

**Minutes: College of Medicine and Life Sciences Faculty Council \*SPECIAL\* Meeting  
Interim President Matt Schroeder and Interim Provost Dr. Scott Molitor  
Thursday, May 16<sup>th</sup>, 2024; 7:30-8:30 am; HEB 105 and WebEx**

Discussion with Interim-President Matt Schroeder and Interim-Provost Scott Molitor in response to the May 9<sup>th</sup> COMLS Council request and May 13<sup>th</sup> Letter from COMLS Chairs to meet with UT Leadership regarding current and upcoming leadership challenges.

Questions proposed by COMLS Council Executive Committee:

1. If the University is only interested in recruiting a 'Dean' AND most COMLS faculty are dually employed by UTP AND those same faculty practice at and teach in UTMC, then how will the new 'Dean' have any authority to make strategic decisions to help UTP and UTMC, to hire new faculty/physicians in targeted areas that help COMLS, UTP and UTMC, to help with UTP's financial issues, etc.?
2. Does the University plan to appoint an interim Chief Physician Executive (CPE) or begin a CPE search? What authority will the CPE have? Who will the CPE report to? Who will report to the CPE? Since UTP is private (LLC), how will decisions be made and communicated between UTP and the University (COMLS Dean and/or UTMC)?
3. Does the University plan to hire a separate (Executive) Vice President for Health/Clinical Affairs (independent from the Dean and CPE)? What authority will the (E)VP for Health/Clinical Affairs have? Will the (E)VP be in charge of UT Health (COMLS, UTP, and UTMC)? Who will the (E)VP report to? Who will report to the (E)VP?
4. UT Health clearly needs a re-boot. What are the plans to restructure or restart UT Health? Why are clinical chairs not members of the UT Health Board? Why is communication so opaque?

Questions submitted by the COMLS Department Chairs:

1. We believe that the COMLS Dean position should be broader based than the current position description associated with the open search. Expansion of role should include EVP for Health Affairs. The search should target applicants with expertise in medical education, translational research, and clinical affairs. The ideal dean candidate would have intimate knowledge of our challenges and would work collaboratively with all stakeholders.
2. Recruit a Chief Physician Executive (CPE) to lead the clinical programs of UTP and work collaboratively with the Dean, UTMC, and the University leadership. The CPE role potentially should be rolled into the EVP for Health Affairs and the dean should serve in that role.
3. Increase allocation of the COMLS resources back into the COMLS and the clinical enterprise as the current model has led to substantial erosion of programs as well as faculty/staff attrition. This has substantially reduced the ability to appropriately resource clinical, research, and educational programs at all levels. Examples of such

transfers include subvention, revenue generation from the affiliation, COMLS programs, and UTP.

4. Equity in terms of cost-of-living increases given to main campus union faculty and staff with non-union faculty and staff within COM LS as well as maternity leave parity.
5. Increase communication and partnership of the core medical leadership with the Board of Trustees and the University leadership as to create an environment where diversity of opinion is encouraged, and potential solutions are worked on together.
6. Prepare to appoint an Interim Dean if the search is unsuccessful or extend the tenure of the current dean, if possible. Additionally, appoint an Interim CPE. Given the timing and typical length of Presidential searches, we feel that interim leadership is likely to be needed to stabilize and maintain the current academic and clinical missions.
5. If the University is only interested in recruiting a 'Dean' AND most COMLS faculty are dually-employed by UTP AND those same faculty practice at and teach in UTMC, then how will the new 'Dean' have any authority to make strategic decisions to help UTP and UTMC, to hire new faculty/physicians in targeted areas that help COMLS, UTP and UTMC, to help with UTP's financial issues, etc.?
6. Does the University plan to appoint an interim Chief Physician Executive (CPE) or begin a CPE search? What authority will the CPE have? Who will the CPE report to? Who will report to the CPE? Since UTP is private (LLC), how will decisions be made and communicated between UTP and the University (COMLS Dean and/or UTMC)?
7. Does the University plan to hire a separate (Executive) Vice President for Health/Clinical Affairs (independent from the Dean and CPE)? What authority will the (E)VP for Health/Clinical Affairs have? Will the (E)VP be in charge of UT Health (COMLS, UTP, and UTMC)? Who will the (E)VP report to? Who will report to the (E)VP?
8. UT Health clearly needs a re-boot. What are the plans to restructure or restart UT Health? Why are clinical chairs not members of the UT Health Board? Why is communication so opaque?

Points highlighted by Interim President **Matt Schroeder**:

- *As part of the introduction of UTHealth we develop an organization chart with the EVP of Health Affairs, a Chief Physician executive (who is also president of UTPCF). UTPCF also includes dentistry and a small entity of pathology and UT MAC that report up to UTP. The other side includes UTMC led by the CEO with an advisory board over UTMC. UT Board approved this model in February 2023. Dean COMLS is focusing exclusively on COMLS and on UG and graduate medical education. Dr. Postel has been serving as EVP of Health Affairs and CPE and with his departure will leave a lack of physician leadership.*
- *The organizational structure has been approved by the board. It has been memorialized in the UTPCF Code of Regulations and UT BOT Bylaws under UT Health.*
- *Clinical struggles resulting in \$8M Loss with underwriting from UT MAC.*
- *Immediate priority is to get an interim CPE from within Faculty ranks.*
- *UTHealth Board has to appoint interim CPE (4 trustee, ex officio members and 5 community members).*

