

Dean's Newsletter

October 13, 2003

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Update on the Professoriate: Billets and Caps Without Gowns

By virtually any measure, Stanford University School of Medicine stands out as a unique and special institution. As a research-intensive school of medicine, it excels in its tripartite missions of education, research and patient care. One of the most unique things about our school is its contiguous location to its major teaching hospitals as well as its proximity to Schools of Engineering, Humanities & Sciences, Business, Law, Education and Earth Science. This provides a unique setting for conducting interdisciplinary research and education – well evidenced by our important collaborations in Bioengineering, Bio-X, Translational Medicine as well as fostering our New Stanford Curriculum for Medical Education.

Stanford is also unique by having schools that are of outstanding quality but that are much smaller than those of peer institutions. This is also true for the School of Medicine, which is one of the smallest among the research-intensive medical schools in the nation. Ironically, while we are small in relation to our peer-medical schools, we appear large compared to the rest of university. Moreover, achieving balance within the university is important to our Stanford University colleagues and also fosters much of the interdisciplinary research and education that will make Stanford even more unique as we begin the 21st Century.

During the past decade, the numbers of faculty in all of the Schools at Stanford have remained relatively flat except for Medicine. In fact, every other school has a billet cap from the university that defines the number of new faculty that it can have at any point in time. During that same time period, however, the number of faculty in the School of Medicine have more than doubled, albeit for very good reasons. With the increased responsibility for clinical care at Stanford Hospital & Clinics as well as the Lucile Packard Children's Hospital, along with the greater complexity of clinical problems being encountered, and the increased use of advanced technologies, additional expertise has been essential in our clinical faculty. Indeed, this was the basis for creating the Medical Center Line (MCL) faculty in 1989. Since then, the MCL faculty has grown from 18 in 1991 to approximately 347 in 2003. Importantly, during this same period, the scope of responsibilities of the MCL faculty also changed – as was reviewed in the revisions of the professoriate that were carried out as part of the School's Strategic Plan "*Translating Discoveries*" (<http://medstrategicplan.stanford.edu/>).

One of the most important recent accomplishments was achieving approval from the University Senate in January, 2003 for Principal Investigator (PI) status for our MCL faculty. This helped to diminish the perceptions that MCL were less valued in the School and University. But it also underscored the importance of MCL faculty – now referred to as clinician-scholars/investigators - to contribute evidence of high quality scholarship in addition to serving as outstanding clinicians and teachers. This serves as a backdrop to the recent discussions we have had with the Provost and then our Executive Committee regarding faculty billets and caps.

As of this month we have 729 faculty in the School of Medicine (which includes faculty on campus as well as the VA and Santa Clara Valley Medical Center). These include 309 Investigators (UTL faculty), 347 Clinician-Scholar/Investigator and 73 Non-Tenure Line faculty. Following discussions with the Provost last spring about a billet cap, the Dean's Office undertook a thorough analysis of the school's billets. We reviewed all of the billet assignments identified in the School, corroborated those with our Departments, determined the number of currently approved active searches as well as billet commitments made to departments or chairs, and the projected number of new or incremental billets that departments needed during the next one to two years. We further carried out an analysis of the relative growth of our faculty over time based on recruitments and losses (to retirement or loss) and projected these forward to determine the future size of the faculty if no changes were made. Further, we included areas of projected incremental faculty growth based on our new Stanford Institutes of Medicine, Bioengineering and key basic research and clinical areas. These data helped shape our planning and served as the data for a meeting with the Provost on Wednesday October 1st. Based on this, the following decisions have come forth from the University regarding our faculty billets and cap.

- The School is authorized to have a maximum number of faculty size of 900; this is our billet (or body count) cap. As noted above, we currently we have 729 faculty.

- The School's 900 billets are fungible among the faculty lines (University Tenure Line, Non-Tenure-Line, and Medical Center Line).
- In principle, the Provost would consider some flexibility in off-site appointments, including the possibility of additional billets for off-site usage. We currently have approximately 80 of our 729 faculty “off-site”.

Although having a faculty billet cap is new for the School of Medicine, it is appropriate and, based on the current allocations and assignments, will not adversely impact our strategic plans as long as we proceed with careful planning. However it will be essential that we critically assess every faculty appointment in order to assure that we are making the very best use of a billet. Accordingly, every faculty appointment will be viewed as an important component of our future community and the opportunity to fulfill our missions in research, education and patient care.

