

College of Medicine Council Meeting Minutes

**Place/Date: 1000A Collier Building
Tuesday, December 7, 2010
1:30 p.m.**

Council Members Present:

Baugh, R., Dennis, M., Gardner, A., Hanna, W., Hill, J., Joe, B., Mukundan, D., Porter, M., Smirnoff-Poling, J., Tinkel, J., Wall, J., Weldy, D., Willey, J., Yoon-Krawczyk, Y.

Council Members Absent:

Brickman, K., Davis, W., Elmer, L., Fedorov, A., Gunning, W., Hejeebu, S., Khurshid, N., Liu, D., Malhotra, D., Marco, A., Margiotta, J., Milz, S., Mustapha, A., Nazzal, M., Novella, I., Pearson, D., Rais, A., Skie, M., Tietz, E., Williams, K., Wooten, R.

College of Medicine (COM) Faculty and Guests:

Gold, J.

Agenda Item	Discussion	Action
Call to Order	<ul style="list-style-type: none"> By Council President Willey at 1:40 p.m. 	
Minutes	<ul style="list-style-type: none"> September 7, 2010 minutes were approved as written. 	
Report of the Executive Committee by President Willey	<ul style="list-style-type: none"> Prioritizing Concerns of College of Medicine Faculty <ul style="list-style-type: none"> Previous issues that came to the COM Council Executive Committee (ExecComm) were given to the Dean for input and consideration – see below in Deans report for his responses to the issues New issues will be brought forward for Council discussion <ul style="list-style-type: none"> Budget Strategic Plan Reorganization Nominations for Vice President/President-elect and Secretary/Treasurer will be brought to the next meeting 	
Reports from Standing Committees		
<i>Academic Affairs (D. Weldy)</i>	<ul style="list-style-type: none"> No report 	
<i>Committee on Committees and Shared Governance (E. Tietz)</i>	<ul style="list-style-type: none"> No report 	
<i>Elections (M. Porter)</i>	<ul style="list-style-type: none"> Will be seeking committee members and nominations for Vice President (clinical nominee) and Secretary/Treasurer 	
<i>Faculty Affairs (J. Wall)</i>	<ul style="list-style-type: none"> See attachment A 	
Reports from Ad Hoc		

Committees		
<i>Benefits (B. Joe)</i>	<ul style="list-style-type: none"> • Health premium is a major issue along with life insurance a resolution will be composed and brought to Council • Free access to the Main Campus Recreation Center was also a major issue and a resolution will be composed concerning this benefit as well and brought to Council • See attachment B 	
Dean's Report	<ul style="list-style-type: none"> • Thank Council for the Invitation to the meeting • Spoke about the University of Toledo (UT) strategic plan and the aspirational goals; gave background and forces that moved for updating and recalibrating the 2007 document to the 2010 Directions document. <ul style="list-style-type: none"> ○ http://www.utoledo.edu/strategicplan/ ○ Six (6) themes remain the same but strategies and metrics have changed – Goal 5 is clinical ○ Board of Trustees (BoT) strategic plan group will meet in December to weigh in on document ○ Reported UT figures for 4 year and 6 year graduation along with retention rates; BoT mandated to accelerate and increase rates with reorganization ○ Noted that Colleges on Health Science Campus will not change except that Health Science and Human Service with merge with the College of Education. ○ Spoke about concept of Schools and reorganization <ul style="list-style-type: none"> ▪ http://tinyurl.com/6h3ox7b • Questions: <ul style="list-style-type: none"> ○ Will COM calendar be affected <ul style="list-style-type: none"> ▪ Not talking about salary redaction ▪ Furlough – not yet ▪ AFSCME - ???? ▪ 9 month contracts – peripherally ▪ Union vs. Non-Union and equity of decisions made concerning the budget 	
	<ul style="list-style-type: none"> • <u>COM Issues:</u> <ul style="list-style-type: none"> ○ <i>Salary and benefits:</i> has worked through the comparisons and noted there are eight (8) faculty members below the 25th percentile with 28-29 below the 15th percentile. Next step will be to see what might be done in light of the 20 percent budget reduction; will talk with department chairs and take into consideration the productivity of the person and see what the chairs want to do about this issue. <ul style="list-style-type: none"> ▪ <i>Note:</i> <i>there was more discussion after the Dean left the meeting and faculty were asking about where the departments pool of money go and would like a report; it appears a departmental concentric problem and will wait to see if anything happens; a motion may be needed</i> ○ <i>Bridge funding:</i> met with Mr. Newman and talked 	

