Updates (Bill Seaman)

- **Funding for Pre-Award Support** – The campus has approved the new Pre-Award Funding Model reported & discussed at the Council’s November 12th meeting. The new model will be based on actual proposal volume as opposed to a percentage of indirect cost dollars. Talmadge will follow the recommendation of the Council to not follow the new methodology internally when assessing DOM Divisions for pre-award services. DOM divisions will continue to be assessed based on a percentage of annual indirect cost dollars.

- **Indirect Costs** Waiver Policy Changes– Changes in the current IDC waiver policy are being proposed by a campus IDC Waiver Policy Task Force formed to address steadily increasing deficits in UCSF’s 10-year operating budget. The task force recommends two major changes: 1) Reduce the number of proposals requiring a waiver by doing away with the waiver requirement for government or non-profit sponsors who have a published rate, even if this rate does not comply with UCSF’s federal negotiated F&A rate and 2) Require support for indirect costs when this does not reach a defined minimum. To start, this minimum will be set at 10% of direct costs, charge equivalent to the assessment of gifts. The second requirement will be for someone (PI, Division, Department, or School) to pay the difference between what is paid by the sponsor and the set minimum. If agency guidelines allow, F&A expenses may be included in the direct cost budget to cover the indirects. Training and career development awards would be exempt from the minimum rate structure. The hope of the task force is that this will recover dollars that go against the bottom line for the University.

- **Physician Scientist Scholars Program** – DOM put in seven candidates and three were selected to continue in the application process. The final decisions will be made by the end of February 2014.

- **Departmental Research Server** – There are no current plans to invest in a departmental server dedicated to research. IT staff cited high cost to maintain as a primary reason.

Continuation: Discussion of RMS Issues (Bill Seaman & Maye Chrisman)

Following last month’s discussion around RMS issues and means for improving the working relation between RMS and investigators in the Department of Medicine, a common set of issues have emerged: proximity of investigators with RMS staff; communication; and greater ownership of the pre-award process by RMS. Maye Chrisman updated the Council on activities of a workgroup created by the SOM Budget and Finance Committee; the charge of the workgroup was to look at cost efficiencies related to OE. The workgroup interviewed all of the MSO’s in the School of Medicine, as well as selected employees from RMS, and HR. The committee also reviewed the results of the OE evaluations, which were based on surveys and interviews with participants. Susanne Hildebrand-Zanki will present the survey results regarding RMS in the next RAB meeting. Some of the current issues are: 1) Turnover of RSCs – this is an ongoing issue as new RSCs have to learn the job and how to work with individual faculty members and divisional staff; 2) Lack of standardization –lack of efficiency and best practices, which causes burnout and lack of PI confidence. PI’s have found that there is very little standardization between the RMS teams. The RSCs who participated in the focus group indicated that some of the variability is driven by a desire to provide good customer service, but can have the opposite result, by creating expectations that cannot be regularly met. Variance in service level from RSC to RSC also could stem from lack of a common definition of what is “pre-award”; as a result, departmental staff take over tasks that they and the faculty consider pre-award tasks while some RSCs feel that they are doing the pre-award work and some of the “post-award” work. The MSO’s may not be aware of the full extent of work being done by the PIs and their direct support; 3) Unclear guidance from RMS leadership – In addition to assigning the work, managing the change process and providing clear guidance is key, and; 4) Lack of
confidence – Taking ownership of the process would gain the PI’s confidence. RMS staff working long hours and sending communications on weekends, while evidencing commitment, does not inspire confidence and/or provide evidence of efficiency. PIs are doing a lot of monitoring of RMS because the confidence in the service is not there. Stakes are high for not meeting deadlines w/pre-award.

Some solutions/thoughts posed by the Council were to better clarify the RMS Service Level Agreement. How much of the problem stems from systems versus people? Take good people and put them under a good management structure and give them a clear career path, with standardized expectations. From the view of many PIs, there is inadequate management and education/training. Good people don’t necessarily make good managers. How are the managers taught to manage? Who is in charge? Are the managers merely delegating or are they making sure the work is getting done?

It is a strange outcome that the formation of a central unit has not resulted in standardization. Faculty are more likely to accept more standardization if it is accompanied by a robust management model and consistent assignments of RSCs, with standard deadlines. Long-shared experience creates the expertise to manage the pre/post award. Faculty has had to hire their own in-house people to re-create consistency.

The Council will continue this discussion at the next meeting, inviting Maye Chrisman to return and Susanne Hildebrand-Zanki and Marge O’Halloran to join and hear the concerns and proposed improvements of the Council.

**Future Meeting:** Tuesday, February 11, 2014, 8:00 - 9:00 am, Parnassus Room S-226
Discussion of RMS/OE (Susanne Hildebrand-Zanki, Marge O’Halloran)

Following last month’s discussion around RMS issues and means for improving the working relationship between RMS and investigators in the Department of Medicine, Susanne Hildebrand-Zanki and Marge O’Halloran presented the findings of the 2013 Research Services Satisfaction Survey.

The Office of Sponsored Research asked Dr. Claire Brindis and colleagues of the Philip R. Lee Institute for Health Policy Studies to conduct a joint Operation Excellence (OE) survey to evaluate the Human Resources (HR) and Research Management Services (RMS) service centers. Dr. Brindis’ group was chosen because of its expertise in data analysis as well as its first-hand understanding of the pre-award process. They were responsible for distributing the survey, and performed the evaluation of results. They put together a two-page document of the key results of the survey. Marge O’Halloran and Susanne Hildebrand-Zanki evaluated the high-level recommendations that came out of the survey, to address issues specific to RMS and the work that is in progress (second handout).

