Faculty Appointments, Promotions and Titles at

The Geisel School of Medicine at Dartmouth

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Part I

Introduction

The mission of The Geisel School of Medicine (Geisel), as part of Dartmouth College and Dartmouth-Hitchcock Medical Center (DHMC), is to improve the lives of the people we serve—our students, faculty and staff, patients, residents, alumni, and our community. Our vision is to be the medical school that sets the standard for educating physician/providers, scientists, and teachers to be leaders of change in creating a healthier, better world. We advance our mission by providing an inclusive forum that supports the expression, consideration and evaluation of diverse ideas, and that empowers all members of our community to reach his or her full potential. Geisel is committed to an environment where there are no barriers between research and education or between innovation and implementation. We strive to readily disseminate our discoveries and to translate our accomplishments into better health for those we serve. Our goals are advanced by a community of scholars whose success is intertwined with the success of our academic and clinical partners and which is guided by the principles of integrity, service, and compassion.

Our mission rests on our ability to appoint and advance faculty members who excel in teaching, research, scholarship, engagement and patient care. Geisel grants faculty appointments to qualified health science professionals in recognition of the diverse contributions they make to the mission of the school as educators of students of many types, as scientists who create an environment of discovery, as clinicians who excel in patient care, and as professionals who implement change that advances academic medicine and biomedical research. Faculty titles are awarded on the basis of qualifications, experience, and achievement. Promotion in rank is given to those faculty members who achieve distinction for themselves and for the school as determined by criteria that are commensurate with specific titles and professional responsibilities. Without exception, appointments, titles, and promotions are granted by Geisel to those who have shown they merit such recognition or advancement.

The foundation of all endeavors of the faculty of our academic medical center is scholarship in its broadest definition to “think, communicate and learn”. Operationally, we define scholarship as the creation and dissemination of new knowledge. In granting faculty appointments and titles, four areas of scholarly endeavor are recognized: teaching, investigation, patient care and engagement. Criteria for assessing the contributions a faculty member makes to the academic life of the institution in each of these areas are outlined in Part II of this document.

It is the responsibility of the faculty member and the departmental Chair or Institute Director (hereafter referred to as Chair) to establish a clear understanding of the faculty member’s goals.

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1 DHMC comprises the Geisel School of Medicine (Dartmouth College), The Dartmouth-Hitchcock Clinic, The Mary Hitchcock Memorial Hospital, and the Veterans’ Administration Hospital in White River Junction.

and the School’s expectations to achieve those goals in order to develop plans to advance his or her academic career. This process leads to the generation of an academic portfolio that is consistent with the mission of Geisel, tailored to the particular talents, interests, and responsibilities of the individual faculty member, and guided by criteria that define accomplishment along specific career paths. The portfolio is a framework for academic development. The Chair (or his/her designate as academic advisor) shall meet with faculty members at the Assistant and Associate rank at least annually to review his/her academic progress. It is also the obligation of each department to designate a senior mentor or senior faculty mentoring committee to each faculty member below the rank of Associate Professor to assure that she/he is provided ongoing and appropriate guidance to develop to the best of her or his ability. For faculty members at the rank of Associate Professor, a designated committee is not obligatory, but the responsibility to assure proper guidance to advance to Full Professor still rests with the Chair. Chairs shall meet with faculty members at the rank of Professor on an annual basis to provide feedback on each member’s performance in the relevant areas of his/her academic portfolio and to provide guidance for future academic metrics and goals.

While promotion criteria for faculty members will differ depending on the line and rank, advances for all academic titles shall be predicated upon common elements of excellence in scholarship reflecting contributions of each faculty member to her/his academic field of endeavor and to the community that includes Dartmouth and extends beyond our borders. Not every member of the faculty will be expected to advance, and time in rank alone is not sufficient to warrant promotion. To merit appointment or promotion, the faculty member must provide strong evidence of achievement according to the criteria appropriate to a particular portfolio of academic activities. Tenure shall be granted only to those individuals employed by Dartmouth College who reach the rank of Professor and who have a long-standing record of scholarship and national and/or international prominence in their respective fields. These criteria, as set forth in Parts II, IV, and V shall be interpreted within the framework of Guiding Principles (Part III) and will serve as an institutional guide for the construction and evaluation of portfolios. It is implicit in the granting of faculty titles at Geisel that, in addition to demonstrated accomplishments in the indicated areas of endeavor, all individuals being considered for appointment or promotion at the Geisel School of Medicine must meet the criteria of professional codes of conduct as outlined in the policies of the Geisel Faculty Handbook (http://geiselmed.dartmouth.edu/faculty/fac_info.shtml).

Part II

Areas of Academic Endeavor

Teaching, Research, Patient Care, and Engagement

Scholarly activity within an academic medical center is recognized for the areas of teaching, investigation, and patient care. Each of these three areas has traditionally been an integral part of academic medicine, and what constitutes scholarship in these arenas is usually well defined. Contemporary academic communities also recognize the value and the contributions of a

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fourth component of engagement. To emphasize, we define scholarship as the creation and dissemination of new knowledge. Activities in all four areas (teaching, research, clinical care and engagement) must meet this definition to be considered scholarly work.

The descriptions below provide professional models and related indicators of excellence for academic contributions within each arena. In setting out these criteria, it is recognized that they are neither completely inclusive nor absolute. Moreover, there is also a rich interdependency among these areas; each informing aspects of the others. In particular, the area of engagement is interwoven into each of the other three areas of investigation, teaching and patient care. Appointments to specific titles and advancement along specific lines will depend on the ability of the faculty member to make substantive contributions in more than one of these domains of scholarly activity, but the weighting of each contribution may vary with each individual’s professional record of accomplishment.

**Teaching**

**Professional Model**

Teaching is a core mission of The Geisel School of Medicine at Dartmouth and a fundamental expectation of all members of the Geisel faculty. While Geisel has historically been primarily dedicated to the teaching of medical and graduate students, Geisel faculty now participate in the education of many other learners at our academic medical center, within our region, and beyond (e.g., residents and interns; students in the other professional schools and in Arts and Sciences at Dartmouth; students in summer courses; Dartmouth Community Medical School). The goal of all scholarship is to inform those inside and outside our own sphere. An informed and diverse body of learners becomes a critical legacy of our faculty and institution, and we are committed to excellence in their education. Indeed, some members of the faculty may devote the majority of their professional energy to teaching and to the area of scholarship that is the development and dissemination of novel pedagogy.

We expect our faculty to be dedicated to our learners and to aspire to excellence in teaching. We recognize and reward our teachers for their ability to inspire these learners to achieve a sound mastery of subject, a critical manner of thinking, a healthy skepticism for dogma, and a clear notion for both what is known and what is unknown in their field. In addition, we expect our faculty to instill in those they teach these same skills and values so that they, in turn, will excel in teaching others. Our faculty members should teach rather than train, serve as role models rather than simply instruct and inspire students to expand the horizons of knowledge.

**Criteria Related to Teaching**

Evidence of the candidate’s contribution to teaching and impact on learners by documentation of participation in didactic courses (syllabi) and documentation of individual students trained, including both identification of mentees and service on student committees (e.g., thesis committee, qualifying examination committees)
• Recognition by peers and students for excellence in teaching and training of students, residents, and/or fellows documented through:
  o Surveys, evaluations, and institutional ratings by students at all training levels.
  o Assessments of the candidate’s teaching contribution from department Chairs or by other institutional officials (e.g., course directors) that provide a judgment based on a significant sample of the individual's teaching.
  o Documentation that the faculty member has mentored a substantial number of students and the outcomes of teaching (e.g., the mentees who have gone on to obtain positions of their own in biomedical or academic institutions).
  o Formal acknowledgement of outstanding teaching (e.g., Class Day speaker, Teacher of the Year, membership in AOA, HHMI Teaching Professorships).

• Leadership and major participation in departmental or institutional courses or educational programs (e.g., clinical clerkship directors), development of novel graduate curricula or novel programs that extend across the institution (e.g., development or substantive contributions to MD/MSE; MD/MBA; MS/MD; MD/PhD or AB/MD curricula).

• Scholarship in the area of education and teaching methodologies, including the development, dissemination and effective implementation (documented) of new courses, curricular content or novel teaching materials -- syllabi, web-based and/or computer-assisted instruction, films, or videotapes.

• Measures of student achievement (e.g., scores on local or national board and in-service examinations, publication of students’ work).

• Effective leadership or major participation in Continuing Medical Education (CME) at the local, regional, or national level, design of courses, and/or participation therein.

• Effective leadership or major participation in Graduate Medical Education (GME) at the local, regional, or national level, design of curricula, and/or participation therein.

• Frequent invitations to serve as a visiting Professor or outside speaker, especially in endowed visiting Professorships or lectureships.

• Letters of commendation for exceptional educational contributions to other institutions and organizations.
• Evaluations and ratings arising from participation in other teaching programs.

• Peer-reviewed research that involves the development or evaluation of teaching methods and/or new programs, or that defines important, innovative and effective (documented) changes in medical education.

• Editorship or authorship of textbooks, reviews, or other scholarly contributions.

• Development of important curriculum offerings or teaching materials (including text books, web-based training modules, clinical handbooks) adopted by Geisel and/or other institutions.

Research

The mission of the investigator is research, encompassing the discovery, production and dissemination of new knowledge. Productive scholarship at all levels, from the molecular basis of living systems and human disease to health services and public policy, is an essential characteristic of an academic medical center. The biomedical research of today informs and transforms clinical practice and the policies of healthcare of tomorrow. Results of research have an exponential influence well beyond the doors of Geisel by enhancing our understanding of the fundamentals of biological processes, by development of new drugs and devices, and by advances in healthcare delivery. Accomplished, active investigators imbue their teaching with the rigor of the scientific method and the excitement of discoveries that transform their fields. The investigator nurtures an atmosphere of inquiry that permeates all phases of biomedical training and, in turn, promotes the development of researchers under their tutelage who have the ability to critically question. This skill is at the heart of academic medicine, and individuals who understand the fundamental mechanisms of health, disease and health care delivery will be those best equipped to advance the frontiers of biomedical knowledge and patient care.