	<p>about funding this through the capital campaign and a development case statement has been written regarding this issue.</p> <ul style="list-style-type: none"> ▪ NIH funding is uncertain at this time and not sure of the future. The partnership with ProMedica will increase clinical funding but the bridge funding issues needs to be resolved. ▪ Dean welcomed ideas; partially liked idea changing indirect; would like to have money invested in active researchers ▪ Ideas (see attachment A) from the Council Faculty Affairs Committee (FAC) were presented by J. Wall. Dean Gold noted that issue was addressed at Dean's Council and he will make an effort to bring together the suggested group from FAC's report. <ul style="list-style-type: none"> ○ Metrics for faculty performance: Changes occurred this past year to standardize and use across the whole university. Right now administration is collecting data. This is not Dean Gold's system and he requested that issues be addressed to him. Dean did weigh in for COM and College of Pharmacy parameters and it was noted that weighting varies from College to College. See Attachment C ○ Electronic medical records implementation: Dean Gold wants to work with faculty since there is no Chief Information Officer in the Medical Center (currently recruiting one). People to contact with questions Julie Christy or Churton Budd. ○ Budget shortfall: Not sure what the state share of instruction (SSI) will be; Across the state some scenarios will be 25% even 50% reduction; currently UT looking at 20% overall reduction in spending; some departments may receive back money as it becomes more clear about amount of SSI <ul style="list-style-type: none"> ▪ Currently 1.5% reduction; looked at unfilled faculty lines, etc. and working on making strategic changes – top down and bottom up. ▪ Need to collaborate with other NW Ohio academic institutions ▪ Pieces and maybe entire programs may disappear. ▪ Medical Center budget – cash flow positive and fair to budget; money spins off and helps academic side of COM; finishing mid-January with medical center budget ▪ Question was raised regarding research – biomedical vs. clinical (not sure the answer) 	
New Business	<ul style="list-style-type: none"> • Issue of COM representation on the University Research 	

	<p>Council.</p> <p>M. Porter moved that “The College of Medicine (COM) representation on the University Research Council should reflect the proportion of all UT extramural research funding contributed by COM. Currently, COM contributes 40% of all UT extramural grant funding. With the current University Research Council of 14 members, COM Faculty Council requests that current COM representation be increased from 3 members (21%) to 5 members (36%). Further, COM council requests that at least one of the COM members on the University Research Council be chosen from among COM Faculty Council members nominated by the COM Faculty Council Executive Committee so as to ensure effective communication.”</p> <p>J. Willey seconded. Discussion occurred and it was suggested to remove the number of members and reword to base the number on the percentage contributed to total UT extramural grant funding. The motion will be changed to a resolution and sent to the Council representatives for a vote of approval. It will then be sent to the President Jacobs and Dean Gold.</p>	
Research Council Report (M. Howard)	<ul style="list-style-type: none"> • Research incentive fund is state money distributed by Frank Calzonetti; money going to third(3rd) frontier programs • Council membership all by appointment: 4 each for Graduate Council, Faculty Senate, Arts and Sciences, 3 each for COM, 2 for Engineering, 1 each for Business, Education , HSHS, Law, Nursing and Pharmacy. Also, Dean of Library, Dean of Graduate College, Director of Grants, VP of Research Development and Director of Grants Development • Commercialization Policy • Continuing review of University Institutes in 2002 state law charged– not done in a timely or organized manner • URAF Grants and Projects – funded by state; \$313K and all targeted • \$92K URAF budget – arts, humanities, social science • Research Incentive – directive now is that all projects must relate to the 3rd Frontier and Centers of Excellence therefore COM is at a great disadvantage (2 interdisciplinary, 2 research areas of excellence, summer fellowship); historically money has been directed to summer salary in lieu of teaching • Responsible for the UT Discovers Report • Akira Takashima and Bill McMillen will review core labs and make recommendations. There is a push to make core facilities available to community = sell services to make money • Interdisciplinary Research Initiation 	

	<ul style="list-style-type: none"> Centers of excellence – 3 applicable: Energy, biomarkers, transportation; state approved all, no money => now all incentive money is directed at these programs; COM has not consistently contributed money to this pot Talked about the self-study; encouraged to put meeting on a positive spin. 	
Next Meetings	<ul style="list-style-type: none"> <i>Tuesday, March 1, 2011, 1:30-2:30 p.m. , HEB 105</i> <ul style="list-style-type: none"> Slate of nominees for officers will be submitted to Council at this time <i>Monday, June 6, 2011, 10:30-11:30 a.m. , HEB 103</i> 	
Adjourn	<ul style="list-style-type: none"> By Council President Willey at 3:05 p.m. 	
Minutes Submitted	<ul style="list-style-type: none"> By Secretary Porter on Monday, February 28, 2011 	

College of Medicine (COM) Council Recommendation

Proposals to increase and sustain bridge funding to COM faculty on an annual basis

In response to one of the High Priority Issues that the COM Council presented this past spring regarding COM bridge funding mechanisms, Dr. Gold suggested that the COM Council work with him on bridge funding.

