

Present: Drs. Arnaout, Becker, Bourdeaux, Burnett-Bowie, Burstein, Connelly, Daley, Donoff, Dunn, Farrell, Khoshbin, Klig, Kroshinsky, McNeil, Mehrotra, Nagler, Podolsky, Poussaint, Rexrode, Samuels, Stone, Struhl, Weinstein

Guests: Drs. Bates, Silbersweig, Westlund; Ms. Vild

Staff: Ms. Hecht; Dr. Lensch

Dean Daley called the meeting to order at approximately 4:05 p.m. He asked for and received acceptance of the minutes from the April 11, 2018 meeting, as submitted.

Dean Daley thanked Deans Tarbell and Connelly for chairing the last two meetings on his behalf. This is the second to last meeting of the academic year. The June meeting will included the report from student council and feedback from the Faculty Council sub-committee that has been discussing faculty wellness and burnout along with some LCME-related material. He also mentioned the upcoming Faculty Council election process and encouraged those rotating off to consider re-upping.

Next, Dean Daley discussed the meeting agenda and introduced Dean Connelly, Dean for Faculty Affairs to give an update on faculty appointments and promotions.

Dean Connelly discussed faculty demographics, promotions and related polices. She displayed data for faculty growth at HMS and HSDM from 1980 - October 2017. Faculty growth decreased slightly for part-time and full-time faculty during the period. The growth in percentage of women full-time faculty by rank continued to increase at all levels (instructor/lecturer, assistant professor, association professor, professor), but is still behind the national average. For minority full-time faculty classified as Under Represented Minorities, there is a slow climb, approaching 600 URiM faculty. Demographic graphs are available on the Office for Faculty Affairs website.

Regarding the distribution of promotions and appointments by demographics, Dean Connelly presented following two slides illustrating the distribution by race/ethnicity and gender and also by criteria.

Distribution of Promotions and Appointments by Race/Ethnicity² and Sex: AY 16-17¹

	White	Black	Hispanic	Asian	Hawaiian	Am. Indian	Two or More	Male	Female	Total
Professor	71	2	4	15				58	34 (37%)	92
Associate Professor	97	2	9	33			2	62	66 (44%)	149 ²
Assistant Professor	246	6	22	88	2	3	2	203	178 (47%)	381 ²
Total	414	10	35	136	2	3	4	343	278 (45%)	622 ²
7% of all promotions to URM faculty 8% of professor promotions 8% of associate professor promotions 8% of assistant professor promotions										

 $^{^{\}scriptsize 1}$ as of September 5, 2017.

Distribution of Promotions and Appointments by Criteria: AY 16-17¹

	Teaching and Educational Leadership	Clinical Expertise and Innovation	Investigati on	Longer Service	Total
Professor	2	46	41		89 ²
Associate Professor	4	91	54		149
Assistant Professor	8	156	153	64	381
Total	14	293	248	64	619

Next, Dean Connelly discussed current faculty policies the office for Faculty Affairs is thinking of working on or enhancing.

- Management of global health and part-time appointments
- Review of reappointments

²Ethnicity unknown for: 6 Associate Professors and 12 Assistant Professors. Sex unknown for: 1 Associate Professor.

¹ as of September 5, 2017.

²Specific criteria were not determined for two professor in residence appointees.

- Professionalism and integrity
- Scientific reproducibility

Dean Connelly also listed resources available on the Office for Faculty Affairs website: http://fa.hms.harvard.edu/. Resources include:

- Faculty of Medicine Handbook
- Checklists, Forms, Guides, and Templates
- Faculty of Medicine CV Guideline and Templates
- Promotion Profile Library

A discussion on reporting professionalism and hearing issues sooner in the process followed.

Next, Dean Daley led a discussion of modified professorial titles. The last time the HMS promotion criteria were revised was in 2008. When Dean Daley became dean, he asked Dean Tarbell to convene a task force of academic leaders in our community to think about whether the criteria for Clinical Expertise and Innovation, and Teaching and Educational Leadership were being utilized optimally. Provost Garber and Senior Vice Provost for Faculty Development & Diversity at Harvard University, Judy Singer, joined Dean Daley and Tarbell to charge the Task Force.

Part of what drove the motivation for the Task Force was a strong sense on the part of the University that the promotions they have been seeing, particularly to the rank of Professor, have varied substantially in level of scholarship as defined by the University.

Now more than a year into his Deanship and sitting on the Sub Committee of Professors, Dean Daley understands more directly the source of the University concerns. He believes that the bar for promotion may not be properly calibrated. He and others have found it challenging to define equal and fair measures and standards that can be equally applied across the vast range of ways our laboratory investigators, clinician investigators, medical and surgical practitioners, and teachers contribute to our academic community.