**Review of First Handout** – It was clear that overall satisfaction with RMS is low. Excluding respondents who marked “don’t know/does not apply,” nearly half of the respondents said that their pre-award services were somewhat worse or much worse with RMS and, similarly, nearly half said that they spent more time on proposal preparation/submission than before RMS. There was variation among the teams, which was significantly correlated with satisfaction, independent of all other factors. Under “Overall Satisfaction,” Postdocs, followed by the non-faculty Academics were most satisfied. The lowest ratings were reported by Faculty who have been at UCSF the longest, and who have submitted the most proposals.

**Review of second Handout** – Overall Recommendations – These are the recommendations that Dr. Brindis’ group pulled out of all the comments that were submitted by stakeholders from the open-ended questions.

Stakeholders involved in this process (OSR Staff answered open-ended questions, but did not rate):

- OSR Staff
- Faculty
- Departmental Staff

All three groups agreed on the following recommendations: 1) Hire more staff; 2) Reduce workload and provide better workflow management; 3) Improve training; 4) Emphasize personalized service, meet face-to-face, build relationships; 5) Improve responsiveness of staff, regard faculty as customers, 6) Standardize roles of RMS, with consistency across teams (albeit with some tailoring for individual needs) 7) Improve IT, alerts, templates, reference materials.

**Comments from the Council**

Bill Seaman – The survey shows that there is substantial room for improvement in the process. Some teams are working better with the faculty/staff than others, suggesting that part of the problem may lie in differences between individuals, but there are also systems issues, including a need to define what is required, what needs to be standardized, and who’s responsible for what. There is an overall feeling that the two partners are more distant than they should be.

Susanne Hildebrand-Zanki -- In order for this model to work, OE will have to come up with a way for the RSC/PI relationship to work. Two issues that hinder this relationship are:
• RSC Backup Coverage – When the primary RSCs’ workload is heavy, an RSC who has been cross-trained covers for the primary RSC. When this occurs, the PI doesn’t feel as supported as they do with the RSC they have a working relationship with.
• Turnover – Re-building a relationship with a new RSC is a challenge for some PI’s, as they often don’t have the time to get the RSC up to speed on their research, funding, and their unique requirements.

The primary goal is to establish the PI/RSC relationship, then improve systems. This will be a challenge because there are factors that are uncontrollable, such as, workload, people leaving for non-work reasons, new hires, etc.

John Fahy – What was the initial motivation for OE? Was it to even out the standard of service (some research units had good support, while others did not) or have a cost-cutting exercise? If the latter, PI’s were frustrated because it claimed to be cost-cutting while offering a better service, which is hard to accomplish.

Susanne Hildebrand-Zanki – The cost factor is having a huge impact on the organization. The OE was formed with the intention to improve service for everyone. The OE workgroup heard there had ben a lack of training for pre-award for years, unresponsiveness of Contracts and Grants, long turn around times for awards and subcontracts, and a mixed level of quality in the departments in terms of the proposals that came through for review, which led the OE workgroup to believe there was enormous room for improvement. After examining all of these issues, the decision was to come up with one model, which was to separate pre-award post award.

There was a training component, and support teams were implemented for the new pre-award model, and an environment was cultivated where people who work together and do similar things, could learn from each other.

The idea to improve service for everyone has been challenging. For instance, there is a 17% increase in the number of proposals, but no willingness to pay for more staff. OE believes when they get the PI/RSC relationship established, the level of service will improve.

This year, the goal is for every RSC to meet with the PI for whom they prepare a proposal. It works better when the PIs invite RSCs into their world, versus little communication and proposal planning.

Art Weiss - Video Conferencing is an efficient way to accomplish meeting with PI’s. This reduces back-and-forth emails and misconceptions.

Christine Razler – How can the RSCs be monitored better? Managers seem to be removed from the work of their staff or do not seem to work out issues with their staff. How is the communication being disseminated from the managers to the RSCs? (e.g. priorities, what the managers want the RSCs to do, work hard to build relationships with each PI, give PI’s what they need in order to do the work, using video conferencing, etc.), and then monitor their progress.

John Fahy – It would help if the faculty knew the architecture of the system, as many of them were not aware that RSCs had team managers. They could copy their managers if something significant was being submitted, coordinate the PI meetings with the managers and RSCs, establish a constant two-way survey between the PI and RSC, and provide those data back to the department managers.

Maye Chrisman – Openness to two-way feedback would be helpful as it opens the communication on both sides. Both the PI/staff and RSCs feel overworked and are not able to see the bigger picture. Having this feedback would be useful if people are open; if they are not, it will create a bigger divide.

Standardization is key, as variability makes it harder for one RSC to fill in for another, and it makes it a challenge for the RSC to have to negotiate tasks with each PI, which is an inefficient practice.

There is a service level agreement in place for roles and responsibilities. Everyone should know what this is, implement it, and improve on it. This is how to measure/evaluate if you’re doing a good job or not. If everyone buys into the current standard, we have a common foundation, in which we can build on to improve.

By the end of March, OE will have finalized the award set-up team, and starting in April, OE will look at Processes Standardization, with input from the stakeholders and faculty. An allocation of tasks will be reviewed during this process (e.g. who will create/update other support and bio sketches).
Marge O-Halloran and Susanne Hildebrand-Zanki will focus on piloting ideas for Teams E & F, because they support DOM and have been discussed in the Research Council and Think Tank meetings.

Mark Anderson – Measurement of Satisfaction – what are the ultimate outcomes in terms of success rates and the data of how well we were doing before the implementation of OE, and after? Are we adversely affecting our success rate?

In response to Mark’s question - UCSF’s success rate has held steady. Also, per Talmadge, UCSF DOM funding has increased.

