

## Executive Summary of CoMs Tenure Track Working Group

We welcome the opportunity to examine and strengthen our Tenure processes. It was clear from our interviews that both colleges of medicine have a national identity to compete for large grants, have been successful in doing so, and are making meaningful contributions and translate research findings to health and human disease. The committee spent the most time discussing tenure value for physician and basic science faculty. Recommendations are given with the intent of increasing competitiveness of recruitment, retention of junior faculty and increasing the ROI for innovative research.

**Members** (alphabetical): CoM-T (Chalasan, Coull, Cress); CoM-P (Gallitano, Glembotski, Knox)

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**Timeline:** Charged in November 2020 for **July 2021 due date** for recommendations

**Information Sources:** Twice monthly virtual meetings occurred to review data and assess progress. 1) Bi-Campus focus Interviews with faculty and Department Heads; 2) National GFA listserv survey; 3) Outreach to peer and local institutions.

**Faculty Interview Results:** Probing questions were conducted via zoom interview to Department chairs regarding value of tenure. A representative panel of MD and PhD, tenured and early-mid career faculty were interviewed.

**GFA Survey of Other Institutions; See excel addendum:** 1) 28 responded and Tenure was offered to physicians at most medical schools and was based on traditional metric of necessity of funding; 2) Range of clock time was 5-12 years (50% were in 6-7 year range); 3) Promotion and Tenure separate decision for 70% that responded.

- **Tenure for research-centered physicians and basic scientists should continue**
  - **Recommendation (1a):** Tenure eligibility is important to preserve academic freedom of inquiry and be competitive in recruitment. Promotion should be separated from tenure decisions to provide flexibility for recruitment and retention.
  - **Recommendation (1b):** Retain current practice of promotion clock to Associate Professor by year 6 to remain on tenure track. Clock stops are limited such that tenure clock expiration occurs at year 9.
  - **Recommendation (1c):** CoMs continue to recognize and reward diverse funding sources, with indirect cost coverage and salary support, for translational research as important metrics toward award of tenure and promotion. Tenure typically requires that faculty have a history of sustained peer-reviewed funding at time of tenure with at least 50% base pay compensation coverage and is dependent upon approval of A-P/T committee.
- **Peers limit Tenure options due to finances. Our policy should be affordable and transparent.**
  - **Recommendation (2a):** For tenured physicians and basic scientists, the salary should be based on 51% of the faculty member's FTE at the time of tenure multiplied by the most recent published NIH median base salary by rank. [Current NIH 1.0 FTE range is 73K-149K for full professor; 48K-115K for associate professor]
  - **Recommendation (2b):** To maximize success, protected time for research should be 25% to 75% minimum effort for physician tenure eligible faculty with institutional commitment and sources budgeted for minimum 3 years. For non-physician scientists, the protected time for research should be 40% +/-10% and at the 3-year review, a portion of their salary is supported by non-institutional extramural funds. For physician scientists, it is expected that there is evidence of grant submission and an anticipation of extramural support.
  - **Recommendation (2c):** Establish criteria for primary appointments of basic science faculty within clinical departments (i.e.: strategic research focus, required for clinical operations). Tenure and tenure eligibility should not be extended to faculty hired primarily for clinical or administrative roles but based on outstanding expertise.
- **Coordinated Resources and Environment are required for sustained success**
  - **Recommendation (3a):** Coordination of approval for capital equipment across units will be the responsibility of the participating Department chair, Center Director and Dean of the College.
  - **Recommendation (3b):** Finalization, dissemination and implementation of research and teaching incentive plans by September 2021.
- **Future efforts**
  - **Recommendation (4a):** Continuation of the bi-campus faculty affairs committee with ad hoc members to continuously review current U Arizona policy, national trends, and unique aspects of colleges of medicine. Goal is to co-ordinate recommendations to the COM deans and SVP UAHS for resources that are mission critical to remain nationally and globally competitive.