Our immediate challenge is that in addition to the current 729 faculty, the School has identified 134 active searches underway and some 62 billets that are vacant but which have some commitment attached to them. We want to honor the ongoing searches and commitments but it is important to underscore that just because a search has been authorized, that does not mean that an appointment will be made. Faculty appointments (and the assignment of a billet) will be guided by the quality of the candidate and the role she or he will play in the school.

On a practical basis, we will no longer assign billets at the time a search is authorized. A billet will only be assigned when a candidate has, in the School’s assessment, met the criteria for appointment and the appointment file has been approved for submission to the Provost by the A&P committee and the Dean’s office. Going forward we will be revising the process for approving searches and I will announce more about that in subsequent communications.

Because our faculty size is now limited to a potential of 900 and in recognition of the fact that our average rate of incremental growth during the last several years has been 30-40 new faculty per year (net of losses), it is clear that we need to be very thoughtful lest we run out of options in the next 5-6 years. This will require careful management and, by definition, a higher level of expectation for each faculty member’s performance. I am very cognizant that this may pose some additional challenges for some members of our community, especially the clinician-scholar/investigator MCL faculty – particularly since the expectations for appointment and promotion have increased over the years. Dr. David Stevenson, Senior Associate Dean for Academic Affairs, is available to address concerns and help advise and guide current members of the faculty who have concerns or questions.

In sum, while the new faculty billet cap poses some challenges, it is also helpful in defining the overall composition of our faculty and in underscoring the value and importance of every appointment. It is also worth mentioning that we are also fortunate

to have the “clinician-educator” positions available within the School and recognize how important these physicians will be to our overall mission in patient care and education, recognizing also that the billet cap does not limit this group.

I want to thank several individuals who have spent numerous hours during the past months to gather the critical data and perform important analyses regarding our faculty billets and future plans. Among these are Kathy Gillam, Special Assistant to the Dean; Linda McLaughlin, Assistant Dean for Academic Affairs; Marcia Cohen, Chief Financial Officer and Assistant Dean for Finance and Administration; David O’Brien, Director of Institutional Planning; Dr. David Stevenson, Senior Associate Dean for Academic Affairs; and Dr. John Boothroyd, Senior Associate Dean for Research and Graduate Education.

NIH Releases its Roadmap

On Tuesday September 30, Dr. Elias Zerhouni, Director of the National Institutes of Health (NIH) released “The NIH Roadmap” which is posted on <http://nihroadmap.nih.gov> and summarized in a Policy Forum in the October 3rd issue of *Science* (pages 63-64). Among the key components of the NIH Roadmap are:

- ***New Pathways to Discovery*** – including:
 - Building Blocks, Pathways, a Networks Implementation Group
 - Molecular Libraries and Imaging Implementation Group
 - Structural Biology Implementation Group
 - Bioinformatics and Computational Biology Implementation Group
 - Nanomedicine Implementation Group
- ***Research Themes of the Future***
 - High-Risk Research Implementation Group (including the NIH Director’s Innovator Awards)
 - Interdisciplinary Research Implementation Group
 - Public-Private Partnership Implementation Group
- ***Reengineering the Clinical Research Enterprise***
 - Clinical Research Implementation Group

In preparing this bold new plan for the NIH, Dr. Zerhouni consulted with numerous scientists both intramurally and throughout the country. A number of faculty leaders at Stanford provided consultation and input to the process. I communicated with Dr. Zerhouni on several occasions the plans unfolding at Stanford, especially our blueprint for ***Translating Discoveries*** – and we received considerable praise for our forward-looking agenda. Indeed, I believe that we are well-poised to match the plans that have been evolving at Stanford with those of the NIH and will be getting back to you about areas of alignment and opportunity.

Dr. William Mobley Named Director of the Stanford Neuroscience Institute

In the August 18th Dean's Newsletter I announced the progress underway in establishing the Stanford Neuroscience Institute, one of our four proposed Stanford Institutes of Medicine. I am pleased to announce today that effective September 25, 2003, Dr. William Mobley, John E. Cahill Family Professor in the School of Medicine and, by courtesy, of Neurosurgery, has been named the first Director of this new Institute. Dr. Mobley was recommended for this position by his peers and colleagues who have been members of the Stanford Brain Research Center and I am very pleased that he has agreed to assume this important new responsibility. Over the next several years, the Stanford Neuroscience Institute will be developed with the assistance of public and private funding and will help Stanford to further bridge our basic and clinical research communities within the School of Medicine and across the University. In order to devote his time and effort to the development of the Stanford Neuroscience Institute, he will step down as the Chair of the Department of Neurology. A Search Committee to identify the next chair has been appointed and will be led by Dr. Gary Steinberg, Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences and Professor, by courtesy, of Neurology & Neurological Sciences. I am also appreciative that Dr. Mobley has agreed to continue his responsibilities as chair of Neurology until a successor has been named.