Are the appropriate RSCs matched with the appropriate faculty, according to their level of knowledge?

Some PI’s who rely on their post-award people to manage their RSCs can make the process difficult, depending on the relationship between the pre- and post-award persons. People seem reluctant to say this is a problem. When the DA’s are aware of this, they try to alleviate the situation. This is a challenge for post-award as they feel they need to be responsible for various pre-award tasks, which interferes with their post-award duties.

Re-cap suggestions (Bill Seaman):
• Make MOVI work
• Two-way ratings
• Expectations of customer service communicated and actively monitored
• Standardization of expectations

**Future Meeting:** Tuesday, March 11, 2014, 8:00 - 9:00 am, Parnassus Room S-226
**Updates**

**Career Development Survey** - The council reviewed the proposed revised DOM K-Award Survey handout and made further suggestions/comments:

- Change name of survey to reflect all Career Development awards
- The department should play a role in tracking CDAs, assuring that there are meetings of Awardees with mentors and with the mentoring committee, the latter at least once a year.
- Add a text box that allows the individual to describe their vision for their career path in an attempt to determine the trainee’s awareness of how they are doing in terms of career potential. There ought to be an understanding as to whether there will be a job at UCSF for trainees.
- In the section “What Do You Do In Your Current Position” – Add: “What Type of Leadership Responsibilities Do You Have in Your Current Position?”

**Update of Council’s RMS recommendation to Talmadge:** Bill has not yet met with Talmadge to discuss. He will debrief the council after the meeting.

**Support for Fellows After ACGME-Required Training Ends**

Support for fellows after their ACGME training has ended has been traditionally been managed by the divisions. Some divisions have specific research tracks allowing advanced planning for those fellows who will stay on after AGCME training years in terms of salary and other support for their research years. There are differences between divisions regarding resources to support research by fellows, and there are differing opinions about how much such support should be the responsibility of the lab PI.

Bill led a Council discussion exploring whether there should be a departmental policy or guidance regarding support to fellows following their ACGME training. What is the obligation for fellows who are in the division beyond their ACGME training? Are there different expectations depending on the individual? Currently, there is no department policy regarding salary support after their ACGME years.

**Should this be considered a divisional responsibility?**

- Investigators/mentors who only have NIH funding and no other discretionary funding may not be able to provide supplemental salary support for fellows.
- Is there an obligation from the division to support fellows who want to stay after their ACGME years?
- Medicine at VA – the decision to support happens earlier in the trainee’s training. The selection committee decides who may apply for career development awards.
- Should we be supporting people with the most promise or let everyone apply for fellowships post ACGME?

**Should we be encouraging mentors/divisions/department to support fellows?**

- Team approach to financial support. Should division partner with the mentors to meet the salary requirement of the individual?
- It can be awkward when there are large disparities in salaries for fellows from different programs working in the same lab
- Different sub-specialties have varying pay scales; different career development awards offer varying levels of support.
- Should there be a minimum salary established for fellows? Career development trainees?
- When fellows have finished their ACGME training, should there be a minimum level of appointment and salary?
Some recommendations from the Council

- Programmatic as well as individual plans for trainees should remain within divisions, with certain guidelines, as discussed below.
- Regardless of the plans for fellows regarding post-ACGME training, the most important issue is clarity about the plans, beginning at time of offering a position and on a regular basis thereafter, preferably in writing as well as verbally.
- Important information that should be explained includes whether a position after ACGME will be considered or promised, requirements for continuing training after ACGME (such as obtaining outside support), the expected appointment and salary range. It is expected that in many situations financial or other considerations may make it impossible to say at the start of fellowship whether support after ACGME training will be possible, and when this is the case it is important to say just that.
- With increasing financial pressure on divisions, the opinion was expressed that it is better support those with the greatest promise, rather than give the same support to all. That said, there may be individuals where additional time in training is needed to assess the potential for future research.
- Issue of PIs supporting people in their labs – This will usually require support from several sources, but this should include the lab PI.
- Decisions about sustained training in research should be made at the level of the division, not simply the PI – at least if any divisional resources are expected.
- The Council did not address in full the issue of whether there should be constraints on the number of people who can apply for K Awards and other CDAs, but there is already the constraint of funding, and the plan for funding should be in place before application is allowed. K awards require a mentor’s letter and an institutional letter indicating institutional support.
- There is a template appointment letter, which is a legal binding agreement to employment on an annual basis. The template can be tailored to the individual. Division Chiefs should review the fellowship appointment letter and add language necessary to clarify the appointment, financial support and future commitment. Appointments are, regardless, made only for one year at a time, and the language cannot negate this.

Future Meeting: Tuesday, May 13, 2014, 8:00 - 9:00 am, Parnassus Room S-226
Updates

Old Business (Bill Seaman)

Council Recommendations for RMS: Bill met with Talmadge to discuss the Council’s RMS Recommendation Report. Talmadge plans to use the Council’s recommendations as the basis of a report he will submit to Sam Hawgood. Similar recommendations were also discussed at the Research Advisory Board (RAB) Meeting with Suzanne Hildebrand-Zanki and Marge O’Halloran. The question was posed whether could RMS be undone now that Contracts and Grants has been absorbed by RMS and no longer functions as the single institutional official office. The response was yes, because the expertise is still there, however if it were to shift back to pre-award being in the departments, the same problems that existed before RMS, such as lack of common training and supervision would resurface.

