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.

<table>
<thead>
<tr>
<th>Count of Faculty</th>
<th>Column Labels</th>
<th>Parnassus</th>
<th>SFGH</th>
<th>VAMC</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row Labels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant</td>
<td></td>
<td>12</td>
<td>7</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Associate</td>
<td></td>
<td>14</td>
<td>10</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Full</td>
<td></td>
<td>40</td>
<td>22</td>
<td>26</td>
<td>88</td>
</tr>
<tr>
<td>Recall</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>69</td>
<td>39</td>
<td>37</td>
<td>145</td>
</tr>
</tbody>
</table>

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 Residence 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 360° 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 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#
Salary Support for In Residence Faculty (continued discussion)

Bill Seaman started the meeting by reviewing the Council’s proposed plan to provide support to In-Residence Faculty in DOM. The ensuing discussion first explored the limits of taxing clinical revenue for this purpose. The ultimate answer would be to have endowed chairs, as is proposed for those at the professorial level.

The criteria for entrance in the In-Residence series differs among the two existing DOM selection committees (bench & clinical). The bench committee seems more stringent. If guaranteed salary support would now accompany an In-Residence appointments we would need to see uniform criteria for both committees. There may be some pressure from Academic Affairs to use the In-Residence series more than we have been. If we had fewer appointments at the Associate level, would that be a positive or negative thing? We may want to consider a hierarchy of who gets the funding or we may want to support a model where we would not approve as many advancements to the Associate level.

With regard to the use of endowed chairs, the Council noted the recent plan to offer 5 Kroc Chairs, each for a limited time period (7 years). This could be a template for further chairs. The Kroc chairs are open to faculty at all levels, including Assistant Professors. Our discussions to date have focused on using chairs for full professors or possibly Associate Professors, but this area could be revisited. With regard to Departmental/Divisional support for In Residence faculty, this would not be provided if a chair or other source of income met the same need. A need-based system was also discussed, i.e., supporting those who have financial constraints, and not everyone.

Maye Chrisman was invited to join the discussion to give perspectives on formalizing the hard facts of the plan. There is consensus within the Department that we need more support at senior levels. We have two main sources of funding in DOM for this type of support (endowed chairs/distinguished professorships & clinical dollars). Parnassus & SFGH are undergoing changes in clinical funds flow, SFGH may achieve greater flexibility with more pro fee dollars, much like Parnassus has always been. There is support from the Division Chiefs to use some of the clinical revenue to help fund education and research. The Council should consider how guaranteed salary support fits in to other priorities, for example we already are using a good chunk of departmental funds to support K-Awardees (at the divisional level).

Support to In Residence faculty would need to include a combination of Departmental and Divisional support. If we want to make a difference now, the first strategy would be support from clinical revenue, a long-term strategy would be to explore philanthropy. If this plan is made a priority, when each division gets a large gift, it could be expected to help fund the initiative. SFGH may still be at a disadvantage, without much philanthropy and, to this point, very little flexibility with clinical dollars.

It was agreed it would be important to tie any financial support to protected time. The goal is to support research, making it less necessary for faculty members to support their salaries through other effort, e.g., clinical work. In addition to time protected by grants, we could set a percent of protected time across divisions (for example 10-25% borrowing from the VA model).

Amy program will require a significant amount of money. At present there are 32 Associate Professors in Residence. If all of these received $60,000 per year, this would cost $1,920,000 yearly. Some of the current In Residence Assistant Professors will already have support, but not many (with the possible exception of the 8 faculty members at the VA). The most critical time period may be at the beginning of Associate Professor appointment. Many faculty that get further along in their appointments seem to be able to figure out how to secure support, although paying salary in excess of the NIH cap is a problem.
Aside from the practical need for the program, the importance to morale was noted. In this regard a relatively small amount of money could go a long way.

Most agreed that salary support for faculty doing research is a rich area for fundraising. Are there donors out there who are interested in maintaining the pipeline of physician scientists? A bottleneck to fundraising is getting this priority through the development committee.

Some endowed chairs are tied to administrative duties and not necessarily research, so not every chair will support research. Because chairs until recently required an endowment of only $500,000, these chairs provide approximately only ~$25,000 per year.