As a starting proposal, he indicated the possibility of redirecting grant indirect cost funds that presently go to departments, to a bridge fund escrow account. This possibility was raised by Dr. Gold at the June 2010 COM Council meeting, and again at the September 2010 COM Council meeting. At present, 30% of indirect costs that are generated by faculty in a department are returned to that department. At the September COM Council meeting, a question was raised about whether this plan involved redirection only of the 30% that presently goes to departments, or whether some part of the remaining 70% that is not returned to departments would also be redirected to the escrow account. This part of the proposal remains unclear.

The COM Council has subsequently taken the following action on the bridge funding issue.

1) Present UT policy statement on Bridge Funding was reviewed. This policy (UT #3364-81-01-02-007) provides awards of \$50,000 for a maximum of one year, 30% supplied by the department and 70% supplied by the COM. The number of awards per year is not specified.

In the recent past, COM bridge funding has not been available at needed levels on a regular annual basis. Extramural funding for biomedical research has become limited and exceptionally competitive. As a result, research institutions recognize there is a high likelihood of interruptions in extramural funding for promising research, and that it has become a necessary 'cost of research' to bridge these interruptions. There is a clear need to increase COM bridge funding on a sustained annual basis beyond that indicated in the present policy.

2) At the August 25, 2010 COM Council Executive Committee meeting and September 2010 COM Council meeting there was discussion for surveying the COM faculty for suggestions on how to increase COM Bridge Funding (see minutes for September 2010 COM Council meeting).

Following up on this discussion, a survey was approved by the COM Council Executive Committee, and subsequently e-mailed to all COM faculty.

Email survey sent to all COM faculty

To Faculty of the UT College of Medicine:

The College of Medicine (COM) Council is your advisory body to the COM Dean and UT Administration.

As one issue of focus, the COM Council is presently working with the COM Administration to find new ways to increase and sustain availability of Bridge Funding to COM faculty to develop and maintain productive research.

Over the past years extramural funding for biomedical research has become limited and exceptionally competitive. As a result, research institutions recognize that there is a high likelihood of interruptions in extramural funding for promising research, and that it has become a necessary 'cost of business' to bridge these interruptions.

The COM Council is soliciting your views on how increased funds can be raised to provide adequate and sustained COM Bridge Funding support each year.

Direct replies to COMCouncilSecretary@UTledo.Edu using the subject line: Bridge Funding. Please reply before Friday, October 15, 2010.

Thank you for your time and interest in COM faculty issues.

College of Medicine (COM) Council Recommendation

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3) As of 11/10 there have been responses from 5 COM faculty (all responses (a-e) included below).

a) We have worked on this issue many times before and nothing has happened. The home department will continue to provide the bridge. The school should perhaps consider giving back more of the indirect cost to the department.

b) I would like to make the following comments.

1. It would be ideal to have an institutional bridge funding mechanism. Considering the current and future budgetary constraints, however, it appears almost impossible for the COM to provide the necessary resources.
2. Our department has provided departmental bridge funding of \$100,000 to those faculty members who have lost the grant funding despite their efforts and research productivity. Both of the previous recipients of this funding restored extramural grant funding within 12 months.
3. Assuming that two faculty members are to be supported by this mechanism annually, we have included \$200,000 in our annual departmental budget to be paid from the departmental research incentive account.
4. It should be emphasized that bridge funding is NOT a money losing operation. In our department, we are actually gaining substantial amounts via new research incentive income from the new grants.
5. The key for successful operation is how to select the recipient(s).

c) In order to have a viable and sustainable bridge fund, new funds must be earmarked for this purpose. There are several potential sources of money:

- 1) increase the Deans tax on the clinical enterprise by 1% and earmark all of that money for bridge funds,
- 2) keep the Dean's tax at its current level but earmark 2% for bridge funds,
- 3) use the "research" designated dollars from the state to help fund this policy,
- 4) do annual fundraising and have all monies raised go to the bridge fund,
- 5) make the bridge fund an earmark on the schools overall budget.

d) The foundation of any successful faculty development program is intramural funding at multiple career levels. Some investigators will need bridge funding others will need start up funding. The junior faculty pipeline funding is what pays dividends at the 5-7 year mark. The mid career funding is also important for investigators who may have lost funds and wish to refocus or change research areas. The essential notion is that the institution is prioritizing creative thought. The funding levels should also be diversified (\$5-10K as well as \$20K).

e) There should be bridge funding. Research incentive dollars should not be used for this purpose since the investigators who have grants should in all fairness have first crack at using those dollars to bridge fund their own research. To derive a pot of money for bridge funds the institution could try a number of approaches. These include increasing the "tax" on clinicians or embarking on a community wide fundraising campaign that gets the local area excited about the wonderful work that we do.

