) is committed to protecting the safety, health and well being of all employees, students and other individuals in the workplace and on campus. UAMS recognizes that alcohol abuse and drug use pose a significant threat to its goals. UAMS has established a drug-free workplace and campus program that balances respect for individuals with the need to maintain an alcohol and drug-free environment. The unlawful or unauthorized possession, manufacturing, use, consumption, sale, exchange or distribution of illicit drugs and/or alcohol by students and employees on UAMS property or as part of UAMS activities is prohibited.

PROCEDURE

1. Orientation: The Office of Human Resources will provide all new employees with the *UAMS Drug-Free Awareness Statement* at orientation. Each employee will be required to sign the statement during orientation. The Office of Human Resources is responsible for collection and retention of all signed statements. New students will be provided information regarding the drug-free workplace and campus policy and program at registration.
2. Annual Notification: On at least an annual basis, employees and students will be provided information regarding the UAMS Drug –Free Workplace policy; disciplinary sanctions for policy violations; the possible legal sanctions and penalties associated with alcohol or drug abuse; the health risks associated with alcohol or drug abuse; and, available alcohol or drug use counseling, treatment or rehabilitation programs.
3. Consequences: Any UAMS employee or student who violates this policy is subject to discipline up to and including termination or expulsion; and may be subject to criminal sanctions as provided by federal, state and local law. For more information regarding criminal sanctions, see <http://intranet.uams.edu/drugfreecampus/>
4. Assistance: Alcohol abuse and illicit drug use may pose short-term and long-term health risks. Employees and students are encouraged to seek assistance through the UAMS Employee Assistance Program or the UAMS Student/Employee Health Service. Individuals will not be punished for seeking such help, although disciplinary procedures linked to performance criteria are still applicable. Each college may have additional requirements outlined in the college handbook for students with alcohol or substance abuse problems.
5. Additional Requirements for Grant Funded Employees: The Office of Research and Sponsored Programs is responsible for certifying UAMS as a drug-free workplace. Grant and contract employees must notify their supervisor *and* the Office of Research and Sponsored Programs of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction. The Office of Research and Sponsored Research will be responsible for notifying the appropriate granting agency when a violation of a criminal drug statute by such employee has occurred on UAMS premises.
6. Biennial Review: An ad-hoc Alcohol and Drug Abuse Prevention Program Committee will be formed during even years to determine program and policy effectiveness and identify any needed changes.

REFERENCE

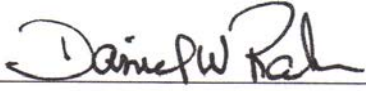
Federal Law, Drug-Free Workplace Act of 1988

Federal Law, Drug-Free Schools and Communities Act Amendments of 1989

[UAMS Policy 4.4.06, Substance Abuse](#)

[UAMS Policy 3.1.14, Drug Testing](#)

UAMS Policy 3.1.09, Employee Assistance Program

Signature: 

Date: July 14, 2010

Arkansas State Medical License Instructions

PLEASE READ CAREFULLY

For complete instructions and to download an application packet, please refer to www.armedicalboard.org.

The process to be granted a medical license can take a minimum of 6 (six) weeks to 3 (three) months. In most cases, however, it generally takes an average of 6-8 weeks. It is important that you read and follow all instructions included in the application packet very carefully and submit your application as soon possible. There is no such thing as too early!

Included in your medical license application is a form titled, “*Authorization to Release Pending Licensure Application File Information*”. When completing this form, please check with your department’s administrator as to whom to designate as a representative. This will allow the Chair’s office to stay updated on the progress of your application.

If you are required to appear before the medical board before being granted a license, please be sure to notify your Chair or Section Chief and your department’s administrator. In such cases, it will be important that you have representation from the Department attend the hearing with you.
