


UW Medicine

Faculty Appointments and Promotions Guide



University of Washington

School of Medicine

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Introduction



The mission of UW Medicine is to improve the health of the public, and we seek to advance that mission through excellence in our academic activities of teaching, scholarship, and professional service. The School of Medicine (SoM) at the University of Washington is strongly committed to excellence in all components of our academic activities and to creating a transparent process for promotion of faculty members. The SoM Appointment and Promotions (A&P) Guide is intended to provide appointment and promotion guidance for SoM faculty appointed in the following faculty titles: clinical practice, clinical, research, teaching, tenure/tenure-track, and without tenure by reason of funding (WOT).

Each faculty title has a different activity profile and combination of teaching, scholarship and research, clinical practice, and service, including administrative roles. For additional information on the different faculty titles and typical activity profiles, please see our [Faculty Track and Rank Details Matrix](#). The University of Washington refers to the clinical practice, research, teaching, tenure/tenure-track and WOT titles as core professorial titles. Within the SoM, some of the clinical science departments have created pathways for the tenure/tenure-track and WOT titles to provide additional paths to promotion for faculty appointed to these titles based on their activity profiles. These pathways include clinician-teacher (also referred to as clinician-educator and clinician-scholar by some departments) and clinician-scientist (also referred to as physician-scientist or faculty-scientist by some departments). For the purposes of this document, we will refer to the pathways as their primary name of clinician-teacher or clinician-scientist. Additional details about these pathways will be described throughout this document.

In addition, faculty appointed to the clinical titles can either be paid or volunteer. The focus of this document is on faculty with a clinical title who are paid 50% or greater by the SoM or a closely affiliated institution.

While general information that is specific to SoM is provided in this document, familiarity with and understanding of promotion criteria specific to each department are important for all faculty members, including leaders responsible for the promotion process. Faculty are strongly encouraged to also review relevant sections of the [Faculty Code](#) which forms the basis for [departmental appointment and promotion criteria](#).

The UW School of Medicine comprises 31 biomedical research and clinical departments, representing a wide array of disciplines and academic responsibilities. For this reason, evaluation of excellence and accomplishment is expected to vary somewhat among departments. To foster innovation and creativity, flexibility is encouraged in how contributions to scholarship, teaching, and service are evaluated and weighted. This document will provide examples of a range of criteria by which academic excellence can be demonstrated. Each department has developed specific appointment and promotion criteria that describe how its faculty will be evaluated. These criteria have been approved by the School of Medicine and serve as the basis for the School of Medicine's Council on Appointments and Promotions' review of the appropriateness of academic appointments and advancement. Department-specific criteria are provided to faculty at the time of appointment and should guide individuals as they assess their progress toward reappointment and promotion.

Recognizing that each faculty member has a unique professional activity profile and assigned responsibilities in scholarship, teaching and/or professional service, the relative importance of these activities as criteria for appointment and promotion should be aligned with the relative time commitment to each of these activities. Expectations regarding faculty effort and criteria for promotion should be aligned. These expectations should be articulated clearly in the letter of appointment. Letters documenting academic assessments (completed annually for assistant professors) should indicate any change in professional activities and indicate if the faculty member is appropriately advancing toward promotion in each area of responsibility. While successful promotion is ultimately the responsibility of the individual faculty member, departments should consider various ways to provide mentorship and sponsorship to assist faculty in reaching their full potential.

UW Medicine is committed to high standards of professionalism in patient care, research and education and related activities that support them among our faculty, staff, trainees, and students. Professionalism is integral to our mission of improving health and includes demonstrating excellence, equity, respect, integrity, compassion, altruism, accountability, honesty, and service in all endeavors and creating an environment supportive of diversity in ideas, perspectives, and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored. Evaluation of professional conduct will be a component of departmental academic assessments and will be considered in the promotion process. For more information, please see the [Policy on Professional Conduct](#).

At the University of Washington, diversity is integral to excellence. We value and honor diverse experiences and perspectives, strive to create welcoming and respectful learning environments, and promote access, opportunity and justice for all. Accordingly, the University of Washington and the School of Medicine are committed to supporting activities that enhance diversity, equity, and inclusion. As stated in the UW Faculty Code ([Chapter 24, Section 24-32](#)), "In accord with the University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching, and service that address diversity and equal opportunity shall be included and considered among the professional and scholarly qualifications for appointment and promotion outlined below." While not all faculty need to make concrete and demonstrable contributions in this regard in order to be appointed and promoted, those faculty who do so should be recognized for these contributions, and such contributions should be included in their portfolio.

Faculty Academic Appointments

The University of Washington has well-defined academic ranks and titles. A description of the ranks, titles, duties and duration of the appointments for clinical, clinical practice, research, teaching, tenure/tenure-track and WOT can be viewed [here](#).

The appointment process and definition of academic ranks and titles can also be found in the Faculty Code, [Chapter 24 Appointment and Promotion of Faculty Members, Section 24-34 Qualifications for Appointment at Specific Ranks and Titles](#).

Both biomedical research and clinical departments recruit individuals through a national search for the clinical practice, research, teaching, tenure/tenure-track and WOT titles. A competitive recruitment is not required for appointment to clinical titles.

Secondary Faculty Appointments

A. Adjunct Appointments

An adjunct appointment is made to a clinical practice, research, teaching, tenure/tenure-track or WOT faculty member already holding a primary appointment in another UW unit (e.g., another department, school or college). Faculty with clinical titles are not eligible to hold adjunct appointments. This is an annual appointment that recognizes the contributions of a member of the faculty to the secondary unit. Adjunct appointments do not include the opportunity to participate in the governance of the secondary unit.

B. Joint Appointments

A joint appointment recognizes a faculty member's long-term commitment to, and participation in, two or more UW departments. Joint appointments are available to individuals appointed in the clinical practice, research, teaching, tenure/tenure-track or WOT titles. A primary department is designated at the time of the appointment. A faculty member who has the privilege of participation in governance and voting in the primary department may choose to participate or not to participate in governance and voting in the secondary department. Individuals with joint appointments must meet criteria for appointment and promotion in both units and are voted on by eligible faculty in both the primary unit and joint units for appointment, reappointment, and promotion actions. A joint appointment may be discontinued only with the concurrence of the faculty member and the appointing departments. Individuals appointed in clinical titles are eligible to hold dual (joint) appointments in multiple units.

Departmental Assessment of Progress

A. Yearly Activity Report

The Faculty Code requires departments to establish a format for faculty members to write an annual report of their activities to the chair. More information can be found in [Section 24-57 Procedural Safeguards for Promotion, Merit-Based Salary, and Tenure Considerations, Part B](#), of the Faculty Code. The Yearly Activity Report is required for all paid faculty, including those in clinical, clinical practice, research, teaching, tenure/tenure-track, and WOT titles.