**Supplemental Funding request for RAP grant to Anthony Shum and Sharon Chung**

DOM had committed supplemental funding (additional $25,000) for any DOM faculty receiving an interdisciplinary RAP grant. The goal is to get the basic scientists and clinical scientists together and strongly encourage cross-division and cross departmental collaboration.

RAP funded one of these awards to Anthony Shum and Sharon Chung, “The Lung Epithelium in the Initiation of Rheumatoid Arthritis”

The supplemental funds were approved by the Council members.

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

- 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#
DOM Leadership Alumni Retreat (Beth Harleman)

Discussion of funding research in divisions. Each division has different strategies & philosophies. A lot of divisional autonomy, people value that. Department more broadly support the research. Beth outlined the agenda for the retreat. Talmadge supports a conversation about how we report research careers in DOM. Is there a way that we can establish a criteria to choose who we will support as a department. Would like feedback from the council on the agenda:

Panel of DOM mentors or outside speaker? Great to have experienced mentors at UCSF to speak, it would be great for all to learn from them. David Ginsberg?

We have committees. Think more broadly about our investments: When do you invest is people? thinking as early as possible or when people are most vulnerable. Phys-scientists program may be a good place to identify when people are in need. Brighman article - GME effort to train phys. Scis. May want to think about MSTPs in particular. Not so much as success rate, we rail MSTPs by taking them out of med scho and training them to be generalist. Come up w/ sep. training program that puts people in sub-spec right away. Doing something more innovative than finding some cash.

Agenda should be informational and the “real” work will happen outside the retreat.

Transformative initiative in the last 20 years has been the K-program. One part of the conversation needs to look at the K-Award program. Discuss the strengths & weaknesses of the program. Not everyone knows the issues with the K-program. Bridge for Phys Scie, difficult to give them an independent program. Very transparent rules to provide them supplemental funding for their K-Awards. VA is now reviewing K-awards after about 2 years, helping those who are succeeding. Timing of application for K-s – varies across divisions (do they need to walk in the door w/a K, or can they sit in for a couple of years) would like to see more consistency across the department. Do other institutions offer better deals for K-Awardees/Phys-Scis?

Molecular Medicine Residency (Infusing Research into the Residency Program)

(PP Presentation) – Overview of the program

- Molecular Medicine Consult Service

Could be a huge effort/could be a small effort. The main people missing are the chief residents. They really control the content of the noon & M&M conferences. Link it to a case that’s on-going, a good way to get traction. The job of the MM resident is to be familiar with the research at the University, identify cases to be presented on the clin service. The MM res should be in a lab, bring basic science to the attention of the ward residents. Knowing contact people who are specialists in the topic areas. Get to know Chief Res. Early in their tenure, keep going back to them, increase awareness more broadly. Dedicated person who has the respect & credibility of the residents themselves. Why can’t we have a Chief Res. Of MM – need to be in a resident slot for at least 3 years to have Chief Res. Title. The title is important to send the right message. UC past practice, can we help to change that practice to allow for a Chief Res. Title for MM?

Unique opportunity for seeing the next generation of clinical problems, leadership experience, exposure to different areas of science he wouldn’t otherwise have exposure to. Having a hand in setting up future community for other Phys. Scie. Highly innovative, set up a whole sub-speciality.. Learn more about entreapaneural approach?? MSTPS could help and be of value to MM Res. Bio-engineering programs as collaborators.
Future Meetings (the 2nd Tuesday of the month):

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#
Department of Medicine  
Research Council Meeting  
April 14, 2015

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

Old Business (Bill Seaman)

- K-Award Survey has been sent out to current & former K-Awardees
- DOM Leadership Retreat – June 18th

Topic of the retreat will be research, focusing on talent. Referencing the CROC Chairs, questions about eligibility, who gets them, etc. If we get more of these, which we hope to do. How should talent be evaluated, nurtured and how can we measure how well we’re doing?

Plans for educating postdoctoral fellows in Clinical & Translations Research (Jennifer Grandis)

Bill introduced Jennifer Grandis, Associate Vice Chancellor for Clinical & Translational Research. Jennifer spoke to the council about developing a new training program in early translational research as part of the CTSI renewal application. She solicited feedback and recommendations for building the training program and identifying possible candidates to take the lead in running such a program. The ideal candidate would have a demonstrated track record of training, credibility in & passion in early translational training & research and who would champion the efforts to build and fund such a program. The CTSI grant budget will be cut with the exception of training. How can we re-structure to engage early translational researchers? What type of investigators form the right substrate? Who are the right people to include as part of a training program on the CTSI renewal application?

