



# UC San Diego Policy & Procedure Manual

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## PERSONNEL-ACADEMIC

**Section: 230-275** Effective: [07/01/2017](#)~~TBD~~

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### APPOINTMENT AND PROMOTION PROFESSOR OF CLINICAL X (e.g. *MEDICINE*) SERIES

PPM 230-275, Professor of Clinical X (e.g., *Medicine*) Series, relates to matters subject to [Academic Personnel Manual \(APM\) Section 275](#), Professor of Clinical X (e.g., *Medicine*) Series. For reference, subsections of PPM 230-275 include citations to associated subsections of the APM; in all cases, the APM is operative where referenced.

#### PPM 230-275-4 Definition

Titles in this series are assigned to academically qualified individuals who are occupied full time in the service of the University, whose predominant responsibilities are in teaching and clinical service, and who also engage in creative activities. These *appointments* are reserved for salaried positions in the health sciences with the University and/or an affiliated hospital. For an exception to the requirement of full-time service, see APM - 275-16-a.

An appointee to a title in this series will normally carry a heavier load of teaching and/or clinical service than appointees in the regular Professor series or in the Professor in Residence series.

For more information on the Professor of Clinical X series, please see PPM 230-275, Appendix A, Guidelines for the Professor of Clinical X (e.g., *Medicine*) Series, and PPM 230-275, Appendix B, Guidelines for the Professor of Clinical X (e.g., *Pharmacy*) Series.

#### PPM 230-275-8 Types of Appointments

PPM 230-275-8. a. Titles and (and ranks) in this series are:

- (1) Assistant Professor of Clinical X (e.g., *Medicine*)
- (2) Associate Professor of Clinical X (e.g., *Medicine*)
- (3) Professor of Clinical X (e.g., *Medicine*)

APM 275-8. b

APM 275-8. c

APM 275-8. d

APM 275-8. e

#### PPM 230-275-10 Criteria

APM 275-10

#### PPM 230-275-16 Restrictions

APM 275-16. a

PPM 230-275-16. b. Funding

Titles in this series are intended to be used for individuals supported by non-state funds.

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- (1) On a campus where all appointees in this series have one-year appointments or less, funding may come from General (State) funds or from other sources. The use of State funds in this case does not involve any commitment of tenure or security of employment. The State money is a temporary funding source for one year or less, and may be renewed.

The Chancellor shall notify appointees on State funds of the above conditions and restrictions.

- (2) Limits on State funding for campuses not covered by (1) above. On campuses not covered by (1) above, 50 percent or more of the base salary of the appointee shall come from funds other than General (State) funds, except that the Chancellor is authorized, under justifying circumstances, to fund more than 50 percent of the base salary from General (State) funds for a limited period of time. When an appointment in any title in this series is supported by General (State) funds for more than 50 percent time (0.5 FTE), the total period of such appointment, in combination with any other State funded appointments in those titles specified in APM - 133-0-b and -c, shall not exceed eight years. In other words, there is a cumulative eight-year limit on State funding on these particular campuses for an individual who holds any title or titles in this series, i.e., Assistant, Associate, and Full Professor of Clinical (e.g., Medicine).

APM 275-16. c

APM 275-16. d

APM 275-16. e

APM 275-16. f

APM 275-16. g

#### **PPM 230-275-17 Terms of Service**

APM 275-17

#### **PPM 230-275-18 Salary**

APM 275-18

#### **PPM 230-275-20 Conditions of Employment**

APM 275-20

#### **PPM 230-275-24 Authority**

No appointment, reappointment or academic review action is final until there has been an academic review and the individual with final authority has approved the action.

The UC San Diego [Authority and Review Chart](#) sets forth the individual(s) and/or committees responsible for review, as well as the final authority for approval.

#### **PPM 230-275-80 Review Procedures**

Procedural guidelines are available in the [Academic Personnel Process Manual](#).

#### **PPM 230-275-82 Procedures for Appointment or Reappointment to the Rank of Assistant Professor of Clinical X (e.g., Medicine)**

APM 275-82

#### **PPM 230-275-83 Procedures for the Appraisal of an Assistant Professor of Clinical X (e.g., Medicine)**

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APM 275-83

**PPM 230-275-84 Procedures for Non-Reappointment of an Assistant Professor of Clinical X (e.g., *Medicine*) for Academic Reasons**

APM 275-84

**PPM 230-275-85 Procedures for Appointment or Promotion to the Rank of Associate Professor of Clinical X (e.g., *Medicine*) or Professor of Clinical X (e.g., *Medicine*)**

APM 275-85

**REVISION HISTORY**

July 01, 2017      This policy was made effective.

April 18, 2018      Minor technical edits to update policy hyperlinks.

March 31, 2020      Technical edits made to Appendix A and B to remove gendered language.

TBD      Establishment of Appendix C



# UC San Diego

## Policy & Procedure Manual

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### PERSONNEL-ACADEMIC

Section: 230-275      APPENDIX A

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### PPM 230-275, Appendix A

#### GUIDELINES FOR THE PROFESSOR OF CLINICAL X (e.g., MEDICINE) SERIES

These guidelines are intended to provide additional, detailed information on the Professor of Clinical X (e.g., Medicine) series (hereafter referred to as Clinical X) at UC San Diego, to assist in the evaluation of the appropriateness of appointment to and advancement within the Clinical X series.