College of Medicine (COM) Council Recommendation

Proposals to increase and sustain bridge funding to COM faculty on an annual basis

4) Using the above COM faculty survey responses and discussions of COM Council members and COM faculty, the COM Council advances the following starting suggestions to increase and sustain COM support for bridge funding on an annual basis.

- Bridge funding annual need: Each year, there is an average need for bridge funding for about 1 COM faculty from each of about 5-6 COM departments (Biochemistry & Cancer Biology, Medical Microbiology & Immunology, Medicine, Neurosciences, Physiology & Pharmacology, Orthopedics). A reasonable average bridge for 1 year is \$50,000/faculty or a total of about \$250,000 per year. This should be covered, as a cost of research, by the COM, not departments. This requires increased new income sources for a sustained bridge funding budget.
- Dr. Gold's escrow account proposal. The proposed redirection of the 30% indirect cost returns that presently go to departments, to a bridge funding escrow account, does not provide a solution. As indicated by survey response "b" above, departments are already using their indirect cost returns to partially bridge fund. Redirecting these funds away from departments decreases this departmental mechanism. In addition, redirecting already available indirect costs to an escrow account does not serve the need for increased new income sources.
- Proposals to obtain new income that can be directed into a COM bridge funding account that will sustain the above annual needs. It would seem possible that some combination of the following possibilities could generate increased new income for bridge funding on an annual basis.
 - Increase use of UT Physicians clinical income for research. The COM Dean presently receives a percentage of clinically generated income. Increase this rate (e.g., by 0.5 – 1.0%) to annually generate funds for the COM bridge fund account.
 - New sharing of research resources with Promedica. The recent combining of forces with Promedica, and Promedica's interest in research, provides opportunities for new income that could be specifically directed to a COM research account.
 - UT or COM capital campaign. The UT Foundation has plans for a capital campaign that is targeted to bring tens of millions of dollars to the Health Science campus. Target a portion of this to be used in a research account that could be invested to generate annual income to be used for bridge funding. Alternatively, use UT public relations experts, the UT Foundation, and COM research community to promote a separate capital campaign with funds used as above.
 - Redirect annual research funding from the state. Earmark some annual research funding from the state to a COM bridge funding account.
 - Renegotiate indirect cost recovery rate from federal funding. At the next date at which the UT indirect cost recovery percentage is negotiated, attempt to increase rate, and put part of this increase directly into a bridge funding account each year.
- The above COM faculty response "a" to the survey, indicating that the bridge funding issue has been previously worked on many times with no/little change, suggests this issue is not going to be solved unless there is broader discussion and involvement of all pertinent UT players for increasing income in a sustained way. In this spirit, a final proposal is that the above ideas could serve as starting points for a near future meeting, sponsored by the Dean and COM Council, of chairs of COM research departments, COM faculty, and UT directors whose paths cross the above, and other, proposals (e.g., Mr. Scarborough, Mr. Newman, Mr. Pyles, Mr. Calzonetti, Dr. Gmerek).

<u>Benefits comparison</u>		
Items for comparison	Main Campus	Health Science Campus
1 Health Insurance	Three choices	Two choices
Health Insurance premium	Lower than HSC	Higher than MC
Vision benefits	Same	Same, HSC pay premium
Dental	Same	Same, HSC pay premium
Retirement (STRS and ARP)	Same	Same
2 Life Insurance	2 times annual compensation (2.5 times for 9 month appointments)	3 times annual compensation
Maximum	\$350,000	\$300,000
3 Tuition Waiver		
All faculty hired after Jan 1, 2008	Tuition waived for dependents in undergraduate programs	Tuition waived for dependents in undergraduate programs
All faculty hired after Jan 1, 2008	No tuition waiver for dependents in graduate programs on HSC campus	No tuition waiver for dependents in graduate programs on HSC campus
All faculty hired before Jan 1, 2008	No tuition waiver for dependents in graduate programs on HSC campus	Tuition waived for dependents in graduate programs on HSC campus
4 Tax Sheltered Annuities (403b and 457/Ohio Deferred compensation)	Same	Same
5 Vacation policy	Same as of Aug 1, 2009	Same as of Aug 1, 2009
6 General Parking	\$103.00 for 1 year	Free
Morse Center/YMCA discounted membership fees	Available	Available
7 Recreation Center on Main Campus	Free	Not free



University of Toledo
Main Campus
2011 Twelve Month Premiums
 Effective January 1, 2011

