

# **UW Medicine**

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## **DEPARTMENT OF MEDICINE**

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### **Appointment and Promotion Guidelines**

#### **FULL-TIME CLINICAL FACULTY**

**Approved May 2025**

#### **INTRODUCTION**

The full-time clinical faculty (FTCF) title is for clinicians who devote the majority of their time to clinical care at a UW Medicine clinical site. FTCF is defined as a person:

- Whose appointment is 0.50 FTE or greater
- Who does not have clinical practice outside of UWP or CUMG except with Sites of Practice Committee and Dean approval
- Whose primary responsibility is to provide direct clinical service. Clinical excellence and service, in addition to professionalism, will be the primary criteria for promotion beyond the rank of clinical assistant professor
- Who participates in educational activities pertinent to their clinical service role

FTCF have the title Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor and where appropriate, Member of University of Washington Physicians (UWP) or Children's University Medical Group (CUMG).

WOT/tenure-track/tenured faculty at the rank of Associate Professor or Professor may resign from the faculty and apply for appointment to a FTCF position in accordance with the process defined for FTCF appointments. Assistant Professors may apply for appointment to an open FTCF position, provided they have not yet completed four academic years as an assistant professor. If they have completed four academic years in that rank, permission for a change to FTCF is required from the Dean. FTCF may apply for appointment to a WOT/tenure-track/tenured faculty position in accordance with the process defined for WOT/tenure-track/tenured faculty appointments.

Full-time clinical faculty will not be eligible to submit research grants and cannot be assigned laboratory space. The Department chair may approve a variation from this policy on a case-by-case basis.

#### **APPOINTMENT CRITERIA**

Entry level for FTCF can be at the rank of Clinical Instructor or Clinical Assistant Professor. At the time of appointment, Clinical Instructors and Clinical Assistant Professors will have

completed formal training needed to practice in their chosen specialty, will have demonstrated excellence in clinical care with the potential to develop into a highly regarded clinician, and will have demonstrated professionalism.

#### **Key Criteria for Appointment**

- M.D. or D.O. degree (or equivalent) and the clinical training needed to meet relevant board certification or subspecialty requirements. This pathway is also used for individuals with a Master's of Human Genetics or Genetic Counseling, or equivalent, for appointment in the Genetics Counseling master's program who are certified by the American Board of Genetic Counseling for practice as Genetic Counselors
- Excellent clinical competence, documented from residency, fellowship, or practice settings
- Potential for development into a highly regarded clinician
- Professionalism

The initial appointment term is usually/generally one year, and faculty are reappointed annually.

The policy and expectation of UW Medicine and the Department of Medicine is that all faculty conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and each other, as outlined in the UW Medicine Policy on Professional Conduct. Professionalism includes demonstration of excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities.

Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below.

#### **APPOINTMENT AND PROMOTION CRITERIA**

At the time of new clinical faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the clinical faculty member and the division. These mutually agreed upon responsibilities will be reviewed annually and, if necessary, updated to form the basis for renewal or non-renewal of the clinical faculty appointment. Promotion decisions will be based upon the quality of an individual's contributions to the clinical and educational missions of the relevant division. Time in rank alone is not sufficient for promotion.

The following domains will be assessed for appointment and promotion of clinical faculty. For appointment or promotion to any rank, contributions in other areas such as administrative leadership or service, quality improvement and/or patient safety, community service or advocacy, and diversity, equity, and inclusion activities, in addition to teaching in these realms, shall be considered and included.