#### A. Definition of the Professor of Clinical X series

The Professor of Clinical X series should be reserved for those faculty who have demonstrated expertise, dedication and achievement in clinical and educational activities within and outside the health sciences schools. Appointment in this series should represent recognition by the institution of an individual's commitment to the clinical and educational activities that are of utmost importance to the mission of the schools. Thus, appointment in this series should reflect high institutional esteem for the selected individual, and advancement should be based on well-documented contributions toward this mission. Criteria for appointment and promotion in this series should be rigorously applied.

Candidates for the Professor of Clinical X series should demonstrate excellence in both teaching and clinical practice, as well as documented scholarship that has an impact beyond UC San Diego. This requirement is intended to distinguish Clinical X faculty from faculty in the Health Sciences Clinical Professor series, who are required only to demonstrate excellence in teaching and clinical activity with scholarly or creative activities related to their clinical practice at UC San Diego. In achieving beyond the criteria set forth for the Health Sciences Clinical Professor series, candidates in the Professor of Clinical X series should be able to demonstrate 1) accomplishments of increasing geographic scope as they advance through the series, from local to regional to national to international levels, and 2) areas of recognized clinical expertise, whether in general or specialty practice.

The Professor of Clinical X series should be available at all levels of professorship to candidates who have demonstrated focus, ability, and commitment towards a career of clinical education and practice. This should be considered as specific as the criteria for the Ladder-Rank series. The Professor of Clinical X should not be used as a series into which to transfer faculty from other series because of insufficient research productivity. It is preferable that a candidate demonstrate desire for a continuous career in clinical education and practice from the time of their first appointment, although well-substantiated changes in career goals do occur and should be taken into consideration.

#### B. Criteria and Methods of Evaluation for Appointment and Advancement

Candidates for the Professor of Clinical X series will be required to demonstrate excellence in teaching and clinical activity and creativity in these areas. It is essential that the candidate demonstrate early in their career a desire to participate and advance in this series through continuous achievement. The guidelines should therefore be clear and unequivocal such that candidates are fully aware of the level of achievement expected of them prior to appointment or advancement at each level. When a candidate approaches the time of consideration for appointment or advancement in the series, the individual has the primary responsibility for

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documenting success in reaching the required level of achievement. The department has the responsibility to ensure that appropriate teaching assessment is performed.

1. Teaching and Educational Activity

The level at which excellence in educational activity is recognized for appointment or advancement in the Professor of Clinical X series should be:

- a. Assistant Professor: recognition at the local school and medical center level.
- b. Associate Professor: recognition at the institutional and regional level.
- c. Full Professor: recognition at the institutional and national level.

*Methods of Evaluation:*

The following methods are not all-inclusive and should be used only where appropriate.

- Documentation of the types of teaching carried out, the time involved, the primary teaching role (e.g., clinic or ward attending, lecturer, or mentor), the average number and type of students per year, and the average number of contacts per year. Descriptions of the teaching environment and workload are important.
- Documentation of special courses taught, including the type and setting. These could include, e.g., the physiology section of OPP, a dog laboratory on the use of pulmonary artery catheters or transesophageal echocardiography, the American Heart Association ACLS Course, or a postgraduate course for community physicians on laparoscopic cholecystectomy or management of diabetes. The course could be for health sciences or allied health students, house officers, or postgraduate trainees. Also documented should be the continuity of the course (year-to-year, for example). Attendance, growth of attendance, and participant evaluations of the course should be included.
- Letters or standardized teaching evaluations from students who have been taught at the individual, group, and conference levels. Students may be required to submit evaluations of their teachers for completion of a course of studies. There must be more than one kind of teaching assessment.
- Recommendations and critical reviews from fellow educators at the parent institution or from other institutions, outside physicians and other health care personnel, including unsolicited commendations. These should be based on personal observation of the candidate's teaching (including peer review). Letters from patients may be included, but would receive less weight if not critically written.
- Documentation of teaching leadership in the department, medical centers or medical school; in some cases may be indicated by title (e.g., Director of Training Program), in all cases by extent of responsibility and recognition.
- Description of teaching awards received and the basis for the recognition.
- Documentation of the number of invitations to participate in conferences and continuing education courses. The type of conference and sponsoring institution should be recorded. Teaching ratings and comments from the participants should be included. If available, ratings of other lecturers (with identity undisclosed) should be included with this information for comparison.
- Roles in educational organizations (e.g., offices, committees, or boards of directors). The duties performed and the innovations accomplished should be outlined.

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Leadership contributions to the organization of educational activities in the health sciences schools may also be considered and evaluated here, beyond ordinary participation as university service.

- Documentation of a role in running a scientific or clinical meeting locally, nationally, or internationally. This should include factual and evaluative documentation as above. It is also recommended that candidates review their objective evaluations from the sources indicated when consulting with the department chair.

## 2. Professional Competence and Clinical Activity

These criteria concern the extent and quality of the candidate's clinical performance.

### a. Assistant Professor:

The candidate must demonstrate an understanding of the subject of their clinical activity, as well as an appropriate quality and volume of activity as judged using the methods described below. This evaluation may be based on activity at the UC San Diego Medical Centers, the Veterans Administration San Diego Healthcare System (VASDHS), or other affiliated institutions. Clinical services beyond our own institutions, such as at regional or national levels, can serve as further evidence of the candidate's standing. In addition to routine individual patient care, clinical activity may take the form of developing or sustaining specific clinical care programs or programs involving applications of new techniques or new uses of existing therapeutic modalities. These could include, but are not limited to, developing a model program for a diagnostic or therapeutic procedure or a successful clinical program that could be implemented in a new setting. It is important that the candidate demonstrate promise and a desire to progress in the acquisition and application of clinical expertise.

