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Department of Radiology
University of California San Diego

An Informal Guide to Academic Advancement for Clinicians in the Radiology Department

Based on UCSD Appointment & Review Policies (PPM 230-20 and 230-28), with modifications for the Department of Radiology.

These guidelines focus on the Clinical Faculty in Radiology (Health Sciences [HS] Clinical and Clinical X series), who have a substantial time commitment on the clinical radiology services. This document is intended as an informal guide to accompany the specific Radiology Department guidelines detailed in a separate document: **Criteria for Promotion, Acceleration, and Merit Increase in the Department of Radiology**. That document includes some specific numbers, such as the expected number of papers published each year (Clinical X only), although these are intended as practical guidelines rather than fixed criteria. The focus in the current document is on the types of activities you need to do to get promoted. Also, it is important to know that as of 2017 the process of preparing and submitting your file for advancement has changed, as described in the last section of this document.

1. Criteria for Advancement

The 2 primary series for clinical faculty are HS Clinical and Clinical X. Faculty in the Clinical X series are members of the campus Academic Senate. New junior faculty are appointed in the HS Clinical series at the Assistant Professor level, usually Step II, unless they have had prior clinical experience after residency/fellowship. Faculty who develop a research focus and attain a national reputation can switch to the Clinical X series when they reach the Associate or Professor level. Faculty who have a high level of research productivity with external grant support as PI may be appointed in or switch to the In-Residence or Ladder rank series.

All clinical faculty are expected to participate in research, teaching, clinical and service activities. The teaching, clinical and service requirements are the same for both clinical series. More senior faculty may take on administrative positions that require dedicated time away from the clinical service. More specific requirements for each clinical series are described below.

HS Clinical Series

A. Research and Scholarly Activities

HS Clinical faculty must show evidence of some scholarship. Grant support and 1st authorship on major scientific papers are not required. It is common for radiologists to collaborate on projects with clinicians from other departments. For example, by reviewing the images of the subjects in a clinical research project, you might be included as a co-author on the paper. It is best to discuss potential authorship up front when asked by a clinician to review a group of cases. Other scholarship includes working with residents or fellows to write up case reports or preparing and presenting posters or educational exhibits at national meetings. Creative activities for HS faculty are broadly defined to include development of clinical guidelines or pathways, quality improvement programs, and contributing to informational brochures for your clinical service.

B. Teaching

For clinical faculty the majority of teaching is done at the PACS station with residents and fellows. Presenting cases at clinical conferences is another common method of teaching. Many faculty lecture at our Resident Review Course and Post Graduate radiology courses. Faculty can also participate in RAD 401 and other specialty courses for medical students. Opportunities are available to teach in the student anatomy course.

C. Clinical Service

All clinical faculty participate in radiology coverage with appropriate clinical work for their section/division. It is important for HS faculty to develop consulting relationships with the clinical services related to their subspecialty. When you go up for promotion, you will need letters of reference from UCSD faculty outside of the Radiology Department. Consulting relationships are also fostered with active participation in clinical conferences.

D. Service

This includes many activities in which you contribute your time and effort, such as participation in departmental, hospital, and medical school committees; work for scientific and radiological organizations, manuscript reviewer for journals, and service to the community. Active participation in interdepartmental clinical conferences counts for both service and teaching.

Clinical X Series

A. Research and Scholarly Activities

Clinical X faculty must develop a clinical/research focus. This might be "MR spectroscopy of brain tumors" or "Biopsy techniques for liver lesions". Although grant funding is not required, peer-reviewed publications of original research in reputable journals are expected. At the assistant professor level, several of the

papers should be as first author. More senior faculty can be second or senior author, with a trainee as the first author. It is important to clearly state in your narrative what your role was on the papers. Co-authorship on papers with clinical colleagues is also considered valuable academic work.

Clinical X faculty typically develop a special area of expertise within their subspecialty that results in several related peer-reviewed publications. This leads to national recognition of their special expertise and invited lectures to national meetings and other universities.

B. Teaching

Same requirements as HS Clinical, but Clinical X faculty should also serve as advisors for medical student Independent Study Projects. Also, more teaching and lecturing at national meetings and conferences is expected. Invited lectures and visiting professorships are highly valued.