CORE ELEMENTS	EDUCATIONAL ACTIVITIES
<ul style="list-style-type: none"> <li>a. Clinical care <ul style="list-style-type: none"> <li>i. Clinical excellence</li> <li>ii. Clinical productivity</li> </ul> </li> <li>b. Professionalism</li> </ul>	<ul style="list-style-type: none"> <li>a. Teaching and/or mentorship in clinical and patient care activities</li> <li>b. Teaching and/or mentorship associated with administrative leadership or service</li> <li>c. Teaching and/or mentorship associated with quality improvement and/or patient safety activities</li> <li>d. Community education through service and/or advocacy pertinent to faculty role</li> <li>e. Teaching and/or mentorship associated with diversity, equity, and inclusion activities or leadership</li> </ul>

#### **Clinical Instructor:**

This rank requires that the appointee has completed their formal training to meet board requirements or the equivalent. At the time of appointment, Clinical Instructors will have demonstrated their excellence in clinical care and professionalism from residency, fellowship, or a practice setting, with the potential to develop into a highly regarded clinician. It is expected that appointees will contribute to divisional or departmental programs in patient care. Participation in educational activities is not required for appointment. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor.

#### **Clinical Assistant Professor:**

This rank requires that the individual has completed their formal training to meet board requirements or the equivalent for practice in the division in which they will be appointed.<sup>1</sup> Evidence of excellence in patient care and professionalism with the potential to develop into a highly regarded clinician is expected. Participation in educational activities is not required for appointment. Each of these criteria will be evaluated as described below.

For promotion from Clinical Instructor, a candidate must have demonstrated excellence in clinical care and professionalism over a sustained period of time. Time in rank alone is not adequate for promotion to Clinical Assistant Professor. In general, current board eligibility or certification will be required for appointment or promotion to the rank of Clinical Assistant Professor or above. In rare circumstances, because of unusual qualifications or experiences, the requirement for current board eligibility or certification may be waived.

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<sup>1</sup> Typically, hospitalists or nocturnists hired in divisions other than General Internal Medicine would be appointed as clinical instructors

**Clinical Associate Professor:**

This rank requires that the individual have clinical experience that has matured over time with continuing development into a highly regarded clinician. If being appointed directly to Clinical Associate Professor, time in rank, prior rank at another institution, evidence of outstanding patient care, patient-related service excellence, and professionalism will be considered. For appointment or promotion to Clinical Associate Professor, a candidate must have demonstrated:

- Outstanding clinical care (clinical competence, productivity, and service) over a sustained period of time
- Professionalism over a sustained period of time
- Meaningful participation in educational activities at least at the local level
- Regional reputation as a highly regarded clinician or through accomplishments in educational activities

Each of these criteria is evaluated as described below. Time in rank alone is not adequate for promotion to Clinical Associate Professor. In general, current board certification will be required for appointment or promotion to the rank of Clinical Associate Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current board certification may be waived

**Clinical Professor:**

Appointment or promotion to the rank of Clinical Professor is based on extended regional and/or national recognition as a leader in the discipline and as a highly regarded clinician, as evidenced by accomplishments in clinical care and service. For appointment or promotion to Clinical Professor, a candidate must have demonstrated:

- Outstanding clinical care (clinical competence, productivity, and service) over a sustained period of time
- Professionalism over a sustained period of time
- Substantial participation or recognized leadership in educational activities at least at the local level
- Extended regional or national reputation as a highly regarded clinician or through accomplishments in educational activities

Dedication to the programs of the division, department and school shall be considered. Time in rank alone is not adequate for promotion to Clinical Professor. In general, current board certification will be required for appointment or promotion to the rank of Clinical Professor. In rare circumstances, because of unusual qualifications or experiences, the requirement for current board certification may be waived.

**Emeritus:**

Emeritus status will be considered for a clinical faculty member who has retired from clinical activities and whose clinical, professional service, teaching or scholarly record has been highly

meritorious. Emeritus appointments will be reserved for those clinical faculty who have made sustained and substantial contributions to the missions of the division, department and school. In general, emeritus appointments will require at least ten years of prior service and achievement of the rank of Clinical Associate Professor or Clinical Professor.

