University of Washington School of Medicine
Department of Radiation Oncology

Guidelines for Appointment and Promotion

Adopted by Radiation Oncology Department June 2012
Approved by UW A&P Committee June 2012

Revision Adopted by Radiation Oncology Department December 2018
Revision Approved by UW A&P Committee December 2018

Revision Adopted by Radiation Oncology Department September 2022
Revision Approved by UW A&P Committee November 2023

Revision Adopted by Radiation Oncology Department May 2025
Revision Approved by UW A&P Committee September 2025

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I. Guidelines Overview

This document serves as a guidance resource for faculty in the Department of Radiation Oncology, outlining the requirements for appointments and promotions within the department. The first part of the document (Sections II – III) defines the general performance criteria for appointment and promotion consistent with the requirements of the University and details the standards faculty members must meet to advance in rank. The second part (Section IV) provides specific guidelines for appointment and promotion for different tracks and pathways, with decisions based on the evaluation of the candidate's professional training and record of achievements withing their field of expertise. Promotion assessments are based on well-documented achievements clinical care, teaching, scholarship, administrative service, and professionalism. A final part of the document (Section V) outlines the structured departmental programs designed to support and guide junior faculty in navigating the promotion process and achieving career advancement.

These guidelines apply to all faculty members in the department, including physicians, medical physicists, radiobiologists, radiochemists, and other non-physicians. Faculty members are recommended to familiarize themselves with these guidelines to proactively document their activities and accomplishments in preparation for future promotion applications.

II. General Guidelines for Appointment and Promotion

Appointment and promotion recognize the contributions of faculty members to the University and their disciplines. Promotion is not intended as a reward for long-term service, but as an acknowledgement of those who have demonstrated excellence in specific aspects of the academic mission. University guidelines for the appointment and promotion of faculty members are found in the University Policy Directory, particularly in Volume II, Part II, Chapter 24 of the Faculty Code.

Below are guidelines for the promotion of faculty in the Department of Radiation Oncology. This document outlines the general criteria for quality and productivity across the core elements of academic activity:

- Clinical care
- Teaching
- Scholarship
- Professionalism
- Departmental/Institutional service

The criteria for appointment or promotion in the Department of Radiation Oncology are based on an academic model that applies to faculty members with diverse roles and responsibilities. This approach encourages and rewards excellence across all aspects of the department's mission, including clinical practice, teaching, scholarship, professionalism, and administrative service contributions to the department or institution.

III. Performance Criteria for Promotion

Overview

Faculty members will be evaluated for promotion based on the assigned effort in the core elements of teaching, clinical and administrative service, and scholarship, as defined in their job description. 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 is aligned with the relative time commitment to each of these activities. In general, a faculty member will be assessed on their contributions in proportion to the percentage of time allocated to their activities of primary focus (e.g., clinical care, scholarly work, service, teaching, administration). Promotion decisions are based on a faculty member's overall performance, as well as the quantity and quality of achievements in areas aligned with their faculty track/pathway. To qualify for promotion, a faculty member must demonstrate *at a minimum, satifsactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. Time in rank alone is not sufficient for promotion. Equity, diversity, and inclusion (EDI) contributions in scholarship, clinical care, teaching and service shall be included and considered.

Faculty members are responsible for maintaining records of their achievements and ensuring that all necessary supporting documents are obtained for the promotion packet. It is essential that these documents be collected in a timely manner. One key measure of performance is the faculty performance review conducted by the Department Chair or designee. For Assistant Professors, these are conducted annually and are particularly important.

Professionalism Expectation

Faculty members are expected to uphold the highest standards of *professionalism* at all times. A faculty member who receives an *unacceptable* professionalism evaluation will nullify any superior or satisfactory performance evaluations in other areas.

Performance Expectations by Rank

Faculty members are evaluated based on the performance expectations corresponding to their faculty track and rank (e.g., Instructor, Assistant Professor, Associate Professor, or Professor), as outlined in this section and Section IV. Specific performance criteria and measurements are detailed below and further elaborated in Sections IIIA–E.

- *Superior Performance*: A Faculty member demonstrates superior performance by exceeding expectations in multiple areas of the specific category over a sustained period.
- *Satisfactory Performance*: A Faculty member demonstrates satisfactory performance if they consistently meet expectations in all areas of the specific category.
- *Unsatisfactory Performance*: A Faculty member demonstrates unsatisfactory performance if they fail to meet the expectations of that specific category.
- *Unacceptable performance*: A faculty member demonstrates unacceptable performance if they consistently under-perform in any areas of the specific category.

Faculty members are expected to maintain *at least a satisfactory* evaluation in all categories as defined by their faculty track and pathway. Promotion expectations evolve with rank:

- Assistant Professor level: It is expected that faculty may initially achieve *satisfactory* performance evaluations as they develop their skills. However, as they progress, they should demonstrate *superior* performance in their focus areas.
- Associate Professor level: Faculty must demonstrate *sustained superior* performance in their primary focus areas over several years.
- Professor level: It is expected that the faculty member will consistently *maintain superior* performance in their respective areas of expertise.

The general criteria for faculty promotion, adapted from the UW Faculty code, are as follows:

A. Clinical Care

Assessment of clinical competence will focus on two primary areas:

1. Clinical expertise:
   - Depth of knowledge, technical expertise, problem-solving abilities, and management of complex patients.
   - Overall clinical skills and mastery in implementing evidence-based treatments effectively.
2. Professional qualities:
   - Demonstration of humanistic qualities, including responsibility, compassion, integrity, and professionalism.
   - Strong interpersonal skills and effectiveness in multidisciplinary team settings.

While competence as a health care practitioner is vital for public service, the profession, and educational role modeling, it alone does not satisfy the criteria for superior clinical care performance. The evaluation of Clinical Care performance will adhere to the standards outlined below, considering the faculty member's rank and the percentage weighting of Clinical Care in their job description. Examples of superior, satisfactory, unsatisfactory, and unacceptable clinical care performance are outlined below and summarized in Appendix 1:

Superior Clinical Care Performance:

In addition to meeting the expectations for Satisfactory Clinical Care Performance, the following criteria are expected to be met:

- Exceptional recognition by peers or patient groups for exemplary patient care and/or clinical services
- Demonstrates a strong fund of knowledge, problem-solving skills, and the ability to successfully manage complex patients
- Exemplary communication with patients, families, and/or colleagues, including clinical and administrative staff.

Satisfactory Clinical Care Performance:

- Providing the standard of care expected within their medical profession. This expectation includes effective patient care and management of patient problems and clinical responsibilities on a day-to-day basis.
- Timely completion of medical record documentation and/or clinical duties.
- Regular attendance and active participation in departmental meetings including faculty meetings, chart rounds, and grand rounds.

- Participation and representation in multidisciplinary tumor board group conferences and clinics.
- The faculty member has not had any formal complaints filed with the Department, Hospital or regulatory/licensing body, and has demonstrated active participation in a regular maintenance of competence program and continuing professional development.

