

## **Criteria for Clinician Candidates for Promotion and Tenure**

Clinical candidates should meet two kinds of criteria to demonstrate evidence for clinical excellence:

- general criteria that apply to all clinical candidates
- suggested criteria for documenting clinical excellence, which may differ by specialty and circumstances.

### **General criteria required of all clinicians applying for promotion or tenure**

*Information on meeting these criteria must be included in the clinical practice portion of the P&T Portfolio.*

1. Each candidate must have a current job description that defines his/her current clinical effort. The job description can be the candidate's appointment letter if it is supported by annual performance reviews since the appointment; if clinical responsibilities have changed significantly (including but not limited to a switch from one appointment track to another) an updated, detailed job description prepared by the candidate's division chief or chair is required. A record of effort allocation every year since the last promotion/appointment action should be included.
2. All candidates for promotion or tenure must be credentialed to practice in their home institutions. Thus, all candidates must hold a valid, active license to practice medicine or other clinical specialty in the Commonwealth of Virginia and meet all credentialing requirements for their institutions.
3. Each candidate must have current board certification, its equivalent, or a documented exemption from his/her institution's credentialing office.
4. A minimum of 20% clinical effort is required to support a claim of clinical excellence. Candidates whose clinical effort is less than 20% may use clinical effort only to support a claim of excellence in the areas of research and medical education.

### **Suggested Criteria for Documentation of Clinical Excellence**

1. **Productivity**, as documented by work RVUs, is one component of clinical excellence. A minimum standard for clinical excellence is the 50<sup>th</sup> percentile of the Medical Group Management Association (MGMA) scale for academic practice in the clinician's specialty. This figure should be adjusted for the candidate's percent clinical effort. Clinicians with significant clinical activity that does not generate RVUs, particularly activity mandated by the institution or department, should describe such activity and its effect on productivity. Information on the geographic distribution of patients for those clinicians who attract patients from outside the Medical Center is available from the Department of Market Research and Planning (4028 McKim, phone 32613).
2. **Consistent adherence to practice-related standards, recommendations, and protocols** should be documented. Examples include P4P, JCAHO core measures, National Patient Safety Goals, QHIP metrics, and other applicable standards for the candidate's specialty. Each of these measures should be documented with specialty-specific practice-related metrics; the minimum criterion for excellence is performance above the median.

3. **Patient satisfaction scores** for the candidate that exceed the median for the University Health Center, where available and applicable, may be used as evidence of clinical excellence. These scores and comments for the previous five years are available from the Department of Market Research and Planning (4028 McKim, phone 32613). They will provide data in an appropriate format if told it is for P&T use.
4. **Adherence to institutional performance standards**, such as access, discharge by noon, and physician communication, where applicable, should be documented with specific metrics. Innovations that apply to these standards, particularly if they are applicable outside the candidate's home institution, can provide evidence of clinical excellence.
5. **Specialty-specific outcome measures**, such as mortality rates, readmission rates, and case complexity (e.g., case-mix index), can be documented by the candidate. Performance that exceeds national medians for the specialty will be a component of clinical excellence.
6. **Clinical practice improvement activities and clinical innovations** can be documented by the candidate. These and other activities, such as community education or community service activities that add value to the institution should be supported by specific measures such as increased numbers of patient referrals, additional procedures, or other outcome metrics that show the candidate's contribution.
7. **Scholarly activity applicable to the candidate's clinical activity** is expected. This can include peer-reviewed publications, participation in clinical trials, particularly in leadership roles, and adoption of clinical innovations outside of the candidate's home institution.
8. **360-degree evaluations of the candidate** may provide evidence of clinical excellence not covered by the candidate's referee letters. Such evaluations must be confidential and succinct and should include participation by colleagues, nursing staff, trainees, supervisors, and, possibly, patients. The candidate's department promotion and tenure committee, division chief, or department chair is responsible for collecting and validating these evaluations.
9. **The guidelines listed here are not all-inclusive and not all apply to any one candidate.** Where any guideline does apply, however, documented performance that exceeds the minimum expectations will be used to judge the degree and extent of excellence.