Kirsten gave background about the current CTSI Training Programs. The K-program has been cut along with the main grant, but the T-program will have increased slots, and that’s where there could be an opportunity for developing a program including Medical Student stipend support. Is there an opportunity within our existing training programs where we could develop translational T-program slots and if so, what level of trainee is best? Example: Case Western puts PhD students on their CTSI training program. There is not at lot of content in early translational research in our existing programs.

Level: Predoc vs Postdoc: PhD students don’t have an obvious faculty “owner”, the focus of these students has been in getting their degree and moving into their postdoctoral training. The Postdoc level is more ripe for this type of support. Focus on T-1 training as opposed to the current focus on T-2. Include postdocs who are interested in early translational research, don’t limit to MDs only. Idea: create a new program and also identify industry partners in the area as collaborators and supporters.

Content: For MDs or PhDs: develop a flexible program, one size does not fit all. Prime emphasis on bio-statistics, some emphasis on the regulatory issues, policy & economics and how to prepare a patent. Logical choice would be to engage faculty who have existing industry relationships, to lead the training program. Look to the postdoc association at UCSF & explore with them what type of defined program would interest them? Bio-informatics (big data, statistical work) is an area of need. Need to develop more human subjects research as opposed to epidemiology. A major component missing from current program is specific training pathways if a trainee wants to do clinical & translational science. Traditionally trained PhDs tend to stay in that space and don’t get in to more translational type research (human relevance, drug discovery, etc.). The challenge in developing a new program would be to come up with something fresh in terms of how you proposed to champion the reshaping of career development pathways for researchers who are interested in more than the T-1 space and that’s where some of the personalized medicine research could be part of the program. Need to be fresh to be competitive. The idea of partnering with industry who may come in with some creative ideas in terms of training will give that competitive edge. In all, looking for a program to get PhD researchers to pivot from traditional to translational research.
Duration & funding of the training program: 2 years at a minimum, 3 years would be optimal. Difficulty getting some of the MM Resident MDs in to existing T32 slots, not sure what to do with them. Partner with the departments to fund the overall training of the fellows, with existing department/divisional T32 training grants or other Fellowships. Leverage the things we already do.

Constraints: Organizational skills. Our ability to aggregate & have credible content. How do we gauge interest in this area? T-1 bench to bedside, current structure of CTSI is cost-prohibitive to do research on patients. Huge divide between researchers who do epidemiology and researchers who do hand’s-on in terms of how resources are distributed.

Suggestions for Leaders/Partners: Need right people in the room to think about how to do this. CTSI doesn’t have the expertise or bandwidth to run the program themselves. We need somebody with interest in this area; CTSI has the resources & enthusiasm to support the program.

Possible collaborators/advisors: Regis Kelly QB3 and the incubators, understands the pathway. Don Ganem (Novartis) difference between basic and translational researcher. UCSF Bio-engineering programs.

Some names that came up of existing UCSF researchers who may ideal for leading the program:

Abul Abbas
Tony DeFranco
Kevin Shannon

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

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

DOM Leadership Retreat (Bill Seaman)

Jennifer Grandis has been invited as the Keynote Speaker. If she cannot, another recommended speaker suggested is Atul Butte

New Research Council Member

Beth Harleman is joining the DOM Research Council as a permanent member in her role as Associate Chair of Medicine for Strategic Planning.

Plans for Genomic Medicine & Molecular Medicine (Bob Nussbaum)

Beginning August 1, 2015, Bob Nussbaum is resigning his UCSF position as Chief of Genomic Medicine and will be taking a position in a private start-up in San Francisco. Bob led a discussion around the Molecular Medicine residency & fellowship programs in DOM.

Fellowships: It falls to the divisions to fund fellows. The Chiefs have been extremely supportive (Art Weiss, Mark Anderson, and Bill Seaman interview candidates). Bob discusses those selected with the division chiefs, matching interviews with Division Chiefs where the candidates would like to be fellows and with researchers with related interests. This is at the personal level. A more organized & consistent approach might work better moving forward. There are issues, however, with automatically giving MM residents the right to choose a fellowship. This include finances, especially as the MM residents will almost surely pursue research, and there is no fund to support this. It would help to guarantee that after clinical training, that the individual will be funded X number of years for their research fellowship years. Most important point: need security and certainty in terms of their track.

