

UBC Department of Family Practice **Departmental Appointment and Promotion Policies**

Objectives: This medical school department believes it has the responsibility to its trainees, patients, the university and the public to ensure a hospitable climate and protection through departmental processes for teaching faculty members. We wish to encourage teachers who are excellent mentors and role models.

A. At the time of consideration for initial appointment, reappointment and promotion, all family practice faculty will be asked to complete this form.

- 1) Name: _____
- 2) Address: _____
- 3) Phone (office): _____ Fax: _____ E-mail: _____
- 4) Medical School and year of graduation: _____
Other degrees: _____
- 5) Postgraduate Training: _____ CCFP?: Yes No
- 6) Have you a regular updating program of CME?: Yes No
- 7) Has your practice been peer reviewed by the Office Medical Practice Program of the BC College of Physicians and Surgeons? Yes No
Are you willing to provide their report? Yes No
Are you willing to be reviewed? Yes No
- 8) Have you ever had any disciplinary action from a court or medical licensing body committee?
No Yes If yes, please elaborate. _____

- 9) Teaching Experience: a) past: _____
b) present: _____
- 10) In your capacity as a teacher, do you have colleagues with whom UBC trainees would regularly associate? Yes No If yes, please list: _____

Signature: _____ Date: _____

B. Additionally, at times of reappointment/promotion, there will be departmental peer evaluation of the contributions made by all teaching faculty members.

(For Dept. Use:)

Reviewed: _____ Date: _____