

**DEVELOPING A CLINICAL APPOINTMENT
TRACK IN A SCHOOL OF PUBLIC HEALTH:
A GUIDE**

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PREFACE

The Future of Public Health (IOM, 1988) noted that schools of public health (SPH) have become isolated from public health practice and that public health workers often lack training in the management, political, analytic, and organizational skills necessary for effective leadership. Among the requirements for good public health leadership is an understanding of how any single discipline within public health relates to the entire arena of public health concerns, as well as an appreciation for and skill in managing the political process that is indigenous to all government agencies. In order to improve the education, training, and practice skills of students seeking to become public health professionals, the Institute of Medicine (IOM) report recommended that school of public health faculty be recruited with appropriate weight given to prior public health experience as well as to traditional academic qualifications.

The Public Health Faculty/Agency Forum (1991), developed by the Health Resources and Service Administration and the Centers for Disease Control to address the educational and academic aspects of the IOM report, recommended that academic public health programs adopt a clinical practice model similar to the clinical model in medical education. In keeping with the spirit and intent of the IOM report and the Public Health Faculty/Agency Forum, this guide is offered to facilitate the addition of practice-based faculty in a SPH through the development of a clinical appointment track and the recruitment of appropriate clinical appointees to the faculty.

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I. THE HISTORY OF THE CLINICAL APPOINTMENT

Faculty appointments with clinical titles historically have been used to affiliate practitioners of specific professions with academic faculties that teach or conduct research in the same professions. Clinical appointments are most common in the faculties of Medicine, Dentistry, Pharmacy, Nursing, Allied Health Professions, Social Work and Law. The purpose of the clinical appointment traditionally has been to recognize and utilize the expertise of practitioners through teaching and participation in the educational mission of the college or department.

The availability of clinical titles facilitates the inclusion of practitioners into the academic community. Traditionally, the primary responsibilities cited for clinical faculty in non-SPH settings are teaching, clinical/field supervision, and/or service activities that relate to educational programs. As practitioners provide access to the “real world” of practice in the profession in which the college or school graduates students and conducts scholarly activity, it is logical to establish a clinical appointment track in a school of public health to serve exactly the same function as it does elsewhere in the university, that is to provide linkage with the practice community.

II. PURPOSES OF A CLINICAL APPOINTMENT TRACK

The clinical appointment track provides an appropriate means for SPHs to expand linkages with practice-based public health professionals, organizations, and agencies and serves as a mechanism for involving public health practitioners in the educational, research, and service missions of SPHs. Use of the clinical practice model in a SPH allows faculty to be recruited from public health agencies without requiring traditional academic criteria for appointment. Clinical track faculty, however, are expected to demonstrate outstanding achievement as public health professionals as well as the ability to perform effectively within an academic community.

III. ESTABLISHING A CLINICAL APPOINTMENT TRACK IN SCHOOLS OF PUBLIC HEALTH

In general, criteria for selection of clinical appointees in non-SPHs are either very broad or lacking entirely. When a SPH considers establishing a clinical appointment track, it will be helpful to consult with clinical faculty in other university departments to

discover the advantages and drawbacks of the clinical title before crafting specifications unique to the SPH's needs.

A. How to begin

It is essential to obtain a copy of the clinical appointment policy at your university. If your university does not have a clinical appointment track in other non-SPH schools or colleges, the process of developing one will be substantially more difficult and the timeline for doing so will be greatly increased. If the university already uses clinical appointments in other schools or colleges, it is expected that the establishment of a clinical appointment track in the SPH will take approximately six months to a year.

Because of the bureaucratic difficulties inherent in university administration when contemplating change, if the school of public health is interested in the development of a clinical appointment track, it is wise to initiate relationships with university legal counsel early in the process. It is anticipated that as these individuals come to an increasing understanding of the larger mission of public health practice, they will be better advocates for the various needs of the SPH.

It is important to disseminate to the SPH faculty and staff, copies of the clinical appointment track policy of the university as well as a statement from the SPH Dean describing the reasons for and the importance of establishing clinical appointments in a SPH. The issue needs to be discussed thoroughly at a faculty meeting, perhaps with legal counsel from the university present to answer legal questions.

B. The committee

It is useful to appoint a committee from the SPH (perhaps including the legal counsel that has been cultivated) to draft a policy statement on the appointment, promotion, and tenure of clinical faculty as well as definition of the clinical ranks to be established. The Dean of the SPH must visibly support the importance of the committee's task. Including representatives of all academic rankings and academicians who are also clinicians on the committee is essential; the committee size should be between six and twelve members. It is necessary to establish a timeline for the writing of the policy statement and definitions; this should take no more than 2-3 months of the committee's time. If a committee is convened for much longer than that, interest and attendance will wane.

