MINUTES
University of Minnesota Medical School
Faculty Advisory Council

March 4, 2008

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, at 4:00 p.m. in Room B646 Mayo Memorial Building and 146 School of Medicine Duluth (via ITV). Carol Lange, Vice-Chair of the FAC presided.

Members Present: Drs. Sharon Allen, Robert Bache, Vivian Bardwell, Gregory Beilman, Catherine Bendel, Bradley Benson, Peter Bitterman, Linda Burns, James Carey, John Day, Donna Forbes, Richard Gray, Kalpna Gupta, Kristin Hogquist, Carol Lange, Tucker LeBien, James Nixon, Christopher Pennell, David Rothenberger, Yoji Shimizu, Todd Tuttle, Carol Wells, and Jo-Anne Young.

Dean's Office Staff Present: Dr. Charles Moldow and Patricia Mulcahy.

Guests Present: Dr. Jasjit Ahluwalia, Executive Director for the Office of Clinical Research and Jonathan I. Ravdin, M.D., Nesbitt Professor and Head of Medicine

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Welcome and Introductions

Dr. Carol Lange, Co-Chair of the FAC, welcomed Council and introduced the panelists to begin discussion. She requested that the panel members explain their position on basic scientist appointments in clinical departments, and asked how the Medical School could encourage and maximize on interactions to improve upon translational research with these faculty.

Panel Discussion: Basic Scientist Appointments in Clinical Departments

Dr. Jonathan Ravdin started the discussion and gave his perspectives from the Department of Medicine. In his department there are 20 full-time Ph.D. basic scientists. While most of these faculty have joint appointments in other departments and work collaboratively with Centers and Institutes in the Medical School, their salary is supported strictly by the Department. He also informed Council that the Ph.D. faculty account for 19% of the direct funding, 25% of the indirect funding, and 20% of the total funding from grants for the Department.

Dr. Ravdin explained that the amount of funding for Ph.D. faculty is increasing nationwide, but the funding for strictly M.D. faculty has remained constant. Additionally, the talent pool for Ph.D. basic scientists is larger, recruitment for these faculty is much easier, and there are more options for finding a "good fit" with the department. The concern or risk of hiring these Ph.D. faculty is that they could face loss or lack of funding, especially post-tenure. Dr. Ravdin informed Council that his department has not had this issue. Some of these faculty may have been supported by bridge support for short periods of time, but these faculty were eventually funded.

The Department of Surgery has made similar investments in Ph.D. scientist hires, trying to supplement the clinical work of their department. They share the same concern when making these hires; the lack of hard salary support for these faculty. It was agreed among Council that each department has a different target for the optimal composition of their faculty, but in the long-term, these hires need to happen so they can be part of large interdisciplinary projects with multiple funding mechanisms.

Dr. Charles Moldow said that departments need to pay particular attention to faculty needs when making Ph.D. hires in clinical departments. They need to ask themselves what the right thing for the faculty member will be, what the expectation is of the faculty member, and is it possible for this faculty member to prosper in the long-term? Additionally, Dr. Moldow emphasized that there needs to be a special interest in nurturing that faculty member in the long term. He explained that there have been multiple cases where these types of faculty feel isolated and lack direction, which could lead to lack of productivity and retention issues.

Dr. Jasjit Ahluwalia informed Council that most top 20 institutions have Ph.D. scientists in their clinical departments and emphasized that if you want translational research to occur, you must have Ph.D. hires in clinical departments, with a joint appointment back to the appropriate basic science department. There will always be issues surrounding the lack of hard money in clinical science departments, but these hires still need to occur.

It was noted by the panel that the size of the clinical department directly effects their ability to make these hires. A larger department has more flexibility and could use more of its clinical dollars to help support these basic science faculty. Smaller departments do not necessarily have this option. Additionally, special attention should be paid to the optimal composition of faculty. Some smaller centers and institutes are very successful and collaborative, but these same groups may not be as successful if their size were doubled or tripled.

The issues of isolation will also need to be addressed. Proximity is important for collaboration, as the successful Ph.D. investigators capitalize on clinical resources in their own department. The senior faculty need to make the junior faculty aware of other cultures that can enhance their science. Personalities and leadership matter. Additionally, these departments need to develop better oversight in guiding these junior faculty to prevent any isolation that could occur.

The meeting was adjourned at 4:55 p.m.

Respectfully submitted,

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Jeni Skar
Staff to the FAC