

Minutes of the June 2012 Faculty Council Meeting
Tuesday, June 5, 2012, 5 PM
Hugh Hill Conference Room

Officers Present:

President - Marilyn Dumont-Driscoll
President Elect- David Quillen
Treasurer - David Quillen

Past President – Frank Bova
Secretary – Leslie Gonzalez-Rothi

Officers Absent:

Department Representatives Present:

Steve Anton – Aging
Nicole Dobija - Anesthesiology
Sue McGorray – Biostatistics
Kelli Komro – HOP
James Resnick – MGM
Jean Cibula – Neurology
Sanford Boye – Ophthalmology
Robert Bobilin – PA Program
Carolyn Carter – Pediatrics

Maria Zajac-Kaye – Anatomy
Kevin Brown – Biochemistry & Molecular
Robyn Hoelle – Emergency Med
John Hiemenz – Medicine
Gregory Murad – Neurological Surgery
Nashat Moawad – OBGYN
Robert Matthias – Orthopaedics
Marguerite Hatch – Pathology
Philipp Dahm – Urology

Absent:

George Samraj – CHFM
Susan Semple-Rowland – Neuroscience
Tom Rowe – Pharmacology
Psychiatry – James Byrd
Scott Peterson – Radiology

Epidemiology – Cindy Prins
Kevin Raisch – Otolaryngology
Peter Sayeski – Physiology
Judith Lightsey – Radiation Oncology
Saleem Islam – Surgery

Guests:

Michael Good, M.D., Dean, College of Medicine
Marian Limacher, M.D.

1. President Dumont-Driscoll called the meeting to order at approximately 5:02PM
2. Approval of the April minutes - Dr. Dumont-Driscoll

Motion to approve minutes was made, seconded, and approved unanimously.

3. Research Policy Board update – Dr. Sanford Boye

Dr. Boye summarized issues that have come forward regarding IT security policies, change in NIH salary cap, fringe rate change, change in Indirect Rates and the meeting with Dr. Sugrue (handouts provided).

IT Policies – security

- Concerns with how the IT policies will change
- Laura McIntyre serves on the Research Computing Advisory Committee and she met with the Research Policy Board in April to discuss these changes.
- Encrypted devices (handhelds, flash drives)
- The university is installing a new high speed server that will allow data access throughout campus and the cost is very minimal.

Change in NIH Salary Cap

- Switch to Executive level 2 from Executive level 1
- New faculty hires will be tied to department chairs – already in place in Pediatrics

Fringe rate changed/Grant re-budgeting – effective July 1st, 2012

- Will create fund surplus due to employee contribution

Change in Indirect Rates on Grants –

- Increase in T32 grants being submitted to help support the graduate program

4. Dean's Report – Dr. Michael Good

Joint Commission arrived Monday -

- Some positives and negative

Budget Update –

- FY13 budget still \$32M negative
- Trying to figure out why
- Revenue reductions in multiple streams – not counting the fringe retirement contributions adjustment issues; \$6.8M drop in state funds; \$4.5M drop in our current UPL supplemental funds we receive from Medicaid and a one-time UPL payment last year of \$6M. RCM resulted in about \$4.5M of less indirect cost flowing back into the COM. \$15M-\$18M less revenue than we had last year.
- Although there are some big negatives; there are also some positives—like the COM is still growing is our number of faculty and staff.

Hiring Freeze –

- Making sure revenue positive faculty are excluded
- Not hiring vacant positions until we get the budgets balanced
- Making sure we're not growing faster than we can handle
- New billing system causing a lag in receiving revenues
- How do PA's and ARNP's really fit in?
- Are they extending or highly paid personal assistants?
- Mechanism just set up to approve hires on grants—these will be reviewed and approved by Dr. Stephen Sugrue

5. P&T Proposed Guidelines – Dr. Marian Limacher

- Provided a copy of the most recent draft of the P&T proposal guidelines
- Are we ready to move forward?

Proposed – New Track

- Creation of a Multi-Mission, Multi-Year track (faculty with two or more assignments in teaching, patient care or research)
- Non-tenure accruing
- 2-5 year multi-year rolling contracts
2 year for Assistant Professors
3 year for Associate Professors
Up to 5 year for Professors
- Attainment of “excellence” to warrant promotion would require ONE area of distinction with satisfactory performance in the others

Criteria for promotion

- Meet the COM and UF guidelines *and*
- “By consensus of the faculty and the chair, each Department should establish the expectations for achievement of distinction in each mission areas to establish the basis for promotion within the MM track. The Chair's letter should document those expectations and describe how the candidate meets the Departmental qualifications.”

Defining distinction in Patient Care

- Complete the Clinical Portfolio
- “The entire portfolio will be evaluated for evidence of clinical distinction. A candidate's portfolio may demonstrate distinction even if one or more of the elements are not applicable or not available. Evidence for clinical scholarship is required.”
- In addition:
- Letters of evaluation
- To document excellence in clinical care, innovation in practice methods, development of new programs and leadership in safety and quality initiatives
- Chair's letter placing candidate's performance and reputation in the context of Departmental expectations

Clinical Portfolio - *Proposed*

- Description of scope and impact of practice
- Interdisciplinary evaluations
Peers, staff, referring, etc.
Professionalism, collaboration, expertise, cost-effective clinical care
- Peer Evaluation – in clinical settings
2 evals q. 3 yrs for Assistant Professors

- 5 years for Associate professors and beyond
 - Patient satisfaction scores
 - Commitment to ongoing growth in clinical performance
 - Recertification, CME courses – MOC documents
 - Development of new procedures or skills
 - Development/implementation of new models of care delivery, clinical pathways, leadership of interdisciplinary teams, practice reorganization
 - Quality of care and Safety metrics
 - Clinical Leadership
 - Professional Contributions to societies, state/national agencies
 - Clinical Referrals, especially outside immediate geographical area
 - *Clinical Publications*
 - Patient information guides
 - Written or web-based practice information for the clinical care team, and
 - Other products as distinct from peer reviewed research publications
 - Publication of peer-reviewed articles in scholarly or clinical journals.
 - Scholarship through publication of observations impacting clinical practice, including case reports, topic reviews, case series, and interpretation of practice patterns and practice guidelines
 - Clinical Presentations
 - Awards and Honors
 - Other pertinent Information – e.g. donors; recognition from trainees, etc.
- Educational Portfolio – *Proposed by the Society of Teaching Scholars*
- Excellence in teaching
 - Teaching evaluations, letter(s) from course/program director
 - Plus:* Peer evaluations, (q. 3 yrs at entry, q. 5 yrs for mid level and beyond)
 - Accomplishments as an educational scholar
 - Publications, presentations, curriculum
 - Contributions to academic excellence
 - Advisement, mentoring, outcomes
 - Educational leadership and service

6. Announcements, Reports, and Old Business:

Announcement of the upcoming election of Faculty Council Officers

Motion by Dr. Quillen to endorse T&P Guidelines – motion passed

7. The meeting was adjourned at 6:30PM

The next Faculty Council meeting will be held Tuesday, July 10, 2012 @ 5PM in the Hugh Hill Conference Room

Minutes recorded by Sonya Jones, Administrative Assistant