2.3 MEDICAL CENTER LINE (MCL): Criteria and Guidelines for Appointments, Reappointments and Promotions
[Adopted February 1989 and subsequently amended]

2.3.A. Definition

The role of a Medical Center Line (MCL) faculty member is defined by engagement in clinical care, teaching, and scholarly activity that advances clinical medicine. Faculty at the rank of Associate Professor or Professor may also perform in an administrative role (broadly defined as institutional service).

All appointments, reappointments and promotions in the MCL are dependent upon excellence in the overall mix of contributions that is consistent with the high standards of Stanford University (see Section 2.3.I.). Such actions are also dependent upon programmatic need (including budgetary considerations), which may be evaluated in the context of the clinical program as a whole and/or of the individual’s specific contributions.

The proportion of time and effort dedicated to the areas of clinical care, teaching and scholarship will depend upon the strategic goals and programmatic needs of the department and School, and will also take into consideration the interests and strengths of the faculty member. Candidates for appointment, reappointment and promotion will be evaluated according to the apportionment of their efforts in each area as described in Sections 2.3.H. and 2.3.I.

MCL faculty are members of the Professoriate of Stanford University and of the School of Medicine’s Faculty Council.

2.3.B. Billet and Other Resource Allocations

1. Billet Authorization

   Appointments to the Medical Center Line are initiated by departmental or joint departmental action. Although appointments may also be initiated by one of the School’s five institutes, the appointment must be made in a department. A department chair must present the case for a new faculty position to the Senior Associate Dean for Academic Affairs and obtain formal authorization from the Dean before a search can be launched. A billet number (representing a previously approved commitment) must accompany each search request.

   By default, every billet that becomes vacant for any reason normally returns to the Dean’s Reserve; to retain the position, the department chair must submit a request to the Senior Associate Dean for Academic Affairs. In some circumstances, the position will be returned to the department for a replacement or for a search in another field. In other cases,
the Dean may reallocate the position to another department or hold it in the Dean’s Reserve.

Departmental leadership and the School administration must regard every search authorization as a potential long-term commitment. The Dean’s search authorization is based upon the availability of resources (including a billet commitment and, in many cases, funding to cover protected time for scholarship), an assessment of the department’s present and predicted future needs in clinical, research and teaching activities, and the specific programmatic need for the requested search; it reflects priority judgments both within the department and between departments. Contributions to interdisciplinary institutes may also play a role in assigning search authorizations to departments.

2. Business Plan

As a first step in initiating a search, a department, in consultation with the School’s Office of Budget and/or Office of Faculty Compensation, should develop a detailed financial feasibility plan and compensation program to cover the initial term of appointment for faculty in the Medical Center Line. The level of detailed financial analysis required will be determined by whether the appointment represents a new line of practice, an urgent clinical need, a replacement or planned program growth. A copy of the business plan must accompany every MCL search initiation request.

3. Funding of Protected Time for Scholarship

Because scholarly activity is a requirement for appointment, reappointment and promotion of MCL faculty, departments must allocate and protect time for scholarly pursuits. There must be an explicit written plan for such academic time; this is typically formalized initially at the time of the job offer and should in general be reconfirmed at the faculty member’s annual meeting with the department chair (or designate). The minimum protected time set aside for scholarship should be approximately 20% FTE. For further information on Scholarship Proportionality, see Sections 2.3.I. and 2.3.J.

For faculty who do not devote the highest proportion of their time and effort to scholarship, departments are expected to provide funding for the minimum protected time (that is, approximately 20% FTE) for the duration of each appointment, regardless of rank. While there is no requirement to do so, for a variety of reasons (including receipt of NIH Career Development Awards [K Awards] or as a means to establish regional or national recognition), some faculty members may choose to pursue external funding for this protected scholarship time. Departments may encourage (but not require) them to pursue such opportunities.

2.3.C. Searches and Waivers of Search

As is the case for other faculty lines, it is expected that a rigorous and comprehensive search normally will be conducted for new appointments in the Medical Center Line. (The Office of Academic Affairs’ Guide to Faculty Searches provides information on policies and procedures
related to searches; see also University Faculty Handbook 2.7.C.(5). On occasion, however, a search waiver may be approved when an exceptionally talented person (usually an eminent scholar who is clearly a leader in his or her field) is unexpectedly available.

The Senior Associate Dean for Academic Affairs will consider waivers of search for appointments on a case-by-case basis. Under certain circumstances, a waiver of search may be pursued when convincing evidence is presented that a candidate, either internal or external to Stanford, not only meets the criteria for the position but that he or she would have emerged as a leading candidate had a national search been conducted. Search waivers for junior faculty appointments are granted only in extraordinary circumstances. There may be rare programmatic reasons that warrant a search waiver; inquiries should be addressed to the Senior Associate Dean for Academic Affairs.

Under other circumstances, a determination may be made that a national search is the most appropriate way to proceed in filling the position. When the search is launched, the advertisement should not be tailored to fit a special candidate or candidates. Furthermore, the search committee should be instructed that although the credentials of internal candidates may be more easily assessed than those of others, its members are still obliged to consider by all appropriate means the credentials of candidates having no prior association with the University. This obligation should be made clear to any internal candidate who holds or has held a non-faculty Stanford appointment.

