Scope

**IU School of Medicine:**
Clinical Faculty  
Department Chairs  
Regional Campus Deans  
Executive Associate Dean for Faculty Affairs and Professional Development (EAD)  
Assistant Director, Faculty Systems

Background

Effective July 1, 1987, the President and Board of Trustees of Indiana University approved the establishment of faculty-level, non-tenure track appointments for physicians and other health professionals (dentists, nurses, optometrists, audiologists, speech pathologists, and allied health personnel, etc.) who are appointed for the purpose of
primarily teaching and providing patient services as part of the instructional experiences for the students and trainees in the various academic programs of the university system.

Effective March 26, 1996, the University Faculty Council passed resolutions which permit the use of the clinical ranks in all academic units in the professional-client service disciplines. These resolutions also increased the maximum number of these faculty in the health sciences schools and further defined the rights and privileges of individuals in these ranks. Clinical ranks were originally capped at 15% of the total full-time faculty of each school. In the health sciences schools, the limitation was increased to not more than 40% of full-time faculty, but this 40% includes research scientists, lecturers, and other non-tenure eligible academic appointees in addition to clinical rank faculty.

Prior to 1987, there was a need to create a more adequate system of ranks for full-time clinical positions than the previous system of appointing full-time, tenure track faculty to teach and perform clinical services. The need arose in those academic units whose mission includes the provision of clinical services to patients or the general public as part of their overall educational and service programs. In order to provide these services, and the appropriate clinical instruction that accompanies these services, specialists in various fields are needed to staff the areas used for these activities. At the time, the university system of faculty ranks was structured to emphasize excellence in teaching, scholarly achievement (and research), and service to the university, and required appointments on the tenure track. It was and is important also to provide a career ladder structure and reward system for those individuals needed to participate in the education and training programs of the unit while also providing high levels of clinical service.

Indiana University’s capacity for providing a quality educational experience for students and trainees in its health-related academic units depends in part on being able to access facilities and services which are staffed by stable, well-qualified groups of faculty-level appointees in the various fields. Academic units such as the School of Medicine with its teaching hospitals and regional campus system must be able to attract and retain highly qualified professionals for non-traditional faculty positions. Other professional schools have had similar needs and the clinical appointment is now used across many IU schools to appoint faculty members whose primary roles are the teaching and service missions of the unit See ACA-18, Regulation of Clinical and Lecturer Appointments for the university-wide policy.

Overview

Clinical appointments are appropriate for individuals whose primary duties are the service and teaching missions. In the School of Medicine (IUSM), this includes but is not limited to providing professional service in the clinical setting, teaching students, residents, and fellows the foundational science knowledge necessary to understand the principles of patient care, and/or teaching the application of clinical or foundational science information to patient care. The following policy applies to the clinical rank faculty. Other provisions governing part-time and volunteer academic appointments are covered in the IUSM adjunct faculty policy.
Guidelines

I. Ranks
   a. A three-rank system was created for those individuals who hold appropriate degrees and certifications (or equivalent in his or her discipline) and who are engaged by Indiana University primarily for teaching and service responsibilities. The following titles are used
      i. Assistant Professor of Clinical {Department Name}
      ii. Associate Professor of Clinical {Department Name}
      iii. Professor of Clinical {Department Name}
   b. Clinical rank faculty may be involved in research which derives from their primary assignment, however, continued appointment and advancement in rank is based on performance in teaching and service.
   c. The three-rank system is regarded as a career-ladder framework, with appropriate policies and procedures for appointment, annual review, and promotion.
   d. The creation of positions takes place under procedures administered through academic units by the Dean of the Faculties of each campus and is further subject to the policies, rules, and procedures of the campus Affirmative Action Plan as administered by the Office of Equal Opportunity.

