Promotion and Tenure Policies for the Department of Medicine
Updated June 2017

The School of Medicine (SoM) has implemented guidelines for the designation of academic track in the Appointments, Promotion and Tenure (APT) process. Since determining the most appropriate track for each member of the faculty can be complex, and the Department of Medicine (DoM) has prepared the following documents:

1. This Frequently Asked Questions document that builds on the information available from the SoM Faculty APT Office and serves as a resource for DoM-specific policies
2. A DoM-specific flow diagram (see https://medicine.duke.edu/faculty/faculty-development/apt-duke) of the progression from first appointment through the academic ranks.

Questions about your personal career trajectory should be directed to your Division Chief and/or primary mentor.

Frequently asked questions

Q: How do I get started?
A: When you join the faculty, everyone is initially assigned to Track IV or V. Depending upon prior training and the nature of the starting position, candidates can begin as either an Instructor or Assistant Professor. An Instructor is an entry level position and frequently is the position for those faculty who will serve primarily in a clinical role; such individuals may not have had subspecialty training or research experience. Such individuals can make a transition to Assistant Professor after a few years on the faculty. Assistant Professors are expected to focus their work with a view to the ultimate track assignment. In other words, an assistant professor who aspires to be a tenure-track investigator will work during the Assistant Professor years toward achieving the criteria for promotion to Associate Professor in that track. For candidates considered for a position on the tenure track, it is important to note that the “clock” starts at the time of appointment at the rank of Assistant Professor.

Q: When will my track be formally assigned?
A: By the time of promotion to Associate Professor without Tenure, the academic track must be formally assigned. In theory, the track assignment can be made at any time during the Assistant Professor years depending on the candidate’s activities and accomplishments; however, the expectation is that for most faculty, track assignment will occur at the time of this promotion, and only in exceptional circumstances will a track assignment occur outside of the promotion process.

Q: How long does the appointment/promotion process take? Is there anything I can do to make sure things go smoothly?
A: The AP&T process for appointment/promotion from Medical Instructor to Assistant Professor has recently been streamlined. The only document that you must submit is your Duke CV (a template can be
However, you should understand that the School of Medicine considers the promotion to Assistant Professor equivalent to a new faculty hire, thus requiring numerous documents from the Division and Department for review at many levels before the offer for the assistant professor rank can be extended. In addition, three letters of recommendation are required, and delays in receiving these letters can delay APT action. It can be very helpful to begin to prepare an intellectual/personal statement at the time of our initial appointment to assist your division chief in preparing a letter requesting faculty appointment. This statement can be updated regularly as your career develops and can serve as a useful guide on your progress.

For appointment/promotion to **Associate Professor and Full Professor**, the process takes a minimum of 12 months from start to finish. The process is slow given the many steps involved. Situations that slow things down include:

- Not getting appropriate reviewers’ names and contact information from Division Chiefs
- Reviewers not submitting letters in a timely manner
- Not getting updated Duke CV, intellectual/personal statement and reprints from candidate by requested date

You can help by submitting your **CV and personal statement** on time and making sure these documents are well-organized, complete, and clearly demonstrate your strengths, contributions and potential. The intellectual statement is very important, and should provide both a picture of you now as well as a vision for your future. It should emphasize the nature and importance of your contributions. For example, for research faculty, the intellectual contributions should be emphasized and not just the funding or number of papers (i.e., How did your work impact the field? What are your unique scholarly contributions?).

Delays sometimes occur when reviewers don’t send in their letters. If this occurs, Barbara Milton will work with your Division Chief to resolve. You may not contact the reviewers yourself, but your Division Chief may ask you to suggest names. If you have questions about whether your letters have been requested or have come in, you should speak to your division chief. It is important that potential reviewers are independent of you and have not been a collaborator or co-author. For those candidates in primarily a clinical role, letters can come from Duke faculty.

Most of the time, the DoM APT review and vote occur during one or two scheduled APT Committee meetings each year. So it’s possible that your individual dossier may be complete for several months before it’s reviewed by the committee.

**Q:** **How and when do I pick an academic “track”?**

**A:** Faculty at the Medical Instructor and Assistant Professor ranks generally do not have a specified track. However, it’s never too early to anticipate which track will best fit your academic career. Therefore, during the Medical Instructor and Assistant Professor years, you should be working toward the criteria for promotion to Associate Professor in the right track for you. At or before promotion to Associate Professor, you and your Division Chief will make a final selection. The Department of Medicine AP&T Committee provides review and final approval of your track designation. Decisions about tenure and promotion to Full Professor are also reviewed by the SoM APT committee. The definition and criteria for each track can be
Q: I don't think I am on the right track. I don't think that I am on schedule to move up to the next rank in my track. What should I do? How will I know when it is time to propose moving to the next rank?
A: Talk to your division chief, chair of medicine, chair of the DoM AP&T Committee, or vice chair for faculty development and diversity.