### b. Associate Professor:

The candidate must be clinically active in the local institution and, in applicable disciplines, at the community or regional levels. The latter are more likely to involve program development, supervision, or consultation, rather than individual patient care, although a regional referral record would certainly qualify. Activities at the national level are desirable but not required. A demonstration of creativity is important in documenting superior clinical achievement.

### c. Full Professor:

The candidate's clinical influence must be recognized beyond the parent institution and, in applicable disciplines, at the regional and national levels. Activities at the international level are desirable, but not required. A clear demonstration of creativity is important in evaluating clinical achievement, to afford proper recognition and reward.

### *Methods of Evaluation:*

The following methods are not all-inclusive. Each method should be used only where appropriate. In each case, the goal is to document excellence, and the data should be evaluated accordingly.

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- Testimony from peers and faculty of higher rank. It is important to obtain such testimony from practitioners of the same and related disciplines. This is solicited by the department chair, who would send to prospective evaluators forms that address the quality of critical aspects of practice in that clinical discipline, as explained below. These forms may be similar to ones used to evaluate residents. Also important for perspective are evaluations from outside the department. For example, radiologists could evaluate internists, and vice versa; surgeons could evaluate anesthesiologists, and vice versa.
  - Documentation of the pattern of referral, e.g., the extent and number of referrals, as well as the area from which they are drawn--hospital, community, regional, national, or international. A summary of referrals, with names of referring physicians, the number of patients referred by each physician, and a description of the areas of San Diego city and county, California, the nation, and other countries from which they are drawn would be especially useful. A clinician who treats patients from all over the world is probably excellent.
  - In specialties that entail the performance of procedures, such as surgery or radiology, documentation of the quality of the candidate's practice (e.g., the number of difficult cases performed or the complication rates) would provide a measure of excellence. In anesthesia, for example, huge databases are being accumulated that can provide a detailed profile of the excellence of a clinician's practice.
  - In specialties that render consultations, documentation of the helpfulness or the frequency of error in the rendering of expert opinion would also provide a measure of clinical excellence. These evaluations would usually be obtained outside the candidate's specialty. In particular, primary care physicians may evaluate the quality of consultations by specialists, while specialists can evaluate the quality of referrals by primary care physicians. In the case of primary care physicians, documentation of the thoroughness of patient workup and the appropriateness of the requests for consultation by specialists and consultants would serve as a measure of clinical excellence. Chart reviews are also commonly useful in this assessment.
  - Establishing or running a clinical service, either inpatient or outpatient. This could include, e.g., trauma, intensive care, ECG, cardiac catheterization, diabetes, child abuse, or drug abuse. The pattern of referral should be documented, as described below.

The success of a service in attracting referrals from outside the University system is an important factor in measuring excellence. Documentation of excellence when the candidate establishes or runs a clinical service should be relatively straightforward. A successful clinical service that attracts a large patient population denotes excellence; after all, one of the reasons for this series is to reward clinicians who can help the medical school, and hence the University.

Evaluating, quantifying, and establishing clinical excellence can be difficult, but several mechanisms exist whereby this is possible. Some data will be more appropriate for procedural specialties than for consulting specialties. To use the example of anesthesia again, in analyzing procedural data, there are certain "flags" that trigger an entry into the anesthesiologist's database. If the anesthesiologist is significantly below the norm--currently only a local norm--counseling is advised. If the candidate is strikingly above that norm, this could serve as one criterion to help establish excellence.

Outcome data, especially a particularly low rate of complications, could also indicate excellence. Evidence that physicians are continually sending their difficult cases to the candidate is an outstanding endorsement of their clinical excellence.

As mentioned above, another possibility for establishing excellence is evaluation forms.

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The following gives examples of evaluation forms that can be used. Note that there are short forms and long forms. The use of the short form is encouraged, since it is more likely to be filled out by the large number of people required to make any evaluation credible. If the short form is used, the department should carefully define each category for the evaluator. Each department should develop its own set of evaluation forms, since the problems and characteristics for each department are different. Similarly, each department should develop different forms for each set of evaluators: students, house officers, members of the department, members of other departments, practitioners outside UC, any clinician who consults with the candidate, nurses, patients, etc.

Nurses can make excellent evaluators. They pick up subtle factors in clinical performance that most others cannot. For example, they are often the first to spot a decrement in performance in an impaired practitioner.

The following should be regarded as an example only:

Example of an evaluation form

Rate each of the following according to your experience with the candidate.

Use the appropriate descriptor (extremely effective, very effective, moderately effective, moderately ineffective, totally ineffective, NA).

- Communication skills
- Accessibility/availability
- Clinical skills
- Clinical judgment
- Creativity
- Leadership initiative
- Personal qualities

Would you want yourself or a member of your family to be treated by this physician?

3. Creative Work

Many faculty in the health sciences devote a large proportion of their time to the inseparable activities of teaching and clinical service and therefore have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work. Nevertheless, an appointee to the Professor of Clinical X series is expected to participate in scholarly pursuits in applied clinical sciences. This includes activities which may be independent or collaborative, and may focus on formal clinical or laboratory research, scholarly publications, or creative educational work.

a. Assistant Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should include at a minimum active participation in such pursuits.

b. Associate Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should have resulted in a significant contribution to knowledge or clinical or educational practice. Independence or leadership in some of these creative activities must also be demonstrated.

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c. Full Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should manifest continued involvement and leadership in activities such as those described above.

*Methods of Evaluation:*

The candidate's creative work must have been disseminated, e.g., in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice. For appointment or promotion to higher levels, there should be evidence that these have been adopted or had an influence elsewhere.

