



**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CRITERIA FOR APPOINTMENT AND PROMOTION
FOR PAID FULL-TIME CLINICAL FACULTY**

Approved January 2026

I. Goals and Objectives

The appointment of paid full-time clinical faculty (PFTCF) should advance the academic and service mission of the University of Washington School of Medicine (UWSOM) to:

- Enhance access to UWSOM clinical departments' services for patients by providing a clinical service that is responsive to the increased demand for UW Physicians services in a manner consistent with patient expectations and UWSOM standards in terms of timeliness and ease of access;
- Enhance the management and efficiency of the UWSOM clinical services;
- Participate in the teaching and training of medical students, residents and/or fellows.

II. Personal Qualifications for All Members

A faculty member should possess personal and intellectual integrity. A faculty member should have a free mind and be dedicated to objective truth and its complete presentation.

The University and the department should only appoint or promote an individual who has personal traits that reflect a professional attitude towards patient care and the academic profession.

III. Position Approval

The paid full-time clinical faculty position must be approved by the division Head and the department Chair.

IV. General Criteria for Appointment

Physicians must be certified or eligible for certification by the American Board of Obstetrics and Gynecology at the time of application for appointment. This requirement may be waived if the applicant has an outstanding record in the community or their expertise is in another field that is related to OB/GYN. Appointment of PFTCF requires a faculty vote. At least three letters are required for faculty review that attest to the clinical skill and teaching ability of the individual.

Consistent with the Faculty Code, the PFTCF appointment will be an annual appointment for the academic year July 1 through June 30. Each year, department faculty must vote to reappoint, and the department Chair must forward this recommendation to reappoint to the Dean. Reappointment decisions must be made by March 31 of the first year and December 31 of each succeeding year.

PFTCF will carry the title "Clinical: Instructor; Clinical Assistant Professor; Clinical Associate Professor; or Clinical Professor" and member (or Associate) of UWP

Regular faculty may resign from the faculty and apply for appointment to a PFTCF position in accordance with the process defined for PFTCF appointments, provided they have not yet completed four years as an Assistant Professor. PFTCF may apply for appointment to a regular faculty position in accordance with the process defined for regular faculty appointments.

PFTCF 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.

At the time of new clinical faculty appointments, the specific scope of responsibility will be established by a mutual agreement between the clinical faculty member and the division. The mutually agreed upon responsibility 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 academic missions of the department. Time in rank alone is not sufficient for promotion.

In accord with the University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching, and service that address diversity and equal opportunity shall be included and considered among the professional and scholarly qualifications for appointment and promotion outlined below.

V. General Criteria for Promotion

Paid Full-Time Clinical track faculty are judged mainly on clinical activities and professional service. Individuals should have excellent clinical skills and judgment, humanistic qualities and interpersonal skills and a professional demeanor and attitude.

A. *Patient Care (Clinical Activity)*

To evaluate the candidate's performance in patient care, the following aspects will be considered of importance:

1. Clinical competence;
2. Initiation and maintenance of new clinical programs;
3. Magnitude of clinical load;
4. Frequency of clinical coverage including telephone consultations;
5. Special training programs;
6. An achieved skill;

B. *Professional Service*

To evaluate the candidate's performance in professional service, the following aspects will be considered of importance:

1. Membership on a journal's editorial board;
2. Administrative activities for the department, School, hospital and the University, including committee functions.

C. *Teaching*

To evaluate the candidate's performance in teaching, the following aspects will be considered of importance:

1. Medical student and resident teaching load or other teaching responsibilities;
2. Continuing medical education within the University and outside the University;
3. Teaching awards and recognition as an excellent teacher;
4. Success in training graduate and professional students in scholarly methods;
5. Others (e.g. seminars, workshops, etc.).
6. Students, residents, fellows and peers will be utilized to evaluate teaching effectiveness.

D. *Scholarly Activity*

Research is optional and not necessary for promotion. However, the candidate's performance in research can be considered in the promotion process. If research has been performed by the candidate, the following aspects will be considered of importance.

1. Participation as a contributor to the research (subject enrollment and follow-up, protocol development);
2. Publication in peer-reviewed journals with consideration given to the quality of the publication;
3. Senior authorship with the understanding that terminal authors might be considered of the same importance as senior authors. The author's contribution to the publication is to be evaluated;
4. Participation in national peer review (e.g. NIH review).

