



MEDIZINISCHE FAKULTÄT HEIDELBERG

Career Development Program of the Medical Faculty Heidelberg

Handout: Career Plan (*Laufbahnkonzept*)

The three tracks Clinician Scientist-, Medical Scientist- and Medical Data Scientist Programm of the Career Development Programm promote research activities of scientists and medical researchers in early career stages through protected research time with the goal of strengthening basic research as patient-oriented clinical and/or translational research. Additionally, the Clinician Scientist Program strives to enable feasible and high-quality medical training at Heidelberg University Hospital, interlinked with scientific research. To this end, the applicants are required to draw up an individual Career Plan together with the host clinic or institute, and to actively pursue and update this plan.

The required contents of the career plan are as follows:

Career Plan

Dr. [First Name Surname] and [Prof./Dr. First Name Surname¹, Clinic/Institute] have agreed to the following Career Plan:

1. Title of the project
Provide the title of the project according to the submitted project description.
2. Title of the specialization sought (*Facharztanerkennung*)
If applicable, please designate
3. Structure of the funding in the line of the Career Development Program
Please indicate which funding variant you will be applying for (see application guidelines).
This indication is binding and may not be amended after acceptance into the program. When should the funding ideally begin?
For Physicians: Please indicate which funding variant you will be seeking.
For non-physician scientists: Please indicate when the third year of the fellowship funded by the clinic or institute will begin.
4. Written release from patient care activities for the portion of the fellowship funded by the faculty.
Please use the following wording²
 - for the Clinician Scientist Programm
“Die Unterzeichner erklären, dass die in diesem Laufbahnkonzept verabredeten geschützten Forschungszeiten eingehalten werden und eine Freistellung von Aufgaben in

¹ Medical Director or Head of Department of the clinic or Institute

² According to the program for which you will be applying.

der Patientenversorgung im Umfang des von der Medizinischen Fakultät Heidelberg finanzierten Stellenanteils erfolgt.“

- For the Medical Scientist and Medical Data Scientist Programm

“Die Unterzeichner erklären, dass die in diesem Laufbahnkonzept verabredeten geschützten Forschungszeiten eingehalten werden.“

5. Information concerning accompanying courses, seminar, etc.

In addition to the participants' obligatory participation in the external career development program events of the Heidelberg Medical Faculty, it is at the discretion of the sponsored persons to determine together with their supervisors which additional courses, further education, and congresses are useful and necessary for their own career. This is part of the qualification concept. Courses of at least 30 half days are to be attended and the participation therein documented. The curriculum of the program tracks provide a good overview for the choice of suitable events.

6. Information concerning significant milestones in the scientific-academic career and, if applicable, clinical training.

This includes for example: Lecturer training (Higher Education Teaching certificate [*Herschullehrerzertifikat*]), involvement in teaching, planning of the content and timing of the habilitation, planning for third-party funding applications and publications (including author regulation agreements), involvement in networks such as professional societies, further training with regard to leadership responsibility and management skills, etc.

Additionally in the Clinician Scientist Program: Clinic rotations, timing of the residency training's completion.

The time frame can extend beyond the funding. How should the clinical and/or scientific career be continued after the funding through the Career Development Program?

7. Active support of the career plan

Please use the following wording:

“Die unterzeichnende Abteilungsleiterin bzw. der unterzeichnende Abteilungsleiter sagt zu, das individuell vereinbarte Laufbahnkonzept aktiv zu unterstützen und die getroffenen Vereinbarungen einzuhalten. Dies beinhaltet regelmäßig stattfindende Gespräche in denen das Laufbahnkonzept geprüft und fortgeschrieben wird.“

8. Signatures from:

- Medical Director of the Department / Head of the Department
- Applicant

1. If necessary Working Group Leader Unterschriften

- Ärztliche Direktorin bzw. Ärztlicher Direktor bzw. Abteilungsleitung
- Bewerberin bzw. Bewerber
- zusätzlich ggf. Arbeitsgruppenleitung