- Evidence of achievement may include clinical case reports. Clinical observations are an important contribution to the advancement of practice and knowledge in the health sciences and should be judged by their accuracy, scholarship, and utility.
- The development and evaluation of techniques and procedures by clinical investigators constitute significant and valuable pursuits in the clinical sciences. These activities are necessary for improvement in the practice of health care. Creative achievement may be demonstrated by the development of innovative programs in health care or in transmitting knowledge associated with new fields or other professional activity.
- Textbooks and reference publications, or contributions by candidates to the literature for the advancement of professional education or practice, should be judged as creative when they contain original scholarly work, manifest an innovative approach, or include new information such as research results.
- The development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences may be considered evidence of creative work. This may be demonstrated in written materials, novel approaches to teaching, or, for example, the development of computer methods that can be used for teaching, clinical care, or research.
- Acquisition of extramural resources for clinical or educational programs, including research or practice, is usually an indication of successful creative effort.

The significance of the quantitative productivity level achieved by a candidate should be assessed realistically, with knowledge of the time and institutional resources available to the individual for creative work, and the nature of the individual's professional discipline.

4. University and Public Service

Service is an important component of the activity of faculty in the Professor of Clinical X series. In many cases, this service will have a direct bearing on the education and clinical care missions of the University, and will therefore be best listed and evaluated under the categories of teaching and professional or clinical activity, which take precedence as criteria for advancement. For example, invited service on QA boards would be useful in evaluating a candidate's clinical expertise.

With increasing rank, greater participation and leadership in service are expected, although formal criteria are not specified. The extent and significance of service at the department, school, campus, University, community, and national or profession-wide level should be evaluated.

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## REVISION HISTORY

March 31, 2020      Technical edits to remove gendered language.

TBD      Establishment of Appendix C



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### PERSONNEL-ACADEMIC

Section: 230-275      APPENDIX B

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### PPM 230-275, Appendix B

#### GUIDELINES FOR THE PROFESSOR OF CLINICAL X (i.e., PHARMACY) SERIES

These guidelines are intended to provide additional, detailed information on the Professor of Clinical X (i.e., Pharmacy) series (hereafter referred to as Clinical X) at UC San Diego, to assist in the evaluation of the appropriateness of appointment to and advancement within the Clinical X series in the Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS).

#### Definition of the Professor of Clinical X series

The Professor of Clinical X series should be reserved for those faculty who demonstrate, or have the strong potential to demonstrate expertise, dedication and achievement in clinical and educational activities within and outside the Health Sciences. Appointment in this series should represent recognition by the institution of an individual's commitment to the clinical and educational activities that are of utmost importance to the mission of the Health Sciences. Thus, appointment in this series should reflect high institutional esteem for the selected individual, and advancement should be based on well-documented contributions toward this mission. Criteria for appointment and promotion in this series should be rigorously applied.

Candidates for the Professor of Clinical X series should demonstrate excellence in both teaching and clinical practice, as well as documented scholarship that has an impact beyond UC San Diego. This requirement is intended to distinguish Clinical X faculty from faculty in the Health Sciences Clinical Professor series, who are required to demonstrate excellence in teaching and clinical activity with scholarly or creative activities related to their clinical practice. In achieving beyond the criteria set forth for the Health Sciences Clinical Professor series, candidates in the Professor of Clinical X series should be able to demonstrate 1) accomplishments of increasing geographic scope as they advance through the series, from local to regional to national to international levels, and 2) areas of recognized clinical expertise.

The Professor of Clinical X series should be available at all levels of professorship to candidates who have demonstrated focus, ability, and commitment towards a career of clinical education and practice. The criteria should be considered as specific as the criteria for the Ladder-Rank series. The Professor of Clinical X should not be used as a series into which to transfer faculty from other series because of insufficient research productivity. It is preferable that a candidate demonstrates desire for a continuous career in clinical education and practice from the time of their first appointment, although well-substantiated changes in career goals do occur and should be taken into consideration.

#### Criteria and Methods of Evaluation for Appointment and Advancement

Candidates for the Professor of Clinical X series will be required to demonstrate excellence in teaching, professional competence, clinical activity and creativity. It is essential that the candidate demonstrate early in their career a desire to participate and advance in this series through continuous achievement. The guidelines should therefore be clear and unequivocal such that candidates are fully aware of the level of achievement expected of them prior to appointment or advancement at each level. When a candidate approaches the time of consideration for appointment or advancement in the series, the individual has the primary responsibility for documenting success in reaching the required level of achievement. The school has the responsibility to ensure that appropriate teaching assessments are performed.

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## A) Teaching and Educational Activity

The level at which excellence in educational activity is recognized for appointment or advancement in the Professor of Clinical X series should be:

- 1) Assistant Professor: recognition at the institutional and local level.
- 2) Associate Professor: recognition at the institutional and regional level.
- 3) Full Professor: recognition at the institutional and national level.

### **Methods of Evaluation:**

The following methods are not all-inclusive and should be used only where appropriate.

