

Guidelines for Appointment and Promotion of Non-Tenure Track Clinical Faculty
University of Georgia College of Veterinary Medicine
Department of Small Animal Medicine and Surgery

I. Purpose

This document is an addendum to the *University of Georgia Guidelines for Appointment and Promotion of Clinical Faculty*. The clinical appointment and promotion unit is the Department of Small Animal Medicine and Surgery.

University Guidelines URL: <https://provost.uga.edu/wp-content/uploads/appointment-promotion-guidelines-clinical-faculty.pdf>

Background:

The mission of the Veterinary Medical Teaching Hospital is to serve as the instructional laboratory for clinical medicine and surgery for students in veterinary medicine and post-DVM trainees. Case materials also provide for applied and basic research, as well as for instruction in graduate and pre-clinical courses of the curriculum. Many patients represent secondary or tertiary referral from private practitioners. This requires that all patients referred are accepted in a timely fashion. Demands for animal health care placed on personnel and resources in the Veterinary Teaching Hospital and Diagnostic Laboratories are great, and meeting these needs in a timely and professional manner will be the primary focus of clinical track faculty members. Indeed, if private veterinary practice is the base of a pyramid representing primary animal health care in our society, the university-based teaching hospital is the apex of the pyramid by providing secondary and tertiary referral, consultation and the leading edge of scientific development for animal health care. The societal expectations and demands for these sophisticated services often work against faculty responsibilities for teaching and research. The Veterinary Teaching Hospital is the place where the University, the veterinary profession, and society expect advances in veterinary medical healthcare to occur. Taken together, the needs of the public require the Veterinary Teaching Hospital to meet growing animal health care service demands while continuing to address teaching and research missions.

The proposed guidelines have been designed to establish non-tenure clinical faculty appointments that will provide clinical service, participate in the instruction of veterinary students, and, to a lesser extent, assist with the implementation of clinical research.

II. Purpose of the Positions:

The principal role of non-tenure track clinical faculty is to provide a particular clinical service. These faculty members will focus on building and maintaining an advanced veterinary clinical practice within the veterinary college setting. The nature of this service will often involve the individual in teaching veterinary students, interns, and residents. These faculty members will also be involved in continuing education for veterinarians, participate in shared governance through department and college committees, and provide service to local, regional, and national professional organizations.

III. Eligible Clinical Appointment and Promotion Unit (CAPU) Voting Faculty

- A. Eligible voting faculty within the department, for purposes of appointment and promotion of clinical track faculty, includes all tenure and clinical track members of appropriate rank as defined in the *University of Georgia Guidelines for Appointment and Promotion of Clinical Faculty*. Clinical track faculty will have voting rights for appointment of clinical track faculty.

However, clinical track faculty members do not have voting rights pertaining to promotion and tenure of tenure track faculty (per *University of Georgia Guidelines for Appointment, Promotion, and Tenure*).

- B. The CAPU head is the academic head of the Department of Small Animal Medicine and Surgery.

IV. Ranks

- A. Clinical assistant professor

- 1. Candidate should be board certified or eligible for board certification in an appropriate clinical discipline. In the instance that there is no discipline specific board certification available, an alternative qualification may be acceptable. This exception must be approved by the CAPU Head, the Dean of the College of Veterinary Medicine, and the Provost prior to appointment.
 - 2. Reappointment of clinical assistant professors beyond seven years (or beyond 10 years in combination with initial appointment as instructor) is addressed on page six of the *University of Georgia Guidelines for Appointment and Promotion of Clinical Faculty*.

- B. Clinical associate professor

- 1. At least five years at the rank of clinical assistant professor or comparable training, background, and experience.
 - 2. Board certification is required. In the instance that there is no discipline-specific board certification available, an alternative qualification may be acceptable. This exception must be approved by the CAPU Head, the Dean of the College of Veterinary Medicine, and the Provost prior to appointment. Promotion based on this exception will be considered when documentation of the extraordinary circumstances in which the candidate has demonstrably successful, appropriately related experience is presented.
 - a. For faculty whose primary clinical appointment in the Veterinary Teaching Hospital is in the Community Practice Service, certification by the American Board of Veterinary Practitioners (ABVP) is desirable. An exception may be made if the faculty member has experience and accomplishments that compensate for, or make irrelevant, the lack of specialty board certification. A request for an exception is subject to prior approval by the Provost following receipt of supporting documentation and the recommendations of the CAPU Head and Dean.