B. Regular Conference

The Faculty Code requires department chairs to meet on a regular basis with each clinical practice, research, teaching, tenure/tenure-track, and WOT faculty member. While not required by the Faculty Code, departments should also hold regular conferences with faculty with clinical titles. More information can be found in [Section 24-57 Procedural Safeguards for Promotion, Merit-Based Salary, and Tenure Considerations, Part C](#), of the Faculty Code.

In departments with divisions, the general practice in the SoM has been to allow the delegation of the department chairs' responsibility for the regular conference to the division heads.

Each year the chair (or division head or regional dean as appropriate) is expected to confer individually with all paid faculty with "assistant professor" in their title. The chair (or division head/regional dean) is expected to confer individually with the associate professors at least every two years and with the professors at least every three years, including those with clinical, clinical practice, research, and teaching faculty titles. The purpose of the regular conference is to help individual faculty members plan and document their career goals. While the documentation of those goals will be part of the faculty member's record for subsequent determinations of merit, the regular conference should be distinct from the merit review.

At each such conference, the chair, or division head/regional dean, and the faculty member are expected to discuss the following:

- The department's present needs and goals with respect to the department's academic activities (including clinical care, teaching, scholarship, and professional service) and the faculty member's individual activity profile including active teaching, scholarship, clinical care, and service responsibilities.

- The faculty member's accomplishments across the multiple academic domains.
- Shared goals for the faculty member's teaching, scholarship, clinical care, and professional service in the forthcoming year (or years, as appropriate) in keeping with the department's needs and goals for the same period.
- A shared strategy for achieving those goals which may include plans for mentorship, sponsorship, coaching or other supports
- Assessment of professionalism that may be informed by feedback from students, trainees, patients, and colleagues as well as other metrics.

The chair, division head or regional dean and the faculty member should discuss and identify any specific duties and responsibilities expected of, and resources available to, the faculty member during the coming year(s), taking into account the academic functions described in the Faculty Code [Section 24-32](#). The chair or division head/regional dean should make specific suggestions, as necessary, to improve or aid the faculty member's work. A summary of this meeting should be written by the chair, division head or regional dean to the individual faculty member. The faculty member should have the opportunity to review this letter and clarify any details. Within the SoM, these activities are completed in Interfolio in the Review, Promotion, and Tenure module.

Academic Calendar for Reappointment and Promotion

Appointments and reappointments follow timelines established in the Faculty Code. These timelines may be affected by leaves of absence, part-time status and the point in the academic calendar when an individual joined the UW. Research, tenure-track and WOT assistant professors are appointed on a mandatory promotion clock. Assistant professors of clinical practice, clinical assistant professors, and teaching assistant professors are not subject to a mandatory promotion clock.

A. Annual and Term Appointments

Faculty appointed on an annual (clinical) or multiyear (clinical practice, teaching, research associate professors and research professors) basis have a fixed appointment length with an established end date. To continue in the academic appointment beyond the end date, the individual must be evaluated and approved for reappointment. A positive reappointment decision results in an extension of the end date. Reappointment decisions do not result in a change of academic title or rank. Faculty reappointment decisions are voted on by eligible voting members in the faculty member's appointing unit. Final reappointment decisions are determined by the dean.

B. Initial Appointment Terms for Research, Tenure-Track and WOT faculty on Mandatory Promotion Clocks

The initial appointment term for full-time or part-time research, tenure-track, and WOT assistant professors is three academic years. New appointees who have completed six months or more during the first academic year (appointed beginning July 1 through January 1), must count the full year toward the years allowed in the first three-year term. New appointees who have completed less than six months during the first academic year (appointed beginning January 2 through June 30) do not count the first academic year toward the years allowed in the initial three-year term.

C. Review for Appointment to a Second Term for Individuals on a Mandatory Promotion Clock

Review for appointment to a second term for individuals in research, tenure-track, and WOT assistant professor appointments takes place midway through the second academic year. The process and evaluations for reappointment are managed by the department, and departments are encouraged to guide individual faculty regarding department expectations. The length of the second term for full-time faculty is three academic years with mandatory review for promotion in the last year of the second appointment term (year six). The length of the second term for part-time faculty is based on appointment FTE and may range from three to six academic years with mandatory review for promotion in the last year of the second appointment term. Information on appointment terms for assistant professors and research assistant

professors can be found in the Faculty Code, Chapter 24 Appointment and Promotion of Faculty Members, [Section 24-41](#) and [Section 24-45](#).

D. Extensions of Time for Promotions for Individuals on a Mandatory Promotion Clock

Extensions of the time required for promotion to associate professor, associate professor WOT, or research associate professor may be considered on the basis of childbirth, adoption, foster parenting, or other exigencies. Information on related leave applications and extensions of time-in-rank can be found on the [Promotion and Tenure Clock Waivers](#) website.

E. Postponement of Consideration for Promotion

Faculty members up for mandatory promotion should be reviewed by department eligible voting faculty for promotion **before** postponement is considered. Postponement should only be considered if the department voting faculty do not support mandatory promotion.

Postponement of consideration for promotion in the last year of the second appointment term may be considered under particular circumstances and follows the review process for mandatory promotions including the assembly of a package that is reviewed by the eligible voting faculty of the department, the School's Appointments and Promotions Council, the Dean, and the Provost. Mandatory review following postponement is a full review based on the faculty member's entire promotion package at that time.

F. Mandatory Promotions

Mandatory promotions are defined as those being considered for assistant professors (to associate professor) in the research, tenure-track and WOT titles in the final year of the second appointment term (generally the sixth year at the assistant professor rank). If a negative decision is made for a mandatory promotion, the year of the negative decision must be followed by a terminal year of appointment.

G. Non-Mandatory Promotions

Promotions for the following titles and ranks are considered non-mandatory:

- Promotions of Assistant Professors (tenure-track and WOT) and Research Assistant Professors that take place prior to the sixth year
- Promotions for Clinical, Clinical Practice and Teaching titles
- Promotions to Professor rank

When considering when to put forth a faculty for consideration for non-mandatory promotion, the trajectory of the faculty member's accomplishments should be taken into consideration. Having adequate time to establish such a trajectory is particularly important for consideration for non-mandatory promotion

from assistant to associate rank for tenure, research and WOT titles. It is helpful to reviewing bodies such as the School of Medicine's Faculty Council on Appointment and Promotions to see a description of the reason for the timing of non-mandatory promotion to associate professor or associate professor to professor, such as in the chair's letter and the candidate's self-assessment for tenure, research and WOT titles.