- Documentation of the types of teaching carried out, the time involved, the primary teaching role (e.g., preceptor, lecturer or mentor), the average number and type of students per year, and the average number of contacts per year. Descriptions of the teaching environment and workload are important.
- Documentation of special courses taught, including the type and setting. Also documented should be the continuity of the course (year-to-year, for example). Attendance, growth of attendance, and participant evaluations of the course should be included.
- Letters or standardized teaching evaluations from students who have been taught at the individual, group and conference levels.
- Recommendations and critical reviews from fellow educators at the parent institution or from other institutions, outside pharmacists and other health care professionals, including unsolicited commendations. These should be based on personal observation of the candidate's teaching (including peer review). Letters from patients may be included, but would receive less weight if not critically written.
- Documentation of teaching leadership in the department, medical centers or pharmacy school; in some cases may be indicated by title (e.g., Director of Training Program), in all cases by extent of responsibility and recognition.
- Description of teaching awards received and the basis for the recognition.
- Documentation of the number of invitations to participate in conferences and continuing education courses. The type of conference and sponsoring institution should be recorded. Teaching ratings and comments from the participants should be included. If available, ratings of other lecturers (with identity undisclosed) should be included with this information for comparison.
- Roles in educational organizations (e.g., offices, committees, or boards of directors). The duties performed and the innovations accomplished should be outlined. Leadership contributions to the organization of educational activities in the health sciences schools may also be considered and evaluated here, beyond ordinary participation as university service.
- Documentation of a role in running a scientific or clinical meeting locally, nationally, or internationally. This should include factual and evaluative documentation as above. It is recommended that candidates review their objective evaluations from the sources indicated when consulting with the department chair or equivalent.

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## **B) Clinical Activity and Professional Competence**

Pharmacy practice in the health care system is in constant evolution. Faculty in this series should have clinical activity that is innovative and creative and expands the scope of pharmacy practice. The impact may be on the care of individual patients or on the care of patient populations depending on the type and scope of the practice environment.

### 1) Assistant Professor:

The candidate must demonstrate an understanding of the subject of their clinical activity, as well as an appropriate quality and volume of activity as judged using the methods described below. This evaluation may be based on activity at UC San Diego or its affiliated institutions. In addition to the provision of individual patient care, clinical activity may take the form of developing and/or administering specific clinical care programs or programs involving applications and quality improvement of new methodologies in the delivery and use of medications and clinical pharmacy services. These may include, but are not limited to, developing, implementing or administering a successful clinical program (e.g. medication-therapy management program, pharmacist-physician collaborative practice, therapeutic drug monitoring service, etc.). It is important that the candidate demonstrates promise and a desire to progress in the acquisition and application of clinical expertise.

### 2) Associate Professor:

The candidate must be clinically active in the local institution and, in applicable disciplines, at the community or regional levels. The latter are more likely to involve program development, supervision, or consultation, rather than individual patient care. Activities at the national level are desirable but not required. A demonstration of creativity is important in documenting superior clinical achievement.

### 3) Full Professor:

The candidate's clinical influence must be recognized beyond the parent institution, at the regional and national levels. Activities at the international level are desirable, but not required. A clear demonstration of creativity is important in evaluating clinical achievement.

### **Examples of Clinical Activity:**

Clinical activity is distinct from research and creative work in that it impacts individual patients and/or patient populations in the care of the candidate. The following examples are not all-inclusive:

- Consulting pharmacist in medical center in- and/or outpatient specialty services such as infectious disease rounds, emergency medicine service, anti-coagulation clinics, etc. wherein complex cases of patients with multiple conditions are reviewed for situations such as, contraindicated medication combinations, most effective medications to use among a number of alternatives, etc.
- Contributions to Drug Utilization Review or Formulary Consultations to determine the most effective medication based on what is available in a hospital formulary.
- Medication reconciliation services wherein patient medications are reviewed to identify such things as contraindicated combinations of medications, assessment of more effective medications than those currently prescribed, etc.
- Development and implementation of medication prescribing systems in medical centers (e.g., computerized tracking of medicines using bar codes) to reduce medication errors.

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- Development, implementation, and participation in new clinical practice sites.
  - Development and implementation of new models of pharmacy care delivery.

### **Examples of Professional Competence:**

The following examples are not all-inclusive:

Invited service on editorial boards, as a peer reviewer for scientific publications, or as a peer reviewer for scientific grant applications are indications of an established or developing professional competence.

Invitations to speak at local, state, national or international scientific meetings or to serve on or lead panel discussions are an indicator of professional competence.

### **Methods of Evaluation:**

The following methods are not all-inclusive. Each method should be used only where appropriate. In each case, the goal is to document excellence, and the data should be evaluated accordingly.

- Testimony attesting to clinical competence from peers and faculty of higher rank (or equivalent rank for full Professors). It is important to obtain such testimony from practitioners of the same or related disciplines. For the evaluation of clinical activity, testimony may be from individuals from within and outside the institution. For appointments above the entry level (Steps I & II at the Assistant rank) such testimony should preferably be from reviewers independent of the candidate (e.g., outside the School of Pharmacy).

Documentation of excellence when a candidate develops or implements a clinical service should be gathered. This should include comments from other healthcare professionals attesting to the impact of the faculty member's practice on patient care and/or the practice environment. When appropriate, evaluators should be asked to comment on the candidate's communication skills, accessibility and availability, clinical skills, clinical judgment, creativity, leadership, personal qualities and/or the effect of the candidate's practice on patient care.

For faculty whose practice does not directly impact individual patients, information should be provided that demonstrates the faculty member's work to improving patient care overall.

- Evaluation forms completed by students, members of the department, practitioners outside UC San Diego, any clinician who consults with the candidate, nurses, patients, etc.
- Documentation of the patient population and pharmacotherapeutic interventions using quantitative and qualitative measures.
- In specialties that render consultations, documentation of the helpfulness or the frequency of error in the rendering of expert opinion would also provide a measure of clinical excellence. These evaluations would usually be obtained outside the candidate's specialty or discipline.

Demonstration of excellence in establishing or running a clinical pharmacy service, either inpatient or outpatient. This could include, e.g., mental health, cardiology, critical care, diabetes, general medicine, chronic kidney disease, liver disease, or pain and palliative care.