		Full Monthly Rate	Employer Per Month	Employer Per Pay	Employee Per Month	Employee Per Pay	Plus Domestic Partner Post Tax Per Pay**	Additional DP Taxable Imputed Income Per Pay***	2011 COBRA Rates
OBA/FrontPath PPO and Rx									
There is an additional post tax deduction of \$90.77/pay for each adult child age 26-28 added to the plan									
Full-Time	Single	\$453.85	\$389.15	\$194.58	\$64.70	\$32.35	\$32.35	\$194.59	\$462.93
	Single + 1	\$907.73	\$778.33	\$389.16	\$129.40	\$64.70	\$34.41	\$223.75	\$925.88
	Family	\$1,424.04	\$1,225.83	\$612.91	\$198.21	\$99.11	\$34.41	\$223.75	\$1,452.52
Part-Time (20%)*	Single	\$453.85	\$371.59	\$185.80	\$82.26	\$41.13	\$45.14	\$181.80	\$462.93
	Single + 1	\$907.73	\$735.19	\$367.59	\$172.54	\$86.27	\$91.01	\$212.29	\$925.88
	Family	\$1,424.04	\$1,159.76	\$579.88	\$264.28	\$132.14	\$91.01	\$212.29	\$1,452.52
Paramount 3-Tier Employer Select and Rx									
There is an additional post tax deduction of \$71.57/pay for each adult child age 26-28 added to the plan									
Full-Time	Single	\$357.84	\$303.06	\$151.53	\$54.78	\$27.39	\$27.15	\$150.17	\$365.00
	Single + 1	\$712.48	\$603.41	\$301.71	\$109.07	\$54.54	\$25.96	\$159.08	\$726.73
	Family	\$1,082.56	\$921.57	\$460.78	\$160.99	\$80.50	\$25.96	\$159.08	\$1,104.21
Part-Time (20%)*	Single	\$357.84	\$284.80	\$142.40	\$73.04	\$36.52	\$36.19	\$141.13	\$365.00
	Single + 1	\$712.48	\$567.06	\$283.53	\$145.42	\$72.71	\$70.81	\$150.42	\$726.73
	Family	\$1,082.56	\$867.91	\$433.95	\$214.65	\$107.33	\$70.81	\$150.42	\$1,104.21
MMO CDHP and Rx									
There is an additional post tax deduction of \$36.34/pay for each adult child age 26-28 added to the plan									
Full-Time	Single	\$181.70	\$155.08	\$77.54	\$26.62	\$13.31	\$25.81	\$157.56	\$185.33
	Family	\$548.43	\$470.19	\$235.10	\$78.24	\$39.12	\$25.81	\$157.56	\$559.40
Part-Time (20%)*	Single	\$181.70	\$146.20	\$73.10	\$35.50	\$17.75	\$34.41	\$148.96	\$185.33
	Family	\$548.43	\$444.11	\$222.06	\$104.32	\$52.16	\$34.41	\$148.96	\$559.40
Dental Plan									
Full-Time	Single	\$37.32	\$37.32	\$18.66	\$0.00	\$0.00	\$0.00	\$18.67	\$38.07
	Single + 1	\$74.66	\$74.66	\$37.33	\$0.00	\$0.00	\$0.00	\$19.84	\$76.15
	Family	\$114.34	\$114.34	\$57.17	\$0.00	\$0.00	\$0.00	\$19.84	\$116.63
Part-Time (20%)	Single	\$37.32	\$29.86	\$14.93	\$7.46	\$3.73	\$3.73	\$14.93	\$38.07
	Single + 1	\$74.66	\$59.73	\$29.86	\$14.93	\$7.47	\$3.97	\$15.87	\$76.15
	Family	\$114.34	\$91.47	\$45.74	\$22.87	\$11.43	\$3.97	\$15.87	\$116.63
Vision Plan									
Full-Time	Single	\$5.01	\$5.01	\$2.50	\$0.00	\$0.00	\$0.00	\$2.51	\$5.11
	Single + 1	\$10.04	\$10.04	\$5.02	\$0.00	\$0.00	\$0.00	\$2.67	\$10.24
	Family	\$15.37	\$15.37	\$7.69	\$0.00	\$0.00	\$0.00	\$2.67	\$15.68
Part-Time (20%)	Single	\$5.01	\$4.01	\$2.00	\$1.00	\$0.50	\$0.50	\$2.01	\$5.11
	Single + 1	\$10.04	\$8.03	\$4.02	\$2.01	\$1.00	\$0.53	\$2.13	\$10.24
	Family	\$15.37	\$12.30	\$6.15	\$3.07	\$1.54	\$0.53	\$2.13	\$15.68

* Existing part-time (benefit-eligible) employees on the payroll as of 12/31/08 who are currently enrolled in the health insurance will pay 15%. All newly hired part-time (benefit-eligible) employees, new transfers to a part-time (benefit-eligible) position or new part-time (benefit-eligible) enrollees as of 01/01/09 will pay 20%.