### 2.3.D. Medical Staff Privileges

Before a member of the MCL faculty is permitted to assume responsibilities for the care of patients at Stanford Hospital and Clinics and/or Lucile Packard Children’s Hospital, he or she must apply for Medical Staff membership and be approved through a formal credentialing process that results in clinic privileges. Similarly, an MCL faculty member who serves in a non-Stanford facility must obtain and maintain in good standing the privileges at that facility applicable to his or her duties.

Medical Center Line appointments are contingent upon and coterminous with the MCL faculty member obtaining and maintaining in good standing the privileges necessary for the performance of the faculty member’s intended clinical role. Failure to obtain and maintain in good standing such privileges will generally result in the immediate termination of the faculty member’s faculty appointment.

### 2.3.E. Ranks and Titles

Appointment to the MCL is contingent upon (and coterminous with) affiliation with a specified medical center or centers.

The Medical Center Line ranks are:
A typical title is “Professor of Surgery at the Stanford University Medical Center.” In everyday usage, the designation of the medical center may be removed from titles of MCL faculty, but it is to remain in their titles in curriculum vitae, Stanford University publications, personnel files, appointment and promotion papers, administrative records, and other similar contexts. In journals and other external publications, as well as on stationery, business cards and websites, the designation is not required.

MCL appointments are coterminous with the affiliation at the medical center(s) specified in the formal title. Circumstances that sever that relationship (such as the termination of Stanford’s affiliation with, or a faculty member’s termination from or refusal or inability to provide services at, a specified medical center) will generally result in the immediate termination of an MCL appointment.

### 2.3.F. Duration of Appointments

Most new MCL faculty appointments are for a term of years. Promotion to or reappointment at the rank of Professor may be for a continuing term or, in special circumstances, for a term of years. MCL faculty appointments are not in the University’s tenure line, and do not accrue tenure by length of service. The usual duration of an appointment (subject to relatively rare exceptions granted by the Provost for good cause and on a case-by-case basis) for each rank is:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Initial Appointment</th>
<th>Reappointment or Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Professor (MCL)</td>
<td>Generally 4 years</td>
<td>Renewable generally for 6 years for a maximum of 10 years in rank</td>
</tr>
<tr>
<td>Associate Professor (MCL)</td>
<td>Generally 5 years</td>
<td>Renewable for an unlimited number of up to 5 year terms</td>
</tr>
<tr>
<td>Professor (MCL)</td>
<td>Generally 5 years</td>
<td>Continuing term unless otherwise expressly specified (for special circumstances for which an appointment for a term of years is appropriate)</td>
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</tbody>
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1. Term Appointments

Although term appointments are frequently made with the clear possibility of reappointment or promotion, there is no entitlement to such action at the end of the term, and it is not automatic. Instead, decisions on reappointment and promotion, like decisions on initial appointment, are subject to the exercise of professional and scholarly judgment and discretion by the School’s departmental faculty and the School’s academic leadership.
Reappointment and promotion reviews are generally (but not always) initiated one year in advance of the appointment end date. (For further information on the timing of reviews, see Section 2.3.G.) At such time, the faculty member will receive a communication from the Senior Associate Dean for Academic Affairs that confirms the initiation of the review and includes information regarding criteria for the reappointment or promotion action, along with a general description of the process. Departments are then responsible for following up with more specific information, and it is the faculty member’s obligation to provide materials that are requested, such as an up-to-date curriculum vitae and candidate’s statement. The Office of Academic Affairs will work with departments to create a schedule so that the reappointment or promotion review is conducted in a timely manner.

Deans and department chairs are reminded that consideration of reappointment and promotion cases should include an account of the future of the department/division, which may include consideration of programmatic need (including budgetary considerations).

2. Extension of Term Appointments

Circumstances that may extend a term appointment in the MCL include part-time appointments, leave without salary, New Parent Extension, childcare leave, some personal circumstances that significantly disrupt teaching and scholarly activities for an extended period, and other extenuating circumstances, such as excessive, unanticipated clinical duties or other compromising exigencies.

Circumstances that do not extend a term appointment in the MCL include pregnancy disability leave, short-term disability leave, sabbatical leave, leave for periods of pure research, and administrative appointments.

MCL Assistant Professors are ineligible for any extensions to their appointment that would take the total appointment time beyond ten years in rank.

Further information on extensions of term appointments and the request and approval process for such extensions is available in Chapter 2.5.C. and 2.5.D. of the University Faculty Handbook.

3. Continuing Term Appointments

Because they are not in the University Tenure Line, MCL faculty are not eligible for tenure and do not accrue time toward tenure by length of service. However, reappointments at or promotions to the rank of Professor may be made for a continuing term, which provides security of appointment without requiring further formal reappointment.
Continuing term appointments may be terminated for just cause, or (upon proper notice) when satisfactory performance ceases or for programmatic reasons (including budgetary considerations). Although a department or school may expect a continuing programmatic need at the time of reappointment or promotion to a continuing term appointment, that need may change and, in rare cases, could lead to termination of the appointment. For example, a department or school may decide to phase out a particular area altogether, or an area may simply be scaled down, decreasing the required number of faculty. Alternatively, a department or school may decide to develop or treat an existing program in ways that may require either the reassignment of duties to another faculty line, or an appointment in a faculty line other than the Medical Center Line. Other reasons may involve funding considerations.