H. Non-Mandatory Promotions of Assistant Professors (tenure-track and WOT) and Research Assistant Professors

- Non-Mandatory promotion of assistant professors occurs when an assistant professor (research, tenure-track or WOT) comes up for promotion before their mandatory promotion year.
- As an equity issue for all School of Medicine faculty in the promotion process, department chairs and the Appointments and Promotions Council have a mutual understanding and agree on the following:
 - The most salient guiding principle for promotion is encapsulated in the [Faculty Code Section 24-54](#) "promotion shall be based upon the attainment of the qualifications and not upon length of service" and takes into account departmental criteria.
 - As indicated above, "When considering when to put forth a faculty for consideration for non-mandatory promotion, the trajectory of the faculty member's accomplishments should be taken into consideration. Having adequate time to establish such a trajectory is particularly important for consideration for non-mandatory promotion from assistant to associate rank.
 - Departments should have mechanisms in place to ensure that non-mandatory promotion of assistant professors is equitable and fair, so that qualified women and underrepresented faculty are as likely to be considered for non-mandatory as any other faculty member. Data gathering, periodic formal review, and feedback to the applicants are recommended.
 - A number of assistant professors and research assistant professors come up for promotion before the official six-year mark because they were approved for a clock stop but subsequently did not need the additional time on their promotion clock. *Faculty should not be penalized for clock-stops. Rather, the spirit of the clock-stop should govern its relevance in non-mandatory promotions.* If a faculty member has had at least six years as an assistant professor or research assistant professor to prepare for promotion, their classification as non-mandatory is largely irrelevant to the A & P Council's review.
 - For faculty members who have been assistant professors at comparable academic institutions prior to joining University of Washington faculty, the candidate's department and

the School of Medicine A & P Council may consider total time in rank as assistant professor rather than only years in rank at UW.

- Chair's promotion letters should include substantial detail about the rationale for non-mandatory promotion for assistant professors. Reviewing bodies, including the School of Medicine's Faculty Council on Appointment and Promotions and the Provost's Office, find it helpful to see a description of the reason for the timing of non-mandatory promotion to associate professor in the chair's letter and the candidate's self-assessment.
- Retention may be one but not the sole reason a department recommends non-mandatory promotion to associate professor. All reasons will be detailed in the chair's letter

Tenure

A. Tenure/Tenure-Track/WOT Faculty

Tenure at the University of Washington is defined as the right of a faculty member to hold their position without discriminatory reduction of salary, and not to suffer loss of such position, or discriminatory reduction of salary, except for the reasons and in the manner provided in the Faculty Code. Faculty appointed as assistant professor tenure-track, are proposed for tenure at the time of their promotion to associate professor. Individuals may also be appointed as associate professors with tenure or professors with tenure.

Granting of Tenure Policy and Procedure

- **Section 25-41 A.** Tenure should be granted to faculty members of such scholarly and professional character and qualifications that the University, so far as its resources permit, can justifiably undertake to employ them for the rest of their academic careers. Such a policy requires that the granting of tenure be considered carefully. It should be a specific act, even more significant than promotion in academic rank, which is exercised only after careful consideration of the candidate's scholarly and professional character and qualifications.

Most tenure eligible faculty in clinical departments in the School of Medicine are appointed Without Tenure By Reasons of Funding (WOT). Faculty appointed WOT have the same rights, responsibilities, and obligations as tenure-track and tenured faculty members at those ranks. However, faculty appointed as WOT do not hold tenure because all or part of their annual University-administered salary is derived from sources other than regularly appropriated state funds. Information about tenure and WOT appointments can be found in the Faculty Code.

- [Tenure](#) (Faculty Code, [Chapter 25 Tenure of the Faculty, Section 25-31](#). Definition of Tenure)
- [Appointments WOT](#) (Faculty Code, [Chapter 24 Appointment and Promotion of Faculty Members, Section 24-40](#). Faculty Without Tenure By Reason of Funding (WOT))

WOT appointments are described in the Faculty Code, Chapter 24, [Sections 24-40](#) and [24-41](#). Relevant sections are excerpted below:

- **Section 24-40. B.** Faculty members appointed WOT do not hold tenure because all or part of their annual University administered salary is derived from sources other than regularly appropriated state funds. Except for this distinction, WOT faculty members have the same rights, responsibilities, and

obligations as tenure-track and tenured faculty members at those ranks. The description of their duties and qualifications for promotion and salary increases for reasons of merit are the same. Except for termination of funding as defined in [Section 24-41, Subsection M](#), or for reasons of program elimination (see [Chapter 25, Section 25-52](#)), such faculty members are not subject to removal, or discriminatory reduction in salary, except for cause (see [Chapter 25, Section 25-51](#).)

- **[Section 24-40. D](#)**. Faculty members WOT have their salaries supported from a variety of department, school, and college resources, including, but not limited to, state funds, grant and contract funds, departmental, clinical and service funds. As defined in [Section 24-57](#), faculty member's WOT shall have a written understanding with the chair describing their duties to be performed to meet the department's missions. This understanding will specify the sources, distributions, and levels of funds supporting their salaries for these purposes. Salary funding shall be related to the faculty member's involvement in these departmental activities. Classroom instructional duties shall be supported from departmentally administered funds.
- **[Section 24-41. M](#)**. Termination of funding is defined as failure, for a continuous period of more than 12 months, to obtain funding sufficient to provide at least 50 percent of the faculty member's base annual salary. The University is not obligated to provide replacement funding during lapses of a faculty member's external support.

B. Research Faculty

Research titles designate appointments for faculty whose primary responsibility is research and whose salary is funded through grants, contracts or other applicable sources. Research faculty do not have clinical responsibilities and, unlike clinical, clinical practice, teaching, tenure/tenure-track and WOT faculty, may or may not have formal teaching responsibilities. These are term limited appointments that may be renewed by the department following Faculty Code requirements. Faculty members in the research titles (research assistant professor, research associate professor, and research professor) are not eligible for tenure.

The sections of the Faculty Code relevant to termination of research faculty are [Sections 24-41 G, H, and I](#):

- **[Section 24-41. K](#)**. Notwithstanding the provisions of this subsection, research assistant professors are subject to removal during the term of their appointment for cause (see [Chapter 25, Section 25-51](#)), for termination of funding, or for reasons of program elimination (see [Chapter 25, Section 25-52](#).)
- **[Section 24-41. L](#)**. Research professors and research associate professors are not subject to removal during the term of their appointment except by removal for cause (see [Chapter 25, Section 25-51](#)), for

termination of funding as defined in Subsection M, or for reasons of program elimination (see [Chapter 25, Section 25-52.](#))

- **Section 24-41. M.** Termination of funding is defined as failure, for a continuous period of more than 12 months, to obtain funding sufficient to provide at least 50 percent of the faculty member's base annual salary. The University is not obligated to provide replacement funding during lapses of a faculty member's external support.

