

Academic Personnel Policy Revision Kick-Off Retreat: Key Points

Question: Should we adopt a broader definition of scholarship (such as Boyer's) for use in evaluating the contributions of faculty in the various mission areas?

Broadening the definition of scholarship

- Should be broad and recognize multiple ways of exhibiting scholarship (patents for example).
- Yes, there should be more of a definition of scholarship. We didn't necessarily buy that it should be Boyer's framework but it should incorporate all the different activities and recognize all the different activities that are ongoing within an academic health center...
- We generally agreed with the broad definition of scholarship as described by Boyer, not necessarily the specific framework and steps that Boyer put forth, but in his document he distinguishes clearly between service, research and education. And notes that education and service can be related to scholarly activity and does not necessarily have to entail scholarly activity. We thought that was an important distinction.
- The concept of scholarship, which should be required for promotion, is a continuum, and the award of tenure is the highest level required. However, the definitions of scholarship need to be expanded to encompass the work that clinicians do.

Defining scholarship

- We defined scholarship as the *advancement of knowledge* – whether it's in the research setting or new methodologies that *profoundly impact* teaching.
- We need a much more flexible measure of scholarship. We were intrigued by Dartmouth's. We decided scholarship is all that *creates, innovates, amplifies, refines or promotes knowledge*. It affects our understanding, advancement or medical practice in the health of our community.
- We thought that the 3 key elements of scholarship are innovation, generating a new knowledge that is generalizable, and some form of dissemination is essential and that can come in many ways. Not necessarily through traditional peer review publication.
- *Discovery and innovation* were 2 very key pieces that would lay the foundation for evaluation of scholarship– what kinds of insights came from the work was really important; not just dissemination but what type of ultimate impact was there.
- ...advancing the field...

Measuring scholarship

- We looked at the issue of how to recognize scholarship...it is dissemination of your work.
- .. Thinking about clinical educators and clinical faculty it's very difficult for them to do traditional dissemination. Whether its publications or getting grants or somebody giving you money and so on, it can be doing a lot of excellent scholarship. Some of the barriers to promotion right now require that you have a national reputation, that you get letters from outside professors talking about how wonderful you are--that can be a barrier for a lot of the clinical educators; is there a different way of thinking about we are recognizing scholarship beyond that current piece?
- We should look at alternative metrics for measuring scholarship. This is already happening, even in the C journals, looking at altmetrics and other kinds of impacts beyond traditional impacts scores; it's worth looking at some of those other types of measures.

- Assessment of impact extends beyond merely publication impact factors. Highly cited papers may not have changed the way science is done or practiced. Take health policy, for example: we see a number of our colleagues innovating in the clinical system or in the context of CWM. It ultimately makes a difference on the way our clinical systems are set up or the way the healthcare delivery is achieved or practiced— and the benefits provided to a number of individuals. We really need to rethink impact. How does it change the way we do science, how does it change how we do medicine, how does it change policy or how does it save lives.
- A lot of our faculty are involved in policy development, evaluations of programs; they would be disseminating in a different way that may not be recognized as high value in the current approach to promotion and tenure. So they may not be [published in] peer reviewed journals, but they may be issuing briefs, they may be providing reports to the legislature—and they may have quite a lot of impact. How do you value those things? If a faculty is disseminating in a particular journal considered to be a high value journal for that department, but not a high value journal across all science, the devil is in the details.

Team science

- There is so much team science now; it would be nice to recognize more than the 1st author and last author and give real weight to anybody who's contributed to the publication. And so [we need to] design a different way of rating contributions to team science.
- We thought the concept of team science is very important and most people would probably buy into the spirit of team science, but when it comes to implementing decisions around team science that we may not, as a university, be totally where we need to be on that area. So as the case arises when someone working in laboratory and is making really important contributions to the laboratory, is really driving innovation, is really spearheading this dissemination and yet is not recognized as a PI. We thought that example of a person who has contributed to the team, is really engaging in team science may have some difficulty being recognized.
- With team science, assessing the contributions of the members of the team is key. Specifically, what types of work they do, what were their specific contributions to the discovery/innovation.
- Team science...scholarship by members within a group who were integral to the [team] work, required to create the ability, to create knowledge. We need some sort of metric with publications that the author's role/contribution is specified.