Teaching Pathophysiology in the Internal Medicine Residency Program (Presentation by Beth Harleman attached)

Elizabeth Harleman, MD, Associate Program Director for Curriculum and Special Projects, presented material on the issue of teaching pathophysiology in residency curriculum. The goal was to have a brainstorming discussion and learn from the Council’s expertise and thoughts on this issue to revitalise pathophysiology teaching in medicine residency. Beth gave an overview of the program and introduced the Council to the current formal curriculum. Slides were based on earlier discussions with the Council.

Question: Does everyone join an area of distinction?

Answer: No, areas of distinction are optional, and there are a small number of individuals who do not choose an area of distinction. The reasons for this may be short tracking, they are already within micro medicine, or they are just happy in their primary care track. However, the majority have an area of distinction.

Comment: Molecular Medicine should be listed as an Area of Distinction/ Pathway to Discovery, as some may not get into the Molecular Medicine program and may want to join later, in year two. If it is not listed, they could possibly miss out on a real opportunity.

Question: Who’s doing the attending on the inpatient side?

Answer: Ninety-percent Hospitalists at Parnassus, the remainder are sub-specialists, and ambulatory-based internists.

Question: Where are the protected half days held and how long are they for the R2/R3 ambulatory half days?

Answer: Protected half days are mainly held at SFGH twice a month, six months per year. This averages to once a month across the R2/R3 year.

Question: Is there a mix of dynamic clinician educators and researchers giving talks across all of the curriculum topics? Are the residents exposed to cutting-edge research topics in various fields?

Answer: Presenters are mid-level to experienced individuals. There are a mix of people who do research and clinical work. Those who are good teachers, can captivate the audience, and have the ability to deliver the content are chosen to teach.
Question: Can you provide examples of people you’ve asked to give key lectures for the talk series?

Answer: Peter Chin Hong (ID), Antonio Gomez (SFGH), Cheryl Jay (SFGH), Fellows (curriculum that is already set), etc.

Discussion about goals for pathophysiology curriculum and teaching methods for the success of the curriculum

Question: How can we design curriculum that will engage the residents broadly to try to improve teaching in this area?

Group Feedback: 1) Integrate Pathophysiology into the overall curriculum; 2) Pair a Basic Science Faculty Member with someone who’s teaching a clinical organ topic (team teaching); 3) Create cases to keep/create interests; 4) Having more time and bringing everyone together on a basic level.

Question: How is the program administered?

Answer: There is a framework and administrative support for the program – Beth oversees the curriculum, reviews the evaluations (if something is not doing well, Beth will work with the presenter to change the content), and introduces new content. The goal is to get the residents in the program, and sustain them.

Question: How can we find people who can give engaging talks?

Answer: Give the charge to people organizing sub-specialty content (one case mandated for a specific focus). If this can be implemented, this would put it on the right scientists who know the good teachers. There needs to be a partnership to identify the times and topics.

Question: Is it more important to expose to a couple of concepts and tell a good story or is there a basic curriculum they need to be exposed to? Discuss why it works, how it came it about, and try to make it an exciting story.

Answer: Challenging question, maybe a mix of the two.

Question: Are there topics you wouldn’t want to include because they’re being covered somewhere else?

Answer: Need to know who’s teaching and what’s being taught. It’s worth looking at them because it may be something that they can export to other groups.

Get a group of Faculty together to further discuss the goals for pathophysiology curriculum and teaching methods and encourage residents to nominate cases for teaching - this gets the residents to be stakeholders in this effort.

Future Meeting: Tuesday, July 8, 2014, 8:00 - 9:00 am, Parnassus Room S-226
Updates

Old Business: K-Award Survey Update (Christine Razler)
The UCSF K-Award Survey to assess the experience of UCSF NIH K-Awardee recipients is now ready for dissemination. The Council discussed the desirability of adding VA Career Development Award recipients to the survey at a future date.

Research Management Services (RMS) Report Update (Bill Seaman) – Last month Talmadge shared the report on RMS drafted by the Council with Susanne Hildebrand-Zanki who passed it on to Marge O’Halloran, Director of Research Management Services. After review of the RMS Report, Marge O’Halloran and Samantha Yee, Associate Director of RMS, met with Talmadge, Bill, Christine, Maye, and Hanna Gonzales (SFGH) to discuss DOM’s recommendations for improved RMS services (copy attached). Following this meeting, Bill received follow-up from Marge, stating the tasks that RMS plans to accomplish:

RMS Suggested Plan for improvement:

1. **Improve personal relationships between investigators & RSCs:** we will continue to promote 1:1 meetings with faculty and department staff. In particular, we recognize the value of meeting with faculty who are new to sponsored research and will work to schedule meetings with these individuals. If faculty decline the face-to-face, other modalities (including Jabber) will be pursued. When department space is available, RSCs will be encouraged to dedicate time in their workweek in these locations. It would also be great if RSCs were invited occasionally to faculty meetings. A very brief update could be provided by RSCs of upcoming deadlines, sponsor updates, reminder about our services.

2. **Improve education / training of RMS staff:** RMS has initiated a ‘Research Administration 101’ course for its staff, with particular focus on those who are new. The RMS Council, a representative group of staff, is providing feedback about how to best prepare staff for their pre-award responsibilities. Other forums are planned which will focus on specialized topics — an example being the preparation of training or other complex proposals. Regarding the latter, efforts will be redoubled to involve RDO staff in the preparation of these proposals.

3. **Improve communication, support and monitoring from RMS leadership & managers:** it is important for RMS to inform faculty and department staff about how staff are supported and how their work is monitored. As well, if there are issues that RMS is experiencing, these will also be shared. We will appreciate having regular meetings with department administrators, and look forward to all parties setting aside time for these exchanges.

4. **Clarify & revise the RMS service partnership agreement** (—formerly know as the RMS service level agreement): A group of staff and faculty are being identified to review the existing agreement and to update this document.

