The Research Council met in a special session to discuss the priorities for the coming year. There was unanimous opinion that a single, overarching concern should occupy most of our efforts over the coming year: the need to create a community of physician scientists, at the least within the Department of Medicine and preferably beyond it. This community could perhaps be called the UCSF ‘College’ of Physician Scientists. Regardless of its name though, it should broadly integrate the work of physician scientists, both horizontally (across divisions, sites, disciplines, and departments) and vertically (from the MSTP and Molecular Medicine programs through fellowship and then faculty recruitment and retention).

The organization should be more than titular. It should include space, administrative structure, and independent funding. The organization should provide a “home” for physician scientists at all levels. To meet this, it would be best to build this at least at the level of the School of Medicine, if not at the level of the Chancellor. Two related UCSF organizations were discussed:

1. BMS and PIBS. Although these are amalgamations of departmental efforts, they strive to build broader programs, and admission of students to the programs is not department-specific. Clinical programs will be more constrained in terms of joint recruitment of trainees, but they could share training and research efforts.

2. CTSI. The CTSI provides for clinical scientists some of the support that is sought for all physician scientists, and which is particularly lacking for bench scientists. There was comment about building a ‘CTSI for bench scientists,’ but broader initiatives were discussed.

The importance of integrating research disciplines was discussed, supporting efforts that would encourage collaboration and would include basic scientists in the conduct of translational/clinical studies.

To accomplish these goals, it would be useful to begin integrating programs for physician scientists, especially (though not exclusively) bench scientists across the department. Recruitment of bench scientists, for example, could be at the level of the department rather than at the level of the division, and scientists could work
across divisions if not also departments. It may even prove useful to recruit at a level higher than the department, but this is a place to start, and recruitments could be done in partnership with other departments and ORUs.

As part of this effort, we should integrate our efforts in training, beginning at the level of medical school admission and progressing through internship selection and fellowship selection. While we cannot bind trainees to a course of study, we can increase the importance of scientific pursuit in our admissions processes, and we can foster the development of trainees.

There was discussion of the role of K Awards and whether there should be more centralized planning for submission of awards and support of awardees.

Barriers to this plan are substantial, including funding, leadership, and buy-in by faculty and others. Funding could be a 'hybrid', blending funds from different sources. The creation of the organization would also facilitate fundraising, as it has for BMS and PIBS.

At the October meeting, Mike McCune and Bob Nussbaum will present their recommendations regarding the criteria for promotion. Talmadge King will join us for at the November meeting, and we will focus primarily on the topic above, the home for the physician scientists. In December, Mark Anderson and Bob Nussbaum will discuss the MSTP and Molecular Medicine Programs, respectively.