Unsatisfactory Clinical Care Performance:

Demonstrated difficulties in performance of their clinical duties such as:

- Significant gaps in one's fund of knowledge, technical expertise, overall clinical skills, or problem-solving skills
- Substantiated complaints filed by patients, families and/or colleagues regarding clinical competency, skills, or knowledge.
- Consistent delays or failures to complete medical documentation or clinical duties in a timely manner and in compliance with institutional and practice plan expectations.
- Failure to interact with and communicate effectively with patients, families and/or colleagues, including clinical and administrative staff, with multiple complaints.
- Limited attention to maintenance of competence activities and continuing professional development

Unacceptable Clinical Care Performance:

Egregious errors or behaviors such as:

- Failure to exhibit a fund of knowledge, technical expertise, overall clinical skills, or problem-solving skills
- Persistent and substantiated complaints filed by patients, families, and/or colleagues regarding their clinical competency, skills, or knowledge.
- Persistent delays or failures to complete medical documentation or clinical duties in a timely manner.
- Persistent failure to interact with and communicate effectively with patients, families and/or colleagues, including clinical and administrative staff with numerous complaints.
- No evidence of activity dedicated to maintenance of competence and continuing professional development.
- Persistent, unjustified, and significant deviation from generally accepted clinical care guidelines or professional behavior, particularly after remedial efforts have been suggested or implemented, may warrant this categorization

B. Teaching

Faculty contributions will be evaluated in terms of their nature, quantity, and quality, with reference to departmental standards. The evaluation of teaching performance will adhere to established standards and will take into account the percentage of teaching responsibilities outlined in the faculty member's job description. With the exception of Research Faculty and Clinical Faculty appointments, all faculty members are expected to include a teaching component in their job description and to engage in regular—at least annual—professional development aimed at enhancing their teaching skills. Teaching contributions encompass a variety of educational efforts directed at undergraduate, graduate, and/or continuing education. These efforts may take diverse forms, including, but not limited to, didactic lectures, small group or case-based learning, bedside clinical teaching, seminars, and/or research training.

An effective teacher is characterized by the following attributes. While a faculty member is not expected to possess all these attributes, candidates on tracks or pathways that prioritize excellence in education and teaching should provide strong evidence of demonstrating three or more of these qualities:

- Mastery of the subject area.
- Skills in educational methods, including the ability to:
  - Effectively employ appropriate teaching strategies in various settings, such as lectures, small group discussions, one-on-one teaching, and supervision or mentoring.
  - Stimulate and challenge learners' intellectual capacities.
  - Influence learners' intellectual development and enhance critical thinking skills.
- Role-model behavior in both professional and educational contexts.
- Professionalism in teaching, demonstrated by:
  - Respect for students and colleagues.
  - Self-assessment and commitment to ongoing professional development.
  - Accessibility and approachability for learners.
  - Commitment to inclusion and diversity.
  - Building an inclusive learning environment.

Candidates on tracks or pathways that prioritize excellence in education and teaching are required to demonstrate *at a minimum, satisfactory* performance in teaching and/or other education-related activities. The evaluation of Teaching performance will adhere to the standards outlined below, considering the faculty member's rank and the percentage weighting of teaching in their job description. Examples of superior, satisfactory, unsatisfactory, and unacceptable teaching performance are outlined below and summarized in Appendix 1:

Superior Teaching Performance:

In addition to meeting the expectations for Satisfactory Teaching Performance, the following criteria are expected to be met:

- Consistent and sustained exemplary evaluations of their teaching activities by students, residents, fellows, and peers.
- Nominations for and/or receipt of one or more departmental, institutional, local, or national teaching awards.
- Significant contributions to course, curriculum, and/or program development.
- Development and/or participation in professional development activities focusing on medical, physics, or biomedical education, including recognition of teaching talent through selection for a major educational postgraduate education program and/or continuous professional learning.
- Directorship of a graduate training, residency, or fellowship program.
- Coordination or participation in an undergraduate, medical student, resident, or fellow teaching block in the medical or graduate school curriculum.
- Chairing of a major faculty, departmental, or hospital education-related committee.
- Publications on education-related research or experiences in prestigious medical or basic sciences journals; paper or poster presentations at national and international educational/professional meetings.

- Active and/or invited participation in the departmental or divisional continuing medical education events, including departmental, multidisciplinary group, or institutional presentations/lectures such as grand rounds.
- Invited presentations in national or international continuing medical education events.
- Leadership in the educational forums, including activities as identified above, but also the development, implementation, and/or evaluation of innovative teaching methods.
- Formal or informal mentorship relationships with undergraduate students, medical students, residents, fellows, or junior faculty.

Satisfactory Teaching Performance:

- Fulfillment of assigned teaching duties as described in the job description.
- Consistent and sustained satisfactory evaluations of teaching activities by students, residents, fellows, and peers.
- Participation in formal evaluations of students, residents, fellows, and peers.
- Demonstrated commitment to professional development in teaching through participation in teaching enhancement activities (e.g., workshops on mentoring or DEI, or courses focused on teaching techniques).
- Consistent active participation in departmental teaching activities, such as didactic lectures, chart rounds, and QA rounds, when appropriate.

Unsatisfactory Teaching Performance:

- Multiple below-average evaluations of their teaching activities by students, residents, fellows, and peers.
- A lack of commitment to professional development in the area of teaching.
- Lack of participation in mentorship activities with students, residents, fellows, or other postgraduate trainees.
- Minimal or no participation in didactic lectures, chart, and QA rounds, when appropriate.

Unacceptable Teaching Performance:

- Consistent underperformance in teaching activities and duties without evidence of improvement over time.
- Unwillingness to participate in teaching activities such as lectures, small group seminars and didactic sessions, clinical bedside teaching, or mentorship activities.
- Consistent failure to participate in didactic lectures, chart, and QA rounds, when appropriate.

Documented unprofessional or unethical behavior including discrimination or harassment of any group in the teaching role is considered unacceptable, as is unresponsiveness to recommendations for professional development of teaching or supervisory skills.

The effectiveness in the performance of teaching will be measured by teaching evaluations including evaluations by undergraduate students, medical students, residents, fellows, and peers. Evidence of teaching performance/attributes may also include teaching evaluation forms, mentee letters, or letters from conference leaders.

Ensuring documentation of teaching evaluation data is the responsibility of the faculty member and should include evaluations of hands-on, patient-based teaching in the clinic; faculty-led resident didactic conferences and lectures; departmental lectures and grand rounds; peer-to-peer reviews; and resident/fellow rotation instruction. Two trainees will be asked to submit a letter attesting to the faculty member's ability to teach as part of the promotion packet, if there is a teaching component in the faculty member's job description. The attestations should be from trainees within the last three years. Teaching evaluations are expected annually. Peer evaluations are expected annually for Assistant Professors and at least every three years for Associate and Full Professors, including the year before promotion from Associate Professor to Professor. Evidence of professional development may include participation in a workshop on mentoring or DEI or attending a course to learn a new teaching technique, among others.

C. Scholarship

1. WOT/Tenure/Tenure-Track (Clinician-Teacher and Clinician-Scientist Pathways) and Research Track

Successful scholarship advances knowledge and improves the health of the public health. Many types of scholarship are valued within the department, including scholarship of discovery, integration, application, and teaching.

a. Scholarship of Discovery

Faculty in the WOT/Tenure/Tenure-Track are expected to primarily focus their research on scholarship of discovery. This type of scholarship includes the generation of knowledge that culminates in a substantial body of information leading to new and meaningful insights. This new knowledge may arise from the development and/or creation of novel techniques, innovative use of experimental approaches, or the formulation and exploration of new questions or concepts, including those relevant to inclusion, diversity, and equal opportunity. The areas of research are broad and include, but are not limited to, bench science, translational science, clinical research, epidemiology, health services, social sciences, ethics, education, and health care delivery.

b. Scholarship of Integration

The critical synthesis and integration of existing information on a particular question are considered valuable contributions. This can include:

- Systematic reviews of the literature, including meta-analyses, Cochrane Collaboration reviews.
- Book chapters.
- Review articles in peer-reviewed journals.
- Service on editorial boards of peer-reviewed journals.
- Authorship or editorship of books published by reputable publishers.
- Editorship of a journal.

c. Scholarship of Application

This form of scholarship involves scholarly contributions related to clinical quality improvement and patient safety, such as:

- Development of new quality and patient safety metrics and evaluation of their impact on desired outcomes.
- Creation of analytic tools and methods for assessing quality and safety.

- Implementation of major clinical initiatives, care pathways, and/or other models of care, with outcome evaluation.
- Development of evidence-based clinical guidelines for national societies to diagnose, treat, or prevent disease.
- Initiatives to advance diversity, equity, and inclusion in clinical care.

d. Scholarship of Teaching
This form of scholarship involves scholarly contributions related to education. Contributions to this form of scholarship includes but not limited to.