5. **Standardize best practices & means of efficient operation:** Standardizing processes will further strengthen the predictability of services that are available to researchers and department staff and we will appreciate working with our department counterparts to communicate what can be expected from all parties who participate in proposal development and award acceptance. The Research Administration Think Tank, co-led by Christine Razler and Eunice Chang, will be one of the forums utilized to identify and agree upon common approaches. Another tool actively in use to standardize business practices within RMS is our intranet.

6. **Define & improve ownership of the application process:** we will work with our staff on strengthening their understanding about our important role in managing the proposal effort — including framing responsibilities, setting out timeframes that will enable successful completion, review and submission of applications and management of follow-through tasks. We appreciate the wide-ranging commitments that our faculty have, including working as clinicians, educators and providing public service alongside their research work. We will continue to strive to alleviate faculty from administrative burdens that we can assume so that they can do what
they do best – research, teaching and providing clinical care. Having the PIs’ input / engagement with our staff will strengthen this partnership.

7. Include department in the hiring & evaluation of RSCs: we are committed to having staff be involved in both these areas and will work to actively ensure their inclusion.

8. Provide better & more regular opportunities for feedback: Qualtrics is one current mode for faculty and others to provide feedback. We would like to explore doing focused surveys of department researchers following major submission cycles over the period of the upcoming two quarters to gather additional information about what is working well and what requires additional attention on our part.

9. Identify & mitigate the root causes for turnover in RMS: exit interviews are providing valuable feedback on staff turnover. Additional metrics will be identified in concert with the department and shared on an agreed upon schedule.

Plan for advancement
July
Detail meeting plans with each division – frequency, mode, key individuals
Detail faculty involvement in hiring
Review of exit interview data & development of interventions
Training program evaluation

August-September
Service Partnership Agreement workgroup
Best practices – RMS processes; Division/RMS successes
Training program development to advance best practices
Feedback metrics

October – December
Best practices implementation
Evaluation of progress to date

As noted above, Marge is forming a workgroup to review the current RMS Service Level Agreement that she has renamed the Service Partnership Agreement. Bill and Christine will represent DOM on this workgroup.

New Business – How do we bring together Clinical and Bench Scientists for Research? Bill led a discussion regarding efforts to promote collaborative research between clinical and bench scientists. UCSF, with its extraordinarily strong representation in both fields is in a good position to capitalize on this. Further, NIH supports these collaborations. There is an initiative at the campus level, led by Julie Auger, Executive Director of UCSF Research Resource Program, to identify, create and support core facilities. Bill had a discussion with Bill Robinson, a Rheumatologist at Stanford – they have a grants program that specifically supports interdepartmental collaborations. This has been very successful in generating new grants. Should we have a similar grants for investigators in the DOM?

Some Council members expressed the view that the Clinical & Translational Science Institute (CTSI) should be more involved in promoting collaborations between Clinical and Basic Scientists. It was suggested that with the change in UCSF leadership, this may be a good time to do expand CTSI programs in this area.

Mike McCune pointed out that the Resource Allocation Program (RAP) Strategic Opportunity Support (SOS), managed by the CTSI, awards millions of dollars each year to support basic and clinical research. Notably, there is a new grant called the Team Science Grant that awards up to $75,000/year to stimulate new collaborations between UCSF scientists from diverse fields, including social, basic, and clinical research. These can address clinical and translational research questions that require an innovative, multidisciplinary approach. Could DOM leverage this new Team Science opportunity by providing supplemental funding for recipients?

Another suggestion was for the RAP to develop a small exploratory grant program with a short turn-around time to funding and that would not require full committee review. The Council would like to see a list of who receives funding from CTSI programs.
The links below will be sent out to Faculty and promoted in Medicine. Please note that the application date is September 22, 2014.

Overall link to RAP CTSI:
http://accelerate.ucsf.edu/funding/rap

New Team Science Grant:
http://rap.ucsf.edu/team-science-grant-new

Pilot Clinical Translational Sciences Grant directed to junior investigators.
http://rap.ucsf.edu/pilot-junior-investigators-basic-and-clinicaltranslational-sciences

Further discussion from the council focused on suggestions for improving communication and finding opportunities to bring clinical & basic scientists together in more formal ways:

- The Program for Breakthrough Biomedical Research (PBBR) is very visible and emails are sent out each cycle. This is a good example of good advertisement.

- There is a Bay Area Aging Conference twice a year. In past years, the conference has been comprised of mostly Basic Scientists, however, the last two conferences; Basic and Clinical Scientists have come together. This is a good way for topic-related conferences to expand and bring people together.

- Engaging the basic science Department Chairs will be important, because many basic scientists don’t know much about the diseases or the clinical faculty that are interested in the diseases. Financial support for research would help to drive initiatives in collaboration. Chairs need to see paradigms on what can be done effectively. Keith Yamamoto could be very helpful in guiding these discussions with basic science departments.

- There is a large missed opportunity to bring together the basic scientists into the clinical realm, to study diseases and disease specific tissues. New techniques for studying patients are advancing clinical research.

- The bridging of basic and clinical research involves specimens of blood and tissue from populations that have been well characterized and with specific clinical endpoints. Is this permeating to the labs? Labs are struggling financially, there is opportunity for funding translational research. Julie Auger received four million dollars to advance core facilities here at UCSF, and bio-banking is in the center of it. The University is trying to do something about the cost & physical barriers to collecting, storing, and analyzing specimens. There are currently many bio-banks across the campus and there may be opportunities for economies of scale as well as help in establishing specimen banks.

