

# REGULATIONS - APPENDIX 9

## *Faculty Selection & Promotion Criteria Regulations for MTIs*

*For Assistant Professors, Associate Professors and  
Professors*

**RECOMMENDED BY THE POLICY BOARD**

**BASED ON Medical Teaching Institutions Act 2015, as amended,  
2020.**

# **1. SELECTION/APPOINTMENT PROCEDURES**

## **The Selection procedures will be as noted in Regulations 22 (d).**

Upon receipt of applications for a post, the secretary (HR officer) of the Selection Committee will prepare an initial merit list based on the items below, except for the interview which will be scrutinized by the selection committee. The list of candidates of various specialties will be sent to the Chairman or Division head of the concerned Department/Division who will review this list with his faculty and shortlist the candidates to be invited for interview. In the event of three or fewer eligible applicants all applicants will be shortlisted.

Letters will be sent to the referees of the first 6 candidates, based on the merit list, or to all the shortlisted candidates if greater than 6 are shortlisted. A maximum of 21 days will be allowed for receipt of reference letters from the time of contact (referees can be contacted by letter/phone or email). *Interviews cannot proceed without the availability of the referee letters.* In the event that the reference letters for a shortlisted candidate are not received 3 days prior to the interviews, the next candidate on the initial merit list for whom reference letters are available, may be invited for interview if the shortlist would be left with fewer than 3 candidates.

A negative reference letter will exclude a candidate from the shortlist; however, the selection committee may, after investigation, choose to leave the candidate on the shortlist, but must document their reason for doing so.

At the same time as reference letters are requested, interviews will be scheduled allowing sufficient time for the candidates to conveniently attend, but not exceeding six weeks.

The interviews will be by a selection committee consisting of the Department/Division head or Chairman and three members of the concerned department (a representative sample including assistant, associate and full professors) and one member of a completely separate department (who can be an assistant, associate or full professor, but ideally not department chairman) nominated by the Dean. In addition, where necessary, an internal or external expert approved by the Dean may be included in the selection committee

Eligibility of the candidates shall be determined in accordance with the advertisement of the post. For this purpose, for all candidates the qualifications and experience etc. as on the closing date fixed/ relevant for all candidates will be taken into account. It is to be noted that

- a. Canvassing in any form will disqualify the candidate.
- b. The candidate may be disqualified and/or excluded from interview and/or be proceeded against legally/ debarred from employment if he / she:
  - Knowingly furnishes any particular which is false,
  - Suppresses material information,
  - Attempts to influence the Members of the Board, the officers and officials of the selection committee, Advisors and Departmental Representative called to assist the selection panel in the interview,
  - Attempts to obtain support for his / her candidature by improper means,
  - Submits forged certificates,
  - Tampers with the entries in his / her academic certificates.

## **A. ELIGIBILITY CRITERIA FOR SELECTION OF ASSISTANT PROFESSORS.**

### **1. ACADEMIC QUALIFICATIONS. (Max 10 marks)**

- a. For clinical subjects MB,BS degree, and higher diploma such as FCPS, MRCP, FRCS or American Board qualification or equivalent qualification. PMC registration is required prior to appointment.
- b. For basic science subjects, either Ph.D in the relevant subject from a reputable University or FCPS in the relevant subject or MB,BS degree with M.Phil degree in the relevant subject.
- c. Only the qualifications and experience possessed on the closing date of the application shall be taken into consideration.
- d. A candidate who has been declared to have passed a particular Degree/Diploma examination may be considered provisionally on the basis of provisional certificates signed by the Controller of Examination provided that the proper degree/ PMDC certificate must be available to the selection committee on or prior to the day of interview.
- e. The eligibility of a candidate claiming to be in possession of equivalent Qualifications if not specifically laid down in the service rules shall be decided by the Selection Committee on the merits of each case.

**MARKS:** Marks may be given for the **quality of the education** based on the reputation and standing of the training institution and supervising faculty (Max 10 marks).

