APPENDIX L: CLINICAL SCIENCES
SCHOOL OF MEDICINE

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Bylaws of the Clinical Sciences Faculty Council on Academic Affairs

A. Faculty Council on Academic Affairs
The Clinical Sciences Faculty Council on Academic Affairs (CSFC) will serve as a deliberative body to provide a forum where faculty opinions are ascertained, articulated, and voiced in all significant debates and decisions involving the strategic academic interests of the clinical sciences faculty. These deliberations should be conveyed in an advisory capacity to the clinical chairs and the chancellor for health affairs.

B. Membership of the Faculty Council
The CSFC shall consist of four representatives elected from each clinical science department (two primary members and two alternates), four at-large members (from different departments) who shall be selected by and from the clinical sciences representatives to the University Academic Council, and the clinical sciences representative on the Executive Committee of the Academic Council (ECAC). All members of the CSFC shall serve for two-year terms. Any faculty member eligible to vote in University Academic Council elections, and with a primary appointment in a clinical science department, other than the chair of that department, is eligible to be nominated and elected as its representative to the CSFC. All elected members, including alternates, shall participate in deliberations of the CSFC. When more than one departmental member is present, then only a single member, selected by the group, shall vote for the department.

In the event that a department ceases to exist, its representatives to the CSFC shall continue to serve as members at large until the next election of representatives. A member of the CSFC who becomes a temporary or interim chair of a department may serve out the remainder of his or her term if a majority of the other members of the CSFC vote to allow this. A member of the CSFC who is appointed to serve as the permanent chair of a department shall resign and be replaced by another representative elected by the faculty of that department in a special election.

C. Election Procedures
The departmental members of the CSFC are elected to two-year terms, with an option for a two year renewal. One cohort of the departmental members shall be elected in odd-numbered years and the remainder in even-numbered years to ensure continuity.

Eligible faculty of each department shall elect their representatives to the CSFC. The CSFC will serve as overseers of the electoral process. For the first year the organizing committee will serve this purpose.

A. Nominations will be solicited from each department--any eligible faculty member may nominate himself or herself. Nominations may also be received from other faculty members from within the department, as well as from the chair. Willingness of a nominee to serve will be confirmed prior to the voting procedure.

B. All eligible faculty members in each clinical science department will receive electronic ballots with the names of all nominees for that department.

C. The nominees with the most votes will be elected to replace members who have left the committee. In case of a tie, a run-off election will occur.

D. In the event of a vacancy, the person having received the next highest vote in the prior election (and consenting to serve) will fill the unexpired term.
A presiding officer of the CSFC shall be elected by majority vote at the first meeting of the CSFC following each annual election, and at any other time following the resignation or indisposition of the presiding officer. The chair will be responsible for organizing the meetings, inviting members of the administration to provide updates, and prepare any responses that are needed from the CSFC. Members who are acting chairs of departments are not eligible to preside over the CSFC.

Four other members elected in the same manner as the presiding officer shall serve with the presiding officer as the executive committee of the CSFC, provided, however, that there shall not be more than one member of the executive committee of the CSFC from any one clinical sciences department.

D. Duties of the CSFC

It shall be the responsibility of the CSFC to advise the Medical Center administration including the clinical science departmental chairs regarding pertinent aspects of medical education, faculty development, faculty research and teaching activities, and other academic activities of the Medical Center involving the clinical sciences faculty. It shall be the role of the CSFC to advise on strategic academic issues such as, by example and without limitation, nominations to all standing and ad hoc academic committees and the general process of academic appointment, promotion, and tenure. It is recognized that academic matters pertinent to individuals and to the appointment, promotion, and tenure decisions of individual faculty members are governed exclusively by existing Duke University policies and procedures.

Clinical matters or matters pertinent to the delivery of patient care continue to be governed exclusively by the Duke Hospital Medical Staff Bylaws and policies and procedures of the clinical departments.

Individual members of the CSFC will report at regular faculty meetings on all matters of consequence that have been considered. The CSFC will meet as needed with the chancellor for health affairs and clinical chairs.