- NHLBI has launched a bio-bank where they are taking over cohorts that have ended. They are maintaining specimen banks that are linked to clinical data. PI’s can request the samples if they have a good hypothesis. The website is:
  https://biolincc.nhlbi.nih.gov/home/

Discussions for our Next Meeting:

- Bill will provide more information regarding bio banking and update us on where things stand in terms of the efforts regarding bio banking. The Steering committee is meeting this Friday to begin ranking the applications for new research initiatives.

- Should we leverage the CTSI or put the money into advancing further bio-banking cohorts?

**Future Meeting:** Tuesday, August 12, 2014, 8:00 - 9:00 am, Parnassus Room S-226
Follow-up to the Departmental Strategic-Planning Retreat October 10

Bill led the group discussion about DOMs top priorities for research support, which were discussed at the recent Department’s Strategic Planning Retreat. All of the priorities from the retreat are listed here, but the discussion by the Research Council focused primarily on the first, sources for base salary support. Discussion of this and of other priorities will continue at the next meeting.

1). Sources for base salary support

In the past, The Department of Medicine has hired people without the obligation of providing long-term support. In this meeting, the Council discussed the implementation of a policy that would plan for a basic level of salary support. Some of the proposed questions/statements were:

- If the department were to establish a funding stream (example: create an endowment) would it be seen as a back-stop to be used only if needed?
- What would it cost to endow DOM’s entire research faculty, at fifty thousand dollars per year?
- What proportion of faculty will need support? It may not be necessary for a large endowment to fund one hundred percent of the faculty.
- Will the faculty be able to keep the money, if they no longer need it for salary support?
- Whom do we recommend for support? Full-time Researchers, full-time Clinicians, In-Residence, Clinical Faculty?

Council Discussion:

The council discussed starting with In-Residence faculty at $50K per year. Beyond the difficulty of maintaining ones salary from grants, this would address two current challenges regarding faculty salaries: 1) In-residence faculty may not be funded more than 95% on sponsored sources, and 2) the NIH salary cap is problematic. The DOM currently has approximately 125 In-Residence faculty members. It was estimated that approximately one-third of the 100 In-Residence faculty hold an endowed chair, which would reduce the cost somewhat, but not to the level that could currently be met. (Faculty holding an FTE would not be eligible, thus the guaranteed support may only be needed for those faculty without other guaranteed salary support.)

To address the possibility of some faculty holding on to the funds, the council considered an additional rule, that further support would be suspended/discontinued if the faculty member has banked >$100K.

One consideration was to phase in a program over time, beginning with new hires at the level of Assistant Professor, requiring $30-50K per year after the initial start-up funding. Review of this allocation would come a the time of promotion to Associate Professor. If the faculty member is promoted, support would continue, but again for a finite length of time, with another review at the end of that period (perhaps 7 years or promotion to Professor, whichever comes first). This would give added weight to the value of promotion. It was noted that criteria for promotion should be the same across the department. The support should be connected to the overall department vision and goals related to growth and faculty support. This may represent a change in the way decisions are made in terms of making offers to new faculty, start-up packages, starting salaries and how merits & promotions committees operate.

The council would like to review the current data to determine our most immediate concerns. Are we losing Associate Professor, Assistant Professors? Are we not getting the people we want to be Assistant Professors? Most council members think the Assistant Professor recruitment stage is the immediate concern. Our focus would then be on creating a high-quality In-Residence program with genuine support.

The Council discussed the relation of this program to the current one-year salary “bank” that is available to In Residence faculty. Although no formal recommendation was made, the general consensus was that this program would continue. There may be less demand for withdrawals from the bank under this program.
Estimated numbers for each In Residence Professor series:

- Professor – 64
- Associate Professor – 34
- Assistant Professor – 27

There was also support for soliciting Medical Center support for In-Residence recruitments. The Medical Center should share in the investment as these individuals contribute to the reputational value of the Medical Center (i.e. UCSF Hospitalist & Transplant, are all endowed by the Medical Center).

The Council also discussed the issue of bonuses for In Residence faculty. At some other institutions, when a faculty member receives an R01, it comes with an additional financial bonus. This system would help to address the over-the-cap challenge.

The VA support model was also discussed. The VA builds ~$50K into faculty salaries. They generally provide 2/8 support, apart from eightths provided for clinical work.

In all, some form of steady, partial support will be necessary in the future to retain faculty, allow for long-range planning, and continue UCSF’s reputation as a good place to work.

2). K-Award

The discussion at the retreat centered around processes for deciding who may apply for K-Awards and for those who are K-Awardees, the level of mentoring and support to move in to an independent (in-residence) faculty position.

It was agreed at the retreat that there should not be restrictions on K awardee applications, beyond what each division wants to support. There were suggestions that we could be more transparent about the expectations for remaining at UCSF at the end of a K award, and how those decisions are made.

There was a reasonable amount of discussion at the retreat about mentoring, however, the department is already putting a fair amount of effort into mentoring. Junior Faculty nonetheless pointed out key areas where improvements are still needed. They get a lot of mentoring, but not a lot of “next steps”. Jr. Faculty, K-Awardees expressed the desire for more practical guidance on how to be a member of a research faculty (i.e. how to run a lab, manage grant funds, etc.)

3). Space

One of the goals for the prior strategic plan (5 years ago) was that Medicine should have a building at Mission Bay. We are exceptionally crowded at Parnassus and have almost no space at Mission Bay, even though there is a considerable amount of space at Mission Bay that is either not used or underused. The Council will discuss this in the future and make specific recommendations to the Chair.

