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Subject: Billet Cap & Expansion of PI Waivers

Dear Colleagues:

It is with great pleasure that I would like to share the following announcements.

Provost Etchemendy has agreed to expand the School's billet cap from 900 established in 2003 to 1,200 for the Professoriate. This expansion will allow us to, with thought and planning, grow the faculty to meet the needs of our clinical and basic science enterprises. As in the past, the billets will be fungible across the Medical Center, Tenure and Non-Tenure Lines.

In recent years, Clinician Educators (CEs) have been granted waivers specifically to serve as Principal Investigators on multicenter industry sponsored clinical trials for which they serve as a site director. This opportunity for requesting a PI waiver will now be expanded to all CEs at the rank of clinical assistant professor and above, for any clinical trials that include participants at the Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, the Palo Alto Veterans Administration Health Care System, the Santa Clara Valley Medical Center and /or Stanford affiliated medical centers, whether as an overall PI for a multisite study (industry, NIH or other funded) or as the PI for a single site study. Clinical trials are as defined (<http://grants.nih.gov/grants/glossary.htm>).

The prior "Practice of Medicine" PI waiver criteria for CEs has also been expanded to apply to clinical research studies that include, but are not limited to patients directly served by Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, the Palo Alto Veterans Administration Health Care System, the Santa Clara Valley Medical Center as well as the Stanford affiliated medical centers. These clinical studies may involve diagnosis, treatment, or rehabilitation of patients as well as population studies, innovative systems of care, novel methods of clinical teaching, and other forms of clinical research. Specific instructions about making waiver requests will be posted on the RMG web site.

Some types of research that do not meet the PI waiver criteria include laboratory-based research requiring the use of research laboratory space (even if it is available to the department or on loan from a faculty member with PI status). However, CEs may wish to pursue lab based components of their studies through a collaboration with a faculty member who has a research laboratory and may request a waiver to be a co-PI under these circumstances.

These expanded privileges to conduct clinical research studies will be granted with the approval of relevant Department Chair and the School's Senior Associate Dean for Research. Whether a CE can apply for such grants would typically take into account the context of the CE's clinical practice and teaching responsibilities and the fact that implementation of the clinical research project would not require additional resources from the Hospital or School. Moreover, the CE must be able to conduct the work in a manner consistent with the CE's job description and FTE assignment for clinical duties and consistent with the programmatic need of the department. The CE will also be required to comply with the University's research policies and to complete any necessary training around proposal policies and research methodology.

I would like to acknowledge the work of the Billet Task Force, chaired by Dr. Robert Jackler, for its efforts in establishing a framework that has led both to an expansion of the billet cap and incremental PI privileges for Clinician Educators.

I look forward to deeper collaboration to achieve our planned growth, transform patient care, promote our research mission and build our identity as Stanford Medicine.

Sincerely,

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