The CSFC shall serve as a committee on committees for the clinical sciences faculty. In that capacity, it will suggest faculty to serve on all standing academic and ad hoc academic committees in the Medical Center and present these suggested nominations to the administrative officer responsible for forming the committees in question. Administrators are of course free to consult any faculty member they wish on an individual basis, but should seek suggested nominations from the CSFC. Administrative officers will not appoint clinical sciences faculty representatives to standing advisory academic committees without considering recommendations for committee membership from the CSFC.

All major plans and decisions of the Medical Center administration that significantly affect academic affairs shall be made in consultation with the CSFC so that it can solicit, articulate, and voice faculty views before those plans and decisions are implemented or submitted to the university's president or Board of Trustees.

The CSFC shall be responsible for scheduling, announcing, and presiding over a general meeting of the clinical sciences faculty of the School of Medicine at least once annually during the spring or fall semesters of the academic year. At that meeting, the presiding officer of the CSFC will report to the faculty on the council's deliberations and actions during the preceding year. The chief administrative officers of the Medical Center shall also be invited to attend this meeting and may present reports on matters of faculty concern for open discussion.

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June 2012
APT Process For Tenure Track Faculty With Primary Appointments In Clinical Departments

I. General Considerations

A. All new faculty members are initially appointed to either the Academic Clinician (Track 4) or Academic Research (Track 5) non-tenure tracks as agreed upon by the faculty member and the department chair. A change from these tracks to one of the tenure tracks normally occurs at the Associate Professor rank for those who are deemed potentially eligible for tenure. Track assignments may be changed only with the mutual agreement of the faculty member and the departmental chair.

B. The time from the initial appointment as an assistant professor in any track until a decision to, or not to, award tenure is ten years (Tenure Clock). In accordance with university bylaws, if the candidate in a tenure track (Tracks 1-3) is not notified of a decision regarding tenure by the end of their tenth year, then tenure is granted by default.

C. The tenure review process can be initiated by the department chair at any time. Normally the review process to determine the awarding of tenure begins no later than the start of the tenth year. This allows approximately six (6) months for departmental process and another six (6) months for disposition at the Medical Center and university levels. It can be initiated at any time the chair feels is appropriate.

D. The faculty member and the departmental chair should also agree on any extension of time-to-tenure (Tenure Clock) for reason of family leave, disability, or part-time or flexible-time employment arrangements, in accordance with university policy. This extension request applies to all faculty who are eligible to become tenured (Tenure Clock < 10 years) regardless of whether they are currently on a tenure track.

E. Each clinical department has a limited number of tenured positions for each track. These numbers are established by the chair and administration on the basis of financial and programmatic needs. The number of untenured tenure track positions is significantly greater than the number of tenured positions so that tenure may not be granted to all qualified faculty. Untenured faculty are appointed on a yearly basis with renewal subject to financial and programmatic considerations.

II. Departmental Level Review

A. Initiation of Review for Promotion/Tenure

1. Chairs or division chiefs are encouraged to meet with individual faculty members annually to review their clinical, teaching, and research progress.

2. All non-tenured faculty should be formally reviewed by the departmental APT Committee or a designated subcommittee five (5) years after initial appointment to assistant professor. Outside letters are not required at this level of review. The faculty member must be apprised of his/her standing in the department following that review, and a report of that formal review should be included in the personnel file of the faculty member.

3. Consideration of any faculty member for promotion/tenure may be formally requested by the faculty member, division chief, or department chair at any time. However, such a review may not proceed if a tenured position is not available due to financial and programmatic considerations as determined by the chair.
B. Departmental APT Committee (DAPT)

1. All departments must have a standing (not ad hoc) departmental APT Committee, with the membership known to the departmental faculty. The structural organization of each department's committee will vary according to the size and makeup of the department, and will be determined by the department chair. For example, in large departments, it may be desirable to have an APT Committee for each division, or to have the overall APT Committee divided into smaller working groups.

2. The committee should be composed of at least five (5) members of the tenured faculty selected by the departmental chair to represent the broad interests of the department. In departments with less than five tenured faculty, the DAPT Committee should consist of all tenured faculty in the department.