C. Teaching Faculty

Teaching titles designate appointments for faculty whose primary responsibility is teaching. These are term limited appointments that may be renewed by the department following Faculty Code requirements. Faculty members in the teaching titles (assistant teaching professor, associate teaching professor, and teaching professor) are not eligible for tenure.

- Appointment Length: Varies based on rank. See [Faculty Code Section 24-41C](#)

D. Clinical Practice Faculty

Clinical practice titles designate appointments for faculty whose primary responsibilities are clinical and teaching (usually in the clinical setting) activities. These are term limited appointments that may be renewed by the department following Faculty Code requirements. Faculty members in the clinical practice titles (assistant professor of clinical practice, associate professor of clinical practice, and professor of clinical practice) are not eligible for tenure.

- Appointment Length: Varies based on rank. See [Faculty Code Section 24-41E](#)

E. Clinical Faculty

Clinical faculty titles designate appointments for faculty whose primary responsibility is clinical activities. These are annual term appointments that may be renewed by the department following Faculty Code requirements. Faculty members in a clinical title are not eligible for tenure.

- Appointment Length: Annual

Pathways for Tenure/Tenure-Track and WOT Faculty

A. Overview

Biomedical research departments do not use the SoM pathways as defined in the introduction. As is true for all faculty, the expectations for faculty effort devoted to teaching, scholarship and service should be: (1) defined at the time of appointment for each individual faculty member; (2) reviewed and revised, as appropriate, on a regular basis; and (3) described in the chair's letter at the time of promotion. Promotion decisions should reflect the expectations regarding faculty effort devoted to teaching, scholarship and service.

Clinical departments may choose to establish pathways within the tenure/tenure-track and WOT titles. Some clinical departments distinguish between faculty whose predominant work focuses on research, referred to as the clinician-scientist pathway, and those faculty whose efforts are more focused on clinical, administrative, and education efforts, referred to as the clinician-teacher pathway. Faculty appointed in either pathway hold the same academic titles and adhere to the same promotion schedule in the School of Medicine. Both pathways in the clinical departments are essential to the mission of improving the health of the public and are equally valued. Many clinical departments do not have two pathways and instead assess each faculty member on the relative contributions to the different domains based on percentage of effort. Regardless of whether a clinical department has one or two pathways, expectations regarding faculty effort devoted to teaching, scholarship, service, administration, and clinical practice should be: (1) defined at the time of appointment; (2) reviewed and revised, as appropriate, on a regular basis; and (3) described in Interfolio at the time of promotion. Promotion decisions should reflect the expectations regarding faculty effort devoted to teaching, scholarship, service, administration, and clinical practice.

B. Changing Pathways for Faculty in Clinical Departments

Faculty members appointed in one of the two pathways in a clinical department may have the opportunity to switch into the other pathway under circumstances where their individual strengths and the department's needs and activities call for a change.

1. *Assistant Professors*

Assistant professors may be considered for a change in pathway. Such a change in status requires approval by the department chair and the office of Academic Appointments and Compensation (AAC).

2. ***Associate Professors and Professors in the Clinician-Scientist Pathway***

Associate professors and professors also may switch from the clinician-scientist pathway to the clinician-teacher pathway. Such a change in status requires approval by the department chair and AAC.

3. ***Clinician-Teachers***

Clinician-teachers may switch into the clinician-scientist pathway, provided that the change in status is approved by the department chair and AAC.

Changing Professorial Titles

Faculty members may have the opportunity to change into a different title under circumstances where their individual strengths and the department's needs and activities call for a change. Title changes requiring approval can be located on the Office of Academic Personnel's [Changing Professorial Tracks](#) webpage. Some title changes can occur without a competitive recruitment, other title changes require a competitive recruitment and may require advanced hiring plan approvals.

1. ***Rank Equivalent***s

It is expected that a faculty member approved to change titles will enter at the equivalent rank, except for faculty moving from clinical practice, research, teaching, tenure/tenure-track, and WOT titles to a clinical faculty title or vice versa. For example, an associate professor changing to a research title would be appointed as a research associate professor. An assistant professor changing titles to a clinical title may change ranks to a clinical associate professor.

2. ***Assistant Professors and Research Assistant Professors***

Assistant professors (tenure-track or WOT) and research assistant professors may be considered for title changes provided they have not yet completed four academic years as an assistant professor or research assistant professor. Such a change in status requires approval by the department chair and the dean.

3. ***Effect on the Mandatory Clock***

If a faculty member in a clock-managed rank changes titles (e.g., research, tenure-track, or WOT), the timeline for mandatory promotion and/or tenure review does not change as a result of changing titles. The new title inherits the previously established clock. For example, a research assistant professor with a six-year mandatory promotion clock who changes to assistant professor WOT after four years will have two years remaining on their mandatory promotion clock.

A faculty member who has been appointed as a clock-managed assistant professor and has exhausted the full probationary period (i.e., the equivalent of two three-year appointments) is not eligible to hold the assistant professor rank in the same or a different clock-managed professorial title. In limited circumstances and prior to a pending promotion or tenure decision, a faculty member in the final year of a clock-managed professorial appointment may be allowed to move into the teaching or clinical practice title.

4. ***Associate Professors and Professors***

Associate professors and professors also may switch professorial titles, but associate professors are required to serve a minimum of three years after switching titles before being eligible for consideration for promotion to professor. Exceptions to the three-year requirement for promotions to professor must be requested by the department chair to the dean. Such a change in title requires approval by the department chair and the dean.

Guidelines for Academic Advancement in the Clinical, Clinical Practice, Research, Teaching, Tenure/Tenure Track, and WOT Faculty Titles

While the School of Medicine has adopted the below guidelines that supplement the Faculty Code, faculty are to refer to their [departmental criteria](#) when considering advancement in these titles.

In general, a faculty member should be assessed on their contributions in alignment with the percentage of time allocated to the activity (e.g., administration, clinical care, scholarly work, service, and teaching).