C. Developing the policy statement

When “borrowing” the concept of clinical appointment from other colleges, it is important for the school to state its own unique intentions for public health practice in the language of the policy statement rather than “rubber-stamping” other models.

Policy statements also must reflect the decision-making process and personnel involved in selecting, evaluating, promoting and terminating clinical faculty (Appendix A, Exhibit 1). Search committees and promotion/tenure committees are frequently involved in these issues and it is recommended that once the clinical appointment track is established, clinical faculty be appointed to the relevant SPH committees for the purpose of evaluating clinical appointments, promotions, and policies.

The criteria for and potential of professional advancement for clinical faculty is an important issue. Generally speaking, clinical titles have not offered the possibility of tenure, appointments are of a specified duration and renewable, and the amount of time contributed ranges from 0% -100% (Appendix A). Consideration of tenure issues should reflect university policy as well as school need. If tenure is not permitted for clinical faculty, it is possible that clinical faculty could be considered, in rare instances, for tenure-track appointment if, in addition to their public health expertise, they also meet traditional academic criteria. The mechanism and criteria for switching from clinical to academic track or vice versa must be clearly delineated.

Issues to consider in the policy statement

- listing of the clinical ranks available
- duration of appointment
- criteria for selection
- eligibility for tenure
- conditions for promotion
- salaried and non-salaried conditions
- the percent of time the individual must contribute to the University to receive an appointment
- faculty voting privileges
- conditions for termination

D. Selecting appropriate candidates and defining clinical titles

It is essential to avoid the tendency to define clinical appointments with comparable criteria to tenure-track academic appointments. Descriptions of criteria for clinical rankings should remain broad and flexible in order to select appropriate

individuals for appointment and should not depend strongly upon the degree the candidate possesses. There may well be a need to establish new titles (e.g., Adjunct Clinical Professor) that take into account the wide-ranging endeavors of the field of public health as well as the eclectic educational backgrounds of its practitioners.

The following titles may be selected for a clinical track: Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Clinical Instructor or Lecturer, Clinical Research Specialist and Clinical Senior Research Specialist. (Each university's already established titles should be used as the model when creating comparable titles.) In addition, the possibilities exist for a "Visiting" clinical appointment (for an internationally known public health figure who might be available for one semester only) or for a Clinical Adjunct appointment (perhaps for someone who cannot be available on a regular basis often by virtue of his or her position but who is available to the school for occasional lectures and consultation). Such adjunct affiliations could be politically advantageous for both the school and the individual.

It may also be desirable to establish titles that differentiate between two kinds of clinical faculty as one university has done (Appendix A, Exhibit 2). In this scenario, there are faculty rankings for Professors of Clinical Departments which designate faculty members who conduct substantial original research in addition to teaching and practice. In addition, ranks of Clinical Professor "are assigned to officers of instruction whose responsibilities consist primarily of [clinical] care and teaching." Duration of appointment and tenure potential differ between these two title series.

E. Completing the process

After drafts of the policy statement and definitions of clinical rank have been written and approved by legal counsel, committee members, and the Dean, the policy statement should be submitted to the faculty as a whole for comment and formal approval. After approval by the faculty, the policy statement should then be forwarded to the University administration for approval; the involvement of university legal counsel in the preparation of the policy statement from the beginning should facilitate the approval process at the university level.

IV. SELECTING CLINICAL APPOINTEES

Since existing descriptions on clinical appointments provide few benchmarks for choosing clinical faculty, the following list of competencies offers suggestions for identifying a potential clinical faculty member on the basis of what he or she might be expected to do effectively. This guide does not describe the characteristics of “the ideal person” (who rarely exists!) but concentrates instead on the kinds of activities and experience necessary for an appropriate clinical appointment. Although the list does not discuss the traditional academic requirements of scholarship and degree, if the candidate possesses the requisite academic credentials, these should not be overlooked in consideration of clinical rank.

A. Suggested competencies for candidates

- Is willing to teach, possibly in a team-teaching situation where the practitioner can “learn the ropes.” Since the ability to be a “good” teacher in the classroom is rarely a prerequisite for academic appointment, previous teaching experience should not be required of clinical appointees nor determine their rank.
- Is willing to participate in student advising and mentoring of those students whose career paths may resemble that of the clinical faculty member, especially concerning the educational and practical knowledge necessary to a specialized field.
- Is able to inform, enhance and contribute to research and grant-seeking.
- Functions as a source of information about practice realities and keeps faculty and students current as the clinical appointee’s field of specialization changes.
- Participates in innovative curriculum development through independent initiation of course syllabi and/or membership in school committees on educational development and policy.
- Acts as a bridge to the practice community as a representative of the SPH through appointment to advisory councils and other professional boards.
- Contributes to policy-making, especially with regard to policies concerning the public health practice mission of the SPH.
- Is effective in outreach efforts to the community-at-large as a representative of the SPH.