## **2. EXPERIENCE (Max 9 marks)**

Experience in the relevant specialty in a PMC recognized medical teaching institution will be considered for additional marks; the following principles shall be followed in determining the experience:

- a. Experience means the experience gained in a regular full time paid job acquired after obtaining the prescribed qualification.
- b. Experience gained during appointment on adhoc or contract basis or in officiating capacity
- c. The period of training undergone by a candidate for becoming eligible for the award of actual degree/certificate shall not be counted.
- d. Teaching Experience must be in a PMC recognized Medical Teaching Institution.

**Marks:-**

- a) Marks may be given for teaching experience gained after the minimum experience required for the post: Maximum 9 marks @ maximum 3 marks/ year.

## **3. RESEARCH (Max 15 marks)**

First/corresponding author research papers – (As per scoring criteria)

Marks will be assigned as follows:

- a) 5 marks for papers in recognized journals with impact factor >1.0
- b) 2 mark for journals with impact factor >0.3 <1.0
- c) 0.5 marks for journals with impact factor >0.1 <0.3
- d) 0.25 marks for journals in the PMC or HEC list, excluding the ones noted above.

**4. EXTRA TRAINING/CERTIFICATION (Max 10 marks)** in the relevant specialty will be given additional marks; this must be substantive training leading to a recognized diploma/certificate, e.g Interventional cardiology, or interventional radiology, medical education, etc. Mere attendance at a short (3 -4 month) course is excluded.

4.

## **5. REFERENCE LETTERS (Max 6 Marks)**

A maximum of 3 referee letters may be considered. Each letter will be marked by each selection committee member on a grading of 0 to 2, provided that a poor reference will require further investigation by the

selection committee and the final findings may result in exclusion of the candidate from consideration.

**INTERVIEW** (maximum 50 marks):

- i. Knowledge of concerned specialty/subject = 20 marks
- ii. Research related knowledge = 10 marks
- iii. Communication skills (articulate, confidence) = 10 marks
- iv. Knowledge of medical ethics = 5 marks
- v. Leadership skills, Audit /Clinical governance = 5 marks

Passing marks for interview will be a minimum of 50% i.e. 25 marks. *If the marks given by any member of the selection committee fall outside the average marks of all the members by more than 25%, the reviewer may reconsider his/her marks, or the reviewer's marks will be excluded from the final calculation.*

**SUMMARY OF MARKS**

	Maximum marks
Quality of training	10
Teaching Experience	9
Research:	= 15
Extra training & certification	= 10
References	= 6
Interview:	= 50
<b><u>Total</u></b>	<b>= 100</b>

**The subsequent process is as described in item (6) below.**

**B. ELIGIBILITY CRITERIA FOR SELECTION OF ASSOCIATE PROFESSOR**

**CLINICAL TRACK AND REGULAR TRACK.**

**Associate and full professors may be appointed in one of two career tracks: clinical track and regular track, provided that the ratio of clinical track to regular track in any division or department must not exceed 1:2, i.e, the number of regular track faculty must always be at least twice as many as clinical track faculty.**

**The general requirements for the regular track are excellence as a clinician and teacher and evidence of sustained research activity. these are elaborated further below.**

**The general requirements for the clinical track are a high level of professional competence, as well as significant achievement, in one of the following: clinical achievement, or education, or health service management**

### **APPLICABLE TO BOTH TRACKS**

**Must meet all criteria stated above for assistant professor, and**

- a. Eight years' experience in the post as Faculty after FCPS/CCST as Assistant Professor.
- b. **EXCEPT in the case of outstanding merit** (Scores 70% or more) **when appointment may occur after a minimum of 4 years as assistant professor and the candidate must have:**
  - i) At least 8 first or corresponding author papers in the post,
  - ii) Evidence of outstanding clinical performance – documented by letters from peers, with specifics (i.e. it isn't adequate to say "he's a great clinician" – specific instances must be documented),
  - iii) Evidence of National/International reputation – invited lectures, visiting professorships, etc.
- c. **SHORTLISTING CRITERIA:** Short listing will be based on qualifications as noted in advertisement, any additional qualifications, the quality of training (based on reputation/supervisors), and experience/appointment in reputable modern facility/ institution. The search/selection committee may assign marks as desired.