A. Scholarship

- *General Considerations*

Objective evidence for excellence in scholarship is required for faculty advancement for clinical practice, research, teaching, tenure/tenure-track, and WOT titles. While not required for faculty with clinical titles, scholarship is supportive of promotion for these faculty as well. Scholarship supports our mission of improving the health of the public by advancing knowledge in medicine. For many titles (e.g., research, tenure-track and WOT), this will include peer-reviewed publications. Peer-reviewed scholarly publications are an important benchmark and are evaluated on quality, focus, and impact of the contribution. Increasingly, other forms of scholarship may be considered, particularly in clinical practice and teaching titles, and included in department-specific criteria. Dissemination and peer review are both essential aspects of scholarship. An individual's role in scholarship is an important factor to consider, for example whether the individual has developed independence in an area of research or contributed with some level of independence as a collaborator with a major role in a particular prong of a research endeavor. The quality of the work and the development of expertise and impact in an area of scholarship or on a particular topic are more important than the quantity of the scholarship.

- Each department must judge the quality of the scholarship for faculty being considered for promotion. The general criteria that should be used are the quality of the scholarship, the degree of innovation, and the extent to which this information has been disseminated and adapted for use outside of the University of Washington. External validation of the quality of scholarship is primarily accomplished through peer review mechanisms, as manifested by publication in quality journals, presentations at scientific meetings, visiting scholar invitation, multi-institution curricula, instructional videos, national/international clinical guidelines, book chapters/books, success in attainment of

patents and funding by extramural sources. These same criteria can be applied for some, but not all, of the scholarship of clinician-teachers in clinical departments. Other types of scholarship, such as curricular design, web information and videos, are often peer-reviewed by the department and by external reviewers selected by the department chair (or division head) and the faculty member.

- *Independence*

Changing paradigms of interdisciplinary work and “team science” can often make attribution of effort and the assignment of an individual’s contribution to scholarship and a research program difficult. Independence in research is a hallmark of a member of the tenure/tenure-track faculty and is necessary for many of the research and WOT faculty. Yet defining it by classic roles and responsibilities, such as senior authorship or PI status on a grant, may be difficult. This is especially true of faculty on the research title where team science and programmatic needs may limit time and resources for independent scholarship. Clear enunciation of the candidate’s contribution and impact on a scientific program is essential. This should be described in the self-assessment, the chair’s letter, and in internal referee letters.

- *Definition of Scholarship*

Many types of scholarship are valued within the School of Medicine. All faculty are expected to have performed at some level of independence beyond a support role and must demonstrate scholarship by the publication or dissemination of information meeting one of the definitions below to advance to associate professor and beyond. These forms of scholarship include scholarship of discovery, integration, teaching and application.

a. Scholarship of Discovery

This type of scholarship includes the generation of new knowledge and publication in peer-reviewed publications. The areas of research are broad and include, but are not limited to, bench science, clinical, epidemiological, health services, social sciences, ethics, education, and health care delivery. Types of contributions might include:

- Publication in peer-reviewed journals
- Presentation of data in abstract form, oral presentation, or poster

- Participation in key elements of multi-center projects
- Other less customary types of contributions as noted below

b. Evaluation of Scholarship of Discovery

The quality of scholarship will be based on the quality and quantity of work published in peer reviewed publications, especially as first and senior author, and presentations at national meetings. Ability to obtain and sustain extramural funding to support the research program will be considered along with demonstration of independence in research activities. In addition, letters of evaluation from principal investigators of collaborative projects are useful. Important criteria are the quality of and impact of the study, and the specific contributions of investigators to its design, implementation, and analysis of the results.

In evaluating a faculty member's scholarship, reviewing bodies may consider the individual's overall research trajectory and evidence of growing and/or sustained activity. For example, early years with lower productivity combined with growth in productivity and impact, or lapses in productivity, may all be factors in evaluating overall scholarship of an individual.

Clinician-teachers often work as collaborators on research studies. Criteria for meaningful participation must be documented. Examples include contributing to the generation of the research idea, recruiting patients, conducting chart reviews, participating in data collection and/or analysis, assessing program implementation and outcome, and preparing the results for publication.

When considering scholarly productivity, some additional considerations may be appropriate for faculty members whose translational research work involves complex clinical trials, longitudinal studies or similar multi-institutional studies. The time to initial publication of such studies may be greater, and hence the initial publication trajectory of these individuals may be somewhat slower than in other forms of scholarly endeavor. These differences can result from regulatory barriers, the extensive and lengthy investigational new drug application process to test new agents, the need to develop multi-institutional protocols to enroll adequate study participants, the long duration before many clinical trials reach meaningful study endpoints, and other factors inherent to these types of research. Moreover, the extent and nature of an individual's contributions to publications with large numbers of authors is often difficult to judge. In some fields, participants in a multi-center research group are considered "non-author contributors" and thus these entries should be included in a

unique section CV of the candidate in the manner of a publication.

To this end, letters of evaluation from senior mentors as well as internal and external collaborators should clearly describe the faculty member's individual contributions to study design, implementation, and analyses, so that these contributions can be properly considered during the promotion process.

Another responsibility of the candidate and department is to address specific forms of scholarly work that do not fall in customary categories. For example, in some disciplines conference proceedings (e.g., Biomedical Informatics and Medical Education) and technical documents (e.g., Global Health and Health Metric Sciences) carry the same weight as traditional publications. The School's A & P council recognizes these alternative sources of publication but must be informed in the chair's letter or promotion criteria if these materials are considered equivalent to the peer-reviewed manuscript.

In addition to publications, presentations and external funding, other metrics of scholarship that may be particularly useful in the context of translational research include patents, investigational new drug applications and total number of clinical trial protocols (listed on clintrials.gov) for which the faculty member is the Principal Investigator (PI) or the site-specific PI.

c. Scholarship of Integration

The critical synthesis and integration of existing information on a particular question are considered valuable contributions, especially for clinical practice faculty, teaching faculty, and WOT faculty on the clinician-teacher pathway. This can consist of:

- Systematic reviews of the literature, including meta-analyses, Cochrane Collaboration reviews
- Book chapters
- Review articles in peer-reviewed journals
- Editorial board of peer-reviewed journals
- Authorship or editorship of books published by reputable publishers

- Editorship of a journal

d. Evaluation of Scholarship of Integration

Systematic reviews, review articles and editorials should be published in peer reviewed journals.