C. Clinical Service

Same requirements as HS Clinical. Although UCSD faculty do not write letters of reference for your promotion, part of any radiologist's role is being a consultant to the clinical services and contributing to their clinical conferences.

D. Service

Same requirements as HS Clinical, with the addition that since Clinical X faculty are members of the Academic Senate, some service on campus committees is also expected.

Leadership

Although not an official section in the **Self Assessment** letter, important components of the Clinical X series are leadership roles and exemplary service within national Radiology organizations. This could be service on the appropriateness committee of the ACR or the executive committee, scientific program committee, or technical exhibits committee of the RSNA. Memberships on editorial boards of scientific journals are good evidence of professional stature.

2. Advancement Stages and Terms

- A *promotion* is an advancement in rank, and the two key promotions are from Assistant to Associate and from Associate to Full Professor.
- A *merit increase* is an advancement in salary step (e.g., Assistant Step 2 to Assistant Step 3). A faculty member is eligible for a normal merit increase every 2 years in the Assistant Professor and Associate Professor ranks and every 3 years in the Professor rank.
- A *4th year appraisal* is an evaluation of the faculty member's readiness for promotion from Assistant to Associate at the next review (in 2 years). A

typical pattern is that the appraisal happens at the review for a merit increase from Assistant Step 3 to Assistant Step 4, with anticipation that the next step would be promotion to Associate Step 1.

- A *cross-over merit increase* is an increase in step within a lower rank instead of promotion to the higher rank. This can occur if the faculty member is deemed to be not ready for promotion, but is likely to be in 2 years. For example, advancement to Assistant Step 5 instead of Associate Step 1 is a cross-over merit. Because the salary scales are similar, the effect of this is to advance the salary step while delaying the promotion. When the promotion happens, it is usually to the second step of the new rank, so that the salary progression is maintained.
- An *acceleration* is skipping a Step, for example advancing directly from Professor Step 3 to Step 5.
- Advancement to *Professor Step 6* is a career review and often considered a promotion.
- Advancement from Professor Step 9 to *Off-Scale* is also a career review, and typically does not happen until the faculty member has four years at Step 9.

3. Advancement Decisions

In the UC system, the final decision about clinical faculty advancement does not lie within the faculty member's department, but rather with the School of Medicine Committee on Academic Personnel (SOMCAP), a committee composed of Medical School faculty. After SOMCAP review, Clinical X files are also reviewed by campus CAP, which is composed of faculty from all University departments. In-Residence and Ladder rank files are not reviewed by SOMCAP. When you are eligible for advancement, you will be asked to prepare a file supporting that advancement. Your file is first considered by the Radiology Department Academic Personnel Committee (RADAPC) to determine if the advancement is appropriate, based on the departmental guidelines. For promotions, referee letters will be requested to evaluate your work. For the HS Clinical series the letters are written by UCSD faculty outside of Radiology. For the Clinical X series the letters are solicited from other Universities and Institutions. Former mentors and co-authors/collaborators on publications from the past 5 years are not allowed to write letters of reference for you. The full file, including outside letters and the departmental recommendation, is then submitted to CAP for a decision. It is important to note that CAP may not agree with the departmental recommendation. They may determine that teaching or service are not at a sufficient level, but their most common reason for denying an advancement is insufficient scholarly productivity.

4. Your Self-Assessment Letter

The Self-Assessment you submit is your best opportunity to present your work in a positive, coherent way and to address any potential concerns/weaknesses in your file. It forms the basis of the departmental review and of CAP's assessment. For this reason, it is important to take some care in preparing it. For example, beyond a simple list of your publications, it is important to make clear which papers you consider to be your primary papers, the ones that contribute to your independent research program (Clinical X Series). These should be singled out and described, particularly emphasizing your role. If there could be any perception that these papers are not independent work on your part, it is important to address this concern in your Self-Assessment. For example, an area of concern would be any paper you consider a primary paper, but on which you are: 1) not the first author or last author; 2) first author, but with a more senior faculty as last author; or 3) not the corresponding author. All of these factors are potential reasons for CAP to not accept these papers as documented scholarly independence. The Self-Assessment is your chance to try to head off this interpretation at the beginning of the process. As another example, if you have papers in many areas, but no clear concentration in one area, in your Self-Assessment you should try to clarify the linking thread that makes your body of work a coherent research effort. The best plan is to establish a body of work that is clearly independent, coherent and important, so that these issues don't have to be defended.