V. SUPPORTING CLINICAL APPOINTMENTS

Budgetary considerations and research funding within the school and its specialized areas will to some extent determine the number of clinical appointments and the financial support available to them. Serious consideration should be given to demonstrating to university administration how clinical faculty at an SPH will be a source for valuable funding connections, including corporations and foundations, with the possibility of increased grants and contracts to the university. With this justification, the SPH can request that the university administration initially support the appointments in a newly-developing public health practice program. Given the economic constraints confronted by most universities at present, the degree of (or lack of!) financial commitment in supporting clinical appointments or other public health practice activities should not be construed as a true measure of its desire to support these activities. If fiscal support is lacking or sufficient monies are not available from the university, it is not inappropriate to consider other sources of funding such as corporate sponsorship or foundation grants. Some clinical faculty appointees may be required to obtain their own funding from grants, contracts, and government agencies.

In addition to financial support, the SPH must be prepared to support clinical faculty administratively by providing office space, staff support, access to needed equipment, library access and other benefits. Privileges and responsibilities are generally similar for academic and clinical faculty in the academic community; amenities of the environment may depend on rank and tenure.

V. SUMMARY

The use of a clinical appointment track is an innovative way to bring practice knowledge, skills and expertise to a school of public health and facilitates the training of public health leaders who are knowledgeable about the “real world” of public health practice. Even without the official establishment of a public health practice program in a SPH, the appropriate use of clinical appointments demonstrates progress toward an important goal of both the IOM report (1988) and the Public Health Faculty/Agency Forum report (1991), namely, the interaction between schools of public health and public health practitioners in education and research. When a designated public health practice program does exist in a SPH, a clinical track becomes a vital component of the program, facilitating the accomplishment of the school's public health practice goals.

VII. BIBLIOGRAPHY

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The Public Health Faculty/Agency Forum: Final Report (1991), sponsored by the Health Resources and Services Administration and the Centers for Disease Control. Prepared by The Johns Hopkins School of Hygiene and Public Health in collaboration with the Association of Schools of Public Health.

APPENDIX A

Exhibit 1

Columbia University Clinical Faculty

Titles in the first series are given to officers who are conducting substantial original research as well as teaching and participating in patient care. These titles are:

- Professor of Clinical (Department)
- Associate Professor of Clinical (Department)
- Assistant Professor of Clinical (Department)
- Associate Professor in Clinical (Department)
- Instructor in Clinical (Department)
- Assistant in Clinical (Department)

Visiting appointments are also made in the three professorial grades in this series.

Professors of Clinical (Department) and Associate Professors of Clinical (Department) may hold either annual appointments, which are renewable, or appointments without stated term, if they are awarded tenure of title (see below). Officers with other titles in this series hold annual appointments, which are renewable.

There are three titles in the second clinical series:

- Clinical Professor of (Department)
- Associate Clinical Professor of (Department)
- Assistant Clinical Professor of (Department)

These are assigned to officers of instruction whose responsibilities consist primarily of patient care and teaching. Appointments to these titles are for a stated term only, which is renewable.

Appointments may be made in the Faculty of Law in the grades of Clinical Professor of Law, Associate Clinical Professor of Law, and Assistant Clinical Professor of Law, depending on the qualifications of the officer. Persons with these appointments conduct legal clinics for the school and give clinical instructions to its students. They may also teach nonclinical courses that are not part of the school's core curriculum.

The clinical qualifications of officers in the clinical faculty in law correspond to those of officers in equivalent grades among the research faculty. Clinical faculty in law are appointed annually for a stated term of years for full-time service. They cannot receive tenure while holding a clinical title and ordinarily are not thereafter considered for appointment with tenure. Only in unusual circumstances will anyone who has held an appointment in the grade of Professor, Associate Professor, or Assistant Professor be subsequently considered for a clinical appointment in law.

Source: Excerpted from Columbia University School of Public Health Faculty Handbook, 1987, with permission.