Q: What if I switch from a non-tenure track to a tenure track?
A: The “time to tenure” (11 years in most cases) is counted from your first appointment to the rank of Assistant Professor, even if your original appointment to that rank was in a non-tenure track. For example, if you became Assistant Professor in Track IV, and after 5 years decided to switch to Track I, II or III, the time left on your tenure clock would be 6 years (11 minus 5). The time from the initial appointment in any track until a decision to, or not to, award tenure is 10 years (Tenure Clock). The tenure review process can be initiated by the department chair at any time. Normally, the review process to determine the awarding of tenure begins no later than the start of the 10th year. This allows approximately six months for departmental process and another six months for disposition at the Medical Center and university levels. It can be initiated at any time the chair feels appropriate.

Q: Should someone be reviewing my progress on the tenure ladder with me?
A: Yes, your division chief should do this at least once a year. You should request a meeting with him/her to review.

Q: If I have the minimum number of papers, will I get promoted? If I don’t have the minimum number, is there any chance of being promoted?
A: The minimum is in fact the minimum. Reaching that number does not guarantee promotion. Careful consideration is given to the quality and impact of the scholarly work and your role in the scholarship. If you’re not first or senior author, make sure the AP&T committee knows what your contribution was.

Bottom line: Sometimes the minimum isn’t enough. In rare cases, truly exceptional work leads to promotion with less than the minimum number of publications for that rank. For faculty involved in large clinical trials, registries, genetic or genetic studies where you are one of a large number of authors, it is important to indicate your role in the study as well as any contributions you’ve made that affect data analysis or methodology. This issue is especially important in the era of “team science” when a single publication (of any kind) can have many authors.

Q: What counts as a publication?
A: For Tracks II, III and V, publications are expected to be original peer-reviewed work. While chapters, books, reviews and case reports are an important demonstration of scholarship, these publications do not count as strongly for these tracks. (However, these kinds of publications can count if they demonstrate expertise, outstanding work or leadership in the field. For example, a review article in NEJM or Nature or Cell would count.). For Tracks I and IV, review articles as well as other clinical articles DO count. As noted on the table, publications are not strictly required for Track IV, but they will certainly strengthen your appointment/promotion package.

Q: I am a physician doing basic science research. Should I be on track II or track III?
A: Most MD investigators are best served by track II. This track is for those doing original, investigator-initiated research, with 50-75% of effort devoted to this research. The amount of effort can vary over the course of a Track II career. Track III is for investigator-initiated research that involves major discovery or translation or the development of major new methodology or technology, with >80% of effort devoted to research. In Track III, the expectation is that the level of effort will be sustained at > 80% for many years. The type of research is similar to that performed by a member of a basic science department. Most DoM faculty currently in Track III are investigators in the Howard Hughes Medical Institute, or equivalent positions. If you’re not sure where you fit, speak to your Division Chief.

Q: Why do letters of support have to be from people I have never collaborated with or published with?
A: The letters are supposed to represent an unbiased assessment of the candidate’s scholarship by someone who knows the field, but may or may not personally know the candidate. Your mentor and division chief can help you identify others in your field who might be willing to provide this assessment. It is important to identify any potential problems with letters as soon as possible since an application cannot be fully processed until complete and all letters of recommendations submitted.

Q: Can my letters be from Duke colleagues or do they have to come from outside institutions?
A: In general, external letters are preferred, especially at higher ranks. But for Track IV at any rank and for other tracks at the Assistant Professor level, internal letters may be acceptable. Your division chief may ask you for a list of reviewers to ask for a letter. All letters for actions conferring tenure and promotions to Professor must be independent/arm’s length reviewers.

Q: Is my appointment/promotion/tenure package affected by mentoring and teaching that I do?
A: Yes. Reviewing your mentoring experience is part of the AP&T review process, especially at senior ranks (Associate Professor with Tenure; Full Professor). Evidence of commitment to mentoring and skill as a mentor (e.g., as mentor on career development awards or as senior author on papers published by junior investigators in your group) are definitely to your advantage in the review process. Similarly, demonstrated commitment to teaching at the medical school or post-doctoral level is an important expectation and criterion for advancement. (See Track IV examples on Templates and Examples web page)

Q: Why is my faculty appointment for only 1 year?
A: In general, all non-tenured faculty members have academic appointments that require renewal on an annual basis. However, for non-tenured research or clinical faculty, it is possible for your division chief to request a multiple year rolling contract for you, which means that each year the contract renews for an additional number of years agreed upon (e.g., 3 or 5 years). If you believe that such a contract might be appropriate for you, please discuss this option with your division chief.

Q: I have a PhD, not an MD. Can I get tenure in the Department of Medicine?
A: Because tenure of a PhD carries a particular (and significant) financial obligation from the DoM, it’s a very rare event. Some PhD faculty have a joint appointment in a basic science department, and get tenure in that department. In general, all non-tenured faculty members have academic appointments that require renewal on an annual basis. However, for non-tenured research faculty, it is possible to request a multiple year rolling contract, which means that each year the contract renews for an additional number of years agreed upon (e.g., 3 or 5 years). If you believe that such a contract might be appropriate for you, please discuss this option with your division chief.
Q: Are there any nuances to the process that may not be reflected in the table?
A: Yes, plenty. Different faculty serve different roles, and not all roles can be neatly pigeon-holed. If you think your situation involves nuances, be sure to talk with your division chief AS WELL AS the DoM Chair so they are fully aware and can advise you accordingly. No matter what your situation is, your Personal Statement and CV should reflect your unique contributions to Duke and to your field.