- *A search for an EVP of Health Affairs must begin immediately.*
- *Dean position was posted according to this model, and we went from 5 candidates down to 2 and we are not going to change the structure at this point in time. The focus will be on the academic side including UG and Graduate medical education, Academic Affiliation and UTMC with 130 residents.*
- *Will provide the matrix of UHealth operations - flow chart of day-to-day operations.*
- *We will continue to move forward with the COMLS Dean search as advertised. Hopefully, a new Dean will be in place by June 1<sup>st</sup>.*
- *A Chief Physician Executive needs to be appointed ASAP.*
- *Academic issues have to flow through the provost and clinical issues through the practice plan.*
- *If the Dean Search fails, an interim Dean will be appointed from the faculty ranks, probably a department chair.*
- *Message to the BOT is: leadership, accountability and metrics and how to measure success as well as understanding the importance of the College of Medicine and Life Sciences.*
- *Recruitment and Retention are important in this environment, and we are competing with other medical schools.*

Point highlighted by Interim Provost **Scott Molitor**:

Question from Faculty regarding out of sync academic calendars in slate/admissions for our graduate programs. We need to get this corrected, so our programs are supported in the correct timeframe, problems with staffing in COGS, financial aid, admissions processes and registrar.

- ***Dr. Molitor** – We have had staffing issues in the Graduate School and are trying to get back up to speed and catch up in these areas. Please reach out to me directly regarding these other issues as we need to schedule a time to meet and figure out how we can best resolve. I do understand it would be a great solution to put somebody on this campus but there are pros and cons with financial implications. Slate should be working more smoothly as the processes are now built and I am happy to meet with you and the Dean of Graduate Studies to talk about those issues more specifically. Turnover in these critical offices is an issue.*

*Faculty comment:* Discussions have been going on about having our own admission for the COMLS since it is so difficult to offer interviews and admit students on our own timelines as we are out of sync. Can we set some goals to 1) find a model that works, 2) meet to reorganize 3) discuss plan 4) re- meet with a deadline to be successful.

- ***Dr. Molitor** – Slate is a much better tool than our previous software and has helped in a number of areas. Clearly there are still some issues we need to work out. I need to hear what the specific issues are, and I will connect with the group*

*and graduate admissions. If you want to have your own graduate admission office and you have the resources to put that up, I don't have a reason to stop you, but it is going to take resources. This work is not easy.*

*Faculty Comment:* There's been lots of really positive things about the integration of the University of Toledo and the Medical College of Ohio, but one of the things which has not been positive is the stripping away of resources from the HSC. In the spirit of consolidation and what our faculty here, what our students here is, if you need a service, go to main campus or worse yet, post COVID - there's somebody who's working from home or working remotely who may or may not answer their e-mail or answer their phone. It's not just an issue about admissions. Admissions is a problem, right? And enrollment is a big deal for the university and if admissions is a problem and financial aid cannot help you. I've had dozens of conversations about financial aid support on this campus and it's about research and sponsored programs. Our grant funded faculty trying to submit grants and there's nobody to help - no answer, no response. And you know the response we get is that we need to keep all of our team together in the R1 building because we can talk to them, but yet there's nobody here to help our faculty. We're trying to submit grants that will fund the operation. There needs to be some resources on this campus available to students and faculty simply so they can do their work. I know that you know, budgets are stretched, etcetera. But when there's not that access to support, you have unhappy faculty or not submitting the grants, or grants get delayed, or students are struggling. It just doesn't help. We were out of sync nationally with the way that biomedical or medical school graduate programs admit, right? Most start in August, they make decisions in October, and it's done before winter break. We are completely out of sync with national admission trends, and we are losing out on graduate students because our calendar is completely out of sync. Doctor Williams and others have asked for change, and they are completely stonewalled. Another issue is, as soon as we transition to start admitting people for the next academic year, we can no longer admit people for the current academic year. And so, we end up having programs where we admit students right up to the last minute.

- ***Dr. Molitor*** – *So that's an issue we are trying to work out. We are trying to look for a solution on that, because I agree we don't want loose students in competitive programs.*

The discussion was extremely informative and provided clarity around a number of issues. Below is a brief summary of discussed commitments from Interim Provost Dr. Scott Molitor and Interim President Matt Schroeder:

1. Appoint an interim chief physician executive (CPE) for UTP by the first week of June 2024.
2. Continue negotiating with and make an offer to one of the top COMLS Dean candidates so that a new COMLS Dean is announced in early June 2024.

3. Complete data collection/discussions on maternity/parental leave and offer paid maternity/parental leave to non-CBA bound faculty by the opening of October 2024 Open Enrollment.
4. Re-examine our UToledo Health structure, potentially using the Ohio State University Wexner Medical Center as a model and propose a modified structure to the Board of Trustees if it makes sense.
5. Start a search, within 4 months, for a UToledo Health Leader – Executive Vice President of Health Affairs.
6. Ensure that UToledo centralized services (*e.g.*, Registrar, Financial Aid, Graduate Admissions) have a physical presence on the HSC and, based on recommendations from a COMLS working group, align processes (*e.g.*, graduate program admissions, class registration, grading) with COMLS' distinct academic calendar.

In addition to the above 6 commitments, there also was agreement to:

- Post all UToledo Health Board minutes.
- Email the UToledo Health governance/decision making matrix to all COMLS faculty.
- Provide more frequent and complete UTP financial statements/balance sheet to all UTP physicians.
- Not subject COMLS to any more budget reductions.