Criteria Relating to Research

Recognition by peers as an investigator whose work has been instrumental in promoting significant advances in her/his field of inquiry, inclusive of basic research, clinical research, pedagogy and health care delivery science. Hallmarks of recognition include both those made as an individual and those made as part of a larger, cooperative team. Recognition of excellence in investigation is made evident by:

• Publication of original research in rigorously refereed journals.

• A strong record of extramural grant support awarded through competitive peer-review.

• Entrepreneurial advances. The transfer of knowledge and technology is integral to the educational mission. Research excellence may be recognized by intellectual property
(patents, licenses) and the transfer of technological advances to industries that provide for the improvement of society.

• Substantive, non-peer reviewed contributions to the biomedical literature (e.g., books, chapters, reviews). Such contributions may also be relevant to a faculty member’s contributions as an educator and/or clinician.

• National or international prizes or awards.

• Invitation to hold endowed lectureships.

• Invited lectures, particularly at major scientific meetings.

• Impact of scholarly output (through a variety of media) on scientific debate and health care practice.

• Participation on editorial boards, associate editorships, and editorships of journals.

• A strong record of departmental/institutional participation in scientific training.

• Leadership or active participation in development of research programs (institutional, extramural and those that link research efforts of Geisel with other organizations).

• Active participation in research-related administrative or committee activity.

• Leadership or active participation in program projects, training grants, graduate programs, or postdoctoral training programs that advance scientific content in concert with the teaching of science.

• Substantive and significant contributions in biomedical research are often achieved by individuals as part of a complex and distributed team of investigators and clinicians. The scholarly importance of these team-science activities are recognized even when individuals are not accorded conventional indications, such as first or last authorship on collaborative projects. While team science is to be recognized and rewarded, to achieve academic advancement as part of collaborative efforts, individuals must provide intellectual input that is critical to the scholarship. Contributions must be substantive, not simply supportive, and essential to the efforts of the team to move forward the particular field of inquiry. Service participation (e.g., registering patients in a database), however useful to for the collaborative effort does not meet the criteria for advancement if it is bereft of analysis and interpretation, which are the cornerstones of scholarship.

**Patient Care**

Excellence in clinical practice is an essential characteristic of an academic medical center. The scholarly clinician brings both superior performance and a clear academic dimension to the care
of patients, evidenced by breadth and depth of knowledge, awareness of the fundamentals of basic science, pathophysiology and current clinical concepts, extensive use of the biomedical resources available to assist and improve clinical care, excellent judgment, humility, and an exemplary willingness to both teach and learn from professional colleagues. As embodied in the Oath of Hippocrates, the clinician demonstrates a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of human suffering.

Excellence in clinical practice can be assessed by a number of indicators, including recognition by peers and patients, clinical scholarship, practice of evidenced-based medicine, quality of clinical service, whether as an individual or a team, and contributions to the profession and institution. In each instance, these are by-products of the individual's dedication to the highest principles of medical practice.

Criteria Relating to Clinical Care

Recognition by peers and patients -- a reputation within and outside of DHMC for excellence in medical practice as made evident by:

• Patient referrals from other health care providers and patients taking into account: Percentage of referrals/consultations that are requested by other peer providers rather than assigned; Number and complexity of patients referred.

• Recognition by key partners of excellence in care that arises from the concerted efforts of a team of practitioners. It is recognized that referrals may not be common for certain disciplines (radiology, anesthesiology, emergency medicine, pathology). In these fields, the recommendations of colleagues who can attest to the importance of the skills and contributions of the candidate in promoting the well being of his/her patients will be weighed.

• Consulting activities, documented acknowledgement by peers as a premier consultant, requested involvement in complex clinical problems.

• Introduction of novel and innovative skills or techniques locally, regionally, nationally or internationally.

• Special competencies that improve or extend other clinical or training programs.

• Development and maintenance of new clinical programs, taking into account the impact of the program, based on regional health care need, patient volumes, program quality, and sustainability.

• Participation in clinical and translational research including questions relating basic biomedical science to patient care, clinical trials, comparative effectiveness research, and quality improvement and translating education research and innovation into standard teaching practice. In assessing such participation, prime consideration should
be given to the role of the individual in concept, design, oversight, and conduct of the research activity, as well as membership on key project committees and authorship.

- Excellence in metrics of quality of care (e.g., patient satisfaction, peer and support team evaluations)

**Engagement**

Engagement has been defined as “a highly positive step towards reestablishing what higher education is intended to be: a community of scholars, serving both internal and external audiences in addition to the academic and the public good”. As such, engagement recognizes that service to both intra- and extramural communities fulfills not only an operational function, but is also fundamental to scholarship. Engagement is an alliance of university scholars, lay people and individual knowledge-creating institutions in the local, regional, national and international community. Engagement promotes the public good and produces “projects that create knowledge and understanding that we cannot obtain anywhere else, while strengthening culture, community, and democracy”. While committee membership is recognized as a valuable contribution to the academic community and is considered in the evaluation for appointment or promotion, engagement goes beyond service work. Engagement is one of the key endpoints of scholarship: extending academic efforts beyond one's own clinical, laboratory or classroom responsibilities to have a broader impact on the biomedical community within the institution and on society and its environs at large.

**Representative Criteria Related to Engagement (not an exhaustive list)**

- Participation and leadership roles on study sections and advisory boards.

- Appointed or elected leadership roles in major societies, governing boards and major professional meetings.

- Membership and leadership on state, national, and federal advisory committees. Involvement in activities such as position papers and reviews that shape the direction of medicine and science through local, state and federal government agencies.

- Consultancy participation, or institutional reviews of major external programs.

- Appointed or elected service and leadership on Geisel/DH/Dartmouth College Advisory Committees.

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• Contributions to entrepreneurial efforts that create new products or implement advances in product design and instrumentation relative to biomedical science and/or biomedical education.

• Contributions to advances in computation and computing infrastructure; development and implementation of large databases and/or networks.

• Participation in community-based research organizations.

• Contributions to education communities of practice and/or education collaborations.

• Design and participation in workshops that advance key areas of academic medicine.

• Contributions with respect to departmental and institutional service related to the mission of the medical school.

• Leadership or major participation in community engagement venues (e.g., The Geisel Community Medical School, HHMI-sponsored outreach programs).

• Development and implementation of curricula associated with regional K-12 outreach.

• Community science cafes and other initiatives that disseminate advances in science and healthcare through media for the general public.

• Community mentoring activities including efforts to enhance students entering STEM fields and efforts to enhance the diversity of student and faculty representation at Geisel.

• *Pro bono* service at organizations (regional, national and international) that further health care and biomedical teaching/science (e.g., The Good Neighbor Clinic, Headrest, Listen, WISE, Second Growth; Dar-Dar; the WHO; After School Enrichment Programs; etc.)

• Involvement in initiatives that advance science and medical education at academic and non-academic institutions outside of Dartmouth.

**Part III**

**Guiding Principles for Faculty Appointments and Promotions**

The philosophy underlying the appointments and promotions process at The Geisel School of Medicine at Dartmouth is outlined in the following principles, which set forth general expectations for each member of the faculty and frame the criteria that govern appointments and promotions.
Importance of Scholarship

Academic appointments and promotions are granted in recognition of excellence in scholarship. Original investigation, innovation in teaching, and the integration and application of knowledge are different forms of scholarly activity, each of which is essential to fulfilling the mission of an academic medical center.

Excellence

Scholarship in any of its various forms should be distinguished by excellence. The specific criteria for excellence may vary, but key elements relate to intellectual productivity, to the development and dissemination of new knowledge, and to contributions to the field or discipline leading to recognition by peers, students, patients and the broader community. The appointments and promotions process should also recognize excellence in other contributions essential to the academic medical center mission, such as leadership roles at Geisel, DHMC and Dartmouth College and the society they serve.

Part IV: Faculty Definitions and Titles

A. Voting Members of the Professoriate:

The voting members of the Professoriate include all faculty members of Geisel holding the rank of Assistant Professor, Associate Professor or Professor in one of the four Regular Faculty Lines (*vide infra*), who are $> 0.5$ FTE and employed by the four entities comprising DHMC¹ and who hold primary faculty appointments in facilities located on the Hanover/Lebanon campuses or at the White River Junction VA Hospital. Individuals who hold a regular (voting) faculty title at the Geisel School of Medicine may not hold a comparable voting title at a separate academic institution unless granted an exemption by the Dean of the Geisel School of Medicine. In select instances, physicians/providers and scientists located in affiliated organizations (e.g., California Pacific Medical Center; the Dartmouth-Hitchcock Regional Clinics) may also be awarded voting faculty status upon approval by the Dean of the Medical School, the Dean’s Academic Board and the Provost of Dartmouth College. However, employment by an affiliated organization is not *de facto* grounds for appointment to the Geisel faculty. All individuals appointed as voting faculty members shall follow Equal Opportunity and Affirmative Action Guidelines and appointments as voting members of the faculty must occur following recruitment through national searches unless individuals qualify for waiver considerations (See Appendix 1).

The professional development of individuals in the Faculty will be governed both by their inherent talents and by circumstances imposed by their environments. To promote the greatest breadth of academic and scholarly endeavors of our faculty while also establishing clear criteria for professional growth, advancement for members of the voting faculty at Geisel shall be made according to criteria delineated for four Faculty Lines: *Traditional, Clinician,*

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Research or Education. Assignment to a given line is not dependent upon departmental affiliation or on paymaster within DHMC. Regular faculty titles will not be qualified by modifiers that indicate the specific line, however, each faculty member will be hired with the expectation that he/she will fulfill criteria in one of these four lines, and criteria specific to each line will be provided to both extramural and intramural referees who assess the candidate’s qualifications for promotion. For faculty who are employees of Dartmouth College, some, but not all, individuals may be eligible for the tenure track. Except in rare and well-documented cases, individuals who are tenured or tenure-track shall need to fulfill the criteria outlined for the Traditional Faculty Line. The expectations for how each faculty member will commit his/her time, the criteria he/she will need to fulfill for advancement to Associate Professor or Professor, the commitment of resources to his/her academic pursuits, and whether or not the candidate is being considered for a tenured or tenure-track position shall all be outlined at the time of hire in the offer letter to the candidate. Chairs are expected to engage in ongoing mentoring of their faculty members such that candidates recruited at the rank of Assistant Professor should be eligible for consideration for promotion to Associate Professor in 5-7 years in rank as Assistant Professor and to Professor following 5-7 years in rank as Associate. Individuals who have demonstrated outstanding academic performance may be considered for accelerated promotion, but these individuals must be truly exceptional, and the numbers of such advanced promotions will be small.