II. Rights and Privileges
   a. Clinical rank faculty must follow and are protected by university policies, including those pertaining to faculty hiring and faculty annual reviews.
   b. The faculty salary policies of the School of Medicine will apply to clinical rank faculty.
   c. Clinical rank faculty have the right to petition the School of Medicine Faculty Grievance Committee and the IUPUI campus Faculty Board of Review for redress of grievances concerning dismissal, non-reappointment, academic freedom, salary adjustment, or other conditions of work. The procedures applicable for grievances of clinical rank faculty will be the same as for tenured/tenure-probationary faculty, including applicable periods for filing such grievances.
   d. Although ineligible for university sabbatical leave, clinical rank faculty are eligible for departmental leaves for the purpose of professional learning and collaboration with colleagues. For more information, please refer to the School’s Clinical Ranks Departmental Leaves policy for full-time, clinical-track faculty.
   e. Per the School of Medicine Faculty Constitution, clinical rank faculty are voting members of the School of Medicine faculty. Participation in university and campus faculty governance is governed by the Constitution of the Faculty of Indiana University and the IUPUI Faculty Constitution.
   f. Per university policy, clinical rank faculty are not eligible for academic administrative appointments at and above the department chair level.
III. Qualifications for Rank

The teaching and service qualifications for each of the ranks are set forth in the IU School of Medicine Standards of Excellence in Service and Teaching.

a. Assistant Professor of Clinical {Department Name}
   i. Typically, a candidate for this rank will have completed the appropriate degree or certification in his or her discipline.
   ii. A person at this rank will assume instructional assignments, will be fully capable of performing teaching and service responsibilities normally associated with the profession or specialty, and will generally work under the direction and supervision of the department and director of the division or specialty, or regional campus dean.

b. Associate Professor of Clinical {Department Name}
   i. A person at this rank will have established a reputation beyond the institution (e.g., regionally, beginning to emerge nationally) through sustained productivity, high quality scholarship, and documented impact on the service and teaching programs of the department.
   ii. This individual will have demonstrated excellence in either service or teaching as articulated in the IUSM Standards of Excellence documents and will be satisfactory in the other area.

c. Professor of Clinical {Department Name}
   i. A person at this rank will have shown a distinguished career of continued growth and productivity in teaching and service, with a sustained national reputation and recognition from other senior full-time faculty at this and other institutions.
   ii. The individual will have made substantial contributions to his or her discipline, have a continued record of high-quality scholarship, and will be fully capable of performing independently within the limits of the specialty discipline and of providing supervision over junior faculty and other personnel.

IV. Appointment

a. Initial appointment in these ranks will be at the level appropriate to the experience and accomplishments of the individual.

b. The process for appointment to clinical rank, probationary status, or to clinical rank with a long-term appointment will go through the ordinary procedures for faculty appointments.

c. Faculty who, in addition to teaching and service, have a significant portion of their time allocated to research which does not derive from their primary assignment and for which they are a principal investigator, or who have basic science research laboratories, should be in tenured/tenure-probationary positions.

d. Clinical ranks are not intended to be a means of retaining tenure-probationary faculty who have not been able to demonstrate the performance levels required for the granting of tenure.
V. Probationary Period
   a. An individual appointed as clinical rank faculty will be awarded a three-
      year long-term appointment after a probationary period of not more
      than seven years. The standard probationary period for IUSM clinical
      rank faculty is three years.
   b. At the time of initial appointment, the length of the probationary period
      will be stated if longer than the IUSM standard probationary length.
      i. Initial appointments are usually for three years with subsequent
         reappointments dependent upon performance review and, when
         applicable, the clinical needs of the department.
      ii. The probationary period may be waived or shortened if there has
          been full-time service with faculty rank at other institutions, or if
          similar service in Indiana University School of Medicine would
          have been countable as a basis for awarding of a long-term
          appointment.
   c. The review leading to a long-term appointment is to take place in the
      second year of probationary service.
   d. In case of failure to give notice of non-reappointment or termination prior
      to the beginning of the third year of probationary service, the review
      leading to a long-term appointment or termination decision should be
      conducted at the earliest possible time and, if necessary, the probationary
      period shall be extended until the review is complete.
   e. When a probationary period expires during an academic year, the
      probationary period will be extended to the end of that academic year.

