Within the Faculty of Health Sciences there are faculty members with significant clinical responsibilities, many of whom will be reviewed as Clinician Educators. These faculty members are recognized under Appendix A of the McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion.

The following procedures must be followed with respect to referees for faculty who have been identified as Clinician Educators.

I Referee Letters

1. It is generally accepted that an assessment by other clinicians working in the same or closely related specialty area, is the best way of determining the quality of clinical scholarly work.

2. In all cases for CAWAR or tenure of faculty who have been identified as Clinician Educators, the department must obtain written judgments on the quality of the candidate's clinical scholarly work from at least three referees. These referees may be either internal or external to the University.
3. Promotion of faculty, who have been identified as Clinician Educators, to the rank of Professor requires letters from at least three referees external to the University. Referees must be individuals who have attained a respected national or international reputation in the appropriate fields, and can assess whether the candidate is known widely on the basis of scholarship. Although it is preferable for referees for the Clinician Educator to be at “arm’s length” this not always possible. Excellence in clinical contributions can sometimes require evaluation on the part of a colleague who has collaborated in, for example, the development of clinical practice guidelines. Consequently, these external referees will clarify the nature of this relationship to avoid any perceived conflict of interest. However, current collaboration will be precluded.

4. Although a minimum number of referees must be consulted, additional referees may be used.

5. All letters solicited from referees in accordance with this SPS must be made part of the file.

6. Written responses must be obtained from the appropriate number of referees in time for all deadlines to be met. Chairs should be aware that a certain number of referees either do not reply, or may reply in vague and unsatisfactory ways to requests for appraisal. It is therefore highly desirable that the initial solicitation for appraisals begins early enough to allow for those special cases where additional letters must be sought.

II Generation of the List of Potential Referees

1. In many cases, the people who would be able to provide the most insight into a faculty member’s clinical scholarly activities are those who could pose a conflict of interest. This is especially true in small departments and in very specialized areas of clinical expertise. In these instances, the Departmental Committee will use their best judgment when seeking referees and will clearly identify and explain any potential for conflict of interest for any of the people included in the list of potential referees. It is understood that faculty members who would directly benefit from the results of the tenure and promotion process are in conflict of interest. Further, direct supervisors are usually seen as a conflict of interest, except in those cases where the direct supervisor also holds a leadership role within the department and is asked to comment based on that role. Additionally, care should be taken to avoid other potential conflicts of interest including, but not limited to, former students, personal and/or financial conflicts.

2. Except in unusual circumstances, a referee must already hold at least the rank or its equivalent for which the candidate is being considered.
3. In the case of tenure and promotion of tenure-stream faculty or CAWAR and promotion of Special-stream faculty who have been identified as Clinician Educators, the Department Chair, in consultation with senior colleagues, draws up a list of at least six possible referees known for their work in the relevant field. As noted above, requirements regarding the number of internal and/or external referees are dependent on the review type.

4. In all cases, advice from the candidate may be sought, but the candidate should not simply be asked to draw up the list of potential referees.

5. In the case of a faculty member who participates in a Program, the Director of the Program should be consulted.

III Approval Process for the List of Potential Referees

1. The list of potential referees should be approved by the Dean prior to showing it to the candidate, who has the right to object and give reasons for objecting, to any person or persons on it. The candidate also has the right to suggest appropriate additions to the list, with reasons.

2. The candidate must confirm in writing to the Chair that she or he has seen the list of referees and has had an opportunity to register any objections. In such circumstances, the Department Tenure and Promotion Committee must consider any such objection(s), but retains the right to select the referee(s) in question, and must inform the Faculty Tenure and Promotion Committee of the objection(s) and its decision(s) concerning the referee(s).

IV Material Sent to Referees

1. An up-to-date curriculum vitae, prepared in accordance with SPS B11

2. A statement by the candidate on his/her clinical scholarly activities, educational activities and administrative and/or research activities as applicable (see item 3 a), SPS B12).

3. The candidate bears responsibility for determining which, if any, additional documentation is to be provided to the referee.

4. A copy of SPS B9, "Policy for Referees"

5. A copy of SPS B3, “Clinical Activities Portfolio”.

6. Referees must be informed by the Chair if a candidate has had the timing of his or her tenure, CAWAR and/or promotion review changed for legitimate cause; the referees will be informed of the timing change, but not of the reasons.