Bottom line:

There is agreement/consensus for broadening the view of scholarship within the revised APP. Scholarship involves the essential elements of innovation, discovery, advancement of new knowledge and impact. We also need to describe how we measure scholarship, what would the metrics be? Dissemination is part of it; impact is also part of it. Peer review is part of it, but there may be ways other than peer review as a metric of scholarship. Most felt that scholarship should be a requirement for promotion—but scholarship broadly applied to each of the mission areas: scholarship in clinical service; scholarship in education and teaching; scholarship in research, and even scholarship in service. It is also important to recognize the scholarly contributions of faculty working in teams.

Question: Is the institution of tenure at UMMS in need of reform?

How should we think about tenure? Do we need tenure?

- ...The definition of tenure says this award is acknowledgement that the faculty member has achieved academic excellence...
- The main purpose of tenure is to provide reward for academic excellence and achievement... academic recognition and scholarly achievement...and to protect people against prejudicial actions because of their personal beliefs and behavior (academic freedom).
- Tenure as a very strong expression of appreciation of the school for the work of the faculty member and should be extended to clinical faculty who advance the educational mission who engage in scholarship
- ...look at it from the standpoint of recruiting into certain types of positions in clinical departments where we are trying build some things that in clinical departments that have a significant academic impact that involves a significant amount of clinical research. Without a tenure package, we are not recruiting the same kind of candidates. But with lowering the guarantee somewhat helps make it easier to expand the number of academic people in some of the clinical departments.
- Tenure is important for recruitment for recruiting senior people and for retention...eliminating tenure would be a mistake.
- Tenure is recognition for defined group of exceptional individuals who engage in research or perhaps other activities for which we need to compete nationally or internationally and whom we want to attract and retain them within our institution. While we use this term basic scientists, this could be anybody who is doing exceptional research or translational research: I think scientists are scientists. And I would hope that we as an institution can seek to retain through tenure the exceptional scientists whether they are translational, basic, or whatever...The guarantee of salary support is incredibly important; in today's market place, if we want to attract and retain the best scientists, I think we are going to have to offer tenure.
- There's enormous value from the institution's perspective of investing in tenure in order to recruit, retain, sustain the best and brightest for whatever value those individuals bring to the institution: they bring value in terms of research prestige, they bring value with terms of their educational role in teaching our students and they bring value in terms of their clinical expertise, revenue and patients. If you want to be a leading academic health center, then you need that core of outstanding faculty to sustain that enterprise.
- UMass Amherst, which was originally our APP, requires excellence in 2 out of the 3 mission areas, and strength in the third (vs. our requirement for excellence in research and one other mission area). So, if you were to broaden the criteria for tenure and allow tenure for clinicians for their excellence in practice or educators for excellence in education, then the option for tenure is more broadly available.
- What is the motivation that physicians have for getting tenure? We felt that most physicians don't necessarily come in wanting tenure but what they really want and need is recognition. We also felt that excellence in education as well innovation should be recognized. But there should be a

separation between pure recognition and tenure. Tenure is very important for people who, say, maintain a lab and may have a lapse in funding therefore tenure provides a buffer zone if they need a year to get back on their feet. But, what clinicians really want is recognition; it is really necessary to devise *some type of rolling type of guarantee or contract for those who have excellence in clinical education or innovation*. A lot of the success of the hospital depends on the recognition from the medical school; sometimes the only recognition or positive influence that a young clinician has in their life is actually what they get from the medical school.