It is likely that most individuals will continue to advance according to the criteria of the faculty line into which they were initially hired. However, some individuals’ career trajectories may change in a substantive fashion, and they may better fit into a different line at the time they are considered for advancement. A change in faculty line at the time such individuals are proposed for promotion may be possible if the Dean or the Dean’s delegate and the Department Chair are in agreement with regard to all aspects of such a change. These aspects include (but are not limited to) paymaster, commitment of institutional resources to salary or resources for retention, reallocation of the percent effort dedicated to teaching, research, engagement and/or clinical care and tenure/tenure-track status for such a change to be made.

1. Junior Faculty: Assistant Professor

All appointments made at the level of Assistant Professor shall follow Equal Opportunity and Affirmative Action Guidelines and must occur following recruitment through national searches unless individuals qualify for waiver considerations (See Appendix 1). The decision to appoint an individual as Assistant Professor, as well as if the appointment is to the tenure track shall be made with agreement of the Department Chair, the Dean of Geisel, the Chief Operating Officer of Geisel and the Chief Financial Officer of Geisel or their designated representatives (e.g., the Geisel Senior Associate Dean for Faculty Affairs). Acceptance of the position (signing the offer letter) denotes that the candidate is fully aware of the terms of his/her hire and is in agreement with the expectations set out in that letter. Individuals appointed as Assistant Professor may have different mechanisms to provide salary support and different levels of resources for professional development. These resources and expectations shall be agreed upon at the time of hire by the candidate, the Department Chair, the Dean of Geisel, the Chief Operating Officer of Geisel and the Chief Financial Officer of Geisel or their designated representatives (e.g., the Geisel Senior Associate Dean for Faculty Affairs or the Senior Associate Dean for Research). The academic credentials of candidates proposed for appointment as Assistant Professor must be
endorsed by the Dean, the Medical School Dean's Academic Board and the Provost of Dartmouth College.

Assistant Professors shall be appointed based on prior accomplishments indicating potential to advance the mission of Geisel as educators and investigators and/or clinicians. For appointment at the rank of Assistant Professor, individuals, in most cases, shall be expected to hold a doctoral degree [Ph.D., M.D., D.O. or equivalent] and have a minimum of two years of postdoctoral training. Individuals hired at the rank of Assistant Professor shall have both demonstrated accomplishments and evident potential in scholarly endeavors, and demonstrated accomplishments and potential as teachers, researchers and/or clinicians. In some cases, a non-doctoral, terminal degree may qualify for appointment at the Assistant Professor rank. Such individuals shall have a demonstrated record of scholarship comparable to that of individuals with terminal degrees who are appointed at this rank and advancement will be assessed according to the same criteria as for those who hold a terminal degree. It is expected that faculty members newly appointed as Assistant Professors who have not held an equivalent title at another institution shall be awarded an initial 3-year appointment with the possibility of a second 3-year term predicated on performance.

The expectations for teaching, research and clinical care will vary among new faculty appointments. All individuals appointed to the rank of Assistant Professor shall be expected to show the potential to fulfill criteria for engagement and to be successful scholars.

- For individuals who will contribute to Geisel as teachers, appointment at the rank of Assistant Professor will be predicated upon accomplishments in pedagogy. Examples of such accomplishments include:
  - Evidence of excellence in teaching, as demonstrated by recommendations from established senior faculty at other institutions.
  - Evidence of excellence in teaching, as demonstrated by recommendations from students at other institutions.
  - Evidence of innovation in teaching as demonstrated by curricular development and disseminated teaching tools.

- For individuals who will contribute to Geisel as investigators, appointment at the rank of Assistant Professor will be predicated upon accomplishments in the research arena. Examples of such accomplishments include:
  - Evidence of capacity for original and independent research at a very high level of competence, as demonstrated by recommendations from established senior faculty at other institutions.
  - Clear capacity for scientific productivity, as evidenced by authorship and by major contributions of substantive and original peer-reviewed work.
o Evidence of peer-reviewed extramural funding from either federal (e.g., NRSA, K awards) or private sources.

• For individuals who will contribute to Geisel as clinicians, appointment at the rank of Assistant Professor will be predicated upon:
  
o Successful completion of a postgraduate training program and certification or eligibility for certification by the American Board of Medical Specialties, American Osteopathic Board, equivalent foreign board, or the equivalent for non-M.D. or non-D.O. specialists.
  
o Commitment to excellence in patient care with evidence of a high level of clinical competence, skill or expertise, as demonstrated by recommendations from the program director and associated faculty.

2. Senior Faculty: Associate Professor and Professor

The decision to appoint an individual as Associate Professor or Professor, the resources committed with that appointment, and whether or not the appointment is to the tenure track or with tenure, shall be made by agreement of the candidate, the Department Chair, the Dean of Geisel, the Chief Operating Officer of Geisel and the Chief Financial Officer of Geisel or their designated representatives (e.g., the Geisel Senior Associate Dean for Faculty Affairs). For individuals recruited to Geisel for appointment at the rank of Associate Professor or Professor, departments are encouraged to prepare portfolios such that the review of the candidate may occur before he/she becomes an active member of the faculty. If it is not possible to complete the review prior to the faculty member’s arrival, initial appointment shall be for a period of one year, during which time the title must be approved through the Appointments Promotions and Titles (APT) process outlined below. At any time subsequent to approval, the term of the appointment shall be extended to a period agreed upon by the Chair of the Department, the Dean of Geisel and his/her delegates, and the candidate. In instances where a candidate holds the rank of Professor with tenure at his/her prior institution, the initial one-year appointment may be made to the rank of Visiting Professor so as to not jeopardize the candidate’s tenure during the period prior to the APT review.

Under all but exceptional circumstances, individuals proposed for appointment or promotion to senior faculty titles shall have served at Dartmouth or equivalent academic institution for at least 5 years at the prior academic rank. Irrespective of faculty line, appointments and promotions to senior ranks are based on an explicit recognition of excellence, both qualitatively and quantitatively, with advancement from Associate Professor to Professor being reserved for our most distinguished faculty. Continued service and performance at the rank of Assistant Professor shall not, in and of itself, constitute grounds for promotion to Associate Professor, nor time in rank at Associate alone qualify for promotion to Professor. Early appointments or promotions will be rare and, when granted, will signify exceptional potential and particularly noteworthy accomplishments. All appointments and promotions to the rank of Associate Professor or Professor must be recommended by the APT Committee of Geisel, and approved by the Dean, the Dean’s Academic Board and the Provost of Dartmouth College. Awarding of
tenure must be approved through the APT process and by the President of Dartmouth College and the Dartmouth College Board of Trustees.

In a limited number of cases, individuals being considered for promotion who have served at Geisel as Associate Professor in one of the other faculty Lines (Clinician, Teaching or Research) may have achieved the criteria for consideration of promotion in the Traditional Faculty Line. If such individuals are also employed by Dartmouth College, they may also be eligible for tenure (vide infra). It is expected that the number of individuals who were appointed/promoted as Associate Professor in one of the other faculty lines who are able to meet the criteria for promotion to Professor in the Traditional Faculty Line will be rare. Nonetheless, such individuals, if they meet criteria, shall not be restricted with respect to faculty advancement because of their previous designation.

a. The Traditional Faculty Line

Individuals who are appointed or promoted at the level of Associate Professor or Professor in the Traditional Faculty Line shall be expected to excel in multiple areas of academic endeavor and to be our most renowned faculty members. These candidates shall have attained extramural recognition for significant contributions to their given field(s) of scholarly endeavor, be recognized for excellence in teaching, and have been active in disseminating their scholarly efforts through engagement. Appointment in the Traditional Faculty Line will be reserved for the most distinguished academicians, and the criteria for this Line of appointment are commensurate with that expectation of excellence in scholarship.

Associate Professor in The Traditional Faculty Line

Chairs and Faculty Promotions Committees or their senior faculty delegates are expected to mentor junior faculty throughout their initial careers such that by the time they reach their 5th-7th year in rank as Assistant Professor, they have developed a career in which their accomplishments in the areas of research, teaching, engagement and/or clinical care warrant consideration for review and promotion to the rank of Associate Professor. The chair, in consultation of his/her senior faculty members, shall put forward the candidate for consideration for promotion if he/she is believed to meet the criteria. As noted above, exceptional individuals may be put forward for consideration on an accelerated time frame, but the numbers of these cases is expected to be small. With rare exception, those being considered for promotion to Associate Professor in the Traditional Faculty Line shall have garnered extramural recognition at the national (if not international) level for their scholarship and must be recognized for their accomplishments in more than one of the areas of research, teaching, patient care, and engagement. Because notable accomplishments may vary not only among individuals, but also with time as new innovations shape the academic sphere, the following descriptions are intended to be suggestive of appropriate criteria, but do not provide a rigid checklist of items, each of which must be met.

- Documentation of the ability to create new knowledge or manners of thought as evidenced by continued publication of substantive, original studies (basic, clinical, pedagogical or translational science) in peer-reviewed journals.
• Recognition by peers for independent and original investigation as made evident by external funding of competitive peer-reviewed research projects inclusive of individual investigator awards and/or multi-investigator/institutional projects.

• Development of new teaching materials, including textbooks, videotapes, training manuals, web-based curricula, etc. Developments that are peer-reviewed and/or exported to other institutions shall be heavily weighted.

• Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law etc.).

• Evidence of continued excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, allied medical personnel and peers as made evident by formal evaluations, nominations and awards. Service in a major teaching responsibility (e.g., course director with a major teaching role) shall constitute a heavily weighted achievement.