VI. Long-Term Appointments
   a. Clinical appointees are not eligible for tenure; however, to protect their
      academic freedom, individuals appointed as clinical rank faculty will be
      given a rolling three-year appointment after a probationary period of three
      years.
   b. This long-term appointment shall be of three years duration and shall be
      granted to those clinical rank faculty members whose professional
      characteristics indicate that they will continue to serve with distinction in
      their appointed roles.
   c. The procedure for granting a long-term appointment after the
      probationary period is as follows:
      i. The department chair, regional campus dean, or designee will
         determine whether the individual has performed satisfactorily in
         teaching, service, and professionalism during their initial
         appointment, which is ordinarily 3 years.
      ii. The annual faculty review can serve this purpose; no additional
          review is necessary unless the chair, regional campus dean or
          designee determines that an additional review is required.
      iii. If performance is deemed satisfactory, the department chair,
          regional campus dean or designee shall indicate to the Dean’s
          office that the faculty member is approved for a long-term
          appointment.

VII. Promotion
   a. Promotion of clinical rank faculty follows the criteria in the areas of
      service and teaching articulated in the IU School of Medicine Standards of
      Excellence in Service and Teaching.
   b. The clinical rank faculty will not be evaluated in the area of research.
   c. Promotion considerations must take into account differences in mission
between campuses, and between schools within some campuses, as well as the individual’s contribution to the school/campus mission.

d. A candidate for promotion must excel in one of the above categories and demonstrate satisfactory performance in the other.

e. Promotion is a recognition of past achievement and a sign of confidence that the individual is capable of greater responsibilities and accomplishments.

f. The procedure for granting promotion is

i. Review levels & committees

   1. Promotion in rank shall go through the normal faculty procedures for the School of Medicine, including peer review by primary, School, and campus promotion committees. Please refer to the IUPUI Promotion & Tenure Guidelines for requirements and procedures.

   2. There shall be separate primary and School committees established for the purpose of providing peer review of the clinical ranks’ faculty.

   3. Whenever possible, the composition of these committees should consist of an equivalent number of clinical rank faculty who have attained full rank and who have been awarded long-term appointments and professorial tenured faculty.

   4. These committees shall be designated as Lecturers and Clinical Rank Faculty Promotion Committees.

ii. Early review for readiness

   1. The Department Primary Committee would conduct this review to provide candidates with insight as to their progress toward promotion.

   2. This review is not mandatory; a clinical rank faculty member can apply for promotion through the usual process whenever they are ready.

iii. Promotion with Long-Term Appointment

   1. Faculty members can seek promotion and the awarding of the long-term appointment simultaneously or can undergo these reviews separately.

   2. When they are sought simultaneously, the procedures detailed above regarding promotion in rank are followed.

   3. When the long-term appointment is sought separately (without promotion), the process is outlined in the Long-Term Appointments section above.

VIII. Non-Reappointment, Non-Renewal, or Dismissal

a. For probationary clinical rank faculty members on 12-month or 10-month appointments, notice of non-reappointment or dismissal will be given under the same terms as apply to tenure-probationary faculty during the probationary period

   i. Three months’ notice if in the first year of appointment

   ii. Six months’ notice if in the second year of appointment

   iii. 12 months’ notice after two or more years of service

b. The notice periods for dismissal of clinical rank probationary faculty and clinical rank faculty with a long-term appointment will be the same as for tenured/tenure-probationary faculty.
i. Dismissal of a clinical rank faculty member holding a long-term appointment after the probationary period may occur because of closure or permanent down-sizing of the program in which the faculty member teaches and serves; otherwise, dismissal of such clinical track faculty will occur only for reasons of professional incompetence, serious misconduct, or financial exigency.

ii. For those clinical track faculty who provide patient care, the clinical track faculty appointment is also contingent on continuous employment in the approved practice plan of the IUSM. Non-reappointment of clinical faculty may occur for the foregoing reasons or may occur as well for reason of changing staffing needs of the program.

