

February 19, 2016

COM COUNCIL MEETING

1. 12:01 call to order by Dr. Williams
2. approval of minutes – Approved.
3. Short report from Ex Committee (Williams)
 - membership roster updates needed. Please email Dr Williams with new representative names, including Dept of Medicine
 - Neuro is signing up Josh Park and Xie (per David G and Marthe Howard)
 - Elections will be coming up soon and we need Secretary nomination and VP (Basic Sciences)

Website has been updated – please check it out.

4. Invited speaker - Dr Chris Cooper

A. Proposal : Clinical Affairs Committee MD faculty representative from COM to go to the Clinical Affairs Committee meetings

Academic affairs used to go to the clinical affairs committee. Clinical affairs is now separate (per Dr Gaber) and only clinical issues are discussed. Faculty council needs to make a decision as to who will represent academics as a non-voting official on clinical affairs committee. Currently, that representative is COM Council President (and currently a non-MD). Hence, the COM Council bylaws might be changed accordingly so that we would have an MD representative to the Clinical Affairs committee.

Clinical Affairs committee is a key committee at the institution. Every hospital must have a board which oversees the credentialing of physicians at that hospital. Clinical Affairs Committee oversees granting of medical privileges at UT Hospital. The board has responsibility for safety oversight of hospital, as well as approved capital requests of >500000\$ (ex, medical records software upgrades). In the past, COM issues have been raised, but the board now wants those issues to stay in academic affairs. Dr Cooper stresses that this should be a COM faculty decision and should be a thoughtful decision.

B. Mission/Vision Values

Please have a look at the document attached for reference for March COM Faculty meeting from Dr. Cooper. Dr Cooper would like to wrap up the process and make sure the missions are in alignment with current processes (things like what kind of medical students to admit; goals for departments for the year)

C. Faculty Compensation

A year ago discussions began about updating compensation plan. Focus groups were held this summer to get a representative sample of faculty involved in process. This process wrapped up in December 2015 and recommendations were made. Recommendations were presented to the President in Jan. with the understanding that we still had work to do to develop the plan. The process was paused to re-evaluate outside perspectives on the plan developed to date (best practices, best direction to go,

etc), and to get perspective as to how to implement plan (make sure it's solid, wise and vetted).

So who should help us as a consultant? Consultants have been interviewed and a decision will be made soon as to a firm to use to review policy.

Legal considerations are also being evaluated in the proposed plan.

Guiding principles:

1. align compensation with education, research and patient mission values
2. aligning compensation with success, promotion and tenure.

In essence, if someone tells you that these are the things that the University of Toledo values in promotion and tenure this should align with your compensation. The hope is that the career transitions will be better and more fluid for faculty.

3. need for fairness and transparency in faculty compensation

Comments about current plan:

- a. academics – limited capacity to reward folks that are doing very well in mission.
- b. research side - we should be able to reward folks for doing things well prior to their getting another offer from another institution.
- c. clinical side – currently is based around collections only. The problem is that if patients are unhappy, they have a real and material impact on future patients coming into the institution. We need to value patient experience, access to care, etc.

Looked at benchmark centers (UM, CC, Henry Ford) for incentives and research salary support.

Focus groups: need for professional development opportunities to help faculty get better at thing University of Toledo COMLS values.

-help w innovative teaching

-help w grant assistance

-help w communication

Clearly defined metrics for teaching.

Summary: much work has been done but now we need to get an outside perspective to see if this plan is going in the right direction

Intent: end of this academic year that the plan will be well developed and shared with faculty

July 1 2016 -2017: give information to faculty (performance re: mission feedback, impact on you)

July 2017: institute revised plan

Questions: How is the affiliation affecting the compensation process?

Dr. Cooper: It's not clear yet.

Q: How would you compensate Promedica PG on academics?

Dr. Cooper:

-Base salary idea was floated to reduce salary by 25%. That idea has not been disbanded.

Base, 75%

Variable, 25% (educator, research, clinician, administrator)

Administration stipend

Incentive component (additional)

- discrepancies in compensation now. Has that been looked at yet? Must you bring people into equity to implement this program?
- Is a one size fits all solution for compensation at the various levels going to work? Should dept chairs have latitude in giving incentives and compensation (this is a problem due to interpersonal relationships and research areas). It's pretty important to let people know what they can do to drive their compensation up.

Wafaa Hanna wants to assemble a committee to begin to ascertain Midwest average salaries for medical schools. Have committee make recommendations as to minimum base salaries. Dr Cooper agrees that a committee would be needed to come to a consensus as to base salaries- including disciplines and span of career stages.

Q: How is this new budget cutting going to affect us?

Dr. Cooper: Promedica infusion helps out our situation more than other colleges. But we still need to cut things from our base budget. We have wiggle room to weather the storm.

Attendee suggestions to Dr. Williams is to put together a group of folks to define what "base" means, across disciplines and career stages. Go over standards and come to consensus to base starting levels.

If there is interest in joining the committee, please email Dr. Williams. She will send out mail to COM faculty to request representatives. Nate Walker from HR should become involved in the wording of the email. (Drs. Giovannucci, Howard volunteered at the meeting in person)

5. Clinical Affairs Committee – no volunteers for the MD representative. Dr. Howards asked K. Williams to poll clinical faculty to come up with a representative

6. Additional comments and discussion:

Comments: how to engage faculty more in COM Council?

It was suggested that shared governance is not a recognized reality on this campus and until faculty feel like they have a role at the table they wont show up to these meetings.

Comments: why not rename COM Council to COM Senate?

K. Williams suggests status quo

Comments/Discussion: Is faculty compensation plan just a cost cutting salary reducing mechanism in disguise. Bringing us up to parity would cost a lot of money.

Adjourned – Williams 1:17p