4). Announcement

NIH Task force – The NIH put together a task force for a Physician Scientist workforce in the future. One of the things that came out of the task force is having a K series that would be like the K99 for MD Scientists, where there would be 2-3 years of mentored funding, and then transition to the R01 level of support. Currently, PhD Scientists, almost exclusively own the K99 series. There is an open request for information from the NIH – The link is forthcoming and all are encouraged to comment, it is a great place to give feedback. The goal of the workforce is to make recommendations (i.e. take away K08 and change it to something like a K99).

Future Meeting: * Wednesday November 12, 2014, 8:00 - 9:00 am, Parnassus Room S-226
**Follow-up to the Five-Year Strategic Plan for DOM Research**

In this meeting, the Research Council continued to discuss the five-year strategic plan for DOM research. The three general areas that were considered at the DOM retreat were: 1) Salary, 2) Space, and 3) Jr. and Sr. Faculty Mentoring, with salary and space issues being the two most important parts of the strategic plan.

**Jr. / Sr. Faculty Mentoring and Space**

One of the concerns brought to the light by Jr. Faculty who attended the retreat, was mentoring – They wanted to know how to deal with the practical issues of managing their finances, to avoid over- or under-spending. After further discussion, the Council thought this area of concern may fit into the “faculty support” part of the strategic plan.

One recommendation is departmental training for Jr. Faculty that includes several business courses about how to write a budget proposal for their lab, and then manage the funds once they have been awarded. This training program could be a general training or targeted toward the specific need of the individual.

**Space**

Space has been an ongoing matter for DOM and two issues that are prominent regarding space are, lack of science integration and technology development, which is already occurring at Mission Bay. The council will develop a proposal and justification to relocate divisions like the Liver Center, and SFGH ID to Mission Bay. The suggested plan may only work with the concept of integration to build programs that are not restricted to the Department of Medicine. The overall goal is to provide like-minded investigators the opportunity to work together and maximize productivity level.

Since the future of science is to focus on human disease issues, this proposal may present themes such as human disease, which will integrate members of DOM and joint recruitments to develop the space at Mission Bay, so that these ideas are embraced, and in line with the University goals.

Margaret Tempero and Susanne Hildebrand-Zanki, along with a workgroup, developed a well-organized strategic plan for on-campus Clinical and Translational Research – It may be beneficial for the Council to hear how they developed their framework for their proposal.

As the Council thinks about space at Mission Bay, they will consider the physical layout, as it is not well designed for the type of research that will be done in the future. They will think about space customization for modern human-oriented research, how to accommodate various disciplines, sample storage space, and science neighborhoods. If neighborhoods of like-minded investigators are created this could possibly lead to greater success. Additionally, the best argument that the DOM has is we bring in a great deal of NIH research dollars and overhead. In the proposal, the Council plans to articulate how this will be beneficial to everyone.

**Council Discussion about Collaborative Integrative Work**

In a prior meeting, collaborative efforts of bringing different disciplines together was discussed as one of the major goals – what should be our future efforts in this area??

The Cardiovascular Research Institute (CVRI), Cancer Center, and Diabetes Center are good models for how to do effective integrated research in biomedical sciences – They integrate Clinicians and Basic Scientists, and people who bridge the two together.
Bill will circulate a draft of the strategic plan so the council can comment on it before November 21. It will include three major strategic aims: 1) Salary, 2) Space and, 3) Collaborative Integrative Work.

What would we propose for integrative research? This derives from the space consideration, which is the second model where we try to integrate people of diverse disciplines. How can the current pattern be broken to create research programs?

In the beginning stages of the proposal, it was suggested to have a virtual kidney, lung, or musculoskeletal center that includes a collection of interested multidiscipline parties. This could conceivably provide leadership opportunities, as the lead would spearhead the center and be involved in recruiting and strategic planning. Finally, it could be these leaders will see the need and opportunity to obtain space at Mission Bay to work side by side.

**Future Meeting: Tuesday, December 9, 2014, 8:00 - 9:00 am, Parnassus Room S-226**
Department of Medicine
Research Council Meeting
December 9, 2014 & January 13, 2015

Present: Mark Anderson, Kirsten Bibbins-Domingo, Carl Grunfeld, Marguerita Lightfoot, Mike McCune, Robert Nussbaum, Christine Razler, Bill Seaman, Mike Shlipak Not Present: John Fahy, Jackie Maher, Ida Sim, Louise Walter, Art Weiss

Salary Support for In Residence Faculty

Over the course of the last three meetings, the Council has been discussing strategies to provide long-term salary support for the In-Residence faculty. These minutes are a re-cap of the December 2014 and January 2015 meetings.

The council reviewed the number of current In- Residence Faculty in the Department of Medicine (DOM) at each of the three major sites.

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<th>VAMC</th>
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During the December 2014 meeting the council discussed possible scenarios for eligibility and a basic outline of a support plan. The following points were raised with general agreement:

• The most vulnerable period for In-Residence faculty is at the Associate level, they will need a seven-year (or longer) plan for support; Support could continue as they are promoted to full Professor unless they have other guaranteed support like an endowed chair or FTE.

• The issue under discussion is long-term support, as distinct from a “start-up” package, though the two relate to each other. Currently, they are often blended, as Assistant Professors attempt to make their start-up funds last longer in order to survive. As a result, work can be hobbled.

• The focus of the recommendation would be on support beginning with appointment as an Associate Professor in the In Residence series, lending import to the decision to promote/appoint at this level. Separate guidelines may be issued regarding support at the Assistant Professor level.

• In Residence faculty are often recruited with a start-up package. Faculty in the In Clinical X Series who move into the In Residence track, may have a similar need.

• It is important that any recommendation for support be fair across all divisions. There are currently considerable pay differentials between divisions and between the same divisions at different campuses. It may not be possible or even wise to try to correct this, but it should be considered in setting policy.