** The University's contribution toward covering an employee's domestic partner and his or her children is the same as for covering a spouse and eligible children of the employee. However, you will pay more in taxes for covering a domestic partner and his or her children under the University's medical, dental, and/or vision plans than you would for covering a spouse and your own eligible dependent children.

- The Internal Revenue Code requires taxation on benefits for domestic partners and the domestic partners' dependents. This means:
 - The portion of the employee's contribution for domestic partner health benefit coverage must be deducted from the employee's pay on an after-tax basis.
 - The portion of the University's contribution for domestic partner health benefit coverage must be counted as taxable imputed income to the employee.
- Be sure to factor in the additional taxes you will pay when calculating your total cost for domestic partner health plan coverage.

*** This amount has been determined to be the "fair market value" of the additional cost paid by the University when adding domestic partner coverage to your existing coverage under the pre-tax plan (for tax-qualified dependents). Under current law, this value for providing health coverage to a domestic partner and his/her child(ren) is considered taxable imputed income to you. This is not a deduction from your paycheck, but additional imputed income on which you will be taxed.



**University of Toledo
Health Science Campus
2011 Monthly Premiums**
Effective January 1, 2011

		Full Monthly Rate	Employer Per Month	Per Pay	Employee Per Month	Per Pay	Plus Domestic Partner Post Tax Per Pay*	Additional DP Taxable Imputed Income Per Pay**	2011 COBRA Rates
PARAMOUNT 3-TIER EMPLOYER SELECT and Rx									
There is an additional post tax deduction of \$71.57/pay for each adult child age 26-28 added to the plan									
Full-Time	Single	357.84	279.12	139.56	78.73	39.36	39.01	138.31	365.00
	Single + 1	712.48	555.73	277.87	156.75	78.37	39.69	145.35	726.73
	Family	1082.56	846.44	423.22	236.12	118.06	39.69	145.35	1104.21
Part-Time	Single	357.84	200.39	100.20	157.45	78.73	78.02	99.30	365.00
	Single + 1	712.48	398.99	199.49	313.49	156.75	79.37	105.66	726.73
	Family	1082.56	610.32	305.16	472.24	236.12	79.37	105.66	1104.21
MMO CDHP and Rx									
There is an additional post tax deduction of \$36.34/per pay for each adult child age 26-28 added to the plan									
Full-Time	Single	181.70	142.64	71.32	39.06	19.53	37.85	145.52	185.33
	Family	548.43	433.67	216.84	114.76	57.38	37.85	145.52	559.40
Part-Time	Single	181.70	103.60	51.80	78.10	39.05	75.71	107.66	185.33
	Family	548.43	318.91	159.46	229.52	114.76	75.71	107.66	559.40
DENTAL									
Full-Time	Single	37.32	29.11	14.56	8.21	4.11	4.11	14.56	38.07
	Single +1	74.66	58.23	29.12	16.42	8.21	4.37	15.48	76.15
	Family	114.34	89.19	44.59	25.16	12.58	4.37	15.48	116.63
Part-Time	Single	37.32	20.90	10.45	16.42	8.21	8.21	10.45	38.07
	Single +1	74.66	41.81	20.90	32.85	16.42	8.73	11.11	76.15
	Family	114.34	64.03	32.02	50.31	25.16	8.73	11.11	116.63
VISION SERVICE PLAN									
Full-Time	Single	5.01	3.91	1.95	1.10	0.55	0.55	1.96	5.11
	Single +1	10.04	7.83	3.92	2.21	1.10	0.59	2.08	10.24
	Family	15.37	11.99	6.00	3.38	1.69	0.59	2.08	15.68
Part-Time	Single	5.01	2.81	1.40	2.20	1.10	1.11	1.41	5.11
	Single +1	10.04	5.62	2.81	4.42	2.21	1.17	1.49	10.24
	Family	15.37	8.61	4.30	6.76	3.38	1.17	1.49	15.68

* The University's contribution toward covering an employee's domestic partner and his or her children is the same as for covering a spouse and eligible children of the employee. However, you will pay more in taxes for covering a domestic partner and his or her children under the University's medical, dental, and/or vision plans than you would for covering a spouse and your own eligible dependent children.

