

Dec. 6, 2005, the Medical School at the University of Minnesota

MINUTES

University of Minnesota Medical School Faculty Advisory Council

December 6, 2005

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. Susan Berry, Chair of the FAC, presided.

Members Present: Vivian Bardwell, Susan Berry, James Carey, David Current, Steve Downing (via polycom), Stephen Ekker, Esam El-Fakahany, Elie Gertner, Richard Gray, Betsy Hirsch, Marc Jenkins, Walter Low, James McCarthy, Steven McLoon, Franklin Rimell, Todd Tuttle, Douglas Yee

Dean's Office Staff Present: Allison Campbell, Charles Moldow, Patti Mulcahy, and Deborah Powell

Welcome and Announcements

Susan Berry welcomed the Council, and explained that the meeting would be devoted to a discussion on goals and initiatives for increasing research productivity in the Medical School.

Dean's Announcements

Dean Powell made the following announcements to Council:

- There will be a proposal to rename the Physiology Department. The faculty will eventually need to vote on this name change. The new name will need to encompass the department to move forward in a search for a Department Head.
- The searches for a new Stem Cell Institute Director, Lillehei Heart Institute Director/Cardiology Division Director, and Department Head for Surgery are all moving along with a pool of excellent candidates.

Goals and Initiatives for Increasing Research Productivity

Charles Moldow presented Council with a document from the AAMC entitled "Update on NIH Funding". The document highlights NIH funding history for the past decade, and proposed funding for the next fiscal year. Funding is proposed to decreased by 20 percent, although it is more realistic that the decrease will be closer to 25-30 percent. The next two and a half years will be difficult for medical schools across the country.

Susan Berry started the discussion on how to double the Medical School's research productivity in the next three years. She proposed that this productivity would be quantified by three measures:

- Number of Papers Submitted
- Number of Grants Submitted
- Quality of Journals for Publication

Dr. Berry explained that with the suggestions made, the Council will develop a strategic plan. Additionally, Council was urged to consider how their suggestion can be used to engage all faculty.

Dr. Berry then opened the discussion to Council to make suggestions as to how research productivity could be doubled and what is preventing faculty from increasing their productivity. The following suggestions were made by Council:

- Increase number of faculty at middle level, who are already funded, who can bring junior faculty with them to the Institution
- Freeze hiring at Medical School so as not to dilute the pool of resources and to fully fund the current faculty.
- Improve infrastructure support. Increased administrative assistance for faculty so that more time can be spent on research.
- Medical School commitment to support a block of graduate students for first two years. This would remove barriers and allow for flexibility in collaboration.
- Improve conditions for graduate students.
- Develop resource/library of research currently being done by faculty. This could aid in collaboration and interdisciplinary research if faculty know what other faculty is doing.
- Create a "warehouse" of resources for faculty, including where biostatisticians, etc. can be found and utilized.
- Retreats across the AHC to highlight work being done and promote collaborations.

- Administrative support for research infrastructure. Specialists in grant regulations.
- Protect usable “research” time for faculty.
- Reward faculty for being productive (possibly through new faculty compensation plan) and create disincentives for those faculty who are not productive
- Streamline regulatory systems, especially with affiliate sites. Create reciprocity across IRB sites with affiliates.
- Use affiliate faculty for clinical trials. Affiliate faculty are eager to participate and are not being utilized.
- Open up venture capitalism with medical start up companies.
- Review tenure guidelines for junior faculty. Junior faculty cannot receive tenure unless they have created an independent reputation for research which does not allow them to collaborate.
- Need pool of clinicians who want to devote a percent of their time to performing clinical trials
- Clinical enterprise needs to be overhauled, number of patients needs to be increased to perform clinical trials
- Improve use of industry resources available. If the benchmark is to bring novel therapies into the clinic, this does not come from NIH research dollars. Private practice has become much more efficient in doing this, and should be a model for Medical School in performing clinical trials
- Need a catalyst for senior faculty members to help them re-tool and become productive. Encourage sabbaticals, team up senior faculty with talented junior faculty (not as mentors but as colleagues). Would be helpful if there was a full time person who could be a “match-maker” to pair up junior and senior faculty members.
- Put pressure on clinical departments to come up with a new “niche”, to include all faculty in these departments. Little bits of increased effort by each faculty member increases the sum greatly.

Dr. Berry thanked Council for their frank discussion and asked them to think about how these suggestions can be broadened into a strategic plan to include all faculty.

The meeting was adjourned at 5:20 p.m.

Respectfully submitted,

Jeni Skar
Staff to the FAC

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