• Regional recognition by peers for original teaching or investigative scholarship as made evident by invited presentations or requested publications.

• Leadership roles in institutional activities that are critical for broad-based scholarship. While service work is expected of all faculty members, it is recognized that leadership roles associated with specific activities are fundamental to the scholarly output of large sectors of the institution, even if that individual is not identified by named investigator status on specific grants or published work arising from those efforts. Such efforts may include leadership roles with the Clinical Trials Office or in major initiatives such as establishment of institution-wide electronic health record (EHR), etc. Administrative support of such efforts in the absence of evidence of leadership capacity, while valued, is not a criterion for academic advancement.

• Elected membership in major scientific or medical societies.

• Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, and invitation to lead or participate in notable regional, national or international courses.

• Membership on editorial boards, study sections, and/or advisory groups.

• Evidence of a leadership role in local or regional medical affairs by active and ongoing participation in committee, program, and/or governing boards.

• Local and regional recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.
• Development and maintenance of clinical skills and/or programs that have been shown to demonstrably improve patient outcomes, clinical innovation and elected or invited service to the profession.

• Invitation to participate as faculty in regional or national CME courses or other programs that disseminate medical knowledge.

• Evidence of a leadership role in local or regional clinical affairs by service as a section chief and/or active and ongoing participation in committee, program, and/or governing boards.

Professor in The Traditional Faculty Line

Criteria for appointment or promotion to the rank of Professor in the Traditional Faculty Line follow from those established for appointment/promotion to Associate with the expectation that both quantitative and qualitative advances in research, education, engagement, and, when applicable, patient care, will have been made in order for this rank to be bestowed. While accomplishments may vary with the individual, those promoted to Professor in the Traditional Faculty Line must have garnered extramural recognition at the national and/or international level for their scholarship and must be recognized for their accomplishments in more than one of the areas of research, teaching, patient care and engagement. Those promoted to Professor shall be recognized for:

• Continued creation of new knowledge and novel research advances (basic, clinical or translational science). In particular, those promoted to Professor should have achieved national or international recognition by their peers and colleagues in their field of investigation. Such individuals shall have documentation of substantive and sustained contributions in original research that have resulted in moving forward a field of biomedical investigation. Accomplishments shall be made evident by sustained external funding of competitive peer-reviewed research projects and publication in well-regarded peer-reviewed journals or other peer-reviewed media.

• National or international recognition by peers for original teaching or investigative scholarship as made evident by invited presentations or requested publications.

• Documentation of the ability to create new knowledge or manners of thought as evidenced by new teaching materials, including textbooks, videotapes, training manuals, web-based curricula, etc. Developments that are peer-reviewed and/or exported on a national or international level shall be heavily weighted.

• Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law, etc.).

• Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral
research fellows, allied medical personnel and peers; recognition for excellence, as evidenced by formal evaluations and awards and the subsequent achievements and stature of former students.

- Leadership roles in institutional activities that are critical for broad-based scholarship. While service work is expected of all faculty members, it is recognized that leadership roles associated with specific activities are fundamental to the scholarly output of large sectors of the institution, even if that individual is not identified by named investigator status on specific grants or published work arising from those efforts. Such efforts may include leadership roles with the Clinical Trials Office or in major initiatives such as establishment of institution-wide EHR, etc. Administrative support of such efforts in the absence of evidence of leadership capacity, while valued, is not a criterion for academic advancement.

- Authorship or editorship of textbooks, monographs, or journals.

- Membership on editorial boards, study sections, and/or advisory groups.

- Leadership roles on editorial boards, study sections, and/or advisory groups.

- Elected leadership and invited membership in major scientific societies, participation in major society committees and programs, formal awards and major invited lectures.

- Recognition as evidenced by named lectureships and awards or participation in national/international symposia, courses, and teaching programs.

- Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are exported to other institutions shall be heavily weighted; in the context of a portfolio with an investigator major, service in a major teaching responsibility (e.g., course director with major teaching responsibility) shall constitute a heavily weighted achievement.

- Excellence and distinction in leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, programs, and/or governing boards.

- Recognition through national and international invited lectures and symposia.

- Recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.

- Development and maintenance of clinical skills and/or programs that have been shown to demonstrably improve patient outcomes; clinical innovation; and elected or invited service to the profession.
• Invitation to lead, organize and participate in CME courses or other programs that disseminate medical knowledge.

• Evidence of a leadership role in local or regional clinical affairs by service as a Department Chair or Center Director and/or active and ongoing participation in committee, program, and/or governing boards.

**Tenure**

Tenure at The Geisel School of Medicine at Dartmouth (see Appendix 2) may be awarded to individuals who have attained the rank of Professor and who are employed by Dartmouth College. While an individual must attain the rank of Professor to be awarded tenure, the decision to award tenure is separate from the decision to promote, and advancement to the rank of Professor may be granted without the concomitant awarding of tenure. As stated in the Dartmouth College Faculty Handbook, tenure appointments will be made only when there is judged to be clear evidence of outstanding accomplishment and demonstrated potential for distinction in scholarship and teaching. Those individuals who are recommended for tenure need to not only meet criteria for advancement to Professor, but to excel in those areas to the extent that the School is justified in making the long-term commitment to them that tenure provides. In brief, individuals who are recommended for tenure should demonstrate a sustained history of excellence in scholarship that would identify them as leaders in their respective fields and individuals who are likely to continue to make significant intellectual advances. Granting of tenure requires review and approval by the APT Committee, the Geisel Dean and Dean’s Academic Board, and the Provost, President and Board of Trustees of Dartmouth College. In all but exceptional cases, individuals for whom tenure is awarded shall be members of the *Traditional Faculty.*

**b. The Clinician Faculty Line**

As an institution charged with educating health care providers and enhancing the knowledge of medical science and medical practices, Geisel relies on clinical institutions to provide educational and research opportunities in the clinical setting that are essential to the mission of the medical school. We recognize that physicians provide access to patients and teaching for medical students and house staff and afford research opportunities for biomedical scientists that are fundamental to the goal of the school to educate the leading physician/providers and scientists of tomorrow. These individuals are predominantly engaged in patient care and, with select exceptions, will hold positions through DHMC entities, although in some cases, individuals employed by other entities (e.g., California Pacific Medical Center) may qualify for these titles. They are expected to excel as teachers and as clinicians and to produce scholarship commensurate with that goal.

*Associate Professor in the Clinician Faculty Line*
At the time of appointment or usually during the 5th-7th year in rank as Assistant Professor, the faculty member, his/her Chairs and the Department’s senior faculty will meet to decide if the faculty member has developed a career in which he/she has demonstrated notable accomplishments teaching, engagement and clinical care. While accomplishments may vary with the individual, those promoted to Associate Professor in the Clinician Faculty Line must have garnered notable recognition for their accomplishments in clinical care and in teaching. As above, for individuals in the Traditional Faculty Line, these criteria constitute guidelines, not a rigid checklist.

- Local and regional recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.

- Development and maintenance of clinical skills and/or programs that have been demonstrated to significantly improve patient outcomes; clinical innovation; and elected or invited service to the profession.

- Evidence of continued excellence in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral research fellows, and peers as made evident by formal evaluations, nominations and awards. Service in a major teaching responsibility (e.g., course director with a major teaching role) shall constitute a heavily weighted achievement.

- Recognition by peers for original teaching and/or clinical scholarship as made evident by invited presentations or publications.

- Design and/or participation in workshops that promote and improve patient care and/or allied health teaching

- Although grant funding is not, per se, necessary for promotion in the Clinician Faculty Line, peer-reviewed extra- or intramural funding may serve to support advancement.

- Authorship or editorship of textbooks, monographs, or journals.

- Service and participation in institutional activities that are critical for broad-based scholarly output (e.g., participation in clinical trials registries etc.).

- Elected membership in major medical societies.

- Invitation to participate in CME courses or other programs that disseminate medical knowledge.

- Evidence of a leadership role in local or regional clinical affairs by service as a section chief and/or active and ongoing participation in committee, program, and/or governing boards.
• Development of new teaching materials, including textbooks, videotapes, training manuals, web-based curricula, etc. Developments that are peer-reviewed and/or exported to other institutions shall be heavily weighted. Material should be disseminated whether peer-reviewed or not.

• Peer-reviewed presentations of teaching strategies.

• Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law etc.).

• Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, and invitation to lead or participate in regional, national or international courses.

• Evidence of a role in local or regional medical affairs by active and ongoing participation in committee, program, and/or governing boards.

Professor in the Clinician Faculty Line

At the time of appointment or usually during the 5th-7th year in rank as Associate Professor, the faculty member, his/her Chairs and the Department’s senior faculty will meet to decide if the faculty member has developed a career in which he/she has demonstrated a level of excellence in teaching, engagement and clinical care. While accomplishments may vary with the individual, those promoted to Professor in the Clinician Faculty Line must have garnered exceptional recognition for their accomplishments in clinical care and in teaching. Criteria for appointment or promotion to the rank of Professor follow from those established for appointment/promotion to Associate Professor with the expectation that both quantitative and qualitative advances in education, engagement, patient care and scholarship, will have been made in order for this rank to be bestowed. Those promoted to Professor shall be recognized for:

• Recognition by peers, referring health care professionals, and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.

• Development and maintenance of clinical skills and/or programs that have been demonstrated to significantly improve patient outcomes; clinical innovation; and elected or invited service to the profession.

• Evidence of a leadership role in local or regional clinical affairs by service as a section chief and/or active and ongoing participation in committee, program, and/or governing boards.
• Recognition by peers for original teaching and clinical educational scholarship as made evident by invited presentations or requested publications. Identification as a key and/or outstanding individual in training, teaching, and advising of all learners, including students and fellows associated with DHH and the broader community. Invitation to lead, organize and participate in CME courses or other programs that disseminate medical knowledge.

• Development of new teaching materials, including textbooks, videotapes, training manuals, web-based curricula, etc. Developments that are peer-reviewed and/or exported to other institutions shall be heavily weighted. Material should be disseminated whether peer-reviewed or not.