- The Internal Revenue Code requires taxation on benefits for domestic partners and the domestic partners' dependents. This means:
 - The portion of the employee's contribution for domestic partner health benefit coverage must be deducted from the employee's pay on an after-tax basis.
 - The portion of the University's contribution for domestic partner health benefit coverage must be counted as taxable imputed income to the employee.
- Be sure to factor in the additional taxes you will pay when calculating your total cost for domestic partner health plan coverage.

** This amount has been determined to be the "fair market value" of the additional cost paid by the University when adding domestic partner coverage to your existing coverage under the pre-tax plan (for tax-qualified dependents). Under current law, this value for providing health coverage to a domestic partner and his or her child(ren) is considered taxable imputed income to you. This is not a deduction from your paycheck; but additional imputed income on which you will be taxed.

[illegible]

Educational Excellence

Department:

Academic Year: 2005-06

	Data		Value Units	Total
<u>Undergraduate Medical Education</u>				
1. Number of hours undergrad medical education - lecture (Years 1 - 3)	<input type="text"/>	X	10.0	0.0
2. Number of hours undergrad medical education - labs	<input type="text"/>	X	3.0	0.0
3. Number of hours undergrad medical education - small groups (PBL & other)	<input type="text"/>	X	5.0	0.0
4. Total student 1/2 days required clerkships precepted by faculty	<input type="text"/>	X	3.0	0.0
5. Total student 1/2 days elective/selective clerkships precepted by faculty	<input type="text"/>	X	3.0	0.0
6. Block and Clerkship Directors				
(a) Number of faculty that are block directors	<input type="text"/>	X	200.0	0.0
(b) Number of contact hours in block of director	<input type="text"/>	X	1.0	0.0
(c) Number of faculty that are required clerkship directors (Years 3 & 4)	<input type="text"/>	X	900.0	0.0
7. Curriculum and Admission Committee participation				
(a) Number of faculty on the Curriculum Committee (attendance >75%)	<input type="text"/>	X	30.0	0.0
(b) Number of faculty on the Admission Committee (attendance >75%)	<input type="text"/>	X	125.0	0.0
(c) Number of medical student candidate interviews conducted by faculty	<input type="text"/>	X	3.0	0.0
8. Educational grants				
(a) Number of educational/training grant proposals submitted	<input type="text"/>	X	5.0	0.0
(b) Total educational grants awarded /\$1,000	<input type="text"/>	X	1.0	0.0
9. Educational scholarship and publications				
(a) Number of peer-reviewed articles published	<input type="text"/>	X	50.0	0.0
(b) Number of non-peer-reviewed articles published	<input type="text"/>	X	10.0	0.0
(c) Books published (edited)	<input type="text"/>	X	75.0	0.0
(d) Books published (authored)	<input type="text"/>	X	150.0	0.0
(e) Number of faculty - editorial board/elected officers of educ organizations	<input type="text"/>	X	5.0	0.0
(f) Number of education presentations (keynote, plenary, abstract-based)	<input type="text"/>	X	15.0	0.0
<u>College of Medicine Graduate Education</u>				
10. Number of hours of graduate education - lecture	<input type="text"/>	X	10.0	0.0
11. Number of hours of graduate education - small group	<input type="text"/>	X	5.0	0.0
12. Number of hours of graduate education - lab courses	<input type="text"/>	X	3.0	0.0
13. Number of student lab rotations - graduate and summer students	<input type="text"/>	X	50.0	0.0
14. Number of Student Mentorships - PhD and MSBS	<input type="text"/>	X	250.0	0.0
15. Number of memberships - Graduate student advisory committees	<input type="text"/>	X	15.0	0.0
16. Number of faculty serving as core course directors	<input type="text"/>	X	50.0	0.0
17. Number of faculty serving as Program Directors	<input type="text"/>	X	400.0	0.0
<u>Non-College of Medicine Graduate Education</u>				
18. Number of hours education other University programs - lecture	<input type="text"/>	X	10.0	0.0
19. Number of hours education other University programs - labs	<input type="text"/>	X	5.0	0.0
20. Number of hours education other University programs - small groups	<input type="text"/>	X	3.0	0.0
21. Percent of faculty with avg. student lecture rating of >2.9	<input type="text"/>			
22. Percent of educational effort in Featured Academic Strategic Tracks	<input type="text"/>			
23. Percent of educational effort in Essential Academic Strategic Tracks	<input type="text"/>			
Total Education Value Units				0