Termination of any continuing term appointment must be discussed in advance with the Senior Associate Dean for Academic Affairs and subsequently approved by him or her, as well as by the Dean.

4. Coterminous Nature of the Appointments

See Sections 2.3.D. and 2.3.E. concerning the coterminous nature of all MCL appointments in regard to medical staff privileges and medical center affiliation.

2.3.G. Progression through the Ranks

1. Career Trajectory

At the time of reappointment, it is expected that an Assistant Professor will be on a career trajectory consistent with both Stanford standards and the standards of his or her discipline in clinical care, scholarship and teaching. The reappointment process should include an evaluation of whether there is a realistic chance for promotion in the future on the basis of continuation of the candidate’s work.

Reflecting an upward trajectory, candidates for promotion from Associate Professor to Professor should have compiled a record of excellent clinical, scholarly or teaching accomplishment since the time of the initial appointment or last reappointment.

2. Timing of the Reappointment Review

Under normal circumstances, reappointment reviews for Assistant Professors and Associate Professors are initiated one year in advance of the appointment end date. However, the timing of the initiation of the evaluation process at the departmental level is at the discretion of the department chair, taking into account factors including the end date of a current appointment, the possible start date for the reappointment if the outcome of the School and University process is favorable, and considerations relating to notice of
non-renewal and possible terminal year requirements if the outcome is negative. University policies regarding negative reappointment and promotion decisions and notice of non-renewal are found in the University Faculty Handbook at Chapter 2.8.C. and 4.4.E.

In cases where reappointment reviews are initiated more or less than one year in advance of the appointment end date, the department chair should inform the Senior Associate Dean for Academic Affairs, who will then need to endorse the timing of the review.

3. Timing of the Promotion Review

MCL Assistant Professors may spend a total of ten years in rank before being reviewed for promotion to Associate Professor. Typically, promotion reviews for Assistant Professors are initiated one year in advance of the appointment end date, that is, at the beginning of the tenth year in rank. It is important to note, however, that promotions may be initiated at any time when there is unequivocal evidence that the quality of the faculty member’s contributions meets the criteria for promotion to the higher rank; in most cases, this will typically occur in one of the years following reappointment. However, in rare cases promotion may be considered in lieu of reappointment (for example, in cases where a faculty member has had prior years of faculty experience at his or her current rank). For many MCL Assistant Professors, promotion should be considered at the time of the mandatory annual counseling meeting during the sixth or seventh year in rank.

Associate Professors are normally considered for promotion one year in advance of the appointment end date, that is, at the beginning of the fifth year of the appointment or reappointment. However, promotions may be initiated at any time when there is unequivocal evidence that the quality of the faculty member’s contributions meets the criteria for promotion to the higher rank.

Consultation between the department chair and the Senior Associate Dean for Academic Affairs is essential in determining the timing of a promotion review that commences before the tenth year in rank for Assistant Professors or the fifth year of appointment or reappointment for Associate Professors. Such actions at either rank can only be initiated with the consent of the candidate and approval by the Senior Associate Dean for Academic Affairs.

In cases where an “early” promotion is initiated (that is, prior to the beginning of the tenth year in rank for Assistant Professors or prior to the fifth year of the appointment or reappointment for Associate Professors) and subsequently fails, an unsuccessful candidate may be proposed again at a later time if that remains desirable to the candidate and the department. However, in order to avoid potential awkwardness following a negative promotion decision, it is prudent to initiate a promotion review only when a positive outcome can be anticipated with reasonable confidence.
2.3.H. Criteria

The University recognizes that there are significant variations in how candidates qualify for and secure initial appointment, reappointment and promotion, according to field and discipline. Candidates come from different backgrounds and receive different educational training. In addition, there may be great variation in emphasis among the components of activity (i.e., clinical care, teaching, scholarship and, in some cases, institutional service) considered under these criteria and guidelines. Given the many different activities in which MCL faculty are engaged, such variations are expected and are appropriate. Nevertheless, all faculty appointments have in common the requirement of excellence, however measured.

The criteria detailed below should be considered in concert with Sections 2.3.K, 2.3.L. and 2.3.M., which address specific criteria for the ranks of Assistant Professor, Associate Professor and Professor, respectively.

1. Proportionality of Contributions

The allocation of an MCL faculty member’s time is determined by the department chair in light of the strategic and programmatic needs of the department and School. While each faculty member will be expected to make contributions in clinical care, teaching, and scholarship, he or she will normally have a primary focus in one of these areas (that is, the area in which the highest proportion of his or her time and effort is dedicated) and will be evaluated for appointment, reappointment or promotion accordingly. For example, a faculty member with a primary clinical commitment will be evaluated mainly on that basis, with proportionate consideration given to contributions in teaching, scholarship, and, where applicable, institutional service.

Typically, MCL faculty members will spend the majority of their time on clinical care and teaching. In such instances, a minimum of approximately 20% FTE should be protected for scholarly research from required clinical care, teaching and, if relevant, administrative duties.