- Curriculum development and improvement.
- Publication in MedEdPortal, 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.

Peer-reviewed scholarly publications are an important benchmark for faculty on the WOT/Tenure/Tenure- Track and are evaluated on the quality, innovation, impact, quantity, and independence of research:

a. **Quality**: Evaluation through external peer review mechanisms, including, but not limited to, publication in reputable peer-reviewed journals, presentations at scientific meetings, visiting scholar invitations, and extramural funding. Other types of scholarship, such as curricular design or online materials, are considered but weighted less heavily.
b. **Innovation**: The degree to which the scholarship introduces new concepts, methodologies, or technologies that challenge or advance research beyond existing paradigms or frameworks**.**
c. **Impact**: The extent to which this information has been disseminated, applied, or adapted beyond the University of Washington.
d. **Quantity**: The volume of scholarly output should align with the faculty member's role, rank, and percentage of effort dedicated to scholarship. A consistent record of productivity is expected. Quantity is evaluated in the context of sustained engagement and meaningful contribution to the academic mission.
e. **Independence and expertise**: Evidence of independent scholarly performance beyond a support role. Independence is often demonstrated through first or senior authorship or PI status on a grant. Significant collaborative contributions with major roles in design, implementation, or analysis may also be considered. This independent work should lead to recognition outside UW, such as invited presentations at national or international meetings or institutional lectures.

Funding sources may vary depending on the area of research. The requirement for external funding depends on the faculty member's track and pathway (Section IV.A). All funding must comply with the School of Medicine's conflict-of-interest guidelines.

The evaluation of Scholarship performance will adhere to the standards outlined below, considering the faculty member's rank and the percentage weighting of Scholarship in their job description. Examples of superior, satisfactory, unsatisfactory, and unacceptable scholarship

performance are outlined below and summarized in Appendix 1:

Superior Scholarship Performance:
In addition to meeting the expectations of Satisfactory Scholarship Performance, examples of meeting Superior performance include, but not limited to:

- Consistent and significant research contributions that influence the direction of research in the field.
- Substantial record of research productivity, including either a landmark paper published in a prestigious international journal or multiple papers in high-impact journals that significantly impact and advance the field.
- Consistent success in securing multiple peer-reviewed national or international grants with substantial funding.
- Significant leadership role in obtaining major peer-reviewed or industrial funding.
- Receipt of major national or international awards that recognize scholarly contributions.
- Delivering keynote addresses at prominent national or international conferences.
- Exceptional external service, such as serving as Chair or Deputy Chair of grant panels, professional committees, or as an editor of a high-impact journal.

Satisfactory Scholarship Performance:
Examples of meeting Satisfactory performance include, but not limited to:

- Continued publication productivity in respected journals within the faculty member's field.
- Securing adequate funding to support and sustain the faculty member's research activities.
- Established or emerging national/international reputation, evidenced by invited presentations appropriate to their rank.
- Active participation in national committees, grant review panels, or serving as a journal reviewer.

Unsatisfactory Scholarship Performance:

- Low publication output over multiple years, inconsistent with the expectations outlined in the job description.
- Inadequate or insufficient research funding to support their work.
- Few or no research trainees over an extended period.

Unacceptable Scholarship Performance:

- No publications over multiple years.
- Minimal or no research funding with no evidence of efforts to secure additional funding.
- Failure to provide a supportive environment or adequate supervision for research trainees.
- Substantiated academic misconduct, including deceptive or unethical practices.

2. Professor of Clinical Practice Track and Clinical Faculty Track

Demonstration of scholarship in the Professor of Clinical Practice track can be achieved through various contributions related to leadership (administrative and/or within professional societies), departmental or institutional service (including QI and Safety efforts), mentorship, medical education, or research.

a. **Administrative Leadership and/or Professional Service**
Administrative leadership or professional service to the department, school, or community is not required for appointment or promotion to faculty but may be part of the position offered. Examples of professional service include, but are not limited to:

1. Membership in, and/or chairing, departmental or school committees, and clinical administrative/leadership roles that are significant to their function.
2. Establishing, implementing, and/or directing clinical programs.
3. Introducing or developing new treatment approaches, diagnostic or therapeutic strategies, procedures, or devices.
4. Serving in regional, national, and international professional societies and/or editorial boards.
5. Contributing medical expertise to non-academic organizations or groups (e.g., community, regional and/or national non-profits).

b. **Leadership or Contributions to an Inclusive Environment, Health Equity, and Workforce Diversity**
Contributions in all areas of faculty achievement 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. All faculty are expected to promote an environment of inclusion, promoting health equity and a diverse workforce within the University of Washington and are encouraged to list contributions and achievements in this area. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms; examples include, but are not limited to:

1. Outreach to improve equitable access to education at all levels (e.g., creative recruitment for training programs, residency or fellowship recruitment, ecosystem-building).
2. Public service addressing the needs of diverse populations locally, regionally, or nationally (e.g., educational/media presentations, community partnerships to improve health, translation services, health literacy).
3. Research addressing health disparities in vulnerable populations or educational best practices promoting inclusion.
4. Mentoring/advising students, trainees, or faculty, particularly those underrepresented in medicine and science or from marginalized groups.
5. Teaching that incorporates inclusive practices, health disparities, population risk factors, or minority-focused research into the curriculum.
6. Clinical care initiatives such as outreach clinics or targeted care models to address health disparities.
7. Committee service promoting diversity, equity, and inclusion at the departmental, institutional, or national level, including the creation or dissemination of best practices.

These and other contributions will be evaluated in the academic advancement process similarly to other forms of scholarship, teaching, clinical activity, and leadership.

c. **Department or Institutional Service (Quality Improvement and/or Patient Safety Work)**
Contributions in quality improvement (QI) and/or patient safety (PS) include, but are not limited to:

1. Participation in departmental or institutional QI/PS committees.
2. Leadership roles in QI/PS committees.
3. Participation in task forces or workgroups for QI/PS initiatives.
4. Contributions to new knowledge, including:
    - Development of QI/PS metrics and evaluation of associated outcomes.
    - Development of analytic tools or methods to assess quality and safety.
    - Implementation of major clinical initiatives, care pathways, and outcome evaluations.
    - Creation of innovative approaches or guidelines for diagnosis, treatment, or prevention

Documentation of achievements in QI and PS may include, but is not limited to, the following:

1. Written attestations concerning important contributions.
2. Evidence of novel improvements in clinical care and PS.
3. Dissemination of work (presentations or publications) regarding QI/PS.
4. Institutional clinical policy development and revision.
5. Innovations in electronic health records.

d. **Mentorship**
High-quality mentorship is essential to academic development and requires dedication from mentors. Substantive contributions include, but are not limited to:

1. Active participation in individual mentoring roles or mentorship committees that support mentee goals.
2. Contributions to mentorship innovation, including:
    - Developing new mentorship metrics or evaluations.
    - Creating analytic tools for mentorship assessment.
    - Designing major mentorship initiatives.
    - Establishing mentorship guidelines or innovative approaches.

Documentation may include:

- Evaluations of mentorship effectiveness.
- Evidence of improvements in mentorship processes.
- Presentations or publications about mentorship.
- Development or revision of mentorship policies.
- Receipt of mentorship awards.

e. **Medical Education or Biomedical Scholarship**
Although faculty on this track are not required to serve as independent investigators or publish extensively, scholarly work is encouraged and viewed favorably. Scholarship may include contributions in discovery, integration, application, and/or teaching, as described in Section III.C.1.

Examples include, but are not limited to:

- Medical education: development of curricula, teaching strategies, assessments, and associated materials (e.g., syllabi, reports, textbook chapters, videos, etc.).
- Clinical research: case reports, disease descriptions, clinical guidelines, clinical trial participation, scholarly reviews, and book chapters.
- Collaboration on translational or basic science projects as a co-author.
- Leadership development in medicine or medical education, preferably with published outcomes.