### **Marks distribution for Selection of faculty as Associate Professor**

Total marks: 100 [minimum 60 marks necessary for selection]

#### **PUBLICATION REQUIREMENTS**

1. **REGULAR TRACK:** At least 6 first/corresponding author research publications in a PMC recognized journal in present post,

2. CLINICAL TRACK: At least 3 first/corresponding author publications which may be research, review or editorials in a PMC recognized journal.

INTERVIEW MARKING SHEET REGULAR TRACK

Item	Description	Max Marks
1a.	Certified supervisor of CPSP/Royal Colleges/US boards	5
b	Quality of current practice [Institution/facilities]	15
2.	Additional qualifications in current post [subspecialty certification/training]	10
3.	Administrative activities [Member of an academic or administrative committee of the institution.]	10
4.	Medical Education: excellence in teaching, [student evaluations, student performance, development of teaching programs, etc]	10
5a	Scholarship: a) Published papers [first or corresponding author over and above 6 mandatory papers in current post]	15
5b	Presentations at international and national medical meetings,	10
5c	Continuing involvement in scholarship and Research (grants, abstracts}	10
6	Local and regional recognition [visiting professorships, invited talks at regional meetings]	15

1. Research Publications: For assigning marks for publications the following considerations will apply:
- i) First or corresponding author is a must.
  - ii) No marks will be given for the mandatory requirement of 6 papers as first or corresponding author in the current post
  - iii) For papers as first or corresponding author over and above the mandatory requirement of 6 papers, the marks will be assigned as follows:
    - a) 5 marks for papers in recognized journals with impact factor >1.0
    - b) 2 marks for journals with impact factor >0.3 <1.0
    - c) 0.5 marks for journals with impact factor >0.1 <0.3

d) 0.25 marks for journals in the PMDC or HEC list, excluding the ones noted above in (a), (b), and (c).

2. EDUCATION: A record of excellence in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). Excellence must be documented by letters, teaching awards etc.

**INTERVIEW MARKING SHEET CLINICAL TRACK**

Item	Description	Max Marks
1a.	Certified supervisor of CPSP/Royal Colleges/US boards	5
b	Quality of current practice [Institution/facilities]	10
2.	Additional qualifications in current post [subspecialty certification/training]	10
3	Clinical achievement, or Achievement in Education, or Health Service Management.	25
4.	Medical Education: excellence in teaching, [student evaluations, student performance, development of teaching programs, etc]	15
5a	Scholarship: Published papers [first or corresponding author over and above 3 mandatory papers in current post]	15
b	Presentations at international and national medical meetings,	10
6	Local and regional recognition [visiting professorships, invited talks at regional meetings]	10

**Clinical Achievement:** development and/or improvement of clinical protocols and guidelines, or clinical programs, or quality initiatives that demonstrate objective positive impact in the quality of patient care. There



must be objective evidence of the candidate's personal contributions to the development or improvement.

**Achievement in education** includes (a) and (b) below, and is measured through

a) the development of **one** of the following and objective demonstration of its positive outcomes. There must be objective evidence of the candidate's personal contributions to the development or improvement.

- i. New and/or innovative educational program
- ii. New and/or innovative curriculum
- iii. Leadership of new and/or innovative educational programs
- iv. New and/or innovative assessment tools
- v. A recognized leader in the skills of mentoring/advising

Significant contributions in one of the educational areas above must be substantiated by documented improvements to education. Examples include, but are not limited to, outstanding achievement in accreditation; educational material such as syllabi, curricula, web-based modules and courses that demonstrate improvement in the quality of a course; newly developed assessment tools that help measure achievement of course objectives; dissemination of achievements at regional or national conferences; or results of a mentoring relationship such as the success of an advisee that can be linked to the mentor's role.

b. A record of excellence in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).