Under certain limited circumstances, however, the highest proportion of time and effort may be dedicated to scholarship in order to meet a specific departmental programmatic need. Occasionally, a proportion of up to 80% may be allowed for a limited period of time, usually in conjunction with grant requirements.
2. Excellence in the Overall Mix

In the MCL, appointments (and subsequent reappointments and promotions) are based upon a requirement of excellence in the overall mix of contributions in clinical care, teaching, and scholarship that advances clinical medicine. In determining whether this standard has been met, reviewing bodies should be guided by the expectation that faculty members will nearly always be required to establish and maintain excellence in the area in which the highest proportion of their time and effort is dedicated; given the nature of the line, however, excellence in clinical care is required regardless of the proportion of commitment.

Performance that falls below this standard of excellence in either the primary area or in clinical care, or that falls below the standard of acceptable performance in a secondary (non-clinical care) area, will normally result in a negative appointment, reappointment or promotion decision. For further information, see Section 2.3.1.

Standards of Excellence, Acceptable or Unacceptable Performance.

3. Regional and National Recognition

Depending on their rank, MCL faculty members are expected to have shown promise to attain or to have attained regional or national recognition in their field. In addition to recognition garnered from clinical care, teaching and scholarship, regional or national recognition may be gained through and evidenced by such activities as membership on editorial boards; service on national committees or study sections; leadership, membership or participation in leading scientific or clinical societies having an impact in the faculty member’s field; and invited lectureships and visiting professorships.

For appointment or reappointment at the rank of Assistant Professor, there should be evidence that candidates have the promise to attain regional recognition for excellence in the overall mix of contributions in clinical care, teaching, and scholarship that advances clinical medicine.

For appointment, reappointment or promotion to the rank of Associate Professor, there should be evidence that candidates have attained regional recognition for excellence in the overall mix of contributions in clinical care, teaching, and scholarship that advances clinical medicine. Such recognition should normally be confirmed in letters from independent external referees who do not have mentoring, collaborative or other relationships with the candidate that might raise a question about objectivity.

For appointment, reappointment or promotion to the rank of Professor, there should be evidence that candidates have attained national recognition for excellence in the overall mix of contributions in clinical care, teaching, and scholarship that advances clinical medicine. Such recognition should normally be confirmed in letters from independent external referees who do not have mentoring, collaborative or other relationships with the candidate that might raise a question about objectivity.
4. Criteria by Area of Primary Contribution

a. Clinical Care

For faculty members who make their primary contributions through clinical care, excellence in this area is required. A standard of excellence or of acceptable performance in teaching and in scholarship will normally be needed in order to achieve excellence in the overall mix of contributions. For further information regarding the application of criteria for clinical care, see Section 2.3.I.

b. Teaching

For faculty members who make their primary contributions through teaching, excellence in this area is nearly always required, along with excellence in clinical care (the latter being the standard for all MCL faculty). A standard of excellence or of acceptable performance in scholarship will normally be needed in order to achieve excellence in the overall mix of contributions. For further information regarding the application of criteria for teaching, see Section 2.3.I.

c. Scholarship

For faculty members who make their primary contributions through scholarship, excellence in this area is nearly always required, along with excellence in clinical care (the latter being a standard for all MCL faculty). A standard of excellence or of acceptable performance in teaching will normally be needed in order to achieve excellence in the overall mix of contributions. For further information regarding the application of criteria for scholarship, see Section 2.3.I.
d. Institutional Service

Associate Professors or Professors who make their primary contributions through institutional service are understood to have less time for clinical care, teaching and scholarship compared with colleagues without such duties (though administrative efforts per se may lead to scholarly activity or unusual opportunities for advancement of clinical medicine). In those cases, the performance should nearly always be required to meet a standard of excellence, and may be considered in the reappointment and promotion process. Excellence in clinical care is also required (as it is for all MCL faculty). A standard of excellence or of acceptable performance in scholarship and teaching will normally be needed in order to achieve excellence in the overall mix of contributions. For further information regarding the application of criteria for institutional service, see Section 2.3.I.

(Note: Since a major commitment to administrative activities detracts from the time available for the primary areas of clinical care, teaching and scholarship, Assistant Professors are discouraged from significant administrative commitment and departments are discouraged from requiring such.)

2.3.I. Application of the Criteria

1. Standards of Excellence, Acceptable or Unacceptable Performance

In determining excellence in the overall mix of contributions, the following definitions should be used as a general guide:

**Excellence** is defined as achieving a level of distinction that is consistent with the high standards of Stanford University and the mission of the School of Medicine, that is, to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research.

School of Medicine expectations for **acceptable performance** will typically be understood to be less than excellence (as described above), but to exceed the basic professional competence standards of the general clinical and scholarly communities. Areas where performance is found to be acceptable, but with room for improvement, should receive appropriate attention during annual counseling meetings or through the counseling memorandum that is part of the reappointment or promotion review process.

**Unacceptable performance** denotes a quality of activity that is below the standard for acceptable performance expected of a Stanford faculty member. In rare instances, such a situation may be mitigated if, in the opinion of reviewing bodies...
(informed by compelling evidence) the unacceptable performance is predicted to improve significantly through the counseling process.

2. Factors in Applying the Criteria

Determination of satisfaction of applicable criteria is based on material accumulated during the appointment, reappointment or promotion review process; documentation that explicitly and tangibly supports both the quality of performance and the quantity of contributions is required.