• The goal is not to supplement those who are already whole. Those who already have a chair or other source of support that does not carry with it commensurate clinical or teaching obligation, would count this support toward the base support that we are seeking.
• The idea of basing the support on some percentage (25%) of the NIH cap was considered tangible and fair. The amount would thus be the same for Faculty at all levels, rather than increasing with level of position, much funds from a Chair are not tied to level of appointment. The NIH cap, however, may not remain the right benchmark in perpetuity.

• There was a concern about creating an unfunded mandate - What happens to people who have an administrative role? Do they give up their salary support? This may be a case-by-case situation, because there is so much variation in how each person’s pay plan is negotiated. We don’t want to create disincentives. The In-Residence support should be more like an FTE.

The council discussed various scenarios related to the total annual cost of such an initiative. It was agreed that we need to determine a reasonable starting point that is financially feasible and can be sustained over time.

At the January 13th meeting the council continued to work on specifics of support plan:

Based on the previous meeting’s discussions, the Council agreed that a fixed amount of support makes the most sense, (as faculty grow their ability to obtain their own support should also grow). To assure that the support is feasible and sustainable, it makes sense to start small but still large enough to significantly help in support of faculty salaries. Assistant In-Residence faculty currently receive start-up funds to support themselves, and in the future this should provide support up to the time of promotion to Associate Professor. Having additional guaranteed salary support beginning at the time of promotion to Associate Professor will help to bridge the critical gap during that transition. Because the Division/Department will not be able to provide this support in perpetuity, plans should be made to find endowed funds or other support, such as VA FTE by the time of promotion to the level of full Professor. Regardless of promotion, the support should be reviewed periodically. If research productivity does not warrant continued support, there should be a period of phase-out.

Specifics of the plan:

1. Percent of the NIH salary cap or other benchmark, the amount to be in the range of $50K - $60K plus fringe benefits
2. Upon promotion to Associate Professor In-Residence a fixed amount of salary support is guaranteed for a period of 7 years. Progress in research and education would be reviewed at 5 (or 6?) years, with recommendation of continuation for another 7 years or tapering beginning after year 7.
3. The support would be reviewed again at the time of promotion to Full Professor to determine if the faculty member is eligible to continue receiving support. The goal will be to have found support from another source by this time. Lacking that, the Division/Department may consider sustained support with periodic review as before, but this will not be required.
4. Salary support from this program will be reduced by support from endowed chairs, private donations, UCSF FTE, or VA FTE that are not given in payment for clinical effort. FTE that are compensation for clinical activities will not count toward the pledged In Residency support but will instead be added to it, just as direct clinical income will be.
5. As beginning, the program would start with faculty newly promoted to Associate Professor In-Residence. (Note: We will need to define uniform criteria for appointment, e.g., that the position be searched. There may be a need for additional review before affording support.) Current Associate Professor or Professors In-Residence faculty who need support should continue to request as per the existing process.
6. Faculty from all divisions and sites are eligible for this support. It is recognized that to some degree the wealthier clinical divisions will help support this program; they should not be penalized in receiving support because they are better able to provide faculty salary.
7. If the faculty member stops doing research the support is withdrawn. However, for faculty whose research is diminished or halted because of loss of grants, support would be continued for a finite period while grant support is sought.

Initiation of the program will require discussion with the Department and with Division Chiefs about the feasibility of funding it. Potential sources include clinical revenue and philanthropy. It is not likely that support from clinical revenues can be significantly increased. Philanthropy will be an important resource, especially for the support of Full Professors. Bill Seaman and Christine Razler will estimate the rate of appointments of In Residence Associate Professors and provide a business plan for the program.
RMS Update

Bill and Christine are meeting quarterly with Brian Smith, the new Associate Vice Chancellor for Research (replacing Suzanne Hildebrandt-Zanke), Marge O’Halloran, John Radkowski (Director of the Government and Business Contracts unit), Eunice Change and Krista Roznovsky (Manager of RMS Teams E & F which support DOM). The main focus of these meetings is to check-in regarding research administration issues affecting DOM & Office of Sponsored Research (OSR). The first meeting included a discussion of how to better solicit client and service provider feedback to measure satisfaction from both the departments and OSR staff. The Research Council had previously supported an Uber-like feedback concept for soliciting feedback from both faculty and RMS staff. Bill ran the idea of the Uber/eBay cross-rating plan by a few colleagues to a tepid response. Although the reporting system might encourage good behavior, it was seen as working against the goal of recovering some of the team structure that was lost with the creation of RMS and as yet another annoyance. One respondent pointed out that the Uber/eBay system was meant to assist people who don’t know the players to feel comfortable in working with them, while we would instead keep the information anonymous. In that regard, the system would be more like a 360º evaluation, done repeatedly with every grant. The members of the Research Council, however, were in favor of this two-way evaluation. Mike McClune, a member of the of the OSR Advisory board, reported that their committee has also been discussing ways to formalize this type of feedback, much like 360 reviews.

It was agreed it is important that both sides should have a formal avenue for providing feedback and monitoring satisfaction in a measurable way. The ultimate success of RMS relies on their openness to see themselves as a service organization. The Council supports a formal mechanism to measure satisfaction while getting to the root causes of the common themes, then using the data to find ways to accommodate styles & workflows of faculty, without overburdening RMS staff.

Future Meetings (the 2nd Tuesday of the month):

February 10, 2015
March 10, 2015
April 14, 2015
May 12, 2015
June 9, 2015

Time: 8:00 - 9:00 am

Location: Parnassus Room S-226

Call in option: Conference number: 1.800.749.9945  Passcode: 8777 409#