Many are interested in oncology, sometimes more than can be accommodated.

Talk to NIGMS about the possibility of funding a generic training program, that would dovetail with the clinical training programs. Create more of a long term pathway (5 years).

Biggest hole in the training of physician scientists is not at the medical student (MSTP) level, its what’s comes after. Why are the MSTP trainees leaving Medicine for the other specialties? What is driving that? They are not seeing a future in Medicine. The same trend is happening nationwide.

Next meeting (the 2nd Tuesday of the month):

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#
Replacement of Bob Nussbaum – Genomic Medicine Division

The position requires at least 10% effort from the candidate


What does the job entail: MM has always struggled here at UCSF. The reasons may be many and are not entirely clear. Similar programs across the nation suffer, in part because there is not a lot of time for training. An important feature of the program is that it guarantees your choice of Fellowship if made prior to joining the program. During the program there is a weekly time that MM residents can gather for journal club, etc. Bi-monthly dinners at faculty house, discussion of journal club topic, etc. Of the pathways in the Internal Medicine residency, the MM program has less presence than the others, in part because there are so few MM residents (4 in next year’s internship class). We would like to recruit more, similar to other top research residencies. What do we need to do to make this more attractive to the MM Res? More control of picking the house-staff? There should be favored status for candidates, especially our own MSTP students. Selection committee should consider that it is harder for MM residents to achieve 3rd year honors, as they have been away from clinical medicine for several years. To lead the program we seek again an Individual who will give individual attention to MM residents as Bob has done. Someone who has a positive energy, to counter the doom & gloom in the area of research.

Talmadge has been very supportive.

Planning DOM Leadership Retreat : Topic – Research (Bill Seaman & Beth Harleman)

Beth & Bill are going to meet with J. Grandis to review the talk she is going to give at the retreat. Her talk will focus on a broader view of how we can nurture physician scientists.

Mike Shlipack, Kirsten Bibbims Domingo & Jackie Maher will talk about talent – how to identify and nurture it, etc. Each will have about 4 mins to make comments and to get people thinking about the general topic. The rest of the session will be group discussion of the topic.

(Bill’s grid as attachment) Small group focus: There will be 4 discussion groups, each discussing an aspect of how to provide additional salary support to Associate Professors. Members of the Research Council will be scattered among them. The hope is to come close to a consensus on how to move ahead with this effort and to expand the discussion beyond the Research Council. Talmadge has been supportive of this idea.

Some issues were further discussed by the Research Council. What should be the extent of support from the Division vs the Department? Bill’s grid helps to outline some possible formulations of how we would manage of program / support.

Should we focus on support at the entry level or mid-level? Both, but support at the Assistant Professor level should rest largely with the division, and be sufficient to make it to promotion to Associate Professor.

Other issues/comments raised:

- DOM has existing Chairs that are not filled – could those be distributed differently
- Once a Chair has been assigned – it is for “life”: can we see a change to put a time limit on Chairs
• Do we have any examples of Assoc. Prof. leaving because of lack of support (Mary Beth Humphrey (Rheum), Mike LaFemina (Pulm)),
• Criteria that might be included in providing support (other than research): 1.) impact on the program/division/community, 2.) collaboration across divisions, 3.) mentorship, growth of research enterprise, 4.) impact of individual lab, 5.) impact on clinical program (divisional) – Do they have the potential to have an impact in these 4 key areas
• At what point are we allowing too many people, do we need to be more selective? Is there a goal of being more consistent across the department?
• Should we screen K-Award applicants – deciding who gets to apply? (This is a different topic.)
• Discuss the VA Model in supporting Career Award recipients
• If there is not support at the Assoc. Prof level, faculty members will have a hard time surviving

Give Ken McQuaid time to discuss the VA model at the end of the panel discussion.