Clinical, economic, and humanistic outcomes data could be an indicator of excellence. Evidence of consultations or referrals from other healthcare professionals is outstanding endorsement of a candidate's clinical excellence. Another example of strong evidence of clinical expertise is that the candidate is frequently asked to provide input to committees or organizations that are making decisions influencing the use of medications in patient populations.

As the impact of the candidate's practice may influence patient care in a variety of ways, the total

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impact on patient care should be evaluated and not just the impact on individual patients.

**C) Creative Work**

Many faculty in the health sciences devote a large proportion of their time to the inseparable activities of teaching and clinical service and therefore have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work. Nevertheless, an appointee to the Professor of Clinical X series is expected to participate in scholarly pursuits in applied clinical sciences. This includes activities which may be independent or collaborative, and may focus on formal clinical or laboratory research, scholarly publications, or creative educational work.

Creative work is distinct from clinical activity in that it indirectly impacts 1) patient populations that are not in the care of the candidate, 2) the practice of other health professionals, 3) the education of students or trainees beyond those for whom the candidate is responsible for teaching, or is in other ways unrelated to the candidate's direct clinical, educational, administrative activities.

1) Assistant Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should include at a minimum active participation in such pursuits.

2) Associate Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should have resulted in a significant contribution to knowledge or clinical or educational practice. Although collaboration with other faculty in the health sciences is expected, independence or leadership in some of these creative activities must also be demonstrated.

3) Full Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should manifest continued involvement and leadership in activities such as those described above.

**Methods of Evaluation:**

The candidate's creative work must have been disseminated, e.g., in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice. For appointment or promotion to higher levels, there should be evidence that these have been adopted or had an influence elsewhere.

For the assessment of research and creative work, testimony should be obtained from independent reviewers from outside the institution.

The following methods are not all-inclusive. Each method should be used only where appropriate.

- 1) Evidence of achievement may include clinical case reports. Clinical observations are an important contribution to the advancement of practice and knowledge in the health sciences and should be judged by their accuracy, scholarship, and utility.
- 2) The development and evaluation of techniques and procedures by clinical investigators constitute significant and valuable pursuits in the clinical sciences. These activities are necessary for improvement in the practice of health care. Creative achievement may be demonstrated by the development of innovative programs in health care or in transmitting

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knowledge associated with new fields or other professional activity.

- 3) Textbooks and reference publications, or contributions by candidates to the literature for the advancement of professional education or practice, should be judged as creative when they contain original scholarly work, manifest an innovative approach, or include new information such as research results.
- 4) The development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences may be considered evidence of creative work. This may be demonstrated in written materials, novel approaches to teaching, or, for example, the development of computer methods that can be used for teaching, clinical care, or research.
- 5) Acquisition of extramural resources for clinical or educational programs, including research or practice, is usually an indication of successful creative effort.

The significance of the quantitative productivity level achieved by a candidate should be assessed realistically, with knowledge of the time and institutional resources available to the individual for creative work, and the nature of the individual's professional discipline.

#### **D) University and Public Service**

Service is an important component of the activity of faculty in the Professor of Clinical X series. In many cases, this service will have a direct bearing on the education and clinical care missions of the University, and will therefore be best listed and evaluated under the categories of teaching and professional or clinical activity, which take precedence as criteria for advancement. For example, invited service on pharmacy and therapeutics committees or similar activities would be useful in evaluating a candidate's clinical expertise. Examples of University and Public Service include, but are not limited to, the Space Committee, the Research Committee, the Admissions Committee, service in professional organizations, community outreach, etc.

With increasing rank, greater participation and leadership in service are expected, although formal criteria are not specified. The extent and significance of service at the school, campus, University, community, and national or profession-wide level should be evaluated.

#### **REVISION HISTORY**

March 31, 2020                      Technical edits to remove gendered language.

**TBD**                                      Establishment of Appendix C



# UC San Diego

## Policy & Procedure Manual

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### **PERSONNEL-ACADEMIC**

**Section: 230-275      APPENDIX C**

Effective: **TBD**

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### **PPM 230-275, Appendix C**

#### **GUIDELINES FOR THE PROFESSOR OF CLINICAL X (i.e., PUBLIC HEALTH) SERIES**

These guidelines are intended to provide additional, detailed information on the Professor of Clinical X (i.e., Public Health) series (hereafter referred to as Clinical X) at UC San Diego, to assist in the evaluation of the appropriateness of appointment to and advancement within the Clinical X series in the Herbert Wertheim School of Public Health and Human Longevity Science (HWSPH).

#### **Definition of the Professor of Clinical X series**

The Professor of Clinical X series should be reserved for those faculty who demonstrate, or have the strong potential to demonstrate expertise, dedication and achievement in clinical/practice-based and educational activities within and outside the Health Sciences. Appointment in this series should represent recognition by the institution of an individual's commitment to the clinical/ practice-based and educational activities that are of utmost importance to the mission of the Health Sciences. Thus, appointment in this series should reflect high institutional esteem for the selected individual, and advancement should be based on well-documented contributions toward this mission. Criteria for appointment and promotion in this series should be rigorously applied.

Candidates for the Professor of Clinical X series should demonstrate excellence in both teaching and clinical/public health practice, as well as documented scholarship that has an impact beyond UC San Diego. This requirement is intended to distinguish Clinical X faculty from faculty in the Health Sciences Clinical Professor series, who are required to demonstrate excellence in teaching and clinical activity with scholarly or creative activities related to their clinical/public health practice. In achieving beyond the criteria set forth for the Health Sciences Clinical Professor series, candidates in the Professor of Clinical X series should be able to demonstrate 1) accomplishments of increasing geographic scope as they advance through the series, from local to regional to national to international levels, and 2) areas of recognized clinical/public health practice expertise.

