Overview of the Faculty Lines

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Understanding Faculty Lines

• All lines are valued equally:
  Clinician Educator Line
  Medical Center Line
  University Tenure Line
  Non-Tenure Line (Research or Teaching)
Medical Center Line Core Criteria

• 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.

• Faculty must have a minimum of 20% protected time for scholarship.
Medical Center Line Appointment Terms

Assistant Professors
• Initial appointment is four years
• Reappointment term is six years

Associate Professors
• Initial appointment is five years; renewable for unlimited terms

Professors
• Initial appointment is normally five years; reappointment or promotion is normally for continuing term
Criteria for Advancement in the Medical Center Line

Promotion to MCL Associate Professor

- Evidence of regional recognition for excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine

Promotion to MCL Professor

- Evidence of national recognition for excellence in the overall mix of clinical care, teaching and scholarly activity that advances clinical medicine
University Tenure Line Core Criteria

• The first criterion for a UTL appointment is that the candidate must have achieved (or, in the case of Assistant Professors, have the promise to achieve) **true distinction in scholarship in a broadly defined field**

• The second criterion for a UTL appointment is promise – or a record demonstrating – that the candidate is capable of sustaining a first-rate teaching program during his or her career at Stanford
Assistant Professors
• Initial appointment is four years
• Reappointment term is three years

Associate Professors
• Initial appointment may be with tenure or for a term of four years with reappointment for 3 years

Professors
• Initial appointment is with tenure
Criteria for Advancement in the University Tenure Line

Promotion to Associate Professor
- True distinction in scholarship with recognition not only as the best in his or her cohort in a broadly defined field but also likely to become one of the very best in the field
- Capable of sustaining a first-rate teaching program
- If applicable, excellence as a clinician

Promotion to Professor
- Recognition as one of the very best in a broadly defined field
- Excellence in teaching and, if applicable, in clinical care
Clinician Educator Core Criteria

- The major criterion for appointment, reappointment or promotion for Clinician Educators is **excellence in the overall mix of clinical care and clinical teaching** appropriate to the programmatic need the individual is expected to fulfill.

- If a candidate is an active scholarly contributor or performs in an administrative role, these factors may be taken into consideration when evaluating excellence in the overall mix of contributions.
Clinician Educator Appointment Terms

Clinical Instructors
• Initial appointment is up to three years
• Reappointment is up to three years and is renewable for an unlimited number of up to three-year terms

Clinical Assistant Professors
• Initial appointment is four years
• Reappointment is six years and is renewable for an unlimited number of six-year terms

Clinical Associate Professors
• Initial appointment is five years and is renewable for an unlimited number of five-year terms

Clinical Professor
• Initial appointment is five years and is renewable for an unlimited number of five-year terms
Criteria for Advancement in the Clinician Educator Line

Promotion to Clinical Assistant Professor
• Demonstrated excellence in the overall mix of clinical care and clinical teaching during the term(s) of appointment as Clinical Instructor

Promotion to Clinical Associate Professor
• Evidence of regional recognition for excellence in the overall mix of clinical care and clinical teaching

Promotion to Clinical Professor
• Evidence of national recognition for excellence in the overall mix of clinical care and clinical teaching
Sampling of CE Activities

- Clinical research (expanded PI waiver)
- Collaborative research
- CME activities, e.g. Faculty Advisory Council
- Professional societies
- Community service related to profession
- Authorship
- Editorial board service
Extraordinary Contributions

• In special cases, candidates for promotion who do not have a regional or national reputation may be considered by other factors, including extraordinary contributions in such broadly defined areas as teaching and clinical excellence, clinical innovation, program building and/or administrative activities.
Leadership Roles Held by CEs

Hospitals
- Associate Chief Medical Officer
- Chief Information Officer (both SHC and LPCH)
- Chief Medical Information Officer
- Clinic Chief
- Deputy Chief
- Director, Primary Care
- Medical Director, Stanford Concierge Medicine & Stanford Executive Health
- Medical Director for Quality
- Program Director (e.g. Obstetrical Simulation at LPCH)

School
- Assistant Dean for Clinical Affairs
- Assistant Dean for Pre-Clerkship Education
- Associate Dean for Educational Programs & Services
- Office of Academic Affairs Associate Dean
- Clinician Educator Appointments & Promotions Committee Member
- Clerkship Directors
- Division Chief
• Finding the right line in which the faculty member can develop, flourish and succeed.

• Ideally, this is done at the time of recruitment and appointment.

• Faculty interests may change over time such that they no longer align with the expectations of the original appointment line.
Transitions for Fellows

• Split appointment as postdoc (80 to 90%) and clinical instructor (10 to 20%)
• Allows fellow to bill independently and remain eligible for postdoc/fellowship awards (F32, etc)
• May apply for career development award
Instructors

• Position for fellows who need more protected research time to become competitive for faculty position (MCL/UTL)—no commitment for faculty position at Stanford
• Recipient of or applying for career development award
• Must have at least 60% protected research time