Some articles or book chapters should be first authored or senior authored by the faculty member under consideration.

e. Scholarship of Teaching

Contribution to new knowledge related to teaching is an important type of scholarship. This form of scholarship is particularly important for clinical practice faculty, teaching faculty, and WOT faculty on the clinical-teacher pathway. Types of contributions include:

- Curriculum development and improvement
- Publication in MedEd Portal (which is a peer-reviewed journal)
- Educational software and videos and web-based materials including podcasts, instructional YouTube Videos, blogs, and Twitter feeds
- Systematic evaluation of educational programs for purposes of continuous quality improvement
- Initiatives to advance diversity, equity and inclusion in education

f. Evaluation of Scholarship of Teaching

Evaluation can be based on the use of the resources (e.g., downloads, web-clicks, institutions using the educational material). A department can also solicit evaluations from outside reviewers at the time of promotion. It may consist of peer review through MedEDPORTAL, other organized programs of review, or solicited evaluations from users of the information, such as faculty, fellows, residents, students, and other health care professionals. Traditional evaluative criteria such as publication in peer-reviewed journals and presentation at scientific meetings can also be used.

g. Scholarship of Application

Scholarly contributions to clinical quality improvement and patient safety are important to the mission of UW SoM and as such should be recognized for appointment and promotion. This form of

scholarship is often predominant for faculty in clinical and clinical practice titles. Types of contributions might include:

- Development of new quality and patient safety metrics and evaluation of their impact on desired outcomes
- Development of new analytic tools and methods for assessing quality and safety
- Implementation of major clinical initiatives, care pathways and/or other models of care and evaluation of their impact on desired outcomes
- Development of innovative approaches and/or guidelines to diagnose, treat, or prevent disease
- Development of evidence-based clinical guidelines for national societies
- Initiatives to advance diversity, equity and inclusion in clinical care

h. Evaluation of Scholarship of Application

The scholarship of application is evaluated similarly to other forms of scholarship. Impact regionally, nationally and/or internationally is highly valued, particularly in the form of publications and grant support. However, impact within the institution is often the scope of application scholarship and is relevant to appointment and promotion considerations. Measurement of the local impact derived from the work might take the form of implementation metrics, sustainability, and outcome measures (patient, economic, worker satisfaction). Honors and awards in this domain are also important considerations.

i. Scholarship for Clinical Practice Title

Per [Faculty Code 24-34](#) B.7, Individuals appointed to the clinical practice title may demonstrate their scholarship in a variety of ways, including but not limited to: development of new courses, curricula, or course materials; creation or use of innovative teaching or pedagogical methods; contributions to interdisciplinary teaching; evidence of outstanding student or trainee performance; receipt of grants or wards; participation and leadership in professional conferences and associations; initiatives in

health care equity; significant outreach to professionals at other educational institutions; novel interventions to improve the quality and safety of clinical care; introduction of new knowledge or methods into clinical practice; or innovative leadership in clinical practice. While they may choose to do so through publication, such publication shall not be required. Evidence of national reputation for this form of scholarship is demonstration of impact of work outside of the University of Washington.

j. Scholarship for Teaching Title

Per [Faculty Code 24-34](#) B.4, Individuals appointed to the teaching title may demonstrate their scholarship in a variety of ways, including but not limited to: introduction of new knowledge or methods into course content; creation or use of innovative pedagogical methods; development of new courses, curricula, or course materials; participation in professional conferences; evidence of student performance; receipt of grants or awards; contributions to interdisciplinary teaching; participation and leadership in professional associations; or significant outreach to professionals at other educational institutions. While they may choose to do so through publication, such publication shall not be required. Evidence of national reputation for this form of scholarship is demonstration of impact of work outside of the University of Washington.

B. Teaching

The evaluation of teaching is based upon the quality and value of teaching interactions with students, residents, fellows, graduate students, practicing physicians, and other health care professionals; an assessment of innovative education programs, projects, resources, materials, and methods; and, for some faculty, the ability to be an effective educational administrator or leader.

- *Teaching Portfolio*

Compilation of the teaching portfolio is required for the promotion dossier of all faculty with teaching duties, except for faculty with a clinical title and research faculty who are not engaged in teaching. The teaching portfolio allows for more formal assessment of contribution to teaching, providing documentation and evidence of the quality and value of educational activities. The extent of the teaching portfolio will vary with the amount of time the faculty member devotes to teaching. It is recommended that faculty members proactively request supporting materials for the teaching portfolio, such as course evaluations from both peers and students, at the time that the teaching activity is performed. Many departments will assist faculty in this effort so it is important to check with your department administrative team about this.

Evaluations must include peer evaluations of teaching from a combination of other faculty who work with the individual in the teaching setting in addition to those obtained from students or learners. In general, teaching evaluations are expected annually, but the material should be summarized in addition to submitting the individual evaluations. Peer evaluations are also expected annually for assistant professors, and at least every three years for associate and full professors, and the year before promotion from associate professor to professor. Peer evaluators should be chosen by the faculty member and the department chair or their delegate. Evaluation scores of the candidate should be summarized for each year and shown in the context of the mean or median values for teaching and peer evaluations of the department or division faculty overall for that year when available. An internal reference letter that contains a comprehensive section reflecting personal observation of teaching effectiveness may be appropriate as one element of peer evaluation (with a copy of the letter placed in the teaching portfolio). Refer to department specific guidelines on the format of the teaching portfolio and evaluation forms and materials.

- *Educator Teaching Portfolio*

A [teaching portfolio document](#) (PDF) for preparation of an educator teaching portfolio has been suggested by the Teaching Scholars Program at the University of Washington, School of Medicine. This comprehensive portfolio is appropriate for individuals who have major time commitments to teaching as part of their overall academic responsibilities (e.g., clinical practice faculty, teaching faculty or WOT faculty on the clinician-teacher pathway). Elements of the comprehensive teaching portfolio may vary depending on the individual's activities and the department's guidelines and may especially vary between faculty in biomedical research departments and clinical departments. The comprehensive teaching portfolio template includes the following guidance.

- It is suggested that the faculty member store and collate their teaching materials as they are received and select from these materials the documents that best represent activities and reflect expertise as an educator. It is not necessary to include everything that has been kept, but all evaluations (individual copies or computerized summaries) should be submitted. The submitted teaching materials including evaluations should not be so large as to overwhelm the reviewers.

- The overall [teaching portfolio document](#) readability and comprehension by promotional review groups is essential. It is meant to be a compliment to a traditional CV and should enrich the description of a faculty member's contributions as an educator.
- An "[executive summary](#)" maybe placed in the front of the portfolio; table of contents, then the main portfolio should be tabbed to include the following headings:
 - Personal Information
 - Brief Opening Statement
 - Teaching Philosophy (maximum one page)
 - Teaching Activities and role as an educator including direct teaching, curriculum development and educational scholarship
 - Mentoring (typically more extensive for promotion to professor)
 - Provide a list of mentees with description and duration of mentoring activities, resulting output (publications, presentations, etc.) and their current career attainments and awards.
 - Educational Administration
 - Describe relevant leadership positions held: course director, residency or fellowship program director, committee participation or chairmanship, etc.
 - Educational grants: include source, amount and number of years of funding.
 - For Program Director: include achievements in accreditation, curriculum development, evaluation procedures, and innovations in training programs.
 - Professional Development in Education
 - Describe participation in programs related to medical and health profession education: workshops, seminars, CME, Teaching Scholars
 - Describe the impact of these activities on your professional development.
 - Regional/National/International Recognition
 - Describe participation in regional, national or international meetings or committees: workshops, seminars, oral or written board examiner, reviewer of other training programs or training grants

- Teaching and Education-related Honors and Awards

- Long-Term Goals

"Reflection-in-Action" including future projects, new teaching methods to be learned, ideas to be investigated, plans for publication and dissemination.