- What clinical faculty are really looking for in tenure, to a large extent, is the recognition. So, keeping that out of the loop keeps them out of the recognition. So we really want to be thinking about different tracks to tenure; maybe there is a clinical track to tenure, as well as a basic research track to tenure.
- I've heard several anecdotes of individuals—clinical researchers—who left because they were recruited to another institution that included a tenure package.
- We think that the uniform application of tenure is important, regarding the criteria for all tracks.
- In terms of tenure, we did feel eliminating tenure would be a mistake particularly in terms of recruitment of senior people and retention so we felt, considering part salaries, considering looking at endowed chairs and other ways to support something.
- So, it's a different group, it's expanding tenure to meet something that it doesn't currently meet to include educators, to include other people who are doing scholarship because we just said on the first slide that scholarship has to be expanded. So, if we expand scholarship can we expand tenure also?
- The alternative tracks that might be associated with some recognition that we call tenure, or something like tenure, and expanding to people in the clinical departments such as those K award recipients who get on a track where they develop an expertise and their research is closely related to their clinical practice but yet it's different. Those individuals are the individuals for whom they do want tenure, and I do see it as a recruiting disadvantage to us and retention disadvantage to us to not have tenure options for these individuals.
- The economics need to be considered. Tenure for term (of 7 years, for example) appealed to us a lot because we could define the economics [and potentially expand the pool of tenured faculty].
- If changed, we would want to recommend a policy to the BOT that included a grandfather clause giving those currently under this policy the right to remain under that policy while going forward faculty and staff operated under a new policy recommendation.
- Bottom line: There is consensus around maintaining the institution of tenure, but there is no unanimity on the how we conceptualize tenure, the eligibility for tenure, and the meaning/definition/guarantees of tenure.

Should we revisit the guarantees of Tenure?

- For tenure to be meaningful there needs to be a financial component. But should it be financial security? How long should the commitment last? Tenured faculty must have ongoing productivity. Should financial commitment be reviewed every five years, for example?
- We should revisit or rethink this whole notion of guarantees; the 7 year time period, perhaps shortening that to a 4-5 year period. Are there other ways to offer guarantees other than tenure? Long term contracts or multi-year contracts?
- Tenure is job security and the salary guarantee...but high salary guarantees lead to contraction of or limiting the availability of tenure positions... A very high salary guarantee presents an impediment to the expansion of tenure. A lower salary guarantee makes it more feasible to consider broadening the inclusion of people who get that recognition.
- So there is a trade-off between making a strong enough tenure guarantee that it does ensure academic freedom but making it palatable enough to consider expanding it. We can think about if there are different types of tenure- expanding it enough to align with the various missions of the institution....you could frame tenure a lot differently and recognize more people who achieve that term of excellence.
- Balance is making it strong enough that academic freedom is supported
- But, should it be financial security? We really thought that it was different for the clinicians than say researchers in the lab. The reason is the lab researcher needs more income protection because they may be in between grants and have no other mechanism of income support if they're in a fallow period in terms of the grants they have where clinicians can always provide clinical service and earn an income in that way. Because it is a recognition factor, we feel more tenure should be granted but the financial commitment for a clinician track would be much, much less than it would be for basic science faculty.
- When you are granted tenure, the implication is that you must- the quid pro quo is we give you some salary support you must have ongoing productivity. We think that's a concern potentially because you may have people who get tenure and then become non-productive if you do not monitor this effectively and we wondered if the financial commitment should be reviewed every five years, for example, and we felt that there should be an out after a period of time if indeed certain performance metrics are not met.
- Tenure for term appealed to us a lot because we felt we could define that and we could define the economics and we could try to separate out, particularly for clinicians, recognition of tenure.
- Other ways to offer guarantees other than tenure, again thinking of what other colleagues at other institutions might be doing. We're not really sure but are there other possible opportunities out there. Like a long-term contract or a multi-year contracts.
- I do feel very strongly that it is absolutely counterproductive to say that a clinical researcher who is heavily engaged in research can resort to doing clinical work to sustain themselves during a year or two of a grant lapse. I think that's the same thing as, at some, I think it's primarily at undergraduate universities where when a basic scientist loses their grant they are asked to teach 5 courses instead of 1 or something. So if you really have a researcher who has been spending

80% of their time in research and you say “ok, now you can see patients every day and make up that income” that’s the end of their research career so I feel very strongly.