The professional judgment of those assessing these data is the critical factor in determining whether the faculty member’s accomplishments meet or surpass the standard of excellence in the overall mix of contributions.

Evaluation should be of total performance. Taking into consideration the proportionality of contributions in each year of the current appointment, appropriate weight should be given to the quality and quantity of work in the following categories:

a. Clinical Care

Excellence in clinical practice or clinical care is a requirement for those faculty members whose duties include such practice. Factors considered in assessing clinical performance may include (but are not limited to) the following:

General Clinical Proficiency: maintains up-to-date knowledge base appropriate to scope of practice; maintains current technical/procedural proficiency; applies sound diagnostic reasoning and judgment; applies sound therapeutic reasoning and judgment; applies evidence from relevant scientific studies; seeks consultation from other care providers when appropriate; maintains appropriate clinical productivity; and demonstrates reliability in meeting clinical commitments.

Communication: communicates effectively with patients and their families, physician peers, trainees, and other members of the health care team (for example, nurses, nurse practitioners, respiratory therapists, pharmacists); and maintains appropriate medical documentation.

Professionalism: treats patients with compassion and respect; serves as patient advocate (puts the patient first); shows sensitivity to cultural issues; treats physician peers, trainees, and other members of the health care team (for example, nurses, nurse practitioners, respiratory therapists, pharmacists) with respect; is available to colleagues; responds in a timely manner; and respects patient confidentiality.
Systems-Based Practice: effectively coordinates patient care within the health care system; appropriately considers cost of care in medical decision-making; participates in quality improvement activities; and demonstrates leadership in clinical program development and administration.

The MCL may include faculty members who contribute indirectly to patient care in clinical environments that heavily emphasize technology and/or a multidisciplinary approach. For example, a radiation physicist may play an integral role in treatment planning for individual oncology patients or a biomedical engineer may work closely with a surgeon or interventional cardiologist to develop and implement new treatment strategies. In such cases, factors considered in assessing clinical performance may include (but are not limited to) applicable factors described above.

b. Teaching

Depending on the proportion of time and effort, a standard of excellence or of acceptable performance in teaching is essential for appointment, reappointment and promotion in the MCL. If the highest proportion of a faculty member’s time and effort is dedicated to teaching, a standard of excellence should nearly always be met. Factors considered in assessing teaching performance may include (but are not limited to) the following: knowledge of the material; clarity of exposition; positive style of interaction with students; availability; professionalism; institutional compliance and ethics; effective communication skills; helpfulness in learning; ability to stimulate further education; and ability to work effectively as part of the teaching team.

It is recognized that most clinicians teach in small group sessions or with individual trainees. With the approval of their departments and if time allows, MCL faculty members may also develop or participate in formal didactic courses.

Teaching may, for example, be of undergraduates, medical students, residents, clinical and postdoctoral fellows, ancillary staff (e.g., nurses) and in postgraduate and continuing medical education.

c. Scholarship

Depending on the proportion of time and effort, faculty appointed, reappointed or promoted in the MCL should meet a standard of excellence or of acceptable performance in scholarly activity that advances clinical medicine. Written scholarship that advances the field will almost always be required.
The nature of the scholarly activities, the effort required and the time available to pursue them should be aligned with the strategic goals and programmatic needs of the department and School, as well as with the interests and strengths of the faculty member. Scholarship within the MCL is viewed as an important result of outstanding performance in clinical care and teaching duties as well as a valuable yardstick for documenting performance. In most cases, scholarly activities will flow naturally from the MCL faculty member’s clinical responsibilities, and these scholarly activities are expected to complement the clinical activities. In turn, a successful program of scholarly work may lead to innovative approaches in the care of patients and/or the education of students. In most cases, the record should show how the clinical care, teaching and scholarly activities are intertwined and explicitly what scholarship resulted from the work that can be objectively judged by faculty peers.

MCL faculty members may pursue research in any appropriate arena, such as basic science research, clinical trials, clinical or translational research, or health policy research. Factors considered in assessing scholarship may include (but are not limited to) the following: scholarly activity and productivity; impact, innovation and creativity; recognition in the field; ability to work effectively as part of a research team; effective communication with colleagues, staff and students; and professionalism, institutional compliance and ethics.

Scholarship conducted by MCL faculty members may result in achievement in a more narrowly defined field than expected of a faculty member in the University Tenure Line.

i. When the Proportionality of Contribution is Secondary

For those Assistant and Associate Professors whose time and effort in scholarship is secondary, written contributions may take a wide variety of forms, including peer reviewed articles, chapters, commentaries, case reports and reports of the results of clinical investigations. Any of these types (as long as the quality is excellent or acceptable and the quantity is appropriate) may be considered sufficient evidence of scholarly work.

With the increasing prevalence of collaborative “team science,” it is understood that there are many ways for a faculty member to be recognized for individual substantive contributions to multi-author works. These may include conception and design; acquisition of data; analysis and interpretation of data; drafting of the manuscript; critical revision of the manuscript for important intellectual
content; statistical analysis; obtaining funding; administrative, technical or material support; or supervision. Evidence accumulated during the appointment or review process should provide information regarding the nature of the faculty member’s substantive contributions to multi-author works, as well as the impact that the publications have had in advancing medicine.