The Professor of Clinical X series should be available at all levels of professorship to candidates who have demonstrated focus, ability, and commitment towards a career of clinical education and practice. The criteria should be considered as specific as the criteria for the Ladder-Rank series. The Professor of Clinical X should not be used as a series into which to transfer faculty from other series because of insufficient research productivity. It is preferable that a candidate demonstrates desire for a continuous career in clinical/public health education and practice from the time of their first appointment, although well- substantiated changes in career goals do occur and should be taken into consideration.

#### **Criteria and Methods of Evaluation for Appointment and Advancement**

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Candidates for the Professor of Clinical X series will be required to demonstrate excellence in teaching, professional competence, clinical/ practice-based activity and creativity. It is essential that the candidate demonstrate early in their career a desire to participate and advance in this series through continuous achievement. The guidelines should therefore be clear and unequivocal such that candidates are fully aware of the level of achievement expected of them prior to appointment or advancement at each level. When a candidate approaches the time of consideration for appointment or advancement in the series, the individual has the primary responsibility for documenting success in reaching the required level of achievement. The school has the responsibility to ensure that appropriate teaching assessments are performed.

### **A) Teaching and Educational Activity**

The level at which excellence in educational activity is recognized for appointment or advancement in the Professor of Clinical X series should be:

- 1) Assistant Professor: recognition at the institutional and local level.
- 2) Associate Professor: recognition at the institutional and regional level.
- 3) Full Professor: recognition at the institutional and national level.

### **Methods of Evaluation:**

The following methods are not all-inclusive and should be used only where appropriate.

- Documentation of the types of teaching carried out, the time involved, the primary teaching role (e.g., preceptor, lecturer or mentor), the average number and type of students per year, and the average number of contacts per year. Descriptions of the teaching environment and workload are important.
- Documentation of special courses taught, including the type and setting. Also documented should be the continuity of the course (year-to-year, for example). Attendance, growth of attendance, and participant evaluations of the course should be included.
- Letters or standardized teaching evaluations from students who have been taught at the individual, group and conference levels.
- Recommendations and critical reviews from fellow educators at the parent institution or from other institutions, and other public health or health care professionals, including unsolicited commendations. These should be based on personal observation of the candidate's teaching (including peer review). Letters from patients, program participants, or community partners may be included, but would receive less weight if not critically written.
- Documentation of teaching leadership in the HWSPH or Health Sciences: in some cases may be indicated by title (e.g., Director of Training Program), in all cases by extent of responsibility and recognition.
- Description of teaching awards received and the basis for the recognition.
- Documentation of the number of invitations to participate in conferences and continuing education courses. The type of conference and sponsoring institution should be recorded. Teaching ratings and comments from the participants should be included. If available, ratings of other lecturers (with identity undisclosed) should be included with this information for comparison.
- Roles in educational organizations (e.g., offices, committees, or boards of directors). The duties performed and the innovations accomplished should be outlined. Leadership contributions to the organization of educational activities in the health sciences schools may also be considered and evaluated here, beyond ordinary participation as university service.

- Documentation of a role in running a scientific, public health practice, or clinical meeting locally, nationally, or internationally. This should include factual and evaluative documentation as above. It is recommended that candidates review their objective evaluations from the sources indicated when consulting with the department chair or equivalent.

## **B) Clinical Activity and Professional Competence**

Public health practice in the community and health care system is in constant evolution. Faculty in this series should have clinical/ practice-based activity that is innovative and creative and expands the scope of public health practice. The impact may be on the care of individual patients or on the care of patient/community populations depending on the type and scope of the practice/community environment.

### 1) Assistant Professor:

The candidate must demonstrate an understanding of the subject of their clinical/ practice-based activity, as well as an appropriate quality and volume of activity as judged using the methods described below. This evaluation may be based on activity at UC San Diego, its affiliated institutions, or in the community. In addition to the provision of individual or population patient/community care, clinical activity may take the form of developing and/or administrating specific clinical/public health programs or programs involving applications and quality improvement of new methodologies in the delivery of care. These may include, but are not limited to, developing, implementing or administering a successful clinical/public health program (e.g. health prevention or promotion program, population health practice, etc.). It is important that the candidate demonstrates promise and a desire to progress in the acquisition and application of clinical/ practice-based expertise.

### 2) Associate Professor:

The candidate must be clinically active in the local institution and, in applicable disciplines, at the community or regional levels. The latter are more likely to involve program development, supervision, or consultation, rather than individual care. Activities at the national level are desirable but not required. A demonstration of creativity is important in documenting superior clinical achievement.

### 3) Full Professor:

The candidate's clinical influence must be recognized beyond the parent institution, at the regional and national levels. Activities at the international level are desirable, but not required. A clear demonstration of creativity is important in evaluating clinical achievement.

### **Clinical Public Health Practice:**

The HWSPH will include faculty who practice clinical public health as well as clinical medicine. Whereas clinical medicine is the practice of medicine, clinical public health is the practice of public health. Public health practice is distinguished from public health research in that while research aims to generate new knowledge and contribute to the scientific literature, practice involves activities that directly prevent disease and promote health on a population level. For the purpose of this series, public health practice includes any non-research activity that seeks to promote health across a specified population, may not produce traditional scholarly output used by researchers (i.e. journal articles) but instead produces output used by practitioners conducting the core functions of public health.