Evaluations will consider faculty rank and percentage weighting of scholarship in the job description. Examples of performance levels are outlined below and in Appendix 1:

Superior Scholarship Performance:

In addition to meeting the expectations of Satisfactory Scholarship Performance, examples of meeting Superior performance include, but not limited to:

- Leadership role with national impact (e.g., president of a professional society, editor of high-impact journal).
- Develops and implements major clinical or academic programs with broad dissemination.
- Leads institutional-level committees with demonstrable outcomes or innovations.
- Received awards for service or leadership contributions.
- Leads major institutional QI/PS initiatives with measurable improvements in patient care.
- Develops innovative tools, metrics, or pathways adopted beyond the department.
- Publishes or presents QI/PS outcomes at national/international meetings.
- Chairs major QI/PS committees.
- Serves as mentor for multiple trainees/faculty, especially from underrepresented groups.
- Develops institutional mentorship programs or evaluation tools.
- Receives recognition or awards for mentorship.
- Disseminates mentorship work through presentations/publications.
- First-author or senior-author publications on clinical or educational topics.
- Develops and disseminates impactful curricula, textbooks, or digital teaching tools.
- Co-investigator on funded research or clinical trials with scholarly output.
- Receives awards or grants related to medical education or clinical innovation.

Satisfactory Scholarship Performance:

Examples of meeting Satisfactory performance include, but not limited to:

- Active contributor or member of institutional/professional committees.
- Helped develop a clinical program within department or health system.
- Regular involvement in professional societies, including holding office or organizing events.
- Regular participant in QI/PS efforts and meetings.
- Contributes to development or implementation of care pathways or clinical guidelines.
- Involved in QI projects with local dissemination or outcome tracking.
- Actively mentors students, residents, fellows, or junior faculty.

- Provides consistent guidance and documentation of mentee development.
- Participates in departmental mentorship initiatives.
- Develops and implements educational content for learners.
- Co-authors case reports, review articles, or guidelines.
- Participates in scholarship as a collaborator (e.g., educational workshops, poster presentations).

Unsatisfactory Scholarship Performance:

- Irregular or passive participation in required service roles.
- Fails to follow through on responsibilities for committee, programmatic roles, or assigned QI/PS tasks.
- No demonstrated initiative or leadership despite opportunities.
- Minimal contributions to QI/PS work.
- Failure to follow through on assigned QI/PS tasks.
- Consistently misses meetings or provides limited input in meetings.
- Unreliable or inconsistent in mentorship responsibilities.
- Fails to provide feedback or career development support.
- Little evidence of mentoring outcomes or commitment.
- Minimal contributions to educational innovation or scholarly work.
- Outdated or unengaging teaching methods with no attempt to improve.
- Lack of dissemination or documentation of educational activities.

Unacceptable Scholarship Performance:

- Refuses to participate in any service activities or QI/PS efforts.
- Refuses to engage in mentorship despite being assigned.
- Demonstrates harmful mentorship practices (e.g., favoritism, neglect, inappropriate conduct).
- Responsible for mentee complaints or program disengagement.
- No engagement in scholarly or educational efforts over time.
- Inappropriate or inaccurate dissemination of educational or clinical materials.

D. Professionalism

The department is committed to high standards of professionalism in patient care, research and education and related activities that support them. Professionalism is integral to the department's 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 the department are responsible for creating an inclusive environment where every person is valued and honored.

It is expected that all faculty members of the Department of Radiation Oncology will always behave in a professional manner. They will conduct themselves appropriately in interactions with patients, colleagues, trainees, staff, and students. Faculty should promote communication and teamwork in their interactions. An individual's professional behavior will be an important factor in evaluation for appointment and promotion for all faculty appointment tracks. Interaction with

other professionals includes, but is not limited to, administrative assistants, research coordinators, finance staff, IT support, front desk personnel, intake staff, medical assistants, nurses, therapists, dosimetrists, physician assistants, nurse practitioners, administrative staff, residents, and physicians. In accordance with the UW Faculty Code policy on professional conduct (Policy on Professional Conduct | UW Medicine), the definitions, values, and principles of professionalism are defined below:

- *Excellence* represents a dedication to the continuous improvement of the quality of care, research inquiry, and teaching effectiveness. Pursuit of excellence should be accompanied by integrity, empathy, compassion, and respect for the diversity of values and opinions of others.
- *Accountability* refers to taking responsibility for ones' behavior and activity.
- *Altruism* reflects a commitment to advocate for the interest of others over ones' own interests.
- *Unprofessional behavior* means behavior that violates laws or rules regarding discrimination and harassment; violates rules of professional ethics, including professionalism in clinical, educational, research or business practices; or is disrespectful, retaliatory, or disruptive.
- *Discrimination and harassment* means discrimination or harassment on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, pregnancy, genetic information, gender identity or expression, age, disability, or protected veteran status.
- *Professional ethics* means ethical standards that have been established by external professional societies or associations, e.g., Joint Commission, American Association of Medical Colleges, National Institutes of Health, or by UW Medicine entities for various professions (e.g., physicians, physicists, nurses).
- *Professionalism in clinical practice settings* includes, but is not limited to, safeguarding the care needs and privacy concerns of patients and adherence to established standards on patient safety, timeliness of completing medical records, quality improvement initiatives, communication and follow-up with patients, reporting errors, and regulations governing billing practices.
- *Professionalism in the conduct of research* includes, but is not limited to, a commitment to intellectual integrity, welfare of human subjects and research animals, diligent and unbiased acquisition, evaluation, and reporting of scientific information, adherence to university research regulations, and collegial and fair treatment of trainees and research staff at all levels.
- *Professionalism in education* includes, but is not limited to, a commitment to the highest standards of scholarship, innovation in teaching methods, respect for the student-teacher relationship and learning environment, and leadership through modeling of life-long learning.
- *Ethical business practices* means the wise use of resources and practices that are compliant with and appropriate under laws and regulations governing conflicts of interest, sponsored research, or the delivery of and reimbursement for healthcare services.
- *Disrespectful, retaliatory, or disruptive behavior* includes, but is not limited to behaviors that in the view of reasonable people impact the integrity of the healthcare team, the care of patients, the education of trainees, or the conduct of research such as:
    - Shouting or using profane or otherwise offensive language
    - Degrading or demeaning comments
    - Physical assault or other uninvited or inappropriate physical contact
    - Threats or similar intimidating behavior, as reasonably perceived by the recipient; unreasonable refusal to cooperate with others in carrying out assigned responsibilities; and
    - Obstruction of established operational goals, beyond what would be considered respectful dissent.

E. Departmental/Institutional Service

Service within the University and to external agencies forms an important aspect of many faculty members' academic careers. In providing this service, they contribute to the continued excellence of the academic environment and enhance the University' visibility and influence in external agencies. Although service alone cannot be the main criteria for promotion, the department may consider service that supports the mission of the University and the Department.

The evaluation of a faculty member's administrative service performance will be influenced by the negotiated percentage specified in the faculty member's job description. Each faculty member is expected to provide some administrative service to their professional discipline, the Department of Radiation Oncology, the UW School of Medicine, or the University of Washington. Administrative service can include, but is not limited to:

1. Membership and/or chairing of committees, working groups, or task forces; directing residency training programs; and/or holding leadership positions (e.g., Department Chair or Vice Chair) within the department or institution.
2. Leadership responsibilities in professional societies (e.g., holding office, chairing committees, organizing meetings).
3. Reviewing research proposals (e.g., ad hoc external reviews, grant panels, site visits, advisory committees) and/or research publications (e.g., article reviews, service on editorial boards).
4. Communicating expertise to governmental bodies, educating lay audiences, or providing voluntary professional services.