## **APPENDIX: EVALUATION CRITERIA**

### **1) Evaluation of Clinical Competence, Productivity and Service**

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Internal Medicine (ABIM) or other primary board specialties. Following categories employed by the ABIM, assessment of clinical competence of FTCTF in the Department of Medicine should be performed in the following categories: 1) clinical skills; 2) medical knowledge; 3) clinical judgment; 3) use of diagnostic tests and therapeutic modalities; 5) humanistic qualities and interpersonal skills; 6) professional behavior and attitudes; 7) effectiveness as a consultant; 8) overall clinical competence; 9) peer teaching effectiveness; and 10) professionalism. Evaluation of FTCTF in these categories should be performed by qualified faculty in the School of Medicine (e.g., clinically oriented faculty in the division and in interactive specialties and subspecialties outside the division who have sufficient contact with the person being evaluated in the patient management setting to rate their clinical competence relative to the job expectations). These “peer evaluations” should be performed in an objective manner, and the results should be reviewed and synthesized by the division head and service chief to arrive at an overall rating of clinical competence for the individual.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of the FTCTF. At least nine faculty who are qualified to evaluate the FTCTF should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each FTCTF should be evaluated in year two, year five, and every five years thereafter and in the year preceding promotion consideration. A more limited review by the Division Head of clinical competence, productivity, service and teaching is sufficient for annual reappointments on years not specified above.

The types of faculty members who will participate in the evaluation of a FTCTF should be selected by the division head with the concurrence of the service chief and department chair (e.g., the division head should designate “types” of faculty associates such as three general internists, one cardiologist, one gastroenterologist, one general surgeon, etc.). At least nine faculty associates should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside the division. Based on the designated types of faculty, specific individuals to complete the evaluations should be selected by the division head at the time of each evaluation. The division head should attempt to select individual faculty associates who have considerable contact with the FTCTF in a patient care setting.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the division heads, and completed forms should be collected by the division head and reviewed with the service chief. The division head and service chief should add any special information relative to the overall clinical competence of the FTCTF. The forms and any additional information from the division head and service chief should be part of the individual FTCTF's

personnel file in the Department of Medicine. The division head should use this information to provide feedback to the FTCF, and the information should also be used by the department chair at the time decisions concerning reappointment and promotion are made.

Based on job role at the time of initial appointment, established guidelines will be used for the evaluation of clinical care, service and productivity. These guidelines may evolve over time with changes in the faculty member's activity profile or clinical service benchmarks. Examples of guidelines include number of patients seen, clinical revenues, half days of clinic practice, and types of services to be provided. Specific guidelines should be individualized for each FTCF and should be developed by the division head and service chief with the concurrence of the department chair. Consideration will also be given to measures of patient care quality such as patient satisfaction evaluations and quality of care metrics relevant to the faculty member's specialty and practice setting (when these data are available). Assumptions concerning productivity that are related directly or indirectly to the availability of salary support for a particular FTCF should be specifically defined by the division head and department chair in writing, and the FTCF should be informed of the specific expectations for productivity.

## **2) Professionalism**

Professional behavior is a requirement for appointment and promotion. Expectations include the following:

- Treats colleagues, trainees, patients, staff, and others with respect and fairness
- Demonstrates honesty and transparency and encourages trust in all interactions
- Works effectively as a team member who is accountable to others, addresses unprofessional behavior, and is considered fair
- Understands own limitations and is willing to accept feedback and make needed corrections
- Manages conflicts of interest and demonstrates an ethical commitment to the profession and the University
- Is sensitive and respectful of diversity including other's culture, age, gender, and disabilities
- Maintains patient confidentiality, timely completion of notes and evaluations, and accurate professional fee billing
- Contributes to a culture of safety, including encouraging others to express concerns
- Demonstrates institutional citizenship that may include assisting with emergent or urgent clinical coverage needs, administrative contributions, attending divisional/departmental activities/conferences, or supporting the clinical and/or educational missions of the division, department, or School of Medicine in other ways

## **EDUCATIONAL ACTIVITIES**

### **1. Teaching and/or mentorship in clinical and patient care activities**

Teaching in clinical and patient care activities is defined broadly and includes UME, GME, CME, peer, and interprofessional teaching. Contributions in mentorship may include but are not restricted to:

- Onboarding of other clinicians, including M.D.s, D.O.s, or advanced practice providers
- Peer mentorship
- Mentorship of other members of the interprofessional team
- Mentorship of learners

The evaluation of clinical teaching skills of FTCF in the Department of Medicine may include the following: 1) Clinical Teaching Assessment Forms collected from medical students, residents, fellows, and other learners; 2) ratings of classroom teaching; 3) ratings of lectures given for continuing medical education courses; 4) ratings of teaching skills demonstrated in other settings such as professor's rounds, noon conferences, Morbidity & Mortality conferences, journal clubs, and clinic conferences; and 5) peer ratings. The peer ratings of teaching skills will be obtained by including questions about clinical teaching effectiveness on the form used by faculty members to evaluate the clinical competence of the FTCF member.