• Peer-reviewed presentations of teaching strategies.

• Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law etc.).

• Leadership roles in institutional activities that are critical for broad-based scholarly output.

• Although a requisite level of grant funding and authorship of peer reviewed publications is not, per se, necessary for promotion in the DHH Line, these activities may serve to support advancement.

• Authorship or editorship of textbooks, monographs, or journals.

• Membership on editorial boards, study sections, and/or advisory groups.

• Leadership roles on advisory groups.

• Elected leadership and invited membership in major scientific societies, participation in major society committees and programs, and formal awards.

• Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are exported to other institutions shall be heavily weighted. Service in a major teaching responsibility (e.g., course director with major teaching responsibility) shall constitute a heavily weighted achievement.

• Excellence and distinction in leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, programs, and/or governing boards.

c. Research Faculty Line
The *Research Faculty Line* at The Geisel School of Medicine at Dartmouth exists to support the specific programmatic needs of departments and research units within the departments. Individuals appointed or promoted in the *Research Faculty Line* will be independent, self-directed, and extramurally funded researchers engaged exclusively in investigative efforts. As Research Faculty Line members derive 100% of their support from non-central Geisel (primarily extramural) sources, they do not have teaching, administrative or clinical duties.

**Associate Professor in the Research Faculty Line**

At the time of appointment or usually during the 5th-7th year in rank as Assistant Professor, the faculty member, his/her Chairs and the Department’s senior faculty shall meet to decide if the faculty member has developed a career in which he/she has demonstrated notable accomplishments in research that warrant consideration for promotion to Associate Professor in the *Research Faculty Line*. While individuals in the *Research Faculty Line* may perform their investigative endeavors as part of a research team, individuals promoted to the rank of Associate Professor in this line must have achieved regional (if not national or international) recognition for their specific efforts in advancing their scientific fields. Such efforts must be substantive, not simply supportive, to achieve this rank. His/her investigative efforts must be viewed as distinctive and recognized by the broader research community as moving forward his/her field of endeavor.

Those promoted to *Associate Professor in the Research Faculty Line* must have:

- Documentation of the ability to create new knowledge or manners of thought as evidenced by publication of substantive, original studies (basic, clinical or translational science) in peer-reviewed journals.

- Recognition by peers for independent and original investigation as made evident by external funding of competitive peer-reviewed research projects, both individual investigator awards and multi-investigator/institutional projects.

- Regional recognition by peers for original investigative scholarship as made evident by invited presentations or requested publications.

Their accomplishments may also be made evident by:

- Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law etc.).

- Elected membership in major scientific societies.

- Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, and invitation to lead or participate in notable regional, national or international courses.
• Membership on editorial boards, study sections, and/or advisory groups.

Faculty members in the Research Faculty Line are required to attain 100% salary and benefits from non-central Geisel (primarily extramural) sources. It is recognized that faculty members who make valuable contributions to our research endeavors may suffer a break in their funding. While the institution shall have no obligation to provide salary support to individuals in the Research Faculty Line at any time, the School shall acknowledge the accomplishments of those that reach the rank of Associate Professor in this line by granting a 3-year reappointment of their faculty title at the time of a funding lapse. This extension of faculty status permits these valued investigators the opportunity to re-secure their funding source.

Professor in the Research Faculty Line

At the time of appointment or usually during the 5th-7th year in rank as Associate Professor, the faculty member, his/her Chairs and the Department’s senior faculty will meet to decide if the faculty member has developed a level of accomplishment in research that merits promotion to Professor in the Research Faculty Line. Those promoted to Professor in this line must have garnered distinguished recognition for their research endeavors. Criteria for appointment or promotion to the rank of Professor follow from those established for appointment/promotion to Associate Professor with the expectation that both quantitative and qualitative advances shall have been made in order for this rank to be bestowed. While individuals in the Research Faculty Line may perform their investigative endeavors as part of a research team, individuals promoted to the rank of Professor in this line must have achieved national (or international) recognition for their specific efforts in advancing their scientific fields. Such efforts must be substantive, not simply supportive, to achieve this rank. His/her investigative efforts must be viewed as distinctive and recognized by the broader research community as moving forward his/her field of endeavor.

Those promoted to Professor in the Research Faculty Line must have:

• A history of continued creation of new knowledge and novel research advances that have resulted in moving forward an identifiable field of investigation. Such advances must be made evident through
  o a continued record of publication of substantive, original studies (basic, clinical or translational science) in peer-reviewed journals.
  o recognition by peers for independent and original investigation as made evident by a continued record of external funding of competitive peer-reviewed research projects, both individual investigator awards and multi-investigator/institutional projects.

Their accomplishments may also be made evident by:
• Documentation of the ability to create new knowledge or manners of thought as evidenced by entrepreneurial output and intellectual property (e.g., device licenses, rights granted under copyright law etc.).

• Regional recognition by peers for original investigative scholarship as made evident by invited presentations or requested publications.

• Elected leadership roles in major scientific societies.

• Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, and invitation to lead or participate in notable regional, national or international courses.

• Leadership roles on editorial boards, study sections, and/or advisory groups.

Faculty members in the Research Faculty Line are required to attain 100% salary and benefits from non-central Geisel (primarily extramural) sources. It is recognized that faculty members who make valuable contributions to our research endeavors may suffer a break in their funding. While the institution shall have no obligation to provide salary support to individuals in the Research Faculty Line at any time, the School shall acknowledge the accomplishments of those that reach the rank of Professor in this line by granting a 5-year reappointment of their faculty title at the time of a funding lapse. This extension of faculty status permits these valued investigators the opportunity to re-secure their funding source.


d. Teaching Faculty Line

As the complexity and the needs of an academic medical center have grown, it has been recognized that, in some circumstances, it substantially advances the mission of the Medical School to appoint and promote faculty members who fulfill roles strictly dedicated to excellence in teaching. The need for individuals in the Teaching Faculty Line must be demonstrated by the department requesting this appointment and be approved by the Dean in consultation with the Senior Associate Dean for Medical Education, the Senior Associate Dean for Faculty Affairs and the Chief Operating Officer of the Medical School.

Associate Professor in the Teaching Faculty Line

At the time of appointment or usually during the 5th-7th year in rank as Assistant Professor, the faculty member, his/her Chairs and the Department’s senior faculty will meet to decide if the faculty member has developed a career in which he/she has demonstrated notable accomplishments in teaching and the scholarship of education that warrant consideration for promotion to Associate Professor in the Teaching Faculty Line. Retired clinicians may be appointed as Assistant Professors with the explicit understanding that their advancement shall be in the Teaching Faculty Line. Such individuals may be considered for promotion to Associate Professor in this line after two years of continuous service throughout the academic year. Individuals may be appointed directly to the Teaching Faculty Line without prior service in a
faculty position or they may have served previously in another line (at Dartmouth or another Institution). For those who have previous academic service, their prior academic rank will be a major factor in establishing their initial academic rank in the Teaching Faculty Line.

The extent of involvement and the roles assumed in the didactic programs at Geisel (or comparable institution) will be a key consideration for promotion to Associate Professor in the Teaching Faculty Line.

Since all faculty members (except those in the Research Faculty Line) are expected to teach, the intensity, duration and nature of this involvement will be a key consideration when evaluating if this activity rises to a level worthy of promotion. Faculty members promoted to the rank of Associate Professor in the Teaching Faculty Line should have achieved documented local and regional recognition by peers and students as an excellent educator and mentor and have documented evidence of innovation in pedagogy. Exceptional skills and perspectives that may add value to the academic program (such as those contributed by retired physicians/providers) shall be considered in the promotion decision. In order to be considered for promotion to Associate Professor in the Teaching Faculty Line, the faculty member shall need to demonstrate:

• A marked commitment to education through their involvement in formal didactics, development of educational programs, implementation of novel approaches to education, and administration of academic programs. Support provided to the educational programs of other Geisel departments or divisions will be weighed heavily.

• Demonstration of a consistent and deeply held dedication to biomedical education and its role in developing exceptional physicians, scientists and healthcare professionals.

• Demonstrated excellence in teaching that is supported by recognition from associated faculty, program directors, peers at other institutions and students/fellows. Demonstrated leadership capability in biomedical education is necessary; participation in biomedical education, while essential, will not by itself warrant promotion.

• Scholarly advances in pedagogy that are disseminated both locally and extramurally.

• Contributions that advance and enhance biomedical education as made evident by development of course materials and curricula.

• Innovation in pedagogy and implementation of novel teaching or evaluative approaches (whether in the classroom, in the clinical setting or through distance-learning media) where metrics demonstrate that they have enhanced our ability to educate will be heavily weighted.

• Evidence of continued excellence in training, teaching, and advising of students and fellows as made evident by:
  o Evaluations (by students and peers).
  o Formal awards.
Local and regional invited lectures or participation in symposia, professional society programs and courses.

- Development or implementation of novel teaching materials or methods.
- Participation in extramurally supported educational research projects.
- Publication of original studies and reports concerning medical education in peer-reviewed journals or official publications of national societies or governmental organizations involved in medical education.
- Membership on editorial boards, study sections, advisory groups and committees sponsored by national organizations and governmental agencies.
- Elected leadership and membership in major professional societies.

**Professor in the Teaching Faculty Line**

At the time of appointment or usually during the 5th-7th year in rank as Associate Professor, the faculty member, his/her Chairs and the Department’s senior faculty will meet to decide if the faculty member has developed a level of excellence in teaching and education that merits promotion to Professor in the Teaching Faculty Line. Those promoted to Professor in this line must have garnered distinguished recognition for their accomplishments in pedagogical endeavors. Criteria for appointment or promotion to the rank of Professor follow from those established for appointment/promotion to Associate Professor in this line with the expectation that both quantitative and qualitative advances will have been made in order for this rank to be bestowed. Evidence of continued excellence in training, teaching, and advising of students and fellows as made evident by:

- Identification as a key and/or outstanding individual in training, teaching, and advising of students and fellows.

- Recognition for teaching excellence, as supported by formal evaluations and awards, positions in regional and national organizations and the subsequent achievements and stature of former students.

