

## **Fellow to Faculty transition notes**

The transition from fellow to faculty is not always a clearly delineated path. Typically, fellows remain in fellow status for an additional 1-2 years after completion of their ACGME requirements.

Some fellows are subsequently appointed as Acting Instructors - which is an annual appointment that is considered a first step toward a regular rank faculty title. Acting Instructors are treated as full members of the faculty within the Division.

Previously, the Acting Instructor appointment was added to the Senior Fellow title upon completion of ACGME requirements as a courtesy so that fellows were able to conduct their outpatient clinics in the absence of a teaching attending. The School of Medicine has moved away from granting these titles on a courtesy basis and discourages the use of the Sr. Fellow/Acting Instructor dual title.

The SOM now expects the Department/Division to be able to demonstrate a rationale for the additional appointment (either as a stand alone or dual appointment). A stand alone appointment should include assigned inpatient clinical responsibilities and salary support at a higher level (\$85K minimum is the expected base).

Programmatic need is the primary consideration when adding new faculty. Receipt of an extramural award with the higher salary alone is insufficient to ensure an appointment to the faculty in either the acting or regular ranks.

Faculty appointments are made after discussion and vote by the entire faculty who rank higher than the candidate. The faculty need to come to consensus that the candidate both meets expectations and is adequately prepared to progress academically before a vote is taken.

### **Considerations in the decision making process:**

- Is there need to add another person to the faculty – this can be overall or site specific - need can be clinical, research, teaching or a combination.
- How does the addition affect the balance of Physician Scientists with Clinician Educators within the division?
- How does the addition affect the balance of different research areas/emphases?
- Does the individual's research or clinical interests enhance, improve, or complement existing research or clinical programs within the division?
- Is there adequate critical mass/infrastructure for the individual to be successful in their chosen area of research or clinical interest?
- Does the individual have enough publications to meet appointment criteria?
- Is the Division able to demonstrate to the Department that there is adequate funding available to make a long term commitment to the individual?