Scholarly contributions may also include activities as represented by the following, as long as these can be objectively evaluated by persons qualified to perform such evaluations: teaching activities that may include such achievements as developing and implementing novel teaching methodologies or a new and innovative course, shaping a core curriculum, or creating educational software or video programs; creation of novel diagnostic, therapeutic or administrative practices that may influence health care delivery; creation of major new patient services or new systems of health care; creation of mechanisms or tools to improve the efficiency of health services and/or systems of care or creation of methods to evaluate outcomes of care; administrative efforts that lead to scholarly activity or unusual opportunities for advancement of clinical medicine.

While it can be a useful marker of substantial scholarly contribution, investigative independence is not an absolute requirement. Likewise, although it can be useful in assessing matters such as distinction, including regional or national recognition, external funding is not a requirement.

ii. When the Proportionality of Contribution is Primary

Under certain limited circumstances, the highest proportion of time and effort may be dedicated to scholarship in order to meet a specific departmental programmatic need. In such cases, a standard of excellence should nearly always be met, and the main emphasis of written contributions should be on peer-reviewed articles. To complement the record of peer-reviewed articles, other written work such as books, chapters, reviews and commentaries may be considered as long as their impact in advancing clinical medicine can be established. With respect to multi-author works, it is expected that contributions will be made through first or senior authorship or through other substantive contributions.

Investigative independence is expected since it can be a useful marker of substantive scholarly contributions.
In most cases, faculty members whose primary contribution is through scholarship will have a record of external funding, which is often viewed as an indicator of how the work is regarded in the field and may likewise be relevant to an assessment of the ability of a faculty member to carry out an excellent program of scholarly activity that advances clinical medicine.

iii. The Rank of Professor

For appointment or reappointment at or promotion to the rank of Professor, the main emphasis of written contributions should be on peer-reviewed articles, regardless of the proportion of time and effort. Contributions may be made through first or senior authorship or through other substantive contributions to multi-author works. To complement the record of peer-reviewed articles, other written work such as books, chapters, reviews and commentaries may be considered as long as their impact in advancing clinical medicine can be established.

d. Institutional Service

Institutional service (including what may be called institutional citizenship) may at times be a factor in appointment, reappointment and promotion decisions. For example, many administrative duties critical to all aspects of the operation of the School of Medicine require input from, or direction by, faculty. Thus, Associate Professors and Professors are encouraged to participate in administration of the School’s programs, and both the scope and the quality of administrative performance may be considered in the reappointment and promotion of senior faculty at the Associate Professor and Professor ranks. Those with significant ongoing administrative duties, such as department chairs, service line directors and others involved in the operation of Stanford Hospital and Clinics and Lucile Salter Packard Children’s Hospital, are understood to have less time for clinical care, teaching and scholarship compared with colleagues without such duties (though administrative efforts per se may lead to scholarly activity or unusual opportunities for advancement of clinical medicine). In such cases, the quality of the performance may be considered in the reappointment and promotion process.

Since a major commitment to administrative activities detracts from the time available for the primary areas of clinical care, teaching and scholarship, Assistant Professors are discouraged from significant administrative commitment and departments are discouraged from requiring such.

e. Respectful Workplace
The School of Medicine is committed to providing a work environment that is conducive to teaching and learning, research, the practice of medicine and patient care. Stanford’s special purposes in this regard depend on a shared commitment among all members of the community to respect each person’s worth and dignity. Because of their roles within the School of Medicine, faculty members, in particular, are expected to treat all members of the Stanford Community with civility, respect and courtesy and with an awareness of the potential impact of their behavior on staff, students and other faculty members.

As detailed earlier in this section, application of criteria for evaluating the quality of clinical care, teaching and scholarship include specific expectations regarding a faculty member’s professional behavior in the workplace. They are reiterated here to emphasize their importance as factors in appointment, reappointment and promotion actions.

In clinical care activities, such factors relevant to evaluation of whether the standards for clinical performance have been met may include: professionalism, institutional compliance and ethics; humanism; ability to work effectively as part of the health care team; and effective communication with colleagues, staff, students and patients.

In teaching activities, such factors relevant to whether the standards for teaching have been met may include: a positive style of interaction with students; availability; professionalism; institutional compliance and ethics; effective communication skills; helpfulness in learning; and ability to work effectively as part of the teaching team.

In scholarly activities, such factors relevant to whether the standards for scholarship have been met may include: the ability to work effectively as part of a research team; effective communication with colleagues, staff and students; and professionalism, institutional compliance and ethics.

Results from the distribution of clinical excellence and teaching evaluation forms, as well as from referee letters, will aid reviewing bodies in assessing a faculty member’s performance in the workplace.

### 2.3.J. Establishing, Monitoring and Applying Proportionality of Contributions

1. Establishing, Monitoring or Changing the Proportionality of Contributions

   The allocation of an MCL faculty member’s time is determined by the strategic and programmatic needs of the department and School. The approximate proportionality of contributions is initially determined at the time of appointment and is generally
confirmed in the faculty member’s offer letter. MCL Assistant Professors, Associate Professors and Professors with a fixed term of appointment should discuss the proportionality of their contributions at annual counseling meetings with their department chair (or designate); this proportionality should be recorded on the annual counseling meeting form. In consultation with and with approval by the department chair (or designate), a faculty member’s proportionality of contributions may change; such changes should be included in written documentation summarizing the counseling meeting.