3. If the DAPT Committee is composed of less than the full complement of tenured faculty in the department, the members should have defined terms limits of less than five (5) years.

4. Ad hoc (non-voting) members may be brought on to the committee for particular cases, if deemed appropriate and necessary.

5. The departmental chair cannot be a voting member of the DAPT Committee, but may serve as an ex-officio non-voting member.

6. A committee chair shall be appointed by the departmental chair, and he/she will be responsible for leading and recording all discussions and votes.

7. All votes will be taken by secret ballot and will be recorded.

8. Decisions of the DAPT are determined by a majority vote.

9. The DAPT Committee should forward its findings and the record of all votes to the departmental chair.

C. Review of the APT Dossier

1. Each candidate for promotion/tenure shall be notified by the departmental chair three months prior to a scheduled DAPT Committee meeting and invited to submit the following documents:

   a. a curriculum vitae

   b. a list of publications, selected from the curriculum vitae, that the candidate feels is most representative of his/her published work

   c. a roster of at least six (6) names of individuals external to Duke University who are qualified to evaluate the candidate's scholarly contributions

   d. a list of reviewers the candidate may wish not be used

   e. a list of internal references (individuals in other departments within Duke University who might write on behalf of his/her academic, clinical, and/or teaching accomplishments)

   f. a personal statement by the candidate including what he/she views as his/her accomplishments in the various areas pertinent for promotion, and a summary of future plans.
For considerations at the level of associate professor and professor, the DAPT Committee should solicit at least six (6) letters from individuals external to Duke University of their choosing who are qualified to write on behalf of the candidate's scholarly contributions, with no more than three of the individuals coming from the list of the candidate. The DAPT Committee shall use its own discretion with regard to the list of reviewers the candidate does not wish used.

2. The submitted dossier will be reviewed by the DAPT Committee (or appointed subcommittee) and discussed at a formal full committee meeting. A vote will then be taken by secret ballot of committee members of rank equal to or higher than that sought by the candidate. The results of that vote and the names of tenured faculty voting will be recorded by the chair of the DAPT committee.

3. The DAPT Committee will then forward the complete dossier, along with a written evaluation of the candidate's fitness for promotion/tenure, the results of the secret ballot, and the names of the faculty members who voted, to the departmental chair for his/her consideration. That written evaluation should include a formal assessment of the candidate's clinical and teaching abilities, where applicable.

4. The departmental chair will forward the complete dossier along with his/her personal recommendation to the Medical Center Clinical Sciences APT Committee (MCAPT) in the following instances:
   a. in all cases of positive action taken by the DAPT Committee
   b. in all cases of final tenure evaluation (i.e. in the tenth (10) post-appointment year), regardless of the action taken by the DAPT Committee, and
   c. in the case of any negative evaluation by the DAPT Committee, if the faculty candidate so chooses. In this instance, the candidate should be apprised of other non-tenure track opportunities, if appropriate.

5. The departmental chair will notify the candidate and will apprise him/her of the vote of the DAPT Committee and the recommendation of the departmental chair before the dossier goes forward to the MCAPT Committee.

6. The departmental chair should forward the packet to the MCAPT Committee within one (1) month of the DAPT Committee vote.

III. Medical Center Clinical Sciences APT Committee

A. Membership
   a. The Medical Center Clinical Sciences APT Committee (CSAPT) shall be composed of ten (10) full tenured professors as the voting faculty.
   b. The Committee members will be selected by the Chancellor for Health Affairs from a list of approved tenured full professors, broadly representing the clinical, research and teaching faculty in both the school of medicine and school of nursing. Member selection will be made as vacancies occur.
   c. The Committee representation from the SOM should represent the primary mission across all three tenure tracks – Clinician, Educator, Administrator (Track I); Clinician-Investigator (Track II); and Researcher (Track III) – preferably two (2) representatives within each area and at least one Ph.D. representative. Representation from the SON will be from the school’s one tenure track.
The approval and selection process is as follows:

1. The deans can solicit nominations from current full tenured professors, department chairs, division chiefs, center and institute directors.
2. The SOM dean’s recommendations will be forwarded to the SOM Clinical Sciences Faculty Council for comment and endorsement. The SON dean’s recommendations will be forwarded to the Chancellor of Health Affairs.
3. The approved list will then be presented to the Chancellor of the Health Affairs Academic Cabinet (HAAC) for comment and approval.
4. Once approved by the HAAC, nominees will remain viable candidates until they are either selected or decline invitation to serve.
5. If a vacancy occurs, the Chancellor will select members from the list and invite them to serve on the committee. No department shall have more than two representatives serving at any one time. Department chairs are ineligible to serve on the committee. The chancellor can request additional nominations from the deans if he/she is unable to obtain a sufficient number of acceptable faculty to serve.

