



Professor of Clinical X (PCX)

This additional professorial title is appropriate when an HMS/HSDM Associate Professor with a physician-equivalent degree (e.g., MD, DO, DMD, PsychD) has made contributions that have resulted in a national, and in many cases international, impact in and reputation for advancing the practice of medicine founded by the candidate’s clinical expertise and excellence. Candidates must have a demonstrated record of clinical expertise, clinical excellence, and teaching excellence.

Additional eligibility criteria for Professor of Clinical X can be found in [Section 7.3](#) of the Faculty of Medicine Handbook.

Major Domains of Evaluation:

Trajectory	
Recency	Exceptional, sustained contributions since Associate Professor promotion, including within the past 3 years
Independence	Strongly established, independent thought leader
Cohesion	Strong alignment in that academic and other types of contributions form the basis for the candidate’s reputation and impact
Contributions	
Nature of Contributions	<ul style="list-style-type: none"> • Cohesive body of contributions (not limited to research and other peer-reviewed publications) within the Domain of Contribution • Influential, broadly disseminated publications and other contributions that have influenced the practice of medicine through the scholarship of application or scholarship of integration • Evidence of sustained major authorship and/or other evidence of key leadership
Reputation & Recognition	
Clinical Expertise	Strong national and often international recognition, as one of the primary thought leaders in the field of expertise
Service and Leadership	Strong, sustained record of major national and often international leadership roles (professional societies, organizations, certifying boards)
Editorial and Peer Review	When present, can add evidence of expertise and thought leadership

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Presentations	High-visibility national and often international invited presentations related to Domain of Contribution
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In addition to the metrics noted above, all candidates will also be evaluated on their **contributions to teaching and mentoring**:

Teaching	
Nature of Teaching	<ul style="list-style-type: none"> • Evidence of teaching and mentoring impact on Harvard learners who have gone on to influential roles • Commensurate with independence, influence, and expertise in the field • Substantial evidence of teaching excellence

Key terms:

- **Academic productivity** includes scholarship, committee service, invited presentations, and involvement in academic organizations.
- **Peer review** is the critical, independent, and determinative assessment of manuscripts and grants by multiple external experts typically not part of the editorial staff.
- **Research investigations** are full-length, peer-reviewed manuscripts that present new data and analysis and include methods, results, and discussion sections. Includes systematic reviews and meta-analyses.
- **Other peer-reviewed publications** are defined as publications that are not considered research but undergo a peer review process. Includes peer-reviewed review articles (including narrative reviews, scoping reviews, or other forms of literature reviews), peer-reviewed clinical guidelines or consensus statements, methods reports, UpToDate entries, peer-reviewed case reports or case series, clinical pathologic conference reports, peer-reviewed educational materials (e.g. MedEdPORTAL), peer-reviewed editorials, descriptions of new models, theories or programs without systematic evaluation, or full-length proceedings of meetings which have undergone a formal peer-review process.
- **Major authorship** is typically signified by first/co-first authors or senior/co-senior author positions, though norms may vary across disciplines. In many biomedical fields, corresponding/co-corresponding authorship may be analogous to major authorship. While major authorship is prioritized, candidates may highlight publications in another authorship position, or as member of an unnamed authorship group, for which the candidate has made documented, unique, intellectual contributions. Contributions to team science in the absence of other evidence of intellectual leadership will typically be insufficient to warrant promotion.
- **Scholarship of application** refers to the translation of existing or emerging knowledge to practical solutions, with a focus on implementation, dissemination, and evaluation in real-world contexts. Measurement approaches should be methodologically sound and outcome-oriented, linking theory to practice, and producing meaningful observations of and improvements in clinical care, health systems, and/or societal well-being.

- **Scholarship of integration** refers to the summarization, interpretation, or conceptual extension of existing knowledge across disciplines or methods that advance understanding beyond the boundaries of a single field.
- **National and often international** indicates that at the professorial level, candidates must demonstrate a significant national impact and reputation. International impact and reputation are common in successful candidates and should generalize beyond the region where the work occurs but cannot compensate for a weak national reach.
- **Teaching of Harvard learners** is defined in [Section 4.2.2](#) of the Faculty of Medicine Handbook.
- **Domain of Contribution** [Professor of Clinical X only] is analogous to Area of Excellence in that it is defined as the principal area in which a candidate has demonstrated a national, and in many cases international, impact in and reputation for advancing the practice of medicine. Domains include:
 - **Knowledge synthesis:** Knowledge synthesis or novel application of clinical knowledge to formulate and advance best practices in medicine or care delivery and their uptake
 - **Educational leadership:** Educational leadership and generativity in medical education (undergraduate, post-graduate, faculty development, and/or continuing professional education)
 - **Administrative leadership** in academic medicine
 - **Health equity:** Transformative service and leadership that advances health equity and the quality of health and health delivery in socially and/or economically marginalized, or other underserved communities