2. Documenting Proportionality of Contributions for the Review Process

Evaluation for reappointment and promotion should take into account the approximate proportionality of contributions in each year of the MCL faculty member’s term. This information should be incorporated by the department into the reappointment or promotion “long form” so that evaluating bodies at the departmental, School and University levels are cognizant of the proportionality of contributions and may give appropriate weight to each area during the review process.

3. Clinical Care Proportionality

Typically, MCL faculty members will spend the majority of their time on clinical care and teaching. While there is flexibility regarding proportionality of contribution, excellence in clinical practice or clinical care is required for MCL faculty members regardless of the level of their time commitment.

4. Scholarship Proportionality

The intensity of contributions in the area of scholarly activity will be tempered by clinical and teaching commitments of most faculty members and, for some, by the demands of institutional service. However, because scholarly activity is a requirement for appointment, reappointment and promotion of faculty in the MCL, departments must allocate and protect time for academic pursuits. There must be an explicit written plan for academic time; this is typically formalized initially at the time of the job offer, and should in general be reconfirmed annually at the faculty member’s counseling session.

All MCL faculty should normally have a minimum of approximately 20% FTE protected for scholarly research from required clinical care, teaching and, if relevant, administrative duties. This is particularly important for Assistant Professors. The department chair should work cooperatively with the faculty member to establish and maintain the minimum threshold of protected time.

Under certain limited circumstances, MCL faculty may, with the agreement of their department chair, allocate the highest proportion of their time and effort to scholarship. Among the distinguishing characteristics of an MCL faculty member versus a tenure line faculty member with a similar proportion of time allocated for scholarship are that MCL faculty members are also required to demonstrate excellent clinical performance. In
addition, MCL faculty members’ scholarship may result in achievement in a more narrowly defined field than that expected of a tenure line faculty member.

Recognizing the complexity of clinical practice, it should be understood that this allocation of academic time can be scheduled in various ways compatible with the clinical obligations of the faculty member. In some instances, this may correspond to blocks of time allocated for academic purposes, but in many cases more creative schedules may be required. Monitoring of academic time by Departmental or Divisional leaders (as well as by the faculty member himself or herself) is necessary to ensure that this allocation of academic time is both respected and appropriately utilized.

2.3.K. Specific/Supplementary Criteria for Assistant Professors

1. Appointment

Individuals appointed as Assistant Professors will have completed their house staff training and, where appropriate, postdoctoral fellowship training. They must demonstrate excellence or promise of excellence in the overall mix of contributions in clinical care, teaching and scholarly activity that advances clinical medicine appropriate to the programmatic need upon which the appointment will be based. There should be evidence that candidates have the promise to attain regional recognition for excellence in the overall mix of contributions. If these individuals have not had formal teaching experience, they should have demonstrated during their house staff and fellowship training a commitment to teaching, and they should have the potential to meet or exceed acceptable standards in teaching.

The initial term of appointment will generally be for four years.

2. Reappointment

Although term appointments are frequently made with the clear possibility of reappointment or promotion, there is no entitlement to such action at the end of the term, and it is not automatic. Given the structure of an Assistant Professor’s initial appointment (four years) and, if successful, reappointment (up to six years), the reappointment review represents a particularly pivotal milestone, both for the Assistant Professor and the department, and the performance of the candidate will be carefully measured against the criteria for reappointment.

Assistant Professors in the MCL are assessed for reappointment on the basis of their performance and achievements in the areas of clinical care, teaching and scholarly activity that advances clinical medicine. They may be reappointed based on evidence of progress, high-level performance, and continuing programmatic need. Written scholarship that advances the field will nearly always be required for reappointment to the rank of Assistant Professor. There
should be evidence that the candidate will continue to successfully fill the programmatic need for which the reappointment is made and to make meritorious contributions to his/her discipline and to the School. There should be evidence that candidates have the promise to attain regional recognition for excellence in the overall mix of contributions.

At the time of reappointment, it is expected that an Assistant Professor will be on a career trajectory consistent with both Stanford standards and the standards of his or her discipline in clinical care, teaching and scholarship. The reappointment process should include an evaluation of whether there is a realistic chance for promotion in the future on the basis of continuation of the candidate’s work.

The term of reappointment will generally be for six years.

During the seventh year in rank, the department chair (or designate) will prepare a written counseling memo, which will evaluate and document the Assistant Professor’s performance in light of the criteria for promotion.

Annual counseling will continue to be required to monitor progress toward reappointment, as well as the subsequent promotion review (which, under normal circumstances, will be initiated at the beginning of the tenth year). Serious concerns regarding the faculty member’s progress that could impede reappointment or promotion will need to be discussed with the Senior Associate Dean for Academic Affairs as soon as they emerge.

For the timing of reappointment consideration, see Section 2.3.G.

2.3.L. Specific/Supplementary Criteria for Associate Professors

1. Appointment

Appointment to the rank of Associate Professor in the MCL will be considered for those who have demonstrated excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine. Written scholarship that advances the field will nearly always be required for appointment to the rank of Associate Professor. There should be evidence that candidates have attained regional recognition for excellence in the overall mix of contributions. There should be evidence that candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to their discipline and to the School.