An individual faculty member may not have materials to support all of the categories of teaching listed above. The teaching portfolio is evaluated by internal reviewers. At the option of the department it may also be sent to outside reviewers for evaluation similar to the way publications are evaluated by outside reviewers at times of promotion.

C. Clinical Care

Faculty who provide clinical professional services as part of their expected academic responsibilities must have peer clinical evaluations as a component of academic advancement. The weight given to the quantity and quality of clinical service should be aligned with the time spent in clinical activities. Peer clinical performance evaluations should be conducted at a minimum in years two and five (or the year leading up to promotion) for assistant professors and at least every three years plus the year leading up to promotion for associate and full professors using a structured format. The evaluation should focus on two main areas: (1) medical knowledge, problem-solving skills, management of complex patients, psychomotor skills, and overall clinical skills; and, (2) humanistic qualities, responsibility, compassion, professionalism in interactions with both patients and colleagues, and management of the psychosocial aspects of illness.

Peer clinical evaluations should be obtained from faculty who work with the individual in the same clinical setting. At least some of the faculty should be outside of the individual's specific area of expertise. Peer evaluators should be chosen by the faculty member and the department chair (or division head or regional dean). Evaluations from trainees may also be included in the overall clinical care evaluation packet. However, the majority of the evaluations should come from peer faculty.

At the time of the appointment of a clinician-teacher, appointment to the clinical practice title or the clinical title, guidelines should be established for the evaluation of the quality of clinical care and clinical productivity. This is of particular importance for faculty appointed to the clinical title. Peer ratings may serve as a measure of the individual's clinical excellence and other measures (e.g., quality, safety, and outcome measures) may be employed as appropriate. Examples of methods to assess clinical productivity include the number and types of patients seen, clinical revenues, half days of clinical practice, work RVUs/ASAs, and types of service provided. Specific guidelines should be individualized for each faculty member and should

be developed by the department chair, division head, and service chief. Individualized metrics might include measures of clinical quality and safety, particularly those with institutional and/or national benchmarks and those used in contracting and billing, and if available, patient reported outcomes.

D. Administrative Service

Effective administration of teaching, research, and clinical programs is crucial to departmental success. Administrative work is a distinct and important activity that should be evaluated at the time of promotion, along with teaching, clinical care, and scholarship activities, though it is not a substitute for teaching and/or scholarship. Those involved in the evaluation should include the individual's supervisor as well as his/her peers, supervisors and users of the service which they administer.

The administrative responsibilities of faculty members vary tremendously, from individuals who have no administrative responsibilities to those whose jobs are mainly administrative. These activities can include administration of a division, research unit, clinical unit, or teaching program. The basis for evaluation will be performance against prospectively set annual expectations and goals. These expectations and goals should be jointly set by the faculty member and the person(s) to whom the faculty member reports for these administrative activities. If that supervisory person is outside of the department, input from that person or body should be solicited during the promotion process.

The evaluation of administrative responsibilities should include a statement by the faculty member of the FTE devoted to the specific administrative responsibilities. It should specifically outline the different roles and responsibilities and whether these were assigned or whether the individual volunteered for these roles.

The administrative responsibilities should be separated into the following categories:

- Hospital or clinic
- Department (e.g., division or section head, clinic director) School of Medicine, University
- Other local
- Regional
- National
- International

Documentation should include annual expectations and goals and measures of performance in achieving these goals. Measurements for administrative activities may include some or all of the following:

- Financial performance: Meets pre-determined budget targets for revenue and expenses

- Operational performance for clinical programs: Total patient volumes, wait times, patient satisfaction scores, complaints, referral provider satisfaction, staff satisfaction, and other QI indicators
- Workforce management: Recruitment and retention efforts, turnover rate among faculty, trainee recruitments.
- Leadership evaluations from members of the unit or team
- Development and support of processes for enhancing diversity, equity and inclusion initiatives
- New program development: Specific deliverables such as completed planning, implementation, re-assessment following implementation
- Ongoing program oversight: Collaborative programmatic maintenance and improvement of existing programs. Collaborative timely review/revision of existing and creation of related policies and procedures.
- Leadership: Individual programs, and hospital/University committees
- Role in new initiatives: Initiation, planning, and support of new initiatives
- Support and implementation of specific goals and initiatives

E. Professionalism

UW Medicine is committed to high standards of professionalism in patient care, research and education and related activities that support them among our faculty, staff, trainees, and students Professionalism is integral to our mission of improving health and includes demonstrating excellence, equity, respect, integrity, compassion, altruism, accountability, honesty, and service in all endeavors and creating an environment supportive of diversity in ideas, perspectives, and experiences. See [UW Medicine Policy on Professional Conduct](#).

Professional conduct is a requirement for promotion, and evaluation for promotion will include professional conduct as a factor. Because professionalism is expected in all areas of a faculty member's performance, deficiencies in professionalism may be seen as limiting a faculty member's ability to be successful in teaching, research, and professional service.

Professionalism may be addressed during the regular conferences between the faculty member and their department chair or division head and topics may include, but are not limited to:

- Demonstrates respect toward all others both in direct interactions and in indirect references
- Aware of own limitations; seeks and accepts constructive feedback
- Answers questions directly and respectfully
- Offers assistance and support for team members
- Inspires trust in patients, colleagues, coworkers, and subordinates
- Listens well and responds appropriately
- Is dependable, competent, and responsible

F. Professional Recognition (e.g. “National Recognition”)

Professional recognition outside of one's department and the School of Medicine is considered in the evaluation of promotion at all levels. The University of Washington requires "National Recognition" for advancement to the rank of professor in the clinical practice, research, teaching, tenure and WOT titles. Departments should define how such recognition will be determined and valued at each level of advancement. The expected types of external recognition should reflect the profile of the faculty member's efforts devoted to their academic activities. Examples of how a faculty member might be recognized outside of the University include:

- Awards or prizes
- Serving on national advisory boards, guideline panels, or study sections
- Membership in scholarly organizations, especially elected societies
- Teaching in national courses such as board review
- Authorship of clinical guidelines
- Serving on editorial boards
- Providing peer reviews for scholarly journals
- Presenting at scholarly meetings and conferences

- Invitation to give state-of-the-art lectures or reviews at national or international meetings
- Visiting professorships
- Organizing international, national or regional meetings

Faculty in the clinical practice title may establish recognition beyond the University as a leader in the discipline as evidenced by accomplishments in clinical care, clinical program development, teaching, service in professional societies, or scholarly publications. Appointment or promotion to the rank of professor requires scholarly work with significant impact beyond the University of Washington. This could be demonstrated through work at the community, state, regional or national level. The expected types of external recognition should reflect the profile of the faculty members efforts devoted to their academic activities. Examples of how a faculty member might be recognized outside of the University include:

- Regional or national lectures/presentations on topics of clinical expertise
- Development of curricula or educational programs that reach beyond the university
- Administrative leadership roles with collaboration beyond the university
- Professional society leadership
- Patient advocacy leadership
- Quality improvement initiatives with reach beyond the university or leadership in quality improvement
- EDI initiatives with reach beyond the university or leadership in EDI

Preparation of Promotion Dossiers

The deadlines for departments to submit completed promotion dossiers to the Dean's office are September 1st for mandatory promotions, November 1st for non-mandatory promotions and January 1st for non-mandatory promotions of clinical faculty. Faculty should work with their department chair and/or division head or regional dean to prepare their promotion packet in a timely manner. Each department should provide faculty with a list of components (checklist) for the promotion dossier at the time of appointment and again well in advance of consideration for promotion. The checklist should be used as a reference, as appropriate, at regular conferences between faculty members and their chairs, divisions heads or regional deans.

Self-Assessment

In addition to the CV, the candidate should prepare a written [self-assessment](#) of academic accomplishments as well as future plans and career trajectory. Candidates are referred to [Faculty Code Section 24-32](#) and [Executive Order 45](#), which outline pertinent scholarship and professional qualifications of particular importance at the University of Washington.

In the self-assessment, the candidate should reflect on the significance, independence, influence, and promise of completed and in-progress scholarship and/or creative work. The focus should be on achievements in rank or title at the University of Washington, but it is important to place those achievements in context with how they fit into a larger body of work or program. Candidates holding ranks or titles with a primary emphasis in research or teaching should particularly reflect upon accomplishments and experiences that are consistent with their rank or title. All candidates should outline contributions to the profession, the University, and public service.

To ensure candidate's address all areas of the Faculty Code, candidates should use the [SoM Self-Assessment Template](#).

Promotion Dossier Requirements

For clinical practice, research, teaching, tenure/tenure-track, and WOT promotions, the School of Medicine requires electronic submission of:

- Current [curriculum vitae](#) in UW School of Medicine format. An asterisk should identify five of the candidate's most significant scholarly contributions
- Electronic copies of the faculty member's five most significant scholarly contributions

- Teaching evaluations, including peer evaluations (as part of the teaching portfolio)
- Peer clinical competence evaluations- (for faculty who provide clinical professional services)
- Candidate's self-assessment of teaching, clinical, research and administrative activities
- Written summaries provided to the candidate during the departmental promotion process as well as responses from the candidate
- Letters of Evaluation:
 - Must have 4 letters of evaluation
 - 3 letters must be from “arm’s length” external referees (individuals who are not a present or past supervisor such as division chief or department chair, present or past mentor, recent co-investigator on grants, including unfunded grant proposals, recent collaborator on publications or personal friend or relative)
 - 1 letter must be from the department. For faculty who are jointly appointed, a letter must come from each department. There should be a maximum of 2 internal letters.
 - For promotions to associate teaching professor or associate professor of clinical practice, letters may be from reviewers outside of the department (external), but internal to UW
 - All letters must be from individuals who are senior in rank to the promotion candidate

The external referees should be senior faculty at institutions comparable to ours who are experts in their field, are qualified to review the candidate's contributions, and can provide an arm’s length assessment of the candidate’s scholarly achievements. Letters from former UW faculty are welcome but will not be considered as external letters if they worked together or overlapped in time in the same department. All evaluations are to be submitted unless the reviewer has indicated they are unfamiliar with the candidate and are unable to evaluate.

The candidate (and if appropriate the candidate's division head or regional dean) should be consulted regarding the individuals from whom internal and external letters of evaluation will be requested. The department chair or departmental promotion committee will then select individuals to write letters, which will be solicited in writing by

the chair or the chair's designee. A completed University of Washington School of Medicine (UW SoM) External Referee Form should accompany each outside (non-UW) request for a letter of evaluation. This outreach should not be done by the candidate for promotion.

- A completed UW SoM External Referee Form for each outside, non-UW referee
- Letter from the division head to the department chair-if appropriate
- Letter from the department chair to the Dean
- Letter of concurrence from chairs of the secondary department for candidates with joint or adjunct appointment(s); a vote from the second department is also required for joint appointments.
- An example letter of solicitation from the chair to referee writing letters of recommendation

For promotions of faculty with clinical titles, the School of Medicine requires electronic submission of:

- Current [curriculum vitae](#) in UW School of Medicine format.
- Letters of Evaluation:
 - Two letters of evaluation
 - When evaluating clinical instructor, clinical assistant professor, and clinical associate professor, it may be appropriate to solicit letters from experts who are internal to the candidate's department and internal to UW.

The external referees should be senior faculty at institutions comparable to ours who are experts in their field and are qualified to review the candidate's contributions. Letters from former UW faculty are welcome but will not be considered as external letters. All evaluations are to be submitted unless the reviewer has indicated they are unfamiliar with the candidate and unable to evaluate.

The candidate (and if appropriate the candidate's division head or regional dean) should be consulted regarding the individuals from whom internal and external letters of evaluation will be requested. The department chair or departmental promotion committee will then select individuals to write letters, which will be solicited in writing by the chair or the chair's designee.

- Letter from the division head to the department chair-if appropriate
- Letter from the department chair to the Dean
- Letter of concurrence from chairs of the secondary department for candidates with dual clinical appointment(s); a vote from the second department is also required for dual clinical appointments.

Support during the Process

The promotion process can feel overwhelming at times. Some of your best resources are your department chair (or division head), departmental promotion committee members and the administrators in your department who manage promotions. It is essential to understand your departmental promotion criteria and promotion processes so don't hesitate to reach out to these people. There are also resources available to you through the Office of Faculty Affairs including workshops and exemplar documents (e.g., narrative statement, teaching portfolio) available on [the OFA website promotions page](#).