- We felt that by default the current financial guarantees are restrictive- we want to broaden the availability and so therefore it’s going to have to change in some way. And we also echo comments that a 7 year post tenure review is too long and that should be shorter.
- Perhaps the tenure guarantee that might go to someone who is primarily a clinician who is tenured would be a certain amount of protected time they can be innovative and develop their own activities to an extent - not expected to be in the clinic quite so much that tenure would have a very different financial impact for them and a different meaning for what it would do but it would be a stimulus and a recognition and award for those members of the faculty.
- For basic scientists the tenure track represents recognition, financial security and job security. Our idea was that...for clinical faculty the recognition of tenure would be the job security of a 1 year of notice to be let go. And we also talked about the concept of term tenure where you're given tenure but it's for a fixed period of time and then it comes up for reevaluation and if you don't meet the criteria that could be backed off. And, we would have to redo the requirements for tenure if we're going to give clinical tenure...
- We need to have an eye on the market value outside the institution. With the basic scientists every single recruitment that we make has to be a guarantee of tenure for our PI's because every one of our candidates are in the top tier and have several other offers - all of which are fully tenured and they are fully funded...but most importantly for the kinds of positions we are talking about where they may be involved in some activity that's a team activity or maybe some activity that's more educational but innovative and potentially disseminated, that market value could be at 20% in terms of guarantee and funding so we might be able to extend, broaden the amount of tenure we can give for clinical faculty by reducing the absolute amount. If we do that in a way that market value driven then we should be fine in terms of recruitment.
- The idea of clinical researchers wanting the same thing that basic scientists have now depends on the group you want. We are losing promising clinical faculty [with K/R-type awards] because they can get tenure track positions elsewhere. But a little bit of protected time...perhaps a percent effort or flat rate (30% clinical faculty salary might be 50% basic science salary).
- Could UMass Memorial or other clinical partner help contribute to the some of the lines, particularly if we move more into education and clinically innovative stuff where they might want us to be setting lean and become experts in something that might be valued by the school but equally valued by the clinical system?
- I think that the consensus was that we probably need to reduce the guarantees but that they should be done across the board so that it's fair and we don't create two classes of citizens/faculty in respect to the compensation.
- Before I was at my present job I was at the Shriver Center and what happened to us over and over again is we mentor the people effectively they would get up, get an R01 and in at least 3 cases, before the grant was even awarded we got raided by local universities who offered our people tenure and a higher salary. We did years of preparation and developing these people and our colleagues just looked at them and said "gee these guys don't seem to value you but we do would you like to come?" and they did and created a big problem.

Question: Should we reconsider the use of prefix/ suffix modifications to academic titles?

- Whatever role they were hired for-- that scholarly role should be what we are looking at in order to judge their scholarship.
- We believe that getting rid of the modifiers would be a good thing to level the playing field around how people measure up externally to the rest of the world. Modifiers create different sets of standards and it would help to recognize other forms of scholarship if we could rid ourselves of the modifiers.
- One area we thought needs reform was the use of modifiers. We believe they currently make faculty feel like 2nd class citizens and we too were most in favor of the single academic rank/title recognition. This is necessary for recognition of particularly the clinical faculty.
- For basic scientists and clinicians alike, there should be a method for a change in tracks. Sometimes people are hired into a certain track but their life changes and they want to go onto a different track.
- Promotion is a big problem for the clinical faculty because we don't create the environment in which they can develop the scholarship we might hope and want them to do.

General approach

- Assemble a group to discuss scholarship, issues of tenure and non-tenure tracks, and guarantees of tenure as a continuum.
- Determine different types of scholarship and also levels of achievement (metrics) within these different domains of scholarship.
- Assess the level of scholarship that should be awarded and recognized for various levels/ranks, and what level of scholarship is required for tenure.
- Representative group with multiple stakeholders and represents the entirety of the faculty, charged by the Dean, and with periodic reporting of progress.
- Initially the group will consider the definitions of scholarship.