

Attendees: Ann Botash, Jay Brenner, Kelly Donavan, Rebecca Garden, Patricia Kane, Margaret Maimone, Paul Massa, Stacy Mehlek, Christopher Morley Steven Taffet, Anthony Tracey, Richard Veenstra, Richard Wojcikiewicz

Opening comments:

Primary and secondary pathways may be something we want to consider. What would a secondary pathway provide? Would it be confusing? Having a secondary area could potentially help with faculty who are actually meeting criteria for more than one area

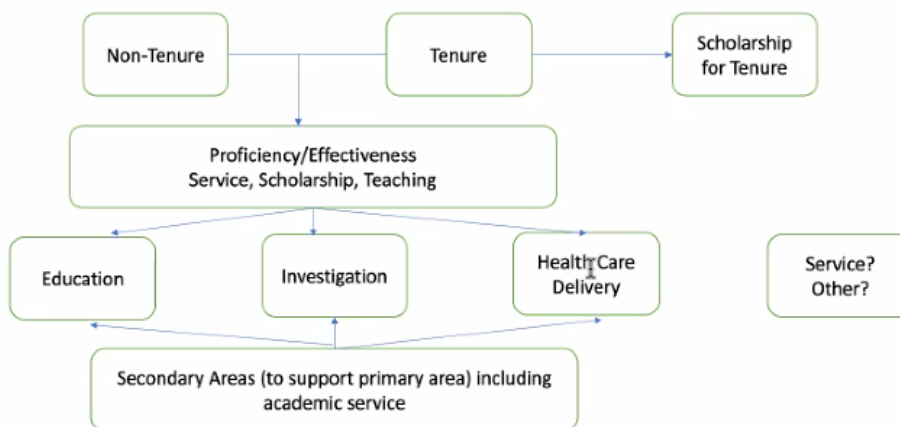
We have two tracks: Tenure and non-tenure eligible. The three pathways (areas of excellence/distinction—research, service, education) are not assigned at appointment, and do not need to be identified as pathways, they are flexible.

Does service support a pathway that we currently have, or should it be its own entity? Currently, the service pathway is mainly used by clinicians.

Review of past discussions of NCOMFAPC:	Other needs:
<ul style="list-style-type: none">• Time in rank (fast tracks)• Challenges with non-traditional pathways becoming more frequent• Waiver of external evaluator letters -- a concern• Administrative pathway not working out as planned• Tenure definition of scholarship for non-researchers is unclear	<ul style="list-style-type: none">• Non-tenure eligible clinician scholarship criteria needs review• Improved clarity of pathways• Other

Check one-drive folder shared with group

Framework Draft Proposal (to be discussed with the Task Force this week)



Current tracks:

Criteria for proficiency is the base platform for all 3 areas of excellence and is the same for assistant and associate professor.

Discussion: A change was recommended to change the word research to investigation to try and define what we are looking for more clearly. Ultimately, it was changed to scholarship (for proficiency) and left as research (as one of the three areas of distinction/excellence).

Proficiency – discussed the example activities from the three areas and showed the example documentation for criteria.

Discussed adding a fourth pathway for service. How would service would be peer reviewed? Everyone is expected to do service (so it fits as an area of proficiency). However, some faculty don't seem to fit the three areas, but accomplish a lot of different service. If there are a large number of, we may need to create a separate way – if not, could we fit them in to another pathway.

Reviewing for journals, invited for study section, the invitation demonstrates the honor of being asked – this could be considered proficiency (service) for research excellence. Using “Health care delivery” as an umbrella for multiple areas, encompasses some patient service, clinical care and other roles that may not be direct patient care.

Research vs. investigation:

May still have a narrow view of what is considered research. Does the word research need to be changed to scholarship? Decided to change it for proficiency and not for distinction.

The definition of scholarship should not be confused with “research” as it applies to all areas of excellence and can be different examples of scholarship depending on area of excellence/distinction.

With a new definition of scholarship and a new name for clinical, we could potentially have secondary areas of excellence and then address clinician educators that come through the promotion process. If they came through to committee, there would only need to be a clarification that they are clinician educators.

We need to clarify the criteria and instructions so people can “see” themselves in the examples and criteria.

Examples would be placed so its clear and people know what they must do.

Consensus Decision: Service will not be a fourth pathway, but will support an area of excellence. For example, a clinician who is involved in faculty governance would be able to use their leadership roles in governance to support promotion with excellence in health care delivery. An educator who has an administrative role, could use their admin/leadership to support their distinction in education.