- Continued publication or dissemination of a body of work that addresses important issues in biomedical education in peer-reviewed journals or official publications of national societies or governmental organizations involved in biomedical education.

- Innovation in pedagogy and implementation of novel teaching or evaluative approaches (whether in the classroom, in the clinical setting or through distance-learning media) where metrics demonstrate that they have enhanced our ability to educate will be heavily weighted.

- Regional, national and/or international recognition by peers as a premier educator.

- Sustained and substantive contributions to extramurally funded educational research projects and/or direction of projects funded by regional and national organizations active in medical education.
• Authorship or editorship of textbooks, monographs, or journals.

• Leadership/membership on editorial boards, study sections, advisory groups and committees sponsored by national organizations and governmental agencies.

• Elected leadership and membership in major professional societies.

• Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures.

• National recognition as evidenced by named lectureships and awards or participation in regional/national symposia, courses, and teaching programs.

• Directorship or development of major courses or other curricular offerings and the development of significant new teaching materials that are widely recognized as innovative and that are exported to other institutions; major teaching responsibilities (e.g., course director with major teaching responsibility) is a necessary, but not sufficient criteria.

• The ability to translate educational experience to other disciplines in the medical school and to make major contribution to the overall educational mission of the institution.

• Exceptional leadership or administrative performance, as evidenced by major roles in local or regional association or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

B. Non-Voting Members of the Professoriate:

1. The Emeritus(a) Faculty Line

Individuals who have attained the rank of Professor in the Traditional, Clinician, Research or Teaching Faculty lines may be considered for emeritus(a) status at the time of their retirement. These individuals are faculty members who have rendered distinguished service to Dartmouth, normally for a period of at least ten years. This designation is not automatic. The process commences with the departmental and/or program Chair recommending emeritus/a status to the Dean of the Geisel School of Medicine. This recommendation, supported by the candidate’s curriculum vitae, should clearly and specifically document the value the individual has provided to the missions of the medical school. Upon being recommended, the change to emeritus(a) status must be approved by the Provost, the President and the Dartmouth College Board of Trustees. When designated an emeritus(a) faculty member, the individual retains that designation and the benefits attached to it (as defined by Dartmouth College) until it is voluntarily relinquished, removed for cause, or the death of the individual.
When an emeritus(a) title is bestowed, it does not imply a commitment for tenure (for those not already tenured). Emeritus(a) status is not bestowed for non-voting, contributing or visiting faculty members.

Special circumstance: Active Emeritus(a) members of the faculty are individuals who have retired, and who have been awarded Emeritus(a) status, but wish to continue certain types of active academic involvement. At the discretion of the Geisel Dean they may be designated as "Active Emeritus(a)" for purposes of credentialing in the clinical arena, for continued research activities and/or for ad hoc part time employment at Geisel. This designation is not bestowed independent of normal emeritus(a) status, nor is it to be a title of convenience for those not previously associated with Geisel who enter our area on retirement and wish association with Geisel or our partners. Appointments are granted on an annual basis and must be approved by the Dean in recognition that continued activities support the ongoing missions of the medical school. Prior appointments to the active faculty for those who are post-FRO and or emeritus/a does not commit the school to continuing reappointments if the activities of the faculty member are no longer commensurate with the goals and missions of the medical school. This title reverts to the regular "emeritus(a)" designation when the circumstances prompting the "active emeritus(a)" designation end.

The privileges and benefits of emeritus/a status include discounted tickets to athletic and cultural events; the ability to purchase computer equipment at discount through The Computer Store; access to computer help through the College, the ability to purchase a parking permit; library privileges; access to computing facilities for professional activity; access to athletic facilities on the same basis as active faculty members; and a subscription to some of the College's publications, such as VOX and Dartmouth Life.

2. Instructor

Instructors shall be appointed as members of the Regular (but non-voting) Faculty of Geisel based on their participation in the academic missions of the Medical School as they relate to the advancement of education, research and clinical care endeavors of Geisel through the activities of Dartmouth medical, graduate and undergraduate students, and contribution to Geisel supported research endeavors. Instructors may be salaried by Dartmouth College, or by a Geisel affiliated clinical partner (including the Dartmouth Hitchcock Clinic, the Mary Hitchcock Memorial Hospital, and the WRJ Veterans' Affairs Medical Center), or they may be voluntary. While it is anticipated that most persons in this rank for this Regular Faculty title shall hold a doctoral level degree (e.g., MD, PhD, DVM, or DO), exceptions may be made when the title of Instructor is awarded to individuals without a doctoral degree (e.g., APRN, PA, RNA, or BSN) whose MHMH clinical privileges depend on a Geisel faculty appointment, or to individuals holding a masters level degree who make meaningful contributions to the Geisel academic mission. Instructors perform roles related to education, research and clinical practice that extend beyond those that encompass research associates and postdoctoral fellows. Instructors are not members of the Voting Faculty and this title does not commit the medical school or department to provide salary support, benefits or continuation of appointment. Instructors do
not qualify for tenure at Dartmouth and The Geisel School of Medicine at Dartmouth does not assume legal responsibility for the clinical activities of Instructors.

The appointment to the rank of Instructor follows the recommendation of the Department Chair or Institute Director, review and approval of the Dean and vote of the Dean’s Academic Board (DAB). At the time of the request for appointment, the Department Chair or Institute Director shall provide the Dean with documentation of the candidate’s qualifications and the specific delineation of candidate’s proposed commitment to Geisel academic activities. The title of Instructor shall not be awarded without explicit documentation of substantive contribution to Dartmouth’s academic mission, and appointment at this rank must be renewed on an annual basis. Reappointment is granted following the Department Chair’s assurance of continued service to Geisel and review by the Dean’s Office. Appointment at the level of Instructor does not require a national search and, as such, advancement from the rank of Instructor to a member of the voting faculty shall be made only following a national search, through meeting the requirements for a waiver from a national search, or, under exceptional circumstances, through the recommendation of the Dean.

In special circumstances individuals at distant sites may qualify for awarding of regular faculty titles of Instructor, Assistant Professor, Associate Professor or Professor. Specifically, individuals who are directors of our educational programs/clerkships and those who are involved in collaborative sponsored research that is governed through the Dartmouth Office on Sponsored Programs shall be considered for regular faculty titles. Individuals who are awarded these titles shall be non-voting members of the Professoriate. They must be hired either following a national search or a waiver from a national search.

3. The Clinical Faculty

To help fulfill its academic mission to train the next generation of physicians, scientists and health care providers, The Geisel School of Medicine at Dartmouth depends on the committed participation of community-based physicians, and other advanced clinicians who, with rare exception, are not salaried by Dartmouth College or by any entity that employs voting and non-voting members of the Regular Faculty. Additionally, as inter-professional educations assumes an increasing prominence in medical training, Associate Providers (e.g., APRN, PA, RNA, RN, or BSN), may play comparably important roles in the academic missions of the medical school. Associate Providers who do not hold a terminal degree do not qualify for advancement beyond Instructor in the Regular Faculty, but their contributions to academic pursuits can be recognized by advancement along the Clinical Faculty Line.

In toto, these individuals train our students, residents, and fellows, but are not expected to engage in the same range of scholarly endeavors or institutional commitments as are members of the Regular Faculty. By providing these individuals with faculty appointments, Geisel recognizes the important contribution that they make to the academic mission of the School. Faculty members may be appointed as Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor or Clinical Professor. Appointments (along with reappointments and promotions where appropriate) shall be put forward by the relevant Chair and require approval by the Dean of Geisel and the Dean’s Academic Board. Reappointments of the Clinical Faculty
are made biennially.

Each Chair should create his or her own appointment/promotion advisory process for his or her department’s Clinical Faculty. In granting contributing faculty appointments, the main factor to be considered will be the individual’s commitment to Geisel’s academic mission. Such a commitment requires documented direct contact with medical students, graduate students, residents, and fellows. Community-based health professionals and associate providers, including those employed by the primary clinical partners of the Geisel School of Medicine, may be eligible for an appointment as Clinical Faculty if they make a substantial contribution to the Geisel mission (e.g., those taking at least one On Doctoring student per year). Reappointments at rank for Clinical Faculty will be based on a recommendation by the Chair for demonstrated commitment to excellence in clinical teaching and service to the missions of Geisel that includes documentation of the specific teaching responsibilities of the proposed faculty member. At the recommendation of the Chair, Clinical Faculty members may become eligible for promotion to higher rank in this line (see portfolio criteria below). It is the responsibility of each department to review the portfolios of their members of the Clinical Faculty Line and to forward portfolios of individuals who should be considered for promotion in the Clinical Faculty Line to the Senior Associate Dean for Faculty Affairs.

**Clinical Instructor**

Clinical care providers who are not employees of DHMC, but nonetheless perform valued service to the Geisel School of Medicine in the training of our students, residents and fellows shall be awarded the title of Clinical Instructor. It is the expectation that most community-based preceptors shall be appointed at this initial rank unless they have academic standing that would warrant appointment at Clinical Assistant Professor, Clinical Associate Professor or Clinical Professor. Individuals appointed as Clinical Instructor may hold a doctoral level degree (e.g., MD, PhD, DVM, or DO) or non-doctoral degree (e.g., APRN, PA, RNA, or BSN).

Individuals appointed to the rank of Clinical Instructor may be promoted. Promotion is based upon academic accomplishment, not simply time in rank. Promotion for clinical faculty members shall be reviewed by The Senior Associate Dean for Faculty Affairs who will also solicit outside reviews from three members of the Clinical Faculty who have expertise in the area of the candidate and are of comparable or higher rank. The portfolios of candidates in the Clinical Faculty Line shall include the Chair’s letter, an up-to-date CV in the Geisel format, relevant teaching evaluations for the past 5 years, and peer letters of recommendation.