The evaluation of service performance will adhere to the standards outlined below, considering the faculty member's rank and the percentage weighting of service in their job description. Examples of superior, satisfactory, unsatisfactory, and unacceptable service performance are outlined below and summarized in Appendix 1:

Superior Administrative Service Performance:

In addition to meeting the expectations for satisfactory service performance, the following examples may indicate superior performance. These may relate to research, education, or contributions to the discipline:

- Serving as Chair of grants panel or site visit.
- Serving as editor of a high-impact journal.
- Organizing a major national or international conference.
- Serving as president of a professional organization.
- Receiving a meritorious service award from a professional society.
- Developing significant new educational or clinical initiatives.
- Coordinating teaching programs.
- Chairing major committees.
- Leading multidisciplinary tumor board groups.

Satisfactory Administrative Service Performance:

- Participating in ad hoc reviews of research proposals and manuscripts.
- Serving on a grants panel, editorial board or conference organizing committee.
- Holding office or committee membership in a professional organization.
- Serving on teaching, administrative and/or quality-assurance committees.
- Participating in policy development.

Unsatisfactory Administrative Service Performance:

- Consistently failing to participate in discipline-related activities.
- Making minimal contributions to the organizational efforts of the Department.
- Frequent absences from departmental or committee meetings.

Unacceptable Administrative Service Performance:

- Refusing to participate on at least one departmental, faculty, or University committee.
- Refusing to contribute to required quality assurance efforts.
- Being asked to withdraw from a review or other committee due to ethical reasons.
- Providing inadequate program supervision resulting in loss of funding /accreditation.

IV. Guidelines for Appointment and Promotion in Specific Tracks/Pathways and Ranks

Overview

The Department of Radiation Oncology has a multidisciplinary faculty covering a wide range of professions and expertise, including several clinical sciences, physical sciences, biological sciences, chemistry, and radiation sciences. There are several faculty tracks and pathways available in the Department of Radiation Oncology including:

A. WOT/Tenure/Tenure- Track
   - Clinician-Teacher Pathway
   - Clinician-Scientist/Faculty-Scientist Pathway

B. Professor of Clinical Practice Track
C. Clinical Faculty Track (Annual Appointments)
D. Research Track
E. Teaching Track
F. Other Faculty Titles
   - Teaching Associate
   - Lecturer
   - Adjunct
   - Affiliate
   - Joint
   - Emeritus

The criterion for appointment and promotion of faculty within each of these tracks/pathways are described below.

A. WOT/TENURE/TENURE-TRACK

Overview

These are the general guidelines for the ranks within the Regular track. Appointment to and promotion within the WOT/Tenure/Tenure-Track require an MD, DO, DMP, and/or PhD degree. Following this section, more specific guidelines will be provided for the pathways within this track. The candidate must meet the requirements in both this overview section and the section specific to their pathway for appointment and promotion. Evidence of *scholarship of discovery* is an essential component for all pathways within the WOT/Tenure/Tenure-Track . Promotion from Assistant Professor to Associate Professor on this track is *mandatory* and, per University policy, must occur within *6 years* of the initial appointment. The *initial appointment* at the Assistant Professor rank is for a period of *3 years* and is subject to earlier dismissal for cause. At the end of the second year of the initial appointment, the Assistant Professor will be evaluated for reappointment for a second 3-year period. At the end of the fifth year at the Assistant Professor level, faculty will be evaluated for mandatory promotion.

Appointment and Promotion Criteria

At the time of new WOT/Tenure/Tenure-Track faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the faculty member and the department. Promotion decisions are based on a faculty member's overall performance, as well as the quantity and quality of achievements in areas aligned with their faculty track/pathway. To qualify for promotion, a faculty member must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. Time in rank alone is not sufficient for promotion.

The following criteria will be used for appointment and promotion of Regular Track faculty:

A&P Criteria: Regular Faculty Track	
CORE CRITERIA	**SECONDARY CRITERIA**
a. Clinical Care (Section III.A)* i. Clinical competence ii. Clinical productivity b. Scholarship (Section III.C.1) c. Teaching (Section III.B) d. Professionalism (Section III.D)	a. Service (Section III.E)

*Applicable to faculty with assigned clinical care responsibilities

The way in which these criteria are applied and evaluated depends on the particular pathway. Listed below are pathway specific departmental criteria for the specific ranks within the Regular Track.

1. CLINICIAN-TEACHER Pathway

Overview

Faculty on this pathway are expected to pursue full-time academic careers by contributing to the clinical, scholarship, and teaching missions of the Department. Individuals in this pathway focus a significant amount of their time on *clinical activities*.

In addition, teaching and scholarship are essential expectations for individuals on this pathway. Like the Clinician-Scientist pathway, the Clinician-Teacher pathway emphasizes the "scholarship of discovery." However, it differs in that securing independent funding is not required.

Assistant Professor

The appointee must have completed their formal training to meet board requirements or the equivalent and have excellent clinical competence documented from residency, fellowship or a practice setting. At the time of appointment, Assistant Professors have demonstrated *at a minimum, satisfactory* performance in clinical care and the *potential* for excellence in scholarship and teaching. Promotion beyond Assistant Professor will depend on meeting the criteria for Associate Professor. The mandatory promotion clock begins with the appointment or promotion to Assistant Professor.

Associate Professor

To be appointed or promoted to the rank of Associate Professor, the candidate must meet the requirements of Assistant Professor. If being appointed directly to Associate Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Associate Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and scholar with at least *national* recognition and reputation. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

Professor

To be appointed or promoted to the rank of Professor, the candidate must meet the requirements of Associate Professor. If being appointed directly to Professor performance according to the criteria outlined here will be considered.

For appointment or promotion to Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and scholar with *national and international* recognition and reputation. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

2. CLINICIAN-SCIENTIST/FACULTY-SCIENTIST Pathway

Overview

Faculty on this track, including Physicians and Medical Physicists with MD, DO, PhD, or equivalent, are expected to pursue full-time academic careers by contributing to the scholarship, clinical (if applicable), and teaching missions of the Department. Individuals in this pathway focus a significant amount of their time on *scholarship* activity.

Like the Clinician-Teacher pathway, the Clinician-Scientist pathway emphasizes the "scholarship of discovery." However, it differs in that faculty on this pathway are expected to obtain *independent grant/research funding* over the course of their careers that aligns with the nature and scope of their research. Active funding is not required at the time of promotion. While peer-reviewed grants are generally prioritized, other funding sources may also be appropriate. For example, industry funding may highly relevant be for faculty engaged in clinical trials, drug development, or technology innovation.

Assistant Professor

The appointee must have demonstrated potential for excellence in scholarship and the ability to succeed on this pathway. If applicable, the appointee must have completed their formal training to meet board requirements or the equivalent and have excellent clinical competence documented from residency, fellowship or a practice setting. Promotion beyond Assistant Professor will depend on meeting the criteria for Associate Professor. The mandatory promotion clock begins with the appointment or promotion to Assistant Professor.

Associate Professor

To be appointed or promoted to the rank of Associate Professor, the candidate must meet the requirements of Assistant Professor. If being appointed directly to Associate Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Associate Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a scientist to establish at least a *national* reputation in research and related scholarly contributions. Securing significant independent extramural research funding through a national agency or an equivalent funding source is also expected, reflecting the candidate's ability to sustain a competitive and impactful research program. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

Professor

To be appointed or promoted to the rank of Professor, the candidate must meet the requirements of Associate Professor. If being appointed directly to Professor performance according to the criteria outlined here will be considered.

For appointment or promotion to Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a scientist to establish at a *national and international* reputation in research and related scholarly contributions. Securing significant independent extramural research funding through a national agency or an equivalent funding source is also expected, reflecting the candidate's ability to sustain a

mature and impactful research program. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

B. CLINICAL PRACTICE TRACK

Overview

Faculty on this track, including Physicians and Medical Physicists with MD, DO, PhD, or equivalent, are committed to clinical service and teaching and pursue academic careers as members of the faculty of the University of Washington School of Medicine. Individuals on this track have a primary focus on clinical care and teaching which can include significant interaction with learners (students, residents, fellows) as part of their clinical work. Individuals on this track have limited voting rights in the department and are not eligible to vote on faculty appointments or promotions.