Documentation of achievements in mentorship might include, but is not limited to, the following: evaluations of mentorship skills, development and revision of institutional policy about mentorship, leadership in mentorship programs or initiatives, written attestations from mentees, and mentorship awards.

The division head should use evaluations of teaching and mentorship to provide feedback to the FTCF member, and the information should also be used by the department chair at the time decisions concerning reappointment and promotion are made.

### **2. Teaching and/or mentorship associated with administrative leadership or service**

Administrative leadership or service to the division, department, or school is not required for appointment or promotion of FTCF, but may be part of the position offered by Divisions.

Teaching is frequently a key part of such administrative leadership or service roles. Examples of administrative and professional service include but are not limited to:

- Membership in and/or chairmanship of divisional, departmental, school, and hospital clinical administrative groups
- Leadership contributions at a level that is significant to the function of clinical administrative groups
- Establishing, implementing and/or directing clinical programs
- Medical service or clinic directorships
- Administrative service to local, regional, and national professional societies



- Other administrative/leadership contributions

Documentation of achievements in teaching associated with administrative leadership or service can include but is not limited to: written attestations about important educational contributions in these roles and evaluations of programmatic achievements and success.

### **3. Teaching and/or mentorship associated with quality improvement and/or patient safety activities**

Contributions in quality improvement (QI) and/or patient safety (PS) include but are not restricted to:

- Membership and participation in institutional QI/PS committees
- Leadership positions in institutional QI/PS committees
- Participation in task forces or work groups to carry out specific QI and PS initiatives. These may include implementation of major clinical initiatives, care pathways, and/or other models of care.
- Development and implementation of innovations in the electronic health record

The success of QI/PS work is often dependent upon education of clinical learners, colleagues, and other clinical team members about innovations and changes to clinical care pathways. Documentation of teaching achievements in QI/PS can include but is not limited to: written attestations about important educational contributions; documented improvements in quality of care or patient safety; and patient safety awards.

### **4. Community education through service and/or advocacy pertinent to the faculty role**

Education of the community through service and/or advocacy pertinent to the faculty role can be considered and recognized. Examples of such community service include but are not limited to:

- Clinical volunteer activities
- Public health advocacy activities
- Community health education events
- Partnerships with community-based organizations/groups with a goal of improving health and/or wellness

Documentation of achievements in community education can include but is not limited to: written attestations about important educational contributions, program development, and community service awards.

### **5. Teaching and/or mentorship associated with diversity, equity, and inclusion activities or leadership**

Educational contributions in faculty activities that promote equal opportunity, diversity, equity, and inclusion will be given due recognition in the academic advancement process, and these

achievements will be evaluated as defined below. These contributions can take a variety of forms, including but not limited to:

- Efforts to advance equitable access to education and outreach at all levels, such as pathway efforts
- Public service that addresses the needs of diverse populations locally, regionally or nationally, such as educational presentations, media presentations, partnerships with community-based organizations/groups with a goal of improving health equity in communities, improving translation services and health literacy
- Mentoring/advising of students, trainees or faculty at all levels from under-represented populations
- Outreach clinics and other efforts to alleviate healthcare disparities
- Serving on diversity, equity, and inclusion committees at any level (national, institutional, department, division)
- Implementing, creating, and disseminating best practices to promote equal opportunity, diversity, equity, and inclusion.

Documentation of achievements in educational activities associated with diversity, equity, and inclusion would include but is not limited to: written attestations about participation and important educational contributions, program development, success of advocacy initiatives, and program achievements.