APPENDIX A

Exhibit 2

University of North Carolina Clinical Faculty

Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Clinical Instructor:

- a. The individual will be engaged in any one or a combination of the following activities:
 - 1. Teaching in a clinical setting
 - 2. Providing a service activity in such a way that it serves as a framework for teaching
 - 3. Supervising students in a clinical or field study situation
- b. The individual may be given an initial appointment for a fixed term of one to five years.
- c. The appointment may be renewed for fixed terms of one to five years.
- d. The individual does not have and may not acquire tenure by virtue of initial appointment or reappointment to a clinical rank.
- e. The individual may be promoted within the clinical title designation based on appropriate criteria which relate to the individual's functions in the department making the clinical appointment.
- f. The amount of time (in terms of percentage of effort) that an individual is contributing to University related activities may vary from 5% to 100%.

Source: University of North Carolina Faculty Handbook, with permission.

APPENDIX A

Exhibit 3

Policy on Appointment, Promotion, and Tenure Supplemental Guidelines for the Clinical Track

This document was developed consistent with the University of Illinois Statutes, the School of Public Health By-Laws and the School's policy statement on appointment, promotion, and tenure. Only those criteria, guidelines, and procedures for appointment and promotion of Clinical Track Faculty that supplement or differ from those of the School's pre-existing policies are included here.

The School of Public Health has established a Clinical Track enabling faculty appointment at, and promotion to, Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor in any of the School's Program Areas and at any % salary (0% to 100%). Per Statutes, such titles are not eligible for indefinite tenure, and must be renewed annually.

The purpose of the Clinical Track is to enhance the School's capacity for achieving the goals embodied in each aspect of its mission. The track is an appropriate means for the school to expand linkages between the School of Public Health and external Public Health professionals, organizations, agencies, and institutions. The track is especially intended as a mechanism for involving external Public Health practitioners in the educational, research, and service missions of the school.

The "Spirit" of the Clinical Track is founded upon its Statutory intent, the School of Public Health goals, and the School's commitment to excellence in each element of its traditional tripartite mission. Thus, Clinical Track Faculty are expected to demonstrate outstanding achievement as Public Health professionals in the service arena and contribute to the educational programs of the School of Public Health. While scholarly contributions are anticipated, indeed expected at more senior clinical ranks, research productivity as defined in the School's Policy on promotion and tenure is not required.

CLINICAL TRACK CRITERIA

This track is intended for faculty who are primarily involved in professional service in Public Health and in the teaching programs of the School, but who have lesser involvement in organized research. Scholarship is expected for appointment at or promotion to senior ranks; but "independent, sustained funded research leading to publication in peer reviewed journals" need not be among the criteria.

Clinical Instructor: Faculty at this rank normally will not hold or have yet completed the post-graduate degree relevant to their appointment.

Clinical Assistant Professor: Faculty at this rank normally require a commitment to teaching and excellence in Public Health service.

Clinical Assistant Professor: Faculty at this rank should have demonstrated evidence of competence in teaching, excellence in professional service and should be initiating some scholarly activity. They should show promise of becoming leaders in their fields, and should have attained recognition at the state and/or national level.

Clinical Professor: Faculty at this rank should have demonstrated significant expertise in their teaching, outstanding achievement in their service roles, and should be engaged in scholarly activity. They should be leaders in their field and should have attained national and/or international peer recognition.

PROCEDURES

All procedures for the proposal, consideration, recommendation, and action on the appointment and/or promotion of faculty in the clinical track, shall be those of current Policy in the School of Public Health, except: when reviewing recommendations on clinical track faculty, the Subcommittee on Appointment, Promotion and Tenure of the Executive Committee of the School of Public Health shall have added to its membership two (2) School of Public Health clinical faculty of at least Associate Professor rank. The Executive Committee shall select these two annually from among the members of the Executive Committee, or, as necessary from among the faculty at large. The clinical members of the Subcommittee, shall review the full file on all clinical track recommendations referred to the Subcommittee, and shall participate as full members at meeting (or portion of meeting) established by the Subcommittee expressly to consider and act upon clinical track proposals for appointment or promotion.

Although a rare event, when appropriate, a faculty member may switch between the conventional and clinical tracks at current rank. Such track switching can facilitate a faculty member's career and support the goals of the School when the change occurs within the legitimate framework of special achievement or of a clearly defined modification of professional emphasis and goals. Such recommendations shall follow all of the School's regular policies and procedures for appointment and promotion.

Source: The University of Illinois at Chicago, School of Public Health, with permission.

APPENDIX B

Exhibit 1

CLINICAL TRACK RESOURCES*

CALIFORNIA

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- * This list is in formation. If you would like to be included as a Clinical Track Resource person in the forthcoming resource directory, please call the University of Illinois, School of Public Health, Center for Public Health Practice, (312) 996-9492.