It's clear that the metrics for laboratory investigators have generated the least confusion. There are numerous and definable elements that reflect the significance and impact of an investigator's body of research, their reputation on a national and international scale, and their contributions to the community and to teaching. The scholarship that warrants promotion to professor along the investigator track is easy to reconcile with the University's perspective.

Very similar metrics pertain to clinician investigators, and scholarly contributions of clinical investigators are likewise easy to reconcile with the University's definitions of scholarship that warrants promotion to the academic title of professor.

What has been more challenging are those whose contributions lean more heavily to the practice of clinical medicine, where rather than research, the candidates present evidence for intellectual leadership in the practice of medicine at the National or International level, and impact on the nature of clinical care in their subspecialty, often reflected by leadership in writing authoritative clinical guidelines, leading national committees or national and international symposia.

Yet more challenging, pertaining to a small percentage, is how to recognize the contributions of the many outstanding teachers who run our clerkships, residency, and fellowship programs since the current criteria emphasize innovations in teaching and major influence on curriculum development that has National and International prominence. The TEL track for promotion is rarely used and currently pertains to only ~3% of our faculty, despite the fact that far more carry a heavy load of teaching in the community.

Hence the Faculty Task Force on Promotion Criteria. Dean Daley is deeply grateful for the efforts of the Task Force, which was ably led by Josh Metlay at MGH, Bob Barbieri from the Brigham, Hope Ricciotti from the BI, and Fred Lovejoy from Children's, and met 20 times over 9 months.

The Task Force affirmed, in a written report, that the basis for promotion to Professor at Harvard University is "high quality written scholarship and the creation of new knowledge".

One of the topics that the Task Force addressed was whether the substantial subset of faculty who are not able to achieve the next rank on the ladder might be better served if the Faculty of Medicine had a series of alternative titles, such as with the word 'clinical,' to reflect their significant contribution to clinical medicine that might not reach the level of Professor when using a university-wide perspective. Alternative titles are used at other schools across Harvard for faculty contributors whose corpus of work is largely practice. At the Harvard Business School, those faculty whose career has been spent in Industry, and after attaining high positions in corporate leadership (like Ray Gilmartin, CEO of Merck, or Kevin Sharer, CEO of Amgen) become Professors of the Practice; or at Harvard Law School, where legal practitioners who play major roles in the various "clinics" at HLS, such as the Legal Aid clinic, or the Immigration or Occupational Law clinics are considered Professors of Clinical Practice.

While the Task Force returned a recommendation to continue the current procedures for promotion to one title – Professor—but along three separate tracks—Investigation, CEI, and TEL, polling the individuals on the task force showed that support for alternative titles was almost equally represented. The Task Force suggested "that the Faculty of Medicine establish a process for further exploring non-professorial titles and recognitions that would be meaningful for the community of clinicians and educators whose academic activities do not focus on written scholarship."

Dean Daley showed two slides that document peer schools (based on the Top 12 in this year's USNWR) which use alternative titles and those that don't.

Alternative Titles for Full-time Faculty

Modified Titles

- Stanford
- Penn
- Columbia
- NYU
- UCSF
- UCLA
- U Washington

No Modified Titles

- Johns Hopkins
- Mayo Clinic
- · Washington University
- Duke
- Yale (just switched)

Modified Titles for Full-time Faculty

INSTITUTION	TITLE
NYU	Professor (clinical) and Professor (research)
Stanford	Professor (research) or Professor at xx
UCSF/UCLA	Professor of Clinical or Professor in Residence
U Penn	Professor of (clinical specialty) at the (school) or Clinical Professor
Columbia	Professor of (specialty) at CUMC
University of Washington	Professor without tenure

Dean Daley stated that the Faculty of Medicine in the past had used such modifiers. For at least the past two decades, we have not. Among the recommendations from the Task Force that he has accepted is a plan to form an advisory group of educators to define how to measure excellence in teaching and to initiate greater outreach to Departments about expectations for promotion.

Dean Daley went on to say that the Task Force felt it was conceptually difficult and perhaps administratively unrealistic to attempt to measure clinical expertise, and thus also left to the

work of a follow-on committee defining criteria that would allow Clinical Expertise to be measured and reflected accurately in evaluations for promotion.

Dean Daley then asked that the Council share their thoughts as he starts to plan a process for considering how to establish effective and fair criteria for promotion. Considering two potential directions:

- 1) Refining the criteria for promotion along the CEI and TEL tracks to emphasize the central features of written academic scholarship as the primary basis for promotion to Professor;
- 2) Considering alternative titles that reflect the different contributions made by candidates, with written scholarship remaining the path towards promotion to professorship, and contributions that emphasize clinical practice and teaching having titles that reflect the Professors particular expertise.

Dean Daley opened the meeting to discussion and adjourned the meeting at 5:32pm.