

UNIVERSITY OF MINNESOTA <hr/> Medical School <i>Office of Faculty Affairs</i>		Number: 2008.FR.001
		Effective Date: 11/20/08
		No. of Pages: 8
Section: <b>FACULTY REVIEW</b>	Subject: <i>Required Annual Faculty Review</i>	

## FACULTY REVIEW POLICY

### ANNUAL FACULTY REVIEW

**All Full Time (including Affiliate and WOS) Medical School Faculty (Tenure Track [N], Tenured [P], Clinical Scholar [I], Teaching Track [K], Research Track [W]) at all ranks must undergo an Annual Review. This process is key in allowing the faculty member and the department to assess individual progress. It also helps to protect the faculty member, the department, and the school, in case of any misunderstanding or conflict that may arise. For any questions about this process, please do not hesitate to call the Office of Faculty Affairs.**

- 1) During the winter/spring of each academic year, all Department Heads will schedule an annual review conference with each full-time or affiliate faculty member. This responsibility may be delegated to Division Chiefs, Departmental Review Committee, Center Directors or other designee. All reviews must receive final approval and signature of the Department Head.
- 2) Prior to this conference, the individual faculty member will provide the requisite information, following the department's annual review reporting format, as well as an updated Curriculum Vitae.
- 3) Annual reviews may be carried out in the format preferred by each department but must, at a minimum, include the following:
  - a. Compliance with the rules detailed in the Board of Regents Policy: *Faculty Tenure*, section 7a.2, for probationary and tenured faculty
  - b. Accomplishments of the previous year, particularly in relation to goals set for the year.
  - c. Detailed accomplishments in each domain relevant to the faculty member (as applicable: scholarship, teaching, service, clinical activity):
    - i. Evaluation of quality and quantity of teaching, attitude towards learners, knowledge of subject matter, and specific contributions to continuing education.
    - ii. Evaluation of research and/or scholarly activity including current projects, grants applied for or funded, publications, and papers presented or submitted.
    - iii. Evaluation of clinical activity when applicable, including volume of patients served, breadth of referrals, incorporation of patient care into teaching program, activity in local and national professional organizations.
    - iv. Evaluation of service.
  - d. Percentage of effort in each domain – updated annually.
  - e. Agreed upon goals for the up-coming year.
  - f. Plans for subsequent year:
    - i. Specific recognition of outstanding accomplishments etc and plans to maintain high performance level.
    - ii. Detailed faculty development plans for areas of deficiency.
- 4) The annual review conference should emphasize frank discussion concerning the faculty member's past and present performance in given areas of responsibility, noting progress in achieving previously established goals

and objectives. In particular, it is important to frame the evaluation in the context of the proposed distribution of responsibilities in the 4 domains of Teaching, Research/Scholarly Activity, Service, and Clinical activity (if applicable). If the faculty member is working towards advancement or tenure, the Department Head and the faculty member should assure themselves that year-by-year progress, consistent with the departmental 7.12 or other track statement has been appropriate to date and specific goals for the coming year should be agreed upon.

- 5) Following the annual review conference, the Department Head or designee will complete Form 12, or 12a (as applicable), summarizing the conference and stating the agreed upon goals for the up-coming year. The Summary form must be signed by the faculty member, the evaluator and the Department Head, if the evaluator is a third individual.
- 6) The signed Summary form is sent to office of Associate Dean for Faculty Affairs – who also signs. The Summary will be handled confidentially by the Dean and the Associate Dean and will assist them in supporting recommendations for promotion, tenure, special recognition, or salary adjustments.

*Approved by the Executive Faculty of the Medical School: November 20, 2008*

*Approved by the Senior Vice President for the Health Sciences: July 15, 2009*

**Appendix I – Forms 12 and 12a**

UNIVERSITY OF MINNESOTA President Form 12 Rev 8/89	<b>APPRAISALS OF PROBATIONARY FACULTY</b> As required by Regulations Concerning Faculty Tenure (effective July 1, 1985)	Copies to: <input type="checkbox"/> Senior VP Academic Affairs <input type="checkbox"/> Dean <input type="checkbox"/> Department Head <input type="checkbox"/> Faculty Member <input type="checkbox"/> Department Retain
<b>Appraisal during academic year 20__ - 20__</b>		
Name	Years credited for probationary service: _____ Prior service credit	
Current Rank <span style="float:right">Effective</span>	Institution	
Department in which probationary appointment is held	Rank	From <span style="float:right">To</span>
College	_____ Cumulative University of Minnesota probationary years. Include the current year in computation.	
Beginning date of probationary appointment:	Appointment term and percent time:	_____ Total number of probationary years
Academic unit's appraisal of the candidate's teaching, research, and service according to Section 7.11 of the Tenure Regulations and the unit's Section 7.12 statement (use reverse side if necessary)		
Academic unit's recommendation: <input type="checkbox"/> Continuation of probationary appointment <input type="checkbox"/> Senior Vice President to send certified written notice of terminal appointment <input type="checkbox"/> Continuous appointment <input type="checkbox"/> Signed and dated resignation letter attached <input type="checkbox"/> Promotion		
Have appropriate members of the academic unit participated in the above recommendation in accordance with the Regulations Concerning Faculty Tenure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This appraisal has been reviewed by the probationary faculty member.		
X _____ Probationary Member <span style="float:right">Date</span>	X _____ Department Head <span style="float:right">Date</span>	
Dean's comments and recommendation		
X _____ Dean <span style="float:right">Date</span>		
Senior Vice President's recommendation		
X _____ Senior Vice President <span style="float:right">Date</span>		
<b>BOARD OF REGENTS' ACTION</b>		Date of notice of terminating appointment if such action is taken
_____ Approval Date	_____ Indefinite Tenure Effective	_____ Promotion Effective
		Letter of resignation _____ Effective Date _____ Senior Vice President's letter posted _____ Effective Date _____