**Health Service Management**: measured through the development of clinical programs or clinical support programs which objectively improve the effectiveness, efficiency, safety, timeliness, patient-centeredness, or equity of health care delivery; development of effective physician leadership programs; and/or scholarly evaluation of health care delivery. There must be objective evidence of the candidate's personal contributions to the development or improvement.

### **C. ELIGIBILITY CRITERIA FOR SELECTION OF PROFESSOR – CLINICAL TRACK AND REGULAR TRACK.**

**Must meet all criteria for Associate professor (above).**

- a. Eight years' experience as Associate Professor in a reputable institution.

- b. EXCEPT in the case of outstanding merit (Scores 70% or more) when appointment may occur after a minimum of 4 years as associate professor and the candidate must have:**

i) At least 8 first or corresponding author papers as associate professor IN ADDITION TO whatever paper requirement existed for the previous post.

ii) Evidence of outstanding clinical performance – documented by letters from peers, with specifics (i.e. it isn't adequate to say "he's a great clinician" – specific instances must be documented).

iii) Evidence of National/International reputation – invited lectures, visiting professorships etc

- c. Significant institutional influence, regional, and national recognition is most consistent with appointment or promotion to the rank of Professor.**

**The marking for both tracks will be similar to those for Associate professor, but keeping in view item (c) above for items 5 and 6.**

## **6. FINAL DECISION/RECOMMENDATION.**

- a.** When all shortlisted candidates have been interviewed, the secretary, Selection Committee, shall prepare a merit list based on the aggregate marks obtained on the evaluation sheets and submit to the Chairman of the Selection Committee.
- b.** The Selection Committee will review the list in conference and come to a final decision on the grading of the candidates. The rationale for this grading will be written by the Chairman and approved and signed by members of the Selection Committee.
- c.** The selected candidate will be recommended to the Dean for appointment.

When two or more than two candidates have secured equal marks in aggregate, the candidate who has secured higher marks in the interview shall be given preference.

## **7. REPRESENTATION.**

Representation should be addressed to the Academic Council, which shall decide the case on merit alone and will advise the Dean who will be the final authority.

**N.B.**

**ALL MEMBERS OF THE SELECTION COMMITTEE ARE REQUIRED TO WRITE THEIR RATIONALE FOR AWARDING MARKS FOR EACH ITEM**

IF THE MARKS GIVEN BY ANY MEMBER OF THE SELECTION COMMITTEE FOR ANY ITEM FALL OUTSIDE THE AVERAGE MARKS OF ALL THE MEMBERS FOR THAT ITEM BY MORE THAN 25%, THE REVIEWER MAY RECONSIDER HIS/HER MARKS, OR THE REVIEWER'S MARKS WILL BE EXCLUDED FROM THE FINAL CALCULATION.

MEMBERS OF THE SELECTION COMMITTEE MUST RECUSE THEMSELVES FROM THE COMMITTEE IF THEY PERCEIVE A CONFLICT OF INTEREST AS DEFINED IN THE MTI CONFLICT OF INTEREST RULES.

# PROMOTION PROCEDURES

The promotion procedure will be as noted in Regulations 22 (e). The promotion criteria and the marking are only for the Medical College or Institutional promotion committee (IPC). **Promotion is based on these criteria and no interview is required.**

The departmental promotion committee should be aware of these criteria when preparing the dossier and nominating a faculty member for promotion. The departmental nomination must be accompanied by a supporting letter from the chairman outlining the rationale for the nomination indicating the track, regular or clinical, and addressing each of the requirements for the chosen track. The letter should also affirm that it represents the departmental committee consensus.

## **CLINICAL TRACK AND REGULAR TRACK.**

associate and full professors may be promoted in one of two career tracks: **clinical track** and **regular track**, provided that the ratio of clinical track to regular track in any division or department must not exceed 1:2, i.e, the **number of regular track faculty must always be at least twice as many as clinical track faculty.**

the general requirements for the regular track are excellence as a clinician and teacher and evidence of sustained research activity. These are elaborated further below.

the general requirements for the clinical track are a high level of professional competence, as well as significant achievement, in **one** of the following: clinical achievement, or education, or health service management.

