Master Clinician Track
Common Questions

1. **Why are we considering this new track?**
   Clinical excellence is critical for the medical school’s mission and the current tracks are not designed to recognize mastery of clinical skills as a path for promotion with the medical school.

2. **What do other medical schools do?**
   Most medical schools, including many with high NIH rankings, have a separate track or promotion process to recognize clinical expertise independently from research or academic productivity. The committee’s review suggested that we were an outlier amongst our peers.

3. **Who will be considered for this track?**
   The ultimate decision will be made by the Department Chair, but in general individuals on this track will spend nearly all of their time doing clinical work and aspire to be promoted based on mastery of clinical care. Said another way, they will not have protected time for scholarship. The Master Clinician track is meant to be a parallel and distinct track from the Academic and Tenure tracks. It is not meant as an “easy” way to achieve promotion. In fact, the rigors associated with clinical work and call are a major reason why many faculty find it very difficult to sustain the scholarship necessary to achieve promotion on the Academic track. Last year, nearly 60% of faculty did not publish a first or last author paper. Yet the work they do each day is critical for our mission.

4. **How will these individuals contribute to the mission of the medical school?**
   In many ways. They are/will be the outstanding clinical teachers and mentors that our students, residents, and fellows rely on. They may serve as referral magnets for specific diseases or medical issues and a source for participants in clinical trials.

5. **Why aren’t clinicians content with remaining as Assistant Professors on the Academic track?**
   Indeed, because there is no time limit for promotion, it is possible for people to remain as assistant professors within the academic track. However, that approach will likely not result in appropriate acknowledgement of the skills of those who regularly
demonstrate clinical excellence and have distinguished themselves on that basis both within the state, region, or nation. Clinical care is no less important or central to our mission than is scholarship or research.

6. Isn’t it hard to measure clinical excellence?
Each specialty and subspecialty may have different criteria or norms. However, LCME does provide a basic structure for competencies which are meant to be developed throughout a physician’s career. The LCME criteria (already used for residency evaluation) will be used as the basis for each department/division developing their own “statement” analogous to the departments 7.12 statement.

7. Might some individuals have skills that make it difficult to determine which track someone should be on?
Perhaps. But the expectations may help clarify which track is most appropriate for most people. Individuals on the master clinician track will generally have no protected time for academic productivity, and therefore no expectations for first or last author publications. For individuals with protected time, there will be expectations for academic productivity. It may be appropriate for some to move from one track to the other. However, the promotion criteria are distinct and do represent different career expectations.

8. Why not have a different title, such as Clinical Assistant Professor?
That was considered by the committee, as that is the approach taken at some medical schools. There is no single right answer and this is what the committee proposed as their preferred approach.