B. Each faculty member will serve a term of three years, the terms to be staggered to ensure continuity. A member appointed for only one or two years may be reappointed by the chancellor for a second term of three years, if he/she so chooses. No member shall serve for more than six consecutive years. Beyond six consecutive years, a member may be reappointed following a one year absence from the committee.

C. Chair and Vice Chair of the Committee:
   1. A committee Chair shall be appointed by the chancellor from current and past committee members. The Chair is responsible for leading and recording all discussions and votes.
   2. The Chair shall serve for a 2 year term.
   3. A committee Vice Chair shall be appointed by the Chancellor from current and past committee members. The Vice Chair will function as the Chair when the Chair is absent. It is anticipated that upon the end of the current committee Chair’s appointment, the Vice Chair will become Chair. A new Vice Chair would be appointed by the Chancellor to fulfill the succession of leadership for the committee, providing continuity and a level of knowledge about the process.

D. Procedures of the Committee
   1. A quorum of five (5) members is needed for all decisions.
   2. All votes will be taken by secret ballot and will be recorded.
   3. Decisions of the Clinical Sciences APT Committee are determined by a majority vote of those present.
   4. The chair of the CSAPT Committee is responsible for writing the summary report, including all votes and actions taken by the committee, to be forwarded to the Dean of the School of Medicine or Nursing as appropriate. Additionally, it is the responsibility of the chair of the committee to communicate any concerns, requests for additional information, and any negative decisions to the department chair and/or appropriate dean as per the deliberations of the Clinical Sciences APT Committee.
   5. The CSAPT Committee shall meet monthly to ensure timely processing of all requests for faculty promotion/tenure.

D. APT process and final action
   A. The Clinical departments and the School of Nursing APT committee propose faculty for academic appointment or promotion.
   B. The Clinical Sciences APT committee reviews the faculty’s dossier and makes a recommendation to support or deny the proposed academic rank or recommend a different rank to the appropriate dean. If a department recommendation is denied, a negative decision can be appealed by the department or the candidate to the Dean of the School of Medicine or Nursing as appropriate within two weeks of receiving the Dean’s decision in writing.
C. The recommendation is reviewed by the appropriate faculty’s dean. All recommendations of the Clinical Sciences APT Committee are considered recommendations, advisory to the appropriate dean. It is therefore at the dean’s discretion to bring his/her recommendations to the MCEC Executive Session.

D. If the Dean’s review is positive the candidate's dossier is presented to the MCEC Executive committee for approval. Appeals of the dean’s decision can be made to the chancellor within two weeks of receiving the Dean’s decision in writing.

E. The MCEC Executive committee recommendation along with the dean’s recommendation is forwarded to the Chancellor of Health Affairs.

F. The Chancellor of Health Affairs makes a final recommendation and forwards positive appointment recommendations to the Board of Trustees according to existing procedures.

G. The Dean of the School of Medicine or Nursing shall notify the department chair or other appropriate individual of the decision of the medical center executive committee and decision of Chancellor of Health Affairs.

E. Administrative Support:
The APT Office of the Vice Chancellor of Academic Affairs will provide administrative support to the CSAPT Committee. It will be responsible for assuring completeness of the files, for detailed procedures, and for working with the CSAPT Committee Chair and/or Vice Chair to insure that all supporting documents are available and are forwarded to the vice chancellor of academic affairs and vice chancellor of nursing affairs. The APT Office documents and forwards all decisions by the CSAPT and MCEC Executive Committee to the Chancellor of Health Affairs for final approval.