Appointment terms by rank:

- Assistant Professor: 3 to 5 years.
- Associate Professor: 3 to 7 years.
- Professor: 3 to 10 years.

Faculty in this track will hold the titles of Assistant Professor of Clinical Practice, Associate Professor of Clinical Practice, or Professor of Clinical Practice. Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below. Promotions on this track are *non-mandatory*.

Appointment and Promotion Criteria

At the time of new clinical practice faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the faculty member and the department. Promotion decisions will be based upon the quality of an individual's contributions to the academic and clinical missions of the department. Time in rank alone is not sufficient for promotion.

The following domains will be used for appointment and promotion of Professor of Clinical Practice faculty:

A&P Criteria: Professor of Clinical Practice Track	
CORE CRITERIA	**SECONDARY CRITERIA**
a. Clinical Care (Section III.A) i. Clinical competence ii. Clinical productivity b. Teaching (Section III.B) c. Professionalism (Section III.D)	a. Scholarship/Service (Section III.C.2) i. Administrative leadership or service ii. Quality improvement and/or patient safety work iii. Mentorship iv. Equity, diversity and inclusion (EDI) work or leadership v. Medical education scholarship

Assistant Professor of Clinical Practice

This rank will be the usual initial appointment and requires that the appointee has completed

their formal training to meet board requirements or the equivalent and has excellent clinical competence documented from residency, fellowship or a practice setting. It is expected that appointees will contribute to departmental programs in clinical care and teaching. At the time of appointment, Assistant Professors have demonstrated *at a minimum, satisfactory performance* in clinical care and the *potential* for excellence in teaching. Participation in one of the 5 scholarship/service domains is not required for appointment. Promotion beyond Assistant Professor will require meeting the criteria for Associate Professor.

Associate Professor of Clinical Practice

This rank requires that the individual have clinical experience that has matured over time with *local* recognition for excellence. If being appointed directly to Associate Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Associate Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and contributed in the scholarship/service domain at least at the *local* level. While they may choose to do so through publication, such publication is not required. Time in rank alone is not sufficient for promotion.

Professor of Clinical Practice

Appointment or promotion to the rank of Professor is based on recognition beyond the university as a leader in Radiation Oncology as evidenced by accomplishments in clinical care, clinical program development, teaching, service in professional societies, or scholarly publications. Distinguished and substantial professional activity in patient care over an extended period of time is required. Dedication to the programs of the department and school will be considered. If being appointed directly to Professor, performance according to the criteria outlined here will be considered.

For promotion to Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and participated meaningfully in one of the scholarship/service domains with significant impact beyond the University of Washington at the *regional or national* level. While they may choose to do so through publication, such publication is not required. Time in rank alone is not sufficient for promotion.

C. CLINICAL FACULTY TRACK – Salaried and Non-Salaried Appointments

Overview

Faculty in the salaried full-time and non-salaried clinical faculty track, including Physicians and Medical Physicists with MD, DO, PhD, or equivalent degree, are primarily expected to provide clinical patient care. Contributions to research, teaching and education of residents-in-training may be limited and will vary based on individual interest and availability. Clinical faculty members do not have voting rights within the department.

Appointment terms: Faculty on this track are appointed on an *annual basis.*

For physician faculty, individuals must qualify for full-time appointment at a hospital or medical center where UWP has a site-of-practice agreement for Radiation Oncology Services. Both physicians and non-physicians must demonstrate a level of clinical competence appropriate for the appointed rank. Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below. Promotions on this track are *non-mandatory*.

Appointment and Promotion Criteria

The evaluation of clinical faculty primarily focuses on clinical activity. Teaching and scholarship/service activities are considered secondary and if expected, will be specified in the individual's job description. Faculty members must demonstrate excellence in clinical patient care, collaborate effectively with referring physicians and support staff, and adhere to the general treatment policies of the Department of Radiation Oncology.

Upon appointment, the specific scope of responsibilities for Clinical Faculty will be determined through mutual agreement between the faculty member and the department. Promotion decisions will be based on the quality and impact of an individual's contributions to the department's academic and clinical missions. Time in rank alone is not sufficient for promotion.

The following domains will be used for appointment and promotion of Clinical Faculty:

A&P Criteria: Clinical Faculty Track	
CORE CRITERIA	**SECONDARY CRITERIA**
a. Clinical Care (Section III.A) i. Clinical competence ii. Clinical productivity b. Professionalism (Section III.D)	a. Scholarship/Service (Section III.C.2) b. Teaching (Section III.B)

Clinical Assistant Professor

This rank requires that the appointee has completed their formal training to meet board requirements or the equivalent and has *at a minimum, satisfactory* clinical competence documented from residency, fellowship or a practice setting. It is expected that appointees will contribute to departmental programs in clinical care. At the time of appointment, Assistant Professors have demonstrated *at a minimum, satisfactory* performance in clinical care. Promotion beyond Assistant Professor will require meeting the criteria for Associate Professor.

Clinical Associate Professor

This rank requires that the individual have clinical experience that has matured over time with *local* recognition for excellence. If being appointed directly to Clinical Associate Professor, evidence of outstanding patient care, patient-related service excellence and professionalism will be considered.

For promotion to Clinical Associate Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and contributed in the

scholarship/service domain at least at the *local* level. While they may choose to do so through publication, such publication is not required. Time in rank alone is not sufficient for promotion.

Clinical Professor

Appointment or promotion to the rank of Clinical Professor is based on recognition beyond the university as a leader in Radiation Oncology as evidenced by accomplishments in clinical care, program development and service. Distinguished and substantial professional activity in patient care over an extended period of time is required. Dedication to the programs of the department and school will be considered. If being appointed directly to Clinical Professor, evidence of outstanding patient care, patient-related service excellence and professionalism will be considered.

For promotion to Clinical Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a clinician and participated meaningfully in one of the scholarship/service domains with significant impact beyond the University of Washington at the *regional or national* level. While they may choose to do so through publication, such publication is not required. Time in rank alone is not sufficient for promotion.

D. RESEARCH TRACK

Overview

Appointment to this track requires a doctoral degree (MD, PhD, MD/PhD or equivalent). Research faculty primarily focus on conducting independent and extramural funded research programs, dedicating the majority of their time to research activities. Unlike Regular Track appointments, Research Faculty are not required to engage in teaching or clinical responsibilities. However, they may contribute to teaching activities if time and interest allow. Appointment to a rank within the Research track is term-based and requires qualifications equivalent to those of the corresponding rank, with primary emphasis placed on research achievements.

Appointment terms by rank:

- Assistant Professor: 3 to 8 years.
- Associate Professor: 1 to 5 years.
- Professor: 1 to 5 years

Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below. Promotions on this track are *non-mandatory*.

Appointment and Promotion Criteria

The evaluation of Research Faculty is primarily based on their research contributions, with teaching activities considered secondary. Generally, candidates seeking promotion based primarily on research achievements should demonstrate impactful contributions to science, generation of knowledge, and a strong and continuing record of external funding that aligns with the nature and scope of their research. While peer-reviewed grants are typically emphasized, other sources of funding may also be appropriate. For example, industry funding may play a significant role for basic and clinical scientists involved in clinical trials, drug development, or technology innovation.

If teaching is expected, it will be specified in the individual's job description. Promotion decisions are determined by the quality and impact of a faculty member's research within the department's academic mission. Time in rank alone is not sufficient for promotion; advancement is based on demonstrated excellence and significant contributions to the field.

The following domains will be used for appointment and promotion of Research Faculty:

A&P Criteria: Research Faculty Track	
CORE CRITERIA	**SECONDARY CRITERIA**
a. Scholarship (Section III.C.1) b. Professionalism (Section III.D)	a. Service (Section III.E) b. Teaching (Section III.B)

Research Assistant Professor

The individual is expected to have demonstrated activity in research, such as postdoctoral research experience with publications in relevant journals.

