

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.

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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.

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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).