**Clinical Assistant Professor**

Promotion to the rank of Clinical Assistant Professor shall be based on demonstrated excellence in teaching and scholarly endeavors in that realm. Recommendation for promotion shall be based on attainment of some (not necessarily all) of the metrics below. Recommendation may also be made based on consideration of other metrics not listed below (i.e., it is not mandatory to meet all of these metrics nor is this list all-inclusive of achievements that may be considered when recommending promotion).
• A doctoral degree [M.D., D.O., Ph.D. or equivalent] with successful completion of a postgraduate training program and certification or eligibility for certification by the American Board of Medical Specialties, American Osteopathic Board, equivalent foreign board, or the equivalent for non-M.D. or D.O. specialists, or non-doctoral degree (e.g., APRN, PA, RNA, or BSN), and a major commitment to research (clinical, methodological, or laboratory), teaching, and clinical service.

• A commitment to provide high quality instruction or service to Geisel. Examples: precepting one “On Doctoring” student in clinic per year, taking one clerkship student in clinic for one month, or leading an On Doctoring small group would be equivalent to 20-30 hours of net teaching per year).

• Recognition by peers and students for excellence in teaching and training as made evident by student assessments and awards.

• Recognition that the faculty member serves as a role model, advisor or mentor to multiple students throughout his/her years at Geisel (e.g., On Doctoring through Year 4 Electives).

• Membership on major Geisel committees, such as the Community Preceptor Education Board (CPEB), the Geisel Diversity Council or the Medical Education Committee.

• Participation in the development and implementation of new courses, electives or curricular content or important teaching materials.

• Leadership or major participation in design of courses, and/or participation therein.

• Participation in local, regional, or national educational meetings and regular invitations to serve as an outside speaker.

• Participation as a speaker in CME and other faculty development activities.

• Demonstration of an ongoing commitment toward improving teaching skills (e.g., professional societies’ faculty development workshops or workshops through the Dartmouth Center for Advancement of Learning, (DCAL).

• Scholarship, either through conventional peer-reviewed publications or dissemination of academic work through other media.

• Engagement in public activities, policy-making bodies etc. at the local, regional, or national level that advance missions of the individuals profession and the medical school.

Clinical Associate Professor
Recommendation for promotion to Clinical Associate Professor shall be advanced by the Chair and reviewed by the Clinical/Adjunct Faculty Promotions Committee based on criteria commensurate with this rank as outlined below. As with advancement to Clinical Assistant Professor, promotion to Clinical Associate Professor shall be based on attainment of some (not necessarily all) of these criteria and factors other than those listed here may be considered in the promotions process:

- Service as a Clinical Assistant Professor at Geisel, or an equivalent institution for 5 to 7 years, with a consistent record of excellence and participation in teaching (Note: As with voting Geisel appointments, continued service and performance at the rank of Assistant Professor shall not, in itself, constitute grounds for promotion to Clinical Associate Professor).

- Evidence of continued excellence in teaching medical students with demonstrably greater responsibility for teaching, development of curricula or syllabi, and/or course leadership.

- Demonstration of an ongoing commitment toward improving teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning, DCAL) or through conferences and online training (e.g., as provided by the Office of Community-based Education and Research; OCER).

- And one or more of the following:
  - Active and ongoing participation in Geisel educational committees and activities, such as active membership in the Community Preceptor Education Board (CPEB), Medical Education Committee, or presenter in Geisel faculty development activities.
  - Active and ongoing participation in clinical research as evidenced by the academic portfolio, external funding of competitive peer-reviewed research or education projects; manuscript development at a level appropriate for involvement.
  - Substantive professional recognition as evidenced by some of the following: Elected membership in local, regional, national medical societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc.
  - Peer-reviewed publications or dissemination of scholarly work through other media.

Clinical Professor
Promotion to the rank of *Clinical Professor* will be granted only in recognition of exemplary and distinctive achievement. Recommendation for promotion to Clinical Professor shall be advanced by the Chair and reviewed by the Clinical/Adjunct Faculty Promotions Committee. Criteria for this title may include:

- Service as a *Clinical Associate Professor* at Geisel, or an equivalent institution, typically for at least 5-7 years with a consistent record of outstanding performance in teaching, and usually investigation as well. Continued service and performance at the rank of *Clinical Associate Professor* shall not, in itself, constitute grounds for promotion to *Clinical Professor*.

- Continued substantial involvement in student teaching (>20 net teaching hours per year, *vide supra*), with strong evidence of sustained excellence in teaching.

- Continued contribution and leadership in development of curricula or syllabi for students or preceptors, and/or course and educational committee leadership.

- And one or more of the following
  - Continued publication of important, innovative and clinical/educational studies in peer-reviewed journals.
  - Recognition by peers as a premier physician/provider and/or continued productive participation in investigation as evidenced by sustained external funding of competitive peer-reviewed research projects.
  - Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate students as evidenced by formal evaluations and awards.

- Faculty members promoted to the rank of *Clinical Professor* also may have achieved substantive professional recognition as evidenced by some of the following:
  - Authorship or editorship of textbooks, monographs, or journals.
  - Membership on editorial boards, study review sections, and/or advisory groups.
  - Elected leadership and membership in local, regional and medical societies.
  - Distinctive national recognition as evidenced by invited memberships, participation in major committees and programs, formal awards and major invited lectures.
  - National recognition as evidenced by awards or participation in regional/national symposia, courses, and teaching programs.
  - Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials.
  - Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.
  - Distinctive advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online opportunities.
4. The Adjunct Faculty

To help fulfill its academic mission to train the next generation of physicians, scientists and health care providers, The Geisel School of Medicine depends on the committed participation of investigators and teachers who may be members of other schools at Dartmouth (A&S, Thayer or Tuck) or who are not salaried by Dartmouth College or by any entity that employs voting and non-voting members of the Regular Faculty. These individuals teach our students, advance our research endeavors, and contribute to the scholarly mission of the Medical School, usually outside of the sphere of clinical practice, but are not expected to engage in the same range of scholarly endeavors pertinent to the mission of the Medical School as are members of the Regular Faculty. By providing these individuals with faculty appointments as Adjunct Faculty Geisel recognizes the important contribution that they make to the academic mission of the School. Faculty members may be appointed as Adjunct Instructor, Adjunct Assistant Professor, Adjunct Associate Professor or Adjunct Professor. It is expected that these individuals shall hold doctoral degrees or the highest appropriate professional degree (e.g., MPH or MBA). Appointments (along with reappointments and promotions where appropriate) for the Adjunct Faculty shall be put forward by the relevant Chair and require approval by the Dean of Geisel and the Dean’s Academic Board. Reappointments in the Adjunct Line are made biennially.

Each Chair should create his or her own appointment/promotion advisory process for his or her department’s Adjunct Faculty. In granting contributing faculty appointments, the main factor to be considered will be the individual’s commitment to the Geisel academic mission. Such a commitment requires documented direct contact with medical students, graduate students, residents, fellows or other learners. Consistent with the requirements for Clinical Faculty, those appointed as adjunct faculty members are expected to contribute the equivalent to 20-30 hours of net teaching per year or to play a documented and substantive role as part of an ongoing research project of members of the Regular Faculty. Reappointments at rank for adjunct faculty will be based on a recommendation by the Chair for demonstrated commitment to excellence in teaching and service to the missions of Geisel that includes documentation of the specific teaching responsibilities of the proposed faculty member. In many cases, members of the adjunct faculty hold regular faculty appointments in other departments at Dartmouth or at other academic institutions. Unless there is evidence to the contrary, if these individuals are promoted in their home departments, they will be awarded a comparable advancement in the Adjunct Faculty Line at Geisel as well. For individuals who do not hold a regular faculty appointment elsewhere, adjunct faculty members may become eligible for promotion to higher rank in this line following the procedure described for advancement of members of the Clinical Faculty Line.

Adjunct Instructor

Adjunct instructors may hold a terminal or, in some cases, non-terminal degree. They are expected to make substantive contributions to the non-clinical teaching and research missions of the Geisel School of Medicine. Individuals appointed to the rank of Adjunct Instructor may be promoted. Promotion is based upon academic accomplishment, not simply time in rank.

05/18/15
Promotion for clinical faculty members shall be reviewed by a committee of Adjunct faculty peers and the Senior Associate Dean for Faculty Affairs the Geisel School of Medicine who shall constitute the Clinical/Adjunct Faculty Promotions Committee.

**Adjunct Assistant Professor**

Sample criteria (not an all-inclusive list, nor do all criteria need to be met for advancement) relating to demonstrated excellence in teaching (non-clinical) and/or research include:

- In most cases, a doctoral degree [M.D., D.O., Ph.D. or equivalent] with successful completion of a postgraduate training program; and a major commitment to research and teaching.

- Documented contributions to ongoing research activities at Geisel as made evident by a role as key personnel on a Geisel-sponsored grant and/or by peer-reviewed publications with members of the Geisel faculty.

- A commitment to provide high quality instruction or service to Geisel. Examples: contribution to ongoing didactic lecturing equivalent to about 20-30 hours of net teaching per year.

- Recognition by peers and students for excellence in teaching and training as made evident by student assessments and awards.

- Recognition that the faculty member serves as a role model, advisor or mentor to multiple students throughout his/her years at Geisel.

- Membership on Geisel research or educational committees.

- Participation in the development and implementation of new courses, electives or curricular content or important teaching materials.

- Leadership or major participation in design of courses and curricula.

- Participation in local, regional, or national educational meetings and regular invitations to serve as an outside speaker.

- Participation in faculty development activities.

- Demonstration of an ongoing commitment toward improving teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

**Adjunct Associate Professor**
Promotion to the rank of Adjunct Associate Professor will be granted only in recognition of contributions to the Geisel mission that goes well beyond those stipulated for appointment to the rank of Adjunct Assistant Professor. Criteria for this title may include:

- Service as an Adjunct Assistant Professor at Geisel, or an equivalent institution for 5 to 7 years, with a consistent record of excellence and participation in teaching and or research endeavors (Note: As with voting Geisel appointments, continued service and performance at the rank of Adjunct Assistant Professor shall not, in itself, constitute grounds for promotion to Adjunct Associate Professor).

- Promotion to Associate Professor of the voting faculty of the candidate’s home department/institution.