- C. Clinical professor

- 1. At least five years at the rank of clinical associate professor or comparable training, background, and experience.
 - 2. Board certification is required. In the instance that there is no discipline specific board certification available, an alternative qualification may be acceptable. This exception must be approved by the CAPU Head, the Dean of the College of Veterinary Medicine, and the Provost prior to appointment. Promotion based on this exception will be considered when documentation of the extraordinary circumstances in which the candidate has demonstrably successful, appropriately related experience is presented.
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V. Appointment

- A. Each new clinical instructor, assistant professor, or associate professor will be provided mentoring support under the supervision of the Faculty Development Oversight Committee (FDOC). This mentoring support serves as a resource to help the faculty member through the process and guide and champion the professional success and retention of the faculty member. This includes not only the University promotion process, but also professional development (networking and developing national and international recognition). In addition, the mentors work to facilitate the faculty member's personal development (for instance developing positive interactions and collaborations with other faculty). It is expected that the faculty member will actively participate in the mentoring process.

VI. Promotion

- A. A candidate for promotion will be judged primarily on the quality of performance of assigned responsibilities consistent with the position description and with the criteria for the rank sought. The individual will be expected to have either made significant progress, or maintained a high standard, in the quality of the program and in his/her own professional abilities. Documentation of evidence for scholarship in teaching, research, and service is generally defined in the *University of Georgia Guidelines for Appointment, Promotion, and Tenure*. Documentation of this progress or standard appropriate to the position may include professional recognition, awards, service in professional associations, and contributions to the discipline and should be included in the promotion dossier. This information should document the quality of client service and patient care provided by the candidate and may also address the development or application of innovative diagnostic or therapeutic procedures, protocols, or programs. The information should also document the quality of the referral and consultation service offered as applicable to the position.

One specific quantifiable measure of generating and sharing new knowledge (development or application of innovative diagnostic or therapeutic procedures, protocols, or programs) is through publication. The following guidelines are offered to provide some general expectations:

Publications

1. The number of publications may vary. The typical clinical track faculty member is assigned to clinical duties 67%-75% of the time and has a $\geq 90\%$ teaching and service effective faculty time (EFT) assignment. For this assignment, an average of one or more publications per year is usual for promotion to clinical associate professor and clinical professor. Contribution through publication is expected, but first author publications are not required. For those faculty members with greater than 75% assignment to clinical duties, the expectation for publication is reduced accordingly.
2. Concerning type and venue of publication, review articles, case reports, book chapters, and refereed proceedings from national and international meetings help establish national reputation and may be used to document scholarly activity in teaching or

service. Publication of original scientific discovery in either research or teaching refereed journals can be extremely beneficial but is not required.

3. Peer-reviewed research articles may be related to bench or clinical research. Concerning authorship, first author publications have the highest priority. Second and last author papers are next in priority, especially if the first author is a post-doctoral trainee under the faculty member's guidance. Second and last author publications are weighted equally by this department in consideration for promotion. Co-authorship on original scientific discovery in either research or teaching refereed journals can be extremely beneficial.
 4. Peer-reviewed articles related to service through the Teaching Hospital include prospective and retrospective studies, and case reports. Concerning authorship of prospective and retrospective studies, first author publications have the highest priority. Second and last author papers are next in priority, especially if the first author is a post-doctoral trainee under the faculty member's guidance. Authorship of case report material articles is considered to be based on contribution. First author publications have the highest priority; second author publications are next in priority. Emphasis of author contribution continues accordingly to the last author, with consideration given to the number of authors.
 5. Authorship of review articles and book chapters is considered to be based on contribution. First author publications have the highest priority; second author publications are next in priority. Emphasis of author contribution continues accordingly to the last author, with consideration given to the number of authors.
- B. These positions constitute a career ladder and minimum times in rank are generally required. Acceptable performance at one rank, in and of itself, does not imply having met the criteria for the next rank, simply by the passage of time.
- C. Promotional raises should be consistent with those associated with promotion of tenure track faculty.

VII. Role of Clinical Track Faculty in the Department:

- A. With the exception of processes related to promotion and tenure, clinical track faculty members are expected to participate fully in faculty governance in a manner similar to, and with the same rights and responsibilities as, tenure track faculty members.
- B. Generally not more than 20% of the Department's faculty may consist of non-tenure track clinical faculty.