### **Examples of Professional Competence:**

The following examples are not all-inclusive:

Invited service on editorial boards, as a peer reviewer for scientific publications, or as a peer reviewer for scientific grant applications are indications of an established or developing professional competence.

Invitations to speak at local, state, national or international scientific meetings or to serve on or lead panel discussions are an indicator of professional competence.

### **Methods of Evaluation:**

The following methods are not all-inclusive. Each method should be used only where appropriate. In each case, the goal is to document excellence, and the data should be evaluated accordingly.

- Testimony attesting to clinical competence from peers and faculty of higher rank (or equivalent rank for full Professors). It is important to obtain such testimony from practitioners of the same or related disciplines. For the evaluation of clinical/ practice-based activity, testimony may be from individuals from within and outside the institution. For appointments above the entry level (Steps I & II at the Assistant rank) such testimony should preferably be from reviewers independent of the candidate (e.g., outside the HWSPH).

Documentation of excellence when a candidate develops or implements a clinical service should be gathered. This should include comments from other healthcare and public health professionals attesting to the impact of the faculty member's professional activities on patient care, population health, and/or the healthcare/community health environment. When appropriate, evaluators should be asked to comment on the candidate's communication skills, accessibility and availability, clinical skills, clinical judgment, creativity, leadership, personal qualities and/or the effect of the candidate's practice on patient care or population health.

For faculty whose professional activities do not directly impact individual patients, information should be provided that demonstrates the faculty member's work to improving patient care and population health overall.

- Evaluation forms completed by students, members of the school, practitioners outside UC San Diego, any clinician or public health professional who consults with the candidate, nurses, patients/subjects, etc.

Clinical, economic, and humanistic outcomes data could be an indicator of excellence. Evidence of consultations from other healthcare/public health professionals is outstanding endorsement of a candidate's clinical/ practice-based excellence. Another example of strong evidence of clinical expertise is that the candidate is frequently asked to provide input to committees or organizations that are making decisions influencing public health or medical practice and policy.

As the impact of the candidate's professional activities may influence patient or community populations in a variety of ways. The total impact on population health and patient care should be evaluated and not just the impact on individual patients/community members.

### **C) Creative Work**

Many faculty in the health sciences devote a large proportion of their time to the inseparable activities of teaching and clinical service and therefore have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work. Nevertheless, an appointee to the Professor of Clinical X series is expected to participate in scholarly pursuits in applied clinical/public health sciences. This includes activities which maybe independent or collaborative, and may focus on formal clinical, practice-based or laboratory research, scholarly publications, or creative educational work.

Creative work is distinct from clinical activity in that it indirectly impacts 1) populations that are not in the care of the candidate, 2) the practice of other health/public health professionals, 3)

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the education of students or trainees beyond those for whom the candidate is responsible for teaching, or is in other ways unrelated to the candidate's direct clinical, practice-based, educational, administrative activities.

1) Assistant Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should include at a minimum active participation in such pursuits.

2) Associate Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should have resulted in a significant contribution to knowledge or clinical or educational practice. Although collaboration with other faculty in the health sciences is expected, independence or leadership in some of these creative activities must also be demonstrated.

3) Full Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should manifest continued involvement and leadership in activities such as those described above.

**Methods of Evaluation:**

The candidate's creative work must have been disseminated, e.g., in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice. For appointment or promotion to higher levels, there should be evidence that these have been adopted or had an influence elsewhere.

For the assessment of research and creative work, testimony should be obtained from independent reviewers from outside the institution.

The following methods are not all-inclusive. Each method should be used only where appropriate.

- 1) Evidence of achievement may include clinical/ practice-based case reports. Clinical observations are an important contribution to the advancement of practice and knowledge in the health sciences and should be judged by their accuracy, scholarship, and utility.
- 2) The development and evaluation of techniques and procedures by clinical investigators constitute significant and valuable pursuits in the clinical sciences. These activities are necessary for improvement in the practice of health care and public health. Creative achievement may be demonstrated by the development of innovative programs in health care, population health, or in transmitting knowledge associated with new fields or other professional activity.
- 3) Textbooks and reference publications, or contributions by candidates to the literature for the advancement of professional education or practice, should be judged as creative when they contain original scholarly work, manifest an innovative approach, or include new information such as research results.
- 4) The development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences may be considered evidence of creative work. This may be demonstrated in written materials, novel approaches to teaching, or, for example, the development of computer methods that can be used for teaching, clinical care, population health, or research.
- 5) Acquisition of extramural resources for clinical or educational programs, including

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research or practice, is usually an indication of successful creative effort.

The significance of the quantitative productivity level achieved by a candidate should be assessed realistically, with knowledge of the time and institutional resources available to the individual for creative work, and the nature of the individual's professional discipline.

**D) University and Public Service**

Service is an important component of the activity of faculty in the Professor of Clinical X series. In many cases, this service will have a direct bearing on the education and clinical care missions of the University, and will therefore be best listed and evaluated under the categories of teaching and professional or clinical activity, which take precedence as criteria for advancement. For example, invited service on Public Health, Health Sciences or Health System committees or similar activities would be useful in evaluating a candidate's clinical/ practice-based expertise. Examples of University and Public Service include, but are not limited to, Education Committees, leadership roles, community advisory committees, service in professional organizations, community outreach, etc.

With increasing rank, greater participation and leadership in service are expected, although formal criteria are not specified. The extent and significance of service at the school, campus, University, community, and national or profession-wide level should be evaluated.

**REVISION HISTORY**

TBD \_\_\_\_\_ Establishment of Appendix C