With the appointment of Dr. Mobley as Director, he joins Dr. Irv Weissman as a Stanford Institute of Medicine Director. During the next months we hope to announce the Director of the Stanford Institute for Cardiovascular Medicine and then subsequently for the Stanford Institute on Immunity, Transplantation and Infection.

Executive Committee Update: Report on Ophthalmology

At the Executive Committee meeting on Friday, October 3rd, Dr. Mark Blumenkranz, Chair of the Department of Ophthalmology, gave an update on the progress that has been made in the research, teaching, and clinical care activities over the past five years since he assumed leadership. He began by noting that Stanford had one of the earliest eye care departments, and was in fact the leading department on the West Coast during the 19th century and for the first half of the 20th century while the School of Medicine was located in San Francisco. However, it underwent a period of some decline when the School moved to Palo Alto in 1959 since most of the clinical faculty remained in San Francisco but has, in recent years, experienced rapid growth and improvement through the recruitment of new faculty and the initiation of new programs.

Currently the department consists of 16 faculty, including clinician educators, on the Stanford campus as well as five full time faculty at affiliated hospitals. In addition, there are nine residents (in three programs) and 11 postdoctoral scholars. The program also has 38 clinical staff at Stanford Hospital and Clinics and nine administrative staff.

The current facilities include the Main Eye Center and Eye Laser Center on the third floor of the Blake Wilbur Building, the free-standing California VitreoRetinal Center in Menlo Park, research laboratories in the Grant Building and at the High Energy Physics Laboratory on Stanford's main campus, and administrative offices in the Boswell

Building. This dispersion of the department's activities is one of the challenges the department currently faces.

The department's clinical volume has grown over the past ten years from 14,226 ambulatory visits in FY93 to 32,916 in FY03. In addition, the department performed a total of 675 surgical cases at Stanford Hospital in FY03.

Dr. Blumenkranz described Stanford's vibrant and rapidly growing visual science community, which is conducting research in such areas as retinal pathophysiology, prosthetic vision, novel microsurgical tools, advanced diagnostics and imaging, therapeutic laser applications, ophthalmic tissue engineering, corneal prosthetics, and ocular microbiology. He highlighted three basic science research groups within the department: the Biomedical Physics and Ophthalmic Technologies group, headed by Dr. Daniel Palanker; the Ophthalmic Tissue Engineering Group, consisting of Drs. Harvey Fishman, Jaan Noolandi, and Christopher Ya; and the Ocular Microbiology Group, consisting of Drs. Hermina Minor de Kasper and Christopher Ta.

In the area of clinical research, Dr. Blumenkranz described the work being done at the California Vitreo-Retinal Center, which houses a clinical retinal electrophysiological laboratory. It is the site of numerous multicenter clinical trials evaluating a wide variety of diagnostic and therapeutic modalities including quantitative digital imaging, anti-angiogenic therapy for diabetic retinopathy and macular degeneration, as well as new surgical techniques. In addition, a number of clinical studies on refractive surgery are underway at the Stanford Eye Laser Center.

Among the department's recent accomplishments that were highlighted by Dr. Blumenkranz are:

- The establishment of the Stanford Eye laser Center in 1997, which has become the leading academic refractive surgery center on the West Coast
- The incorporation and growth of the California Vitreoretinal Center in 1997, which has become one of the two leading academic retinal centers on the West Coast.
- The recruitment of new faculty and expansion of such clinical subspecialties as corneal diseases; pediatric ophthalmology and retinal diseases; neuro-ophthalmology; and ocular oncology.

The department's goals include:

- Re-establishing, within the next five years, the Stanford department as one of the ten leading ophthalmology departments within the U.S.
- Becoming, within the next ten years, one of the five most elite programs, with leading programs in Interdisciplinary Vision Science, Clinical Care, and Resident and Fellow Education.

Dr. Blumenkranz's presentation highlighted the many areas of progress that have occurred under his leadership. I would like to thank him as well as all of the faculty, staff, and students who have contributed to the many accomplishments of the department.

Faculty-Student Partnership Program

On Tuesday evening, September 30th approximately 120 faculty met with medical students in the Dean's Courtyard to help foster greater interaction and communication between faculty and students to enhance mentoring and career guidance. Based on the attendance and dialogues that occurred, I would rate this as a very successful event. I want to thank Drs. Kuldev Singh and Denise Johnson along with Char Hamada and Robin Casey for putting together this program. Mentoring and guiding our students is one of the most important responsibilities we have in the School of Medicine. Coupled with the Faculty Advisor system, we now have multiple ways of being able to provide advice and input to our students – and to learn from them as well!