Research Associate Professor

To be appointed or promoted to the rank of Research Associate Professor, the candidate must meet the requirements of Research Assistant Professor. If being appointed directly to Research Associate Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Research Associate Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a scientist to establish at least a *national* reputation in research and related scholarly contributions. Securing significant independent extramural research funding through a national agency or an equivalent funding source is also expected, reflecting the candidate's ability to sustain a competitive and impactful research program. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

Research Professor

To be appointed or promoted to the rank of Research Professor, the candidate must meet the requirements of Research Associate Professor. If being appointed directly to Research Professor performance according to the criteria outlined here will be considered.

For appointment or promotion to Research Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. It is expected that the candidate will have demonstrated high productivity as a scientist to establish at a *national and international* reputation in research and related scholarly contributions. Securing significant independent extramural research funding through a national agency or an equivalent funding source is also expected, reflecting the candidate's ability to sustain a mature

and impactful research program. The individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion.

E. TEACHING TRACK

Overview

Teaching faculty are expected to actively participate in educational and scholarly programs. Appointment to a rank within the Teaching Track requires qualifications equivalent to those prescribed for that rank, with primary emphasis on teaching excellence. Candidates must have completed professional training relevant to the teaching, scholarship, and service responsibilities of the position, ensuring they are well-prepared to contribute meaningfully to the department's educational mission.

Appointment to a rank within the Research track is term-based and requires qualifications equivalent to those of the corresponding rank, with primary emphasis placed on teaching achievements.

Appointment terms by rank:

- Assistant Professor: 3 to 5 years.
- Associate Professor: 3 to 7 years.
- Professor: 3 to 10 years.

Faculty in this track will hold the titles of Assistant Teaching Professor, Associate Teaching Professor, or Teaching Professor. Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below. Promotions on this track are *non-mandatory*.

The following domains will be used for appointment and promotion of Teaching Faculty:

A&P Criteria: Teaching Track	
CORE CRITERIA	**SECONDARY CRITERIA**
a. Teaching (Section III.B) b. Professionalism (Section III.D)	a. Scholarship/Service (Section III.C.2)

Assistant Teaching Professor

Candidates must hold an MD, DO, PhD or equivalent degree. To qualify for this rank, individuals must demonstrate teaching ability that indicates strong potential for a successful and impactful career in education.

Associate Teaching Professor

To be appointed or promoted to the rank of Associate Teaching Professor, the candidate must meet the requirements of Assistant Teaching Professor. If being appointed directly to Associate Teaching Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Associate Teaching Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. The

individual must also have demonstrated at least *satisfactory* performance in the departmental/institutional service domain. Time in rank alone is not sufficient for promotion. EDI contributions in teaching, scholarship, and service shall be included and considered.

Teaching Professor

To be appointed or promoted to the rank of Teaching Professor, the candidate must meet the requirements of Associate Teaching Professor. If being appointed directly to Teaching Professor, performance according to the criteria outlined here will be considered.

For appointment or promotion to Teaching Professor, the candidate must demonstrate *at a minimum, satisfactory* performance in most or all dimensions of their primary focus areas and provide documented evidence of accomplishments within their respective domains. Beyond teaching excellence, candidates must also make significant contributions through service and leadership within the department, school/college, University, and broader academic field. Time in rank alone is not sufficient for promotion. EDI contributions in scholarship, clinical care, teaching and service shall be included and considered.

F. **OTHER FACULTY TITLES** (Please refer to the "Qualifications for Appointments with Specific Titles" section in the Faculty Code).
   1. Teaching Associate
   2. Lecturer
   3. Adjunct
   4. Affiliate
   5. Joint
   6. Emeritus

V. Faculty Advisory Program

Overview

The Department of Radiation Oncology is committed to ensuring that junior faculty have every opportunity to qualify for and obtain promotions in rank. While preparation for and progress toward promotion are ultimately the responsibility of each individual faculty member, the department provides structured support to facilitate their advancement. To assist junior faculty on a mandatory promotion track to the rank of Associate Professor, the department has a structured mentorship program designed to provide guidance and support throughout the promotion process. Faculty may consult the Appointments and Promotions (A&P) Committee at any time for additional guidance. However, at a minimum, the mentorship program will provide constructive written feedback to the junior faculty member's progress in meeting departmental expectations for promotion. In this capacity, mentors and the A&P Committee serve as an Advisory Committee, offering guidance and recommendations to junior faculty. The various aspects of the Faculty Advisory Program are outlined below.

Role

The Radiation Oncology A&P Committee serves as a resource and support system to help junior faculty meet and exceed the departmental expectations for promotion to the next rank. To facilitate this process, the Faculty Development Lead and Vice Chair of Faculty Affairs will assist junior faculty in identifying and connecting with senior faculty member(s), who may be from within or outside the department. The mentor(s) will provide discipline-specific guidance, helping to establish realistic

goals and assess progress toward achieving them. Each junior faculty member will collaborate with their mentor(s) to develop an Individual Development Plan (IDP), which will be reviewed periodically at a minimum of twice a year. Mentor(s) will be expected to meet with the junior faculty member at least three times a year, though more frequent meetings are encouraged to ensure steady progress.

The A&P Committee functions as a peer review body for promotion, offering advice, guidance, and strategic recommendations. Additionally, the committee may help identify resources and opportunities to support faculty in strengthening their scholarly contributions. Ultimately, while the A&P Committee and mentors provide valuable support, each faculty member bears the primary responsibility for their own advancement and is expected to actively engage with the mentorship process and committee guidance to achieve promotion.

Evaluation

Junior faculty are required to submit a self-evaluation (Yearly Annual Review [YAR]) report to the Department Chair in preparation for their annual review. The report will include a comprehensive summary of their activities over the past year, specifically in the areas of research/scholarship, teaching, and service as outlined in their original appointment and most recent annual review expectations. The YAR report must be submitted in advance of the faculty member's annual review meeting with the Department Chair, ensuring a productive discussion on programs, achievements, and areas for development..

Expectations for Promotion

Faculty members should take proactive steps to familiarize themselves with the expectations for promotion and actively work toward exceeding those standards as their career progresses. To help establish clear benchmarks, faculty are encouraged to consult with the A&P Committee and their mentor(s), who can assist in defining minimum expectations and setting strategic goals for advancement. Expectations and goals for junior faculty should be discussed and mutually agreed upon by the faculty member, A&P Committee, and the Department Chair to ensure alignment with departmental and institutional standards or promotion.

Appendix 1

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Clinical care	• Exceptional recognition by peers or patient groups for exemplary patient care and/or clinical services. • Exhibit a fund of knowledge, problem-solving skills, and the ability to successfully manage complex patients. • Exemplary communication with patients, families and/or colleagues, including clinical and administrative staff.	• Providing the standard of care expected within their medical profession. This expectation includes effective patient care and management of patient problems and clinical responsibilities on a day-to-day basis. • Timely completion of medical record documentation and/or clinical duties. • Regular attendance and active participation in departmental meetings including faculty meetings, chart rounds, and grand rounds is expected. • Participation and representation in multidisciplinary tumor board group conferences and clinics. • The faculty member does not have any formal complaints about them to the Department, Hospital or regulatory/licensing body and has demonstrated active participation in a regular maintenance of competence program and continuing professional development.	• Significant gaps in one's fund of knowledge, technical expertise, overall clinical skills, or problem-solving skills. • Substantiated complaints filed by patients, families and/or colleagues regarding their clinical competency, skills, or knowledge. • Consistent delays or failures to complete medical documentation or clinical duties in a timely manner. • Failure to interact with and communicate effectively with patients, families and/or colleagues, including clinical and administrative staff with numerous complaints. • Limited attention to maintenance of competence activities and continuing professional development.	• Failure to exhibit a fund of knowledge, technical expertise, overall clinical skills, or problem-solving skills. • Persistent and substantiated complaints filed by patients, families and/or colleagues regarding their clinical competency, skills, or knowledge. • Persistent delays or failures to complete medical documentation or clinical duties in a timely manner. • Persistent failure to interact with and communicate effectively with patients, families and/or colleagues, including clinical and administrative staff with numerous complaints. • No evidence of activity dedicated to maintenance of competence and continuing professional development. • Persistent, unjustified, and significant deviation from generally accepted clinical care guidelines or professional behavior, particularly after remedial efforts have been suggested or implemented, would warrant this categorization.

