



## UBC DEPARTMENT OF ANESTHESIOLOGY, PHARMACOLOGY & THERAPEUTICS

### CLINICAL FACULTY APPOINTMENT AND PROMOTIONS GUIDELINES

#### **General Principles:**

1. Promotions should be regarded as recognition of sustained activity by one's peers within and outside the University community in achievement, excellence and distinguished contribution and, not simply, as recognition of expected performance or seniority.
2. It is not expected that all faculty will necessarily progress through the University rank. Depending on the circumstances and extent of contribution, it may well be that the final rank for a given member of the faculty is that of Clinical Assistant Professor. Promotion will follow in sequence from Clinical Assistant to Clinical Associate.
3. It is expected that faculty members being considered for promotion be compliant with the RCPSC document: Objectives for Training for Anesthesiology under the CanMEDS Professional Role: section 2.2: Fulfill the regulatory and legal obligations required of current practice. If an applicant does not have FRCPC certification in Anesthesiology, an explanation must be provided in the letter of application
4. An applicant for promotion does not need to exhibit strength in all three domains of teaching, administration and research, and in fact may have outstanding commitment in only one area. However, all clinical faculty do need to meet the minimum criteria of engagement in teaching as appropriate for their local site. As a clinical faculty member, we are expected to also facilitate the academic activities of our colleagues.
5. All applications for initial clinical faculty appointments and for promotion will include a copy of the applicant's CV, in UBC format.
6. Starting Rank:
  - a. Starting rank for new clinical faculty will normally be at that of Clinical Instructor, unless the applicant has held a university appointment at another institution prior to UBC, in which case one normally is appointed at the equivalent UBC clinical rank.
  - b. However, for applicants without prior university appointment at the time of application, the site Department Head Anesthesia can make a recommendation to the UBC Department Head and the Department

Appointments, Reappointments and Promotions Committee (DARPT) that the applicant be started at Clinical Assistant rank. This recommendation should be made with evidence for engagement in academic activities beyond that usually seen for new faculty.

- c. If an applicant to clinical faculty has a PhD that is relevant to their practice as an anesthesiologist, this can be used as criteria for consideration to early promotion to Clinical Assistant Professor i.e. at 2 years.

7. Timelines for Consideration for promotion:

- a. Clinical Instructor normally held for **3-5 years**. Early consideration for extraordinary contributions can be done at 2 years.
- b. Clinical Assistant Professor normally held for **5-10 years**, with promotion in APT normally at 7 years. With extraordinary contribution, consideration for promotion to Clinical Associate Professor can be made at 5 years.
- c. Clinical Associate Professor is normally held for **7-10 years**, with promotion in APT normally at 10 years. With extraordinary contribution, promotion to Clinical Professor can be considered at 7 years.

**Defining level of engagement in teaching, administrative and research activities:**

Candidates for promotion will be evaluated in accordance with their contributions in one or more of the areas of: clinical work, teaching/education, administration/service and research. In addition, candidates should demonstrate a level of professionalism in demeanor and performance consistent with Royal College and UBC standards.

1. *Teaching*

- a. Clinical faculty are expected to teach trainees who are assigned to their OR/clinic or other clinical location, exhibiting professional behaviour at all times.
- b. Evidence of higher than usual engagement in teaching will be shown by faculty who give formal lectures to trainees, informal teaching of other healthcare professionals, contribute to education program development at any level, and participating in committees at any level that are relevant to education of trainees.

- c. Evaluations of teaching will be sought at both formal lectures and during clinical teaching. Faculty should keep these evaluations for use during promotion considerations.
- d. Teaching also includes lecturing at CME events.

2. Administrative activities

- a. The basic level is engagement and involvement in local departmental committees that are necessary to the functioning of the department within the hospital.
- b. Levels of engagement then escalate predictably: hospital committees, health authority committees/working groups, provincial bodies, national and international.

3. Research

- a. Research is not necessary for promotion within the clinical ranks if an applicant has strengths in the other domains. However, applicants for promotion must be known to at least be facilitators of colleagues who do engage in research.
- b. Audit, QI and QA work are valid indicators of research activity.