College of Medicine
Commitment to Excellence & Continuous Improvement Metrics



Research Excellence

Department: **Physiology, Pharmacology**

Academic Year: 2005-06

	Data		Value Units	Total
1. Total direct extramural research expenditures / \$1,000		X	1.0	0.0
2. Total F & A cost recovery / \$1,000		X	1.0	0.0
3. Percent of research FTE tenure track faculty salaries extramurally funded		X	8.0	0.0
4. Percent of tenure track faculty with extramural salary support >40%		X	100.0	0.0
5. Total royalties and licensing fees / \$1,000		X	0.3	0.0
6. Number of NIH grant submissions (R, K, U, F, S Mechanisms)		X	2.5	0.0
7. Peer-reviewed research publications				
(a) Number in journals with impact factor > 9.9		X	100.0	0.0
(b) Number in journals with impact factor 3.0 - 9.9		X	50.0	0.0
(c) Number in journals with impact factor < 3.0		X	20.0	0.0
8. University research committee participation				
(a) Number of faculty on the IRB Committee (attendance >75%)		X	17.5	0.0
(b) Number of faculty on the IACUC Committee (attendance >75%)		X	17.5	0.0
9. Research presentations				
(a) Invited extramural research seminar		X	10.0	0.0
(b) Invited platform presentation at Natl/Internatl meeting/conference		X	12.5	0.0
10. Research service activities				
(a) Number of NIH study sections attended		X	17.5	0.0
(b) Number of faculty that are members of journal editorial boards		X	15.0	0.0
(c) Number of journal manuscript reviews performed		X	3.5	0.0
(d) Number of natl/internatl review panel meetings attended		X	10.0	0.0
11. Research books, monographs authored or edited		X	25.0	0.0
12. Research book chapters authored		X	10.0	0.0
13. Percent of postdoctoral fellows supported by extramural funds		X	100.0	0.0
14. Total federal research funding / \$1,000				
15. Total foundation research funding / \$1,000				
16. Total corporate research funding / \$1,000				
17. Number of grant applications				
18. Number of new grant applications				
19. Number of patents & copyrights				
20. Percent of research EAST / Percent of research FAST				
21. Total square feet of departmental research laboratory space				

Total Research Value Units

0

College of Medicine
Faculty Effort Report 2009-2010



Faculty Member:
Academic Rank:

Department: **Physiology & Pharmacology**
FTE:

Actual
2009-10
Projected
2010-11

Education	Total % of Effort	0%	0%
1. Classroom lecture hours - M.D. Program Years 1 & 2		-	-
2. Small group instruction/facilitation hours - M.D. Program Years 1 & 2		-	-
3. Other small group instruction/facilitation hours - M.D. Program Years 1 & 2		-	-
4. Classroom lecture hours - M.D. Program Year 3		-	-
5. Classroom instructional hours - non-M.D. programs.		-	-
6. Number of doctoral & masters students for which you serve as major mentor/advisor		-	-

Research & Scholarship	Total % of Effort	0%	0%
1. Percent of total research effort on extramurally funded research projects.		0%	0%
2. Percent of total research effort on unfunded research projects.		0%	0%
3. Amount of total sponsored research expenditures		\$ -	\$ -
4. Number of investigator-initiated grants/contracts submissions (new & competing)		-	-
5. Number of patent application submitted & invention disclosures		-	-
6. Number of invention disclosures heard by the Patent Committee		-	-
7. Number of peer-reviewed articles published (both education & research)		-	-
8. Books published - edited & authored (both education & research)		-	-
9. Manuscript or poster presentations at national/international conferences (both education & research)		-	-
10. Number of graduate students funded partially or fully from grants in which you are the PI		-	-

Clinical Service	Total % of Effort	0%	0%
1. Percent of time engaged in clinical practice & simultaneously precepting M.D. students		0%	0%
2. Physician work RVUs		-	-
3. Outpatient office encounters		-	-
4. Surgical cases performed at UTM		-	-
5. Other (specify)		-	-
6. Other (specify)		-	-

Administration & Institutional Service	Total % of Effort	0%	0%
List all administrative appointments & service on institutional committees (e.g. block or course director, admissions committee, APT committee, center director, etc).			
1.			
2.			
3.			
4.			
5.			
6.			

Please attach a summary, if necessary, describing all other Educational, Research, and Clinical Service activities not listed in the above tables. Also attach list of all doctoral & masters students included in item 7 in the Education section.

Chair Name
Chair, Department of

Faculty Name
Faculty Title



College of Medicine Council

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Welcome to the College of Medicine Council

To keep COM faculty informed about COM council activities, links to bylaws, committee structure and membership and meeting minutes, as well as other information from the council are provided here.

Next Council Meeting:

Tuesday, March 1, 2011 at 1:30 p.m. in 105 HEB

For more information, please contact:

Marlene Porter, COM Council Secretary at COMCouncilSecretary@utoledo.edu or 419.530.2842

Correspondence for the council should be addressed to:

College of Medicine Council
Mail Stop 509
The University of Toledo
2801 W. Bancroft Street
Toledo, OH 43606-3390

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