E. *Diversity, Equity and Inclusion*

Contributions that promote equal opportunity, diversity, equity, and inclusion are required for academic advancement within the Department of Obstetrics and Gynecology. These achievements will be evaluated as defined below. Evaluation of contributions to diversity, equity, and inclusion consider actions, accomplishments, and plans, not viewpoints or beliefs. All faculty should list contributions and achievements within their School of Medicine formatted CV. Diversity, equity, and inclusion contributions outside the University of Washington will also be considered. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms; examples include:

1. Efforts to advance equitable access to education and outreach at all levels; examples include creative recruitment efforts for training grant candidates, pipeline efforts, innovative recruitment efforts for fellowship and residency candidates.
2. 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, wellness, and health equity in communities, improving translation services and health literacy;
3. Research in an investigator's area of expertise that discovers, documents, and addresses health disparities in vulnerable populations; Educational research focusing on best practices to promote equal opportunity, diversity, equity, and inclusion
4. Mentoring/advising of students, trainees or faculty at all levels: assisting those who face barriers to access in health sciences or who come from communities historically underserved by the healthcare system;
5. Teaching: incorporating diversity and inclusion training, health disparity, population risk factors, and evidence-based practices for serving diverse patient populations in core curriculum content;
6. Clinical care: outreach clinics, efforts at remedying healthcare disparities through provision of clinical care.
7. Committee Service: Serving on diversity committees at any level (national, department, division); implementing, creating, and disseminating best practices to promote equal opportunity, diversity, equity, and inclusion.

These contributions towards promoting diversity, equity, and inclusion will be considered in the advancement process and will be evaluated similarly to other forms of scholarship, teaching, clinical activities, and administrative leadership.

VI. Specific Criteria for Appointment and Promotion to Each Rank

Clinical Instructor

This level will be the usual initial appointment. Appointment to the rank of Clinical Instructor requires a completion of a Doctoral degree (M.D., Ph.D. or equivalent) or a Master's of Human Genetics or Genetic Counseling, or equivalent (see below). Physicians will be expected to complete a residency in obstetrics and gynecology and, in most cases, some post-residency fellowship training. Individuals with outstanding credentials who have not completed fellowship training may be appointed to this rank. This might include individuals who have completed the M.D. or Ph.D. degrees or who have some other advanced training either prior to or after residency or fellowship. This pathway is also used for individuals with a Master's of Human Genetics or Genetic Counseling, or equivalent, who are certified by the American Board of Genetic Counseling for practice as Genetic Counselors for appointment in the Genetics Counseling master's degree program.

Individuals appointed to this rank should have demonstrated promise of excellence in the performance of clinical activity and professional service. The individual should possess humanistic qualities and professional behavior. Contribution is expected to the department program in patient care, professional service and teaching. Demonstration of excellent teaching or in publication is not required, but it will be noted when present.

Clinical Assistant Professor

This rank requires that the individual have training and experience substantially beyond that required for the rank of Clinical Instructor and that the person has contributed to clinical care, medical education, the medical profession or the standing of the profession in the community in a substantial manner, exceeding the expectations of Clinical Instructor. In general, Board 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 Board certification may be waived.

Clinical Associate Professor

Appointment or promotion to the Clinical Associate Professor rank requires all of the criteria listed above for Clinical Assistant Professor with these additional requirements: the individual should have been in rank as Clinical Assistant Professor for three to six years (average of four to five years) and should have demonstrated outstanding abilities as a clinician that achieve regional or national recognition. The emphasis in this track is on clinical performance and emphasis is placed on clinical competence and skill, humanistic qualities, professional behavior and clinical productivity and service. During the time as Clinical Assistant Professor, it is expected that the individual will have taken on administrative responsibilities either nationally, within the School of Medicine or within the community, and these accomplishments should be judged in making a determination for promotion. Criteria to be considered are listed under III. Excellence in teaching also is expected. Research is not a requirement, but if present will be considered as scholarly activity.

Clinical Professor

Promotion to Clinical Professor is not a time related event. Thus, promotion to this rank will depend on the individual's demonstration of international reputation in his/her chosen field of expertise,

Promotion to the rank of Clinical Professor requires continuing excellent clinical competence and skill, productivity and service. Generally, national or international recognition of clinical excellence is necessary for this rank. Administration, teaching and research at the national, regional, School or local level will be considered as service.

Clinical Professor 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.

EVALUATION OF PAID FULL-TIME CLINICAL FACULTY (PFTCF)

Criteria to evaluate PFTCF in the Department of Obstetrics and Gynecology focus on four general areas: 1) clinical competence and service; 2) professional service; 3) clinical teaching; and 4) scholarly activity.