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Teaching	• Consistent and sustained exemplary evaluations of their teaching activities by students, residents, fellows, and peers. • Nominations for and/or receipt of one or more departmental, institutional, local, or national teaching awards. • Significant contributions to course, curriculum and/or program development. • Development and/or participation in professional development activities focusing on medical, physics, or biomedical education. • Publications on education-related research or experiences in prestigious medical or basic sciences journals. Paper or poster presentations at national and international educational/professional meetings. • Active and/or invited participants in the departmental or divisional continuing medical education events, including departmental, multidisciplinary group or institutional presentations/lectures such as grand rounds. • Invited presentations in national or international continuing medical education events • Leadership in the educational forums, including activities as identified above, but also the development, implementation and/or evaluation of innovative teaching methods. • Formal or informal mentorship relationships with undergraduate students, medical students, residents, fellows, or junior faculty.	• Fulfillment of their assigned teaching duties within the context of their job description. • Consistent and sustained satisfactory evaluations of their teaching activities by students, residents, fellows, and peers. • Participation in formal evaluations of students, residents, fellows, and peers. • Demonstration of commitment to personal professional development of their teaching skills by participation in teaching enhancement activities, including participation in a workshop on mentoring or DEI, or attending a course to learn a new teaching technique, among others. • Consistent active participation in departmental teaching activities such as didactic lectures, chart and QA rounds, when appropriate.	• Multiple below average evaluations of their teaching activities by students, residents, fellows, and peers. • A lack of commitment to professional development in the area of teaching. • Lack of participation in mentorship activities with students, residents, fellows, or other postgraduate trainees. • Non-active participation in didactic lectures, chart, and QA rounds, when appropriate.	• Consistent under-performance in teaching activities and duties without evidence of improvement over time. • Unwillingness to participate in teaching activities such as lectures, small group seminars and didactic sessions, clinical bedside teaching, mentorship activities. • Consistent failure to participate in didactic lectures, chart, and QA rounds, when appropriate.

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Scholarship (WOT/Tenure/Tenure-Track)	• Consistent and significant research contributions that influence the direction of research in the field. • Substantial record of research productivity, including either a landmark paper published in a prestigious international journal or multiple papers in high-impact journals that significantly impact and advance the field. • Consistent success in securing multiple peer-reviewed national or international grants with substantial funding. • Significant leadership role in obtaining major peer-reviewed or industrial funding. • Receipt of major national or international awards that recognize scholarly contributions. • Delivering keynote addresses at prominent national or international conferences. • Exceptional external administrative contributions, such as serving as Chair or Deputy Chair of grant review panels or Committee/Sub-Committee of professional organizations, or as an editor for a high-impact journal.	• Continued publication productivity in respected journals within the faculty member's field. • Securing adequate funding to support and sustain the faculty member's research activities. • Established or emerging national/international reputation, evidenced by invited presentations appropriate to their rank. • Active participation in national committees, grant review panels, or serving as a journal reviewer.	• Low publication output over multiple years, inconsistent with the expectations outlined in the job description. • Inadequate or insufficient research funding to support their work. • Few or no research trainees over an extended period.	• No publications over multiple years. • Minimal or no research funding with no evidence of efforts to secure additional funding. • Failure to provide a supportive environment or adequate supervision for research trainees. • Demonstration of substantiated deceptive or unethical practices related to academic misconduct.

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Scholarship (Clinical Practice, Clinical Faculty)	• Leadership role with national impact (e.g., president of a professional society, editor of high-impact journal). • Develops and implements major clinical or academic programs with broad dissemination. • Leads institutional-level committees with demonstrable outcomes or innovations. • Received awards for service or leadership contributions. • Leads major institutional QI/PS initiatives with measurable improvements in patient care. • Develops innovative tools, metrics, or pathways adopted beyond the department. • Publishes or presents QI/PS outcomes at national/international meetings. • Chairs major QI/PS committees. • Serves as mentor for multiple trainees/faculty, especially from underrepresented groups. • Develops institutional mentorship programs or evaluation tools. • Receives recognition or awards for mentorship. • Disseminates mentorship work through presentations/publications. • First-author or senior-author publications on clinical or educational topics. • Develops and disseminates impactful curricula, textbooks, or digital teaching tools. • Co-investigator on funded research or clinical trials with scholarly output. • Receives awards or grants related to medical education or clinical innovation.	• Active contributor or member of institutional/professional committees. • Helped develop a clinical program within department. • Regular involvement in professional societies, including holding office or organizing events. • Regular participant in QI/PS efforts and meetings. • Contributes to development or implementation of care pathways or clinical guidelines. • Involved in QI projects with local dissemination or outcome tracking. • Actively mentors students, residents, fellows, or junior faculty. • Provides consistent guidance and documentation of mentee development. • Participates in departmental mentorship initiatives. • Develops and implements educational content for learners. • Co-authors case reports, review articles, or guidelines. • Participates in scholarship as a collaborator (e.g., educational workshops, poster presentations).	• Irregular or passive participation in required service roles. • Fails to follow through on responsibilities for committee, programmatic roles, or assigned QI/PS tasks. • No demonstrated initiative or leadership despite opportunities. • Minimal contributions to QI/PS work. • Failure to follow through on assigned QI/PS tasks. • Consistently misses meetings or provides limited input in meetings. • Unreliable or inconsistent in mentorship responsibilities. • Fails to provide feedback or career development support. • Little evidence of mentoring outcomes or commitment. • Minimal contributions to educational innovation or scholarly work. • Outdated or unengaging teaching methods with no attempt to improve. • Lack of dissemination or documentation of educational activities.	• Refuses to participate in any service activities or QI/PS efforts. • Refuses to engage in mentorship despite being assigned. • Demonstrates harmful mentorship practices (e.g., favoritism, neglect, inappropriate conduct). • Responsible for mentee complaints or program disengagement. • No engagement in scholarly or educational efforts over time. • Inappropriate or inaccurate dissemination of clinical/educational material.

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Service	• Serving as Chair of grants panel or site visit. • Serving as editor of a high-impact journal. • Organizing a major national or international conference. • Serving as president of a professional organization. • Receiving a meritorious service award from a professional society. • Developing significant new educational or clinical initiatives. • Coordinating teaching programs. • Chairing major committees. • Leading department or institutional committees or working groups. • Leading multidisciplinary tumor board groups.	• Being a member of an ad hoc review of research proposals and articles. • Serving on a grants panel, editorial board or conference organizing committee. • Holding office or committee membership in a professional organization. • Serving on teaching, administrative and/or quality-assurance committees. • Participating in policy development.	• Consistently failing to participate in discipline-related activities. • Making minimal contributions to the organizational efforts of the Department. • Having frequent absences from departmental meetings.	• Refusing to participate in at least one Department/Faculty/University committee. • Refusing to contribute to quality assurance efforts. • Being asked to withdraw from a review or other committee for ethical reasons (e.g., breach of confidentiality). • Providing inadequate supervision of a program resulting in loss of funding or accreditation.

	Superior	Satisfactory	Unsatisfactory	Unacceptable
Professionalism	Consistently exhibits exemplary professional behavior that adheres to the Faculty Code standards		Consistently exhibits unprofessional behavior that is violates the Faculty Code standards	