The term of appointment will generally be for five years.

2. Reappointment
Reappointment to the rank of Associate Professor in the MCL will be considered for those who have demonstrated excellence in the overall mix of clinical care, teaching, scholarly activity that advances clinical medicine, and institutional service (if applicable) during their terms of appointment as Associate Professors at Stanford. Written scholarship that advances the field will nearly always be required for the rank of Associate Professor. There should be evidence that candidates have attained regional recognition for excellence in the overall mix of contributions. There should be evidence that the candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to their discipline and to the School.

The term of appointment will generally be for five years, renewable (based on fulfillment of the criteria and continuing programmatic need – including budgetary considerations). There is no limit on the number of reappointments at the rank of Associate Professor.

For the timing of reappointment consideration, see Section 2.3.G.

3. Promotion

Promotion to the rank of Associate Professor in the MCL will be considered for those who have demonstrated excellence in the overall mix of clinical care, teaching, scholarly activity that advances clinical medicine, and institutional service (if applicable) during their terms of appointment as Assistant Professors at Stanford. Written scholarship that advances the field will nearly always be required for the rank of Associate Professor. There should be evidence that candidates have attained regional recognition for excellence in the overall mix of contributions. There should be evidence that candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to their discipline and to the School.

The term of appointment will generally be for five years, renewable (based on fulfillment of the criteria and continuing programmatic need – including budgetary considerations). There is no limit on the number of reappointments at the rank of Associate Professor.

For the timing of promotion consideration, see Section 2.3.G.

2.3.M. Specific/Supplementary Criteria for Professors

1. Appointment

Appointment to the rank of Professor in the MCL will be reserved for individuals who have demonstrated excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine, and who are widely recognized as leaders in their field. There must be evidence that these individuals
have attained national recognition for excellence in the overall mix of contributions, that they have demonstrated continuing excellence and progressive maturation as physicians, teachers and scholars, and that they will successfully fill the programmatic need for which the appointment is made and will continue to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems. Written scholarship that advances the field will nearly always be required for the rank of Professor. The main emphasis of written contributions should be on peer-reviewed articles, regardless of the proportion of time and effort dedicated to scholarship. Such contributions may be made through first or senior authorship or through substantive contributions to multi-author works. To complement the record of peer reviewed articles, other written work such as books, chapters, reviews and commentaries may be considered as long as their impact in advancing clinical medicine can be established. The intensity of personal contributions to the advancement of clinical medicine will be tempered by the administrative commitments of those with major ongoing institutional leadership roles.

Initial appointment at the rank of Professor will generally be for a term of five years.

2. Reappointment

Reappointment to the rank of Professor in the MCL will be reserved for individuals who have demonstrated excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine during their term of appointment at Stanford, and who are widely recognized as leaders in their field. There must be evidence that these individuals have attained national recognition for excellence in the overall mix of contributions, that they have demonstrated continuing excellence and progressive maturation as physicians, teachers and scholars, and that they will successfully continue to fill the programmatic need for which the appointment is made and to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems. Written scholarship that advances the field will nearly always be required for the rank of Professor. The main emphasis of written contributions should be on peer-reviewed articles, regardless of the proportion of time and effort dedicated to scholarship. Such contributions may be made through first or senior authorship or through substantive contributions to multi-author works. To complement the record of peer reviewed articles, other written work such as books, chapters, reviews and commentaries may be considered as long as their impact in advancing clinical medicine can be established. The intensity of personal contributions to the advancement of clinical medicine will be tempered by the administrative commitments of those with major ongoing institutional leadership roles.
Reappointment at the rank of Professor may be for a continuing term or as otherwise expressly specified (for special circumstances for which an appointment for a term of years is appropriate). For further details on continuing term appointments, see Section 2.3.F. Term of years appointments are renewable (based on fulfillment of the criteria and continuing programmatic need – including budgetary considerations).

For the timing of reappointment consideration, see Section 2.3.G.

3. Promotion

Promotion to the rank of Professor in the MCL will be reserved for individuals who have demonstrated excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine during their terms at Stanford, and who are widely recognized as leaders in their field. There must be evidence that these individuals have attained national recognition for excellence in the overall mix of contributions, that they have demonstrated continuing excellence and progressive maturation as physicians, teachers and scholars, and that they will successfully continue to fill the programmatic need for which the appointment is made and to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems. Written scholarship that advances the field will nearly always be required for the rank of . The main emphasis of written contributions should be on peer-reviewed articles, regardless of the proportion of time and effort dedicated to scholarship. Such contributions may be made through first or senior authorship or through substantive contributions to multi-author works. To complement the record of peer reviewed articles, other written work such as books, chapters, reviews and commentaries may be considered as long as their impact in advancing clinical medicine can be established. The intensity of personal contributions to the advancement of clinical medicine will be tempered by the administrative commitments of those with major ongoing leadership roles within the institution.

Promotion to the rank of Professor may be for a continuing term or as otherwise expressly specified (for special circumstances for which an appointment for a term of years is appropriate). For further details on continuing term appointments, see Section 2.3.F. Term of years appointments are renewable (based on fulfillment of the criteria and continuing programmatic need – including budgetary considerations).

For the timing of promotion consideration, see Section 2.3.G.