## **CRITERIA FOR PROMOTION TO ASSOCIATE PROFESSOR/ PROFESSOR APPLICABLE TO BOTH TRACKS**

- a. Certified supervisor of CPSP
- b. Eight years' experience in the post as faculty after FCPS/CCST as Assistant Professor. For the post of Professor, the candidate shall be eligible after spending eight years as associate professor. Eight years' experience in the post is essential for selection to a higher post,

- c. EXCEPT IN THE CASE OF ACCELERATED PROMOTION FOR OUTSTANDING MERIT (Scores 70% or more) when appointment may occur after a minimum of 4 years as assistant professor or associate professor for promotion to associate or full professor respectively, and the candidate must meet all requirements for regular promotion and also have:
- i) At least 8 first or corresponding author papers in the post (one per year) IN ADDITION TO whatever paper requirement existed for the previous post.
  - ii) Evidence of outstanding clinical performance – documented by letters from peers, with specifics (i.e. it isn't adequate to say "he's a great clinician" – specific instances must be documented).
  - iii) Recognition as an excellent teacher, properly documented.
  - iv) CME activities (At least 15 conferences/workshops during the current post).
  - v) Member of an academic or administrative committee of an institution.

**REQUIRED QUALIFICATIONS FOR PROMOTIONS TO ASSOCIATE & FULL PROFESSOR:**

- a. At least 6 first/corresponding author publications in a PMC recognized journal in present post, for Regular track in current post, or
- b. Three first/corresponding author publications which may be research, review or editorials in a PMC recognized journal in current post for Clinical track.
- c. CPSP/HEC approved supervisor

**SCORING TABLE for IPC for REGULAR TRACK:**

S. no	Item	Maxi mum mark s

1	Research publications over and above 6 mandatory papers (as first / corresponding author) <sup>1</sup> (see definition)		30
2	Excellent clinician <sup>2</sup> (see definition)		25
3	Excellent teacher <sup>3</sup> (see definition)		15
4	CME Credit hours [0.1 mark / credit hour]		5
5	Scholarly activities	Presentations at National or International Conferences (with paper/ abstract presentation) (1 mark for each), Workshop/symposia organiser (1 mark for each) Editor of Nationally recognized Journal (2 marks for each)	10
		a) Review article, meta-analysis, editorial in recognized journal 0.5 marks each b) Reviewer of journal article 0.5 marks each	
6	Administrative activities <sup>4</sup>		10
7	Personal qualities and reputation <sup>5</sup>		5

**SCORING TABLE for IPC for CLINICAL TRACK:**

S. no	Item	Maximum marks
1	CLINICAL ACHIEVEMENT <sup>6</sup> or ACHIEVEMENT IN EDUCATION <sup>7</sup> or HEALTH SERVICE MANAGEMENT <sup>8</sup>	40
2	Excellent teacher <sup>3</sup> (see definition)	15

3	CME Credit hours [0.1 mark / credit hour]		5
4	Scholarly activities	Presentations at National or International Conferences (with paper/ abstract presentation) (1 mark for each), Workshop/symposia organiser (1 mark for each) Editor of Nationally recognized Journal (2 marks for each)	20
		a) Review article, meta-analysis, editorial in recognized journal over and above mandatory 3 articles, 0.5 marks each b) Reviewer of journal article 0.5 marks each	
5	Administrative activities <sup>4</sup>		15
6	Personal qualities and reputation <sup>5</sup>		5

1. **Research Publications:** For assigning marks for publications the following considerations will apply:
  - i) First or corresponding author is a must.
  - ii) No marks will be given for the mandatory requirement of 6 papers as first or corresponding author in the current post
  - iii) For papers as first or corresponding author over and above the mandatory requirement of 6 papers, the marks will be assigned as follows:
    - a) 5 marks for papers in recognized journals with impact factor >1.0
    - b) 2 marks for journals with impact factor >0.3 <1.0
    - c) 0.5 marks for journals with impact factor >0.1 <0.3
    - d) 0.25 marks for journals in the PMDC or HEC list, excluding the ones noted above.
  