5. Change of Series

A change of series has become more complicated. In the past when an HS Clinical Professor wanted to change to the Clinical X series, a waiver could often be obtained to avoid an open recruitment for the position. Waivers will be harder to obtain in the future. As of 2017, the normal procedure will be that the Department must first choose to create a position in one of the Professor series (Clinical X, In Residence or FTE) and then do an open recruitment and advertise the position. You may of course apply for that position once it is created, but you will be competing with candidates on a national/international level. In addition to these requirements, if your goal is eventually to do a change of series, you should begin early to start emulating that desired series. For example, for a change from HS Clinical to Clinical X, you must develop a research focus, publish papers on that research, and acquire stature on a national level. This is critical to satisfy the criteria for appointment in the new series and also to be competitive for such a position if it is created.

5. Preparing your file

A. New procedure as of 2017

For each advancement, either a merit or a promotion, you will be asked to submit a file one year before the advancement would go into effect. Your file will be compiled by the Academic Resource Center (ARC) based on the material you provide. *As of 2017, the process has changed substantially to reduce redundancy in the material included in your file. The key change is that your Self-Assessment takes on a more critical importance, and now must be done in a different style. It will be forwarded to CAP as part of your file in the form you submit it, and the report from the RADAPC and the Chair letter will be briefer.* The Self-Assessment is discussed further below.

B. Typical timeline

- In the Spring before your file goes in, you will receive notice that the Department of Radiology is considering you for a merit increase or promotion, along with two documents, 1) Criteria for Promotion, Acceleration, and Merit Increase in the Department of Radiology and 2) Informal Guidelines for Advancement. You will also meet with a RADAPC member to review your qualifications for advancement. You will be asked to bring an updated CV or BioBib to the meeting. This is an opportunity to ask any questions you might have about the review process and to make your case for an acceleration or change of series.
- Also in the spring you will be contacted by ARC with instructions for the material you need to prepare. The required documents include your BioBib form, your Teaching forms, and your Self-Assessment. These materials are likely to be due in May for a promotion (because referee letters need to be requested) or June for a Merit increase.
- ARC will request a letter from your Division/Section Chief to comment on the quality and scope of your clinical work.
- ARC assembles your file and submits it to the Radiology Promotions Committee (RADAPC), where the file is evaluated to determine if you meet the criteria for advancement outlined in the document **Criteria for Promotion, Acceleration, and Merit Increase in the Department of Radiology**. The RADAPC will then prepare a very short report, focusing just on the question of whether or not you meet the Departmental requirements, without restating your accomplishments.
- In October a Radiology Faculty Promotions meeting is held, at which your file (if you are up for a promotion, acceleration, or change of series) will be presented to the faculty and discussed, and the faculty will then vote.
- The Chair's Letter will include a brief executive summary of your file, including the result of the vote.

6. Your Self-Assessment

This replaces the Narrative the department has used in the past, and differs in several ways:

- It should be written in the first person.
- It will be the only part of your file that goes to CAP in which your accomplishments are described in detail. RADAPC will not edit it or include it in their letter, although they may suggest that you change some things before you submit your final version to help clarify or emphasize key points.
- The required sections are:
 - A. Research and Scholarly Activities
 - B. Teaching Activities
 - C. Clinical Activities
 - D. University and Public Service

The official description of each of the four categories is in the document **Self-Assessment Instructions**. Note that in the past there was a fifth category, Professional Competence, that was often used to highlight activities that help establish your involvement and status in your field (e.g., awards, honors, invited talks, or other special recognition). With the new format, that information can be put in an introductory paragraph before the Research section.

For Section C, Clinical Activities, explain in detail your role and responsibilities in your Division/Section and the Department of Radiology. State the number of days per week on clinical service and your ER PM, week-end, and call responsibilities.

For Clinical X faculty, your **Leadership** activities should be included in the appropriate sections (scholarship, teaching, service). Since leadership and national recognition are important criteria for Clinical X, these activities should be summarized in a concluding paragraph to clearly show your achievements and stature on a national level.