- Evidence of continued excellence in teaching students and commitment to improving teaching skills, with demonstrably greater responsibility for teaching, development of curricula or syllabi, and/or course leadership.

- Evidence of continued excellence in research and increased commitment to team-based research efforts, as evidenced by the academic portfolio, external funding of competitive peer-reviewed research or education projects; publications and manuscript development at a level appropriate for involvement; development of important web-based curricula or dissemination of research through peer-reviewed websites.

- Substantive professional recognition as evidenced by elected membership in local, regional, national societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc.

- Documented contributions to institutional or program reviews or grant writing activities.

- Demonstration of continued advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

**Adjunct Professor**

Promotion to the rank of Adjunct Professor will be granted only in recognition of exemplary and distinctive achievement. Criteria for this title may include:

- Service as an Adjunct Associate Professor at Geisel, or an equivalent institution, typically for at least five to seven years with a consistent record of outstanding performance in teaching, and usually investigation as well. Continued service and performance at the rank of Adjunct Associate Professor shall not, in itself, constitute grounds for promotion to Adjunct Professor.

- Evidence of continued excellence in research and increased commitment to team-based research efforts, as evidenced by the academic portfolio, external funding of
competitive peer-reviewed research or education projects; publications and manuscript development at a level appropriate for involvement; development of important web-based curricula or dissemination of research through peer-reviewed websites.

- Promotion to Professor of the voting faculty of the candidate’s home department/institution.

- Continued substantial involvement in student teaching (>20 net teaching hours per year, vide supra) and documented recognition of excellence in teaching.

- Continued contribution and documented leadership in development of curricula or syllabi for students and or other learners, and/or course and educational committee leadership.

- Distinctive national recognition as evidenced by elected membership in local, regional, national societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc. Membership on editorial boards, study review sections, and/or advisory groups.

- Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials.

- Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards.

- Documented contributions to institutional or program reviews or grant writing activities.

- Distinctive advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

5. The Visiting Faculty Line

It is recognized that faculty members from other academic institutions may come to Geisel for periods of time typically for a year or less for collaborative projects, sabbatical leave or named lectureships. These individuals usually continue to retain regular appointments at other institutions, but may be granted term appointments (limited to one year, unless an exception is granted by the Dean’s Office). Visiting faculty who do not receive compensation that would allow them to receive benefits from Dartmouth need to ensure that benefits from their permanent institution will continue to apply during their tenure as visiting faculty at Dartmouth. Petitions for visiting faculty status will be reviewed by the Senior Associate Dean for Faculty Affairs and such individuals will be granted the title of Visiting Faculty at a rank that is commensurate with their appointment (or equivalent) at their home institution. With respect to foreign nationals, it is the obligation of the Chair or Institute Director to provide complete background information for the candidates for whom a petition for status as a visiting faculty
member is being made. Upon receipt of this information, the Dean’s Office will consult with the Office of Visa and Immigration Service (OVIS) to determine if the candidate is eligible for employment in accordance with applicable Dartmouth College policies. Information on the regulations of U.S. Citizenship and Immigration Services (USCIS) that govern the appointment of foreign nationals to academic positions may be found on the USCIS go to http://www.uscis.gov/portal/site/uscis.

6. The Honorary Faculty Line

Faculty members who have retired from Geisel or another academic institution, who actively contribute to our academic mission and who may, under some circumstances, receive compensation for these efforts are eligible for appointment in the Honorary Faculty Line. These faculty members have a wealth of insight and experience to share with both students and current faculty, and Geisel recognizes the value in keeping them actively engaged in our community. Such faculty members may be involved in teaching students both in the classroom and in the laboratory and may also be involved in providing mentorship to current faculty members. Such individuals do not have to have been employed previously at Geisel and do not have to meet criteria for emeritus status. The Honorary Faculty title is not a mechanism to reward individuals for past service if, going forward, they no longer have a substantive and active role at the institution.

The privileges and benefits of honorary faculty members are the same as for emeritus/a status and include discounted tickets to athletic and cultural events; the ability to purchase computer equipment at discount through The Computer Store; access to computer help through the College, the ability to purchase a parking permit; library privileges; access to computing facilities for professional activity; access to athletic facilities on the same basis as active faculty members; and a subscription to some of the College's publications, such as VOX and Dartmouth Life.

7. Lecturer

In a limited number of instances, it may be desirable to provide individuals who provide didactic instruction on a restricted basis the title of Lecturer.

Lecturer

Appointments in the rank of Lecturer are offered to persons for the specific purpose of teaching one or more courses without any other implicit obligations to the Medical School. Such appointments may be made for up to three years. These appointments may be part-time with the level of responsibility to be determined annually.

Senior Lecturer
Individuals appointed to this rank normally will hold a terminal degree or other appropriate credentials in their teaching field, have a record of teaching effectiveness, and be involved in continuing professional activity. Such appointments may be for up to three years. These appointments may be part-time with the level of responsibility to be determined annually.
Appendix I

A request for a waiver from affirmative action guidelines for conducting a national search may be appropriate for some positions in certain situations. Waivers are infrequently requested and, typically, infrequently granted. The situations that may be appropriate are listed below. Any other situation should be first discussed with the Senior Associate Dean for Faculty Affairs, before requesting a waiver from Dartmouth’s Office of Institutional Diversity and Equity (IDE).

Positions that require a full national search following EO/AA guidelines and thus are eligible for a waiver:

- 0.5 FTE or more
- rank of Assistant Professor or above
- tenured, tenure-track, or voting
- paymasters: C, DC, MHMH, VA, W

Positions that do not require a full national search following EO/AA guidelines and thus are not eligible for a waiver:

- less than 0.5 FTE
- rank of active emeritus, contributing, instructor, or visiting
- housestaff, Maine-Dartmouth residency program
- paymaster: A, E, G, HS, HSV, ME, O

Possible EO/AA considerations for granting a waiver from a full national search for a faculty position:

- Special opportunity 1: targeted individual is an independent, funded candidate of a very high level of academic achievement.

- Special opportunity 2: targeted individual’s specialty or qualifications are unique highly limited, distinctive, or novel that are identified as vital to the institution.

- Targeted individual belongs to a team that would accompany someone selected through a full, national search.

- Targeted individual is the spouse or partner of someone deemed desirable to recruit or retain.

- Targeted individual is a minority being recruited into a unit that is underutilized in the aggregate for minorities, or underutilized for the minority group to which the appointee belongs.
Appendix II

Faculty Tenure at The Geisel School of Medicine

Pursuant to the proposal approved by the Dartmouth College Board of Trustees in April of 1993, the guidelines governing tenure for the faculty of The Geisel School of Medicine shall be as follows:

1. All tenure commitments in existence prior to April 1993 will remain in force. There will be no change in the terms of the institution's obligation to those faculty members to whom tenure had been granted previous to the acceptance of this plan.

2. Eligibility for Geisel tenure, will be limited to full-time faculty whose paymaster is Dartmouth College. For any such individual deriving partial compensation from a DHMC entity other than Geisel, eligibility will depend on the willingness of Geisel to accept the potential responsibility of full support, or on the assurance of continued partial support from the other entity.

3. Tenure may also be awarded to eligible individuals with the rank of professor who join the Geisel faculty or are appointed as departmental chairs, as named chairs, or as the Dean. In all cases the awarding of rank (professor) and the awarding of tenure are separable actions and require separate review and approval by the Appointments, Promotions and Titles Committee, the Dean, the Dean’s Academic Board, the Provost of Dartmouth College, and, for awarding of tenure, the Dartmouth College Board of Trustees. The Dean will include a status report on the tenure program in his/her annual report to the President, Vice-President and Treasurer, and the Provost.

4. Faculty with tenure will be entitled to retain their academic appointments until resignation, retirement or death. They will not be subject to dismissal except for specific cause, as described in Organization of the Faculty of Dartmouth College.

5. The number of tenured positions granted will be determined by the rolling three year average of the sum of [(1) tuition paid by enrolled students (less internally funded scholarships), plus (2) the annual income from Geisel unrestricted endowment, plus (3) income from endowed chairs], divided by the average of potential tenure derived compensation for all tenured senior faculty at that time.

6. Tenured faculty will ordinarily be expected to derive their compensation from a mixture of internal and external sources. To be fully compensated, a tenured faculty member is expected to derive at least 40% of compensation from extramural sources. External sources may include payments for research, teaching, consulting, clinical
practice, or other sources designated as "extramural" by the Dean. In the absence of external compensation support, tenured faculty members are guaranteed at least 60% of their previously determined full compensation from internal funds.

7. For a faculty member who does not derive at least 40% of full compensation from external sources, the Dean in consultation with the departmental Chair may provide up to 40% of additional compensation as an internal supplement to the 60% that is guaranteed in recognition of continued effort in teaching, scholarly activity and other valued institutional service.

8. In the event of loss of expected support from external sources adequate to assure full compensation, the downward transition from full compensation to a reduced level will not exceed 10% per year.

9. External support for faculty compensation in the aggregate is essential to the long-term health of the medical school. To the extent possible, tenured faculty members are expected to derive compensation at a level determined at the time of hire (unless subsequently modified by policies of the school) from external sources. The Dean may declare a moratorium on the awarding of tenure if external support of compensation as a percentage of full compensation for all tenured Geisel faculty falls by more than 20% in one year (compared to the rolling average of the three previous years), or falls by that amount over a period of more than one year following the onset of a decline. If the number of tenured faculty meets or exceeds 95% of the institutional support available for those positions, the Dean may also declare a moratorium on the awarding of tenure.

10. In the event of a moratorium on the granting of new tenure/tenure-track positions, the awarding of tenure will be reinstated by the Dean once external support for faculty compensation again becomes adequate. Faculty members promoted to the rank of Professor during the period of the moratorium will be eligible for the award of tenure in order of the time of their promotion.

11. Revisions re-defining the financial obligations to faculty members must be approved by the Board of Trustees of Dartmouth College. Other revisions that change the intent of the document must be reviewed by the Faculty Council of the Geisel School of Medicine. Minor revisions and specific clarifications (e.g., re-naming of the medical school) that do not alter the meaning of the document may be made by the Dean.