Evaluation of Clinical Competence, Productivity and Service

The system to evaluate clinical experience follows principles for assessment of clinical competence developed by the American Board of Obstetrics and Gynecology (ABOG). Following categories employed by the ABOG, assessment of clinical competence of PFTCF in the Department of Obstetrics and Gynecology should be performed in the following categories: 1) clinical skills; 2) medical knowledge; 3) clinical judgment; 4) use of diagnostic tests and therapeutic modalities; 5) humanistic qualities and interpersonal skills; 6) professional behavior and attitudes; 7) effectiveness as a consultant; and 8) overall clinical competence. Evaluation of PFTCF in these categories should be performed by qualified faculty in the School of Medicine. This would include clinically oriented faculty in the Department and specialties or subspecialties 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 Chair 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 PFTCF. At least four faculty who are qualified to evaluate the PFTCF should complete these forms at the time of each evaluation. After initial appointment, each PFTCF should be evaluated at approximately two year intervals until the PFTCF has been promoted to Clinical Associate Professor. These evaluations should be performed in the year prior to a PFTCF promotion to Clinical Associate Professor, and promotion to Clinical Professor.

Faculty members who participate in the evaluation of a PFTCF should be selected by the division Chief with the concurrence of the Department Chair. At least four faculty members should be designated. The division Chief should attempt to select individual faculty members who have considerable contact with the PFTCF in a patient care setting.

The Clinical Competence Assessment Forms should be distributed to the Faculty Promotion Committee. The division Chief should add any special information relative to the overall clinical competence of the PFTCF. The forms and any additional information should be part of the individual PFTCF's personnel file in the Department of Obstetrics and Gynecology. The Chair should use this information to provide feedback to the PFTCF and the information should also be used by the Appointments and Promotions Committee at the time of reappointment and promotion.

At the time of initial appointment of a PFTCF, guidelines should be established that can be used to evaluate clinical service and productivity. 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 PFTCF and they should be developed by the division Chief with the concurrence of the Department Chair. Assumptions concerning productivity that are related directly or indirectly to the availability of salary support for a particular PFTCF should be specifically defined by the division Chief and Department Chair in writing, and the PFTCF should be informed of the specific expectations for productivity.

Evaluation of Professional Service

It is expected that professional service to the Department, University of Washington School of Medicine (UW SOM) and community be demonstrated by all PFTCF. Contributions should be evaluated by the role, initiation and accomplishments of PFTCF on committees, in projects and in groups. Examples of professional service include (not exclusively):

1. Membership in and/or Chairmanship of divisional, departmental, UW SOM, University of Washington Academic Medical Center (UWAMC) clinical committees and/or task forces at a level that is significant to the function of the committee and/or task force;
2. Establishing, implementing and/or directing clinical programs;
3. Service in regional, national and international professional societies;
4. Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional and/or national non-profits).

Evaluation of Clinical Teaching Skills

Teaching is not a required activity in this track. However, since teaching is a valued activity in the Department, teaching activities performed by the individual will be evaluated.

The evaluation of clinical teaching skills of faculty in the PFTCF pathway in the Department of Obstetrics and Gynecology should include the following: 1) Clinical Teaching Assessment Forms collected from medical students, residents and fellows; 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 and noon 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 faculty in the PFTCF.

The Chair should use the summary of teaching skills to provide feedback to the faculty member, and the information also should be used by the Appointments and Promotions Committee to decide reappointment and promotion.

Evaluation of Scholarship

Objective evidence of scholarship is not required for faculty appointment or promotion. Nevertheless, participation in research and generation of knowledge is a valued activity that can and should be acknowledged in this context of performance and promotion. It is assumed that scholarly activity for a person on this track would be of a practical nature such as clinical trials or applied laboratory research that are directed towards potential implementation in the near term in the clinical setting. Although PFTCF are not expected to be independent investigators, they may demonstrate scholarship by collaborative research, curriculum development or program development. Examples of scholarship include (not exclusively):

1. Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods). This should include an end-product that can be evaluated, such as syllabus materials, published reports, textbook chapters, computer-based programs, videotapes, etc;
2. Clinical research (disease descriptions, case reports, participation in clinical trials or other research, scholarly reviews in peer-reviewed journals and book chapters);
3. Managerial development in medicine or medical education, which should be published when possible.
4. Applied laboratory research directed toward development of a diagnostic or therapeutic technique or product that would potentially have application in the clinical setting.