iii. Non-renewal decisions regarding clinical rank faculty holding a long-term appointment after the probationary period may be made with faculty consultation by involvement of the respective primary Lecturers and Clinical Rank Faculty Promotion Committee.

iv. The notice period for non-renewal of clinical rank faculty with a long-term appointment will be at least one year. 1

c. Appeal of these decisions will be to the School’s Faculty Grievance Committee once all administrative levels of appeal within the School have been exhausted.

i. Appeals beyond the level of the School of Medicine should follow the procedures for requesting a Faculty Board of Review described in current campus and university policies.

IX. Fringe Benefits

a. Retirement Plan

i. Persons holding any of these full-time 2 clinical ranks on a 12-month basis are eligible for enrollment in the University retirement plans, as with other faculty and librarians.

b. Insurance

i. Persons holding any of these full-time clinical ranks on a 12-month basis are eligible to participate in the University life insurance plans, as with other faculty and librarians.

ii. Persons holding any these full-time clinical ranks on a 12-month basis are eligible for enrollment in the University health & dental plans, as with other faculty and librarians.

c. Leave of Absence

i. Persons holding any of these full-time clinical ranks on a 12-month basis are eligible for leaves of absence as detailed in school and university policies ACA-47 Leaves for Academic Appointees.

d. Vacation

i. Persons appointed to any of these full-time clinical ranks on a 12-month basis are entitled to paid vacation as detailed in ACA-47 Leaves for Academic Appointees policy.

ii. Vacations are approved by the chair of the department or director of the unit or his/her designee as applicable for all 12-month appointees.

X. Personnel Policies

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1 Notice periods for non-reappointment, long-term appointment non-renewal, and dismissal may be figured from the date the notice is given rather than the ending date of the current appointment period [Administrative Practice].

2 The University defines full-time as 0.75 FTE or greater for purposes of benefit eligibility.
a. The chair of the department, director of the division, or regional campus dean will initiate recommendations for the establishment of new positions.
b. These recommendations will be reviewed and acted upon by the Dean of the School of Medicine and the Dean of the Faculties for the IUPUI campus or their designees.
c. Should a faculty member holding a clinical rank appointment seek transfer to a tenured or tenure track appointment, the transfer will be considered as a new appointment requiring the same review expected of other new tenure track appointees.
   i. A new search will not be required if the applicant for a transfer was initially appointed through an approved affirmative action search for a tenure track position.
   ii. The School is not obligated to count service as a clinical rank appointee as credit toward tenure if the appointment is later changed to a full-time tenured/tenure track appointment.
   iii. Persons holding a tenure track rank are eligible for consideration for change in appointment to a clinical rank during the first six years of the 9-year probationary tenure track appointment, provided such change is in the best interest of the missions of the department, the School, and the university.
d. Faculty holding these clinical ranks at all levels will be reviewed annually by the respective department chair, division director, regional campus dean or their designee.
   i. The annual review will be conducted per the IUSM Faculty Annual Review Guidelines

Related Information

Grievance Process
Clinical Ranks Departmental Leaves
IUSM Standards of Excellence
IUPUI Promotion & Tenure Guidelines
ACA-47 Leaves for Academic Appointees
Faculty Annual Review Guidelines
ACA-12 General Provisions Regarding Academic Appointments

History

Est. 9/1/1988

Revised 3/12/1991; 12/22/1994; 4/7/1997; 4/29/1999 (retirement plan revised); 8/27/2001 & 3/15/02 (titles revised); 6/20/2005 (footnote added); 11/19/09 (process for awarding clinical contract revised); 9/25/12 (deadline to change from tenure track revised, per agreement with IUPUI Dean of the Faculties Office); 8/15/2013 (non-renewal period revised to conform with IUPUI policy); 12/3/2018; 12/1/2021

*Revisions approved by Faculty Steering Committee and School Executive Committee.