2. **Excellent clinician** to be decided by DPC & verified by IPC and Dean. Excellence as clinician is assessed on the following basis:
  - a. Written evaluations of national clinical stature by at least 2 colleagues and 2 referees from outside institutions (max 10 marks)

- b. Documented attendance and supervision of regular morbidity and mortality reports and clinical audit sessions at least on 2 monthly bases (max 5 marks)
  - c. Documented contribution to health system improvement (max 5 marks).
  - d. Documented development of new clinical skills and expertise resulting in additional clinical privileges in the current post (max 10 marks)
  - e. Obtaining additional recognized degree/diploma while in the post (max 10 marks)
3. **Excellent Teacher.** Defined as having the following qualities:
- a) A minimum of 05 presentations per year in the current post on clinical and educational topics verified by different means (CPCs, Multidisciplinary meetings, workshops, conferences, CMEs) (max 10 marks)
  - b) Written evaluations from trainees and students (max 10 marks)
4. **Administrative Activities:**
- a. Member (4 marks)/ chairman (6 marks) of different Hospital or Academic administrative committees (including inquiry committees)
5. **Personal Qualities and Reputation:**
- i. No legal cases relevant to faculty duties with adverse outcomes to the applicant
  - ii. Good interpersonal relations with peers, students, trainees
  - iii. No adverse comments/reprimands in file (*a minimum of 1 mark will be deducted for each adverse comment/reprimand in file*)
6. **Clinical Achievement:** development and/or improvement of clinical protocols and guidelines, or clinical programs, or quality initiatives that demonstrate objective positive impact in the quality of patient care. There must be objective evidence of the candidate's personal contributions to the development or improvement.
7. **Achievement in education**
- a) the development of one of the following and objective demonstration of its positive outcomes. There must be objective



evidence of the candidate's personal contributions to the development or improvement.

- a. New and/or innovative educational program
  - b. New and/or innovative curriculum
  - c. Leadership of new and/or innovative educational programs
  - d. New and/or innovative assessment tools
  - e. A recognized leader in the skills of mentoring/advising
8. **Health Service Management**: the development of clinical programs or clinical support programs which objectively improve the effectiveness, efficiency, safety, timeliness, patient-centeredness, or equity of health care delivery; development of effective physician leadership programs; and/or scholarly evaluation of health care delivery. There must be objective evidence of the candidate's personal contributions to the development or improvement.

**Total marks: 100 [60 marks necessary for routine promotion (at 8<sup>th</sup> year) and 70% & above for accelerated promotion after 4<sup>th</sup> year.**

**For promotion to professor, in the Regular track, special attention must be given to items 1 and 5; evidence of sustained research activity, with 8 research publications as associate professor and evidence of national and international recognition is ideal.**

**For promotion to Professor in the Clinical track clinical achievement or achievement in education or health service management must be new and in addition to that on the basis of which the individual was promoted to associate professor.**

**N.B.**

1. ALL MEMBERS OF THE INSTITUTIONAL PROMOTION COMMITTEE (IPC) ARE REQUIRED TO WRITE THEIR RATIONALE FOR AWARDING MARKS FOR EACH ITEM
2. IF THE MARKS GIVEN BY ANY MEMBER OF THE INSTITUTIONAL PROMOTION COMMITTEE FOR ANY ITEM FALL OUTSIDE THE AVERAGE MARKS OF ALL THE MEMBERS FOR THAT ITEM BY MORE THAN 25%, THE REVIEWER MAY RECONSIDER HIS/HER MARKS, OR THE REVIEWER'S MARKS WILL BE EXCLUDED FROM THE FINAL CALCULATION.

3. IF THE CANDIDATE HAS WORKED IN ANOTHER REPUTABLE INSTITUTION AS A FACULTY MEMBER, THAT TIME SHOULD BE CONSIDERED, AS WELL THE PAPERS PUBLISHED DURING THAT POSTING.