Events

- ***Fall Forum on Community Health and Public Service***

The Fall Forum on Community Health and Public Service will be held on Tuesday evening, October 14th in the Bechtel Conference Center (100 Encina Hall) from 5-7:30 PM and will feature poster and oral presentations being done by our Stanford Medical Students and their community partners. In addition, there will be a keynote address by Dr. Steven Schroeder, former CEO of the Robert Wood Johnson Foundation and currently the Distinguished Professor of Health and Health Care, Department of Medicine, UCSF. I hope you will mark your calendars and make every effort to attend.

- ***Walk for Juvenile Diabetes***

Once again a Stanford Medical Team will participate in the annual "Walk to Cure Diabetes. The event will be held on Sunday, October 19th at Shoreline Park in Mountain View. Registration is open at 8:00 a.m. and the walk (which is 3 miles) begins at 9:00 a.m. The 2003 Stanford Medical School Team Leaders for the Walk to Cure Diabetes include Quetzalsol Lopez, Cezar Hernandez, Antonio Alvarez, Sofi Meraz and Rubi Cortes

Please review the web site that is attached if you want to walk and recruit walkers for the Stanford School of Medicine Team

<http://walk.jdrf.org/register.cfm?id=85660380>. If you can't attend and wish to make a donation you can do so at <http://walk.jdrf.org/support.cfm?id=85660380>.

I want to thank our students and members of the Stanford Medical Community for their participation in this event.

- ***Tenth Thomas C. Merigan, Jr. Lecture***

- On Tuesday, October 7th, Dr. Richard Klausner, Executive Director of the Global Health Programs, Bill and Melinda Gates Foundation, delivered the Tenth Thomas C. Merigan, Jr. Lecture. His presentation was entitled “*The Grand Challenges of Science & Technologies in Global Health*”. On October 17th, Rick Klausner and Harold Varmus will announce in Science the results of the “Grand Challenge” proposals that will be supported by the Gates Foundation. Obviously, it will be important for faculty to review the offerings and determine how Stanford might respond!
- ***Community Faculty Lecture Series***
 - On Wednesday evening, October 1st the second in our series of Community Faculty Lectures was held in the Fairchild Auditorium and addressed the topic of “Everyone Needs a Urologist. Problems of Incontinence, Stones, Cancer, Fertility and Development”. Special thanks to the Urology faculty who participated in the program, including Drs. Linda Shortliffe, Joseph Presti, Stewart McCallum and James Brooks. On November 3rd, Dr. Suzanne Pfeffer and the Biochemistry Department will host a session on “DNA Chips: A Breakthrough for Cancer Diagnosis”.

Awards and Honors

- ***New Recipients of Endowed Chairs***: The Provost, President and Board of Trustees have approved the awarding of two endowed chairs to members of our School of Medicine faculty. These are:
 - **Dr. Roger Warnke** as the Ronald F. Dorfman, M.B.C., Professor in Hematopathology
 - **Dr. Richard Myers** as the Stanford W. Ascherman, M.D., F.A.C.S. Professor in Genetics

Please join me in congratulating Drs. Warnke and Myers.

- ***The Stanford Medical Youth Science Program (SMYSP)*** has been awarded funding for \$1.4 million dollars over the next five years from the National Heart Blood and Lung Institute (NHLBI). This award will expand SMYSP’s activities to include year-round school-based science programs. It will also allow SMYSP to continue encouraging students to pursue advanced studies in the biomedical and behavioral sciences, thereby increasing the number of health professionals in medically under-served communities.

Congratulations to Dr. Marilyn A Winkleby, Judith Ned and the staff of SMYSP for this wonderful accomplishment.

- ***Dr. J. Martin Brown*** was awarded honorary membership in the European Society for Therapeutic Radiology and Oncology (ESTRO) at their annual meeting, in Copenhagen, last week.

- ***The Office of Communications and Public Affairs*** has won an Award of Distinction from the AAMC for their web site. Eric Weissman and Susan Ipaktchian in our office and Kevin Boyd at MedIT all contributed to the redesign of the site and were recognized for their efforts.
- ***Dr. Kelly Skeff*** is the recipient of this year's McCann Foundation Scholars Award for his years of dedication and excellence in mentoring.
- ***Drs. Ajay Chawla and William Talbot*** have been named Rita Allen Foundation Scholars in recognition of their research contributions.