Beth – new faculty orientation this summer (JULY) one objective of the orientation is to give a sense of us as one Department. Connect across sites – are their activities cross departmental that should be highlighted.
• Large area of research that encompasses your research
• Number of graduate programs
Follow up from DOM Leadership Retreat

The discussion focused on salary support for research faculty at the level of Associate Professor. Bob Wachter, DOM interim Chair, has agreed to provide funding over the next few years to the extent of <$3M to begin the project. Ideally this would be to match funds from the Divisions, though this is not really feasible at the SFGH, while at the VA funds could be matched by eighths of a VA FTE but not dollars.

A working group of Research Council members will work between meetings to advance the formulation of this program. The group includes John Fahy, Carl Grunfeld, Jackie Maher, Louise Walter, and Art Weiss. As a guide for the working group, the Council discussed some of the parameters of the effort, including those discussed at the recent retreat. These included

What should be the split of support between the Department and the Divisions, if any (not discussed at the retreat)?

Council Consensus: The council initially favored taxation in advance of salary provision, so that all funds would come from the Department, but they recognized problems with this approach, as taxation is not possible at the VA or the SFGH. The matter was therefore left for further discussion by the working group.

What should be the amount of support?

Council Consensus: ~$50,000 annually (in the range of income from an endowed chair). This is consistent with discussion at the retreat.

How long should support last?

Council Consensus: 6 years, contingent on continued effort in research. An interim review should be used to assess this. At the retreat, one group suggested 5 years, two others suggested 6 years.

Who should select the recipients?

At the retreat, one of the discussion groups felt that support should automatically come with promotion to Associate Professor. The Council had previously discussed a separate selection process, as was used to select the recipients of the Kroc chairs. In the end, the Council concluded that if there were sufficient resources, these could be combined, i.e., a subcommittee of the Promotions Committee could be specifically charged with reviewing promotion to Associate Professor in the In Residence series. If it is concluded that we lack sufficient funds to provide support for all candidates, it may be necessary to have a competition for funds, as was done for the Kroc chairs.

What should be the eligibility criteria?

The Council initially discussed support only for the In Residence series, but Talmadge King pointed out that some individuals in the Clinical X series are primarily involved in research. If Clinical X faculty were included in the plan, it would not be possible to couple support to promotion to Associate Professor, as the majority of Clinical X faculty members would not be involved in research. The Council concluded that the better path would be for Clinical X faculty who focus on research to apply for transfer to the In Residence series.

With regard to rank of recipients, the Council recognized that full professors may also have need for this support, especially as the NIH continues to reduce the cap of allowed federal salaries. Nonetheless, given the limitation of funds, the Council found it best to focus on Associate Professors, at least for now.
Update on Molecular Medicine program

With the departure of Bob Nussbaum, Talmadge was considering not re-establishing a Division of Genomic Medicine in the Department. The Council was concerned about this plan, given the growing role of genetics in the practice of medicine and the need to include this in education for students, residents, and fellows. The Council will continue discussion of this in the future, inviting Bob and Atul Butte to future meetings to talk about this with the members of the Council.

Search Committee for the Director of the Molecular Medicine Residency Pathway meets July 14th.

Dinner for UCSF College of Bench Scientists is scheduled for Thursday, Sept 24 at 6:00 PM at the St. Francis Yacht Club.

Future Meetings:

Tuesday, August 18th, 2015

Time: 8:00 - 9:00 am

Location: Parnassus Room S-226

Call in option: Conference number: 1.800.749.9945 Passcode: 8777 409#
Present: Mark Anderson, Marguerita Lightfoot, Jackie Maher, Christine Razler, Bill Seaman, Neil Shah, Ida Sim
Not Present: Kirsten Bibbins-Domingo, John Fahy, Carl Grunfeld, Beth Harleman, Mike McCune (LOA), Mike Shlipak, Louise Walter, Art Weiss Guest: Chip Chambers

Plans for the Clinical Research Services under the CTSI

As many of you are aware, the most recent RFA for renewal of the CTSI grant requires major changes to CTSI and CRS programs. The most significant requirement is that research services can no longer be subsidized with CTSI funds. The current grant period ends June 30, 2016, and in preparation for the renewal, major programmatic changes that will impact your research must be undertaken. Chip Chambers joined the Research Council to discuss .... A lot of people don’t understand the relationship between CRS & CTSI. CRS is the clinical arm of the CTSI (training components T & K) Support clinical research activities, catalyst program to support research w/ industry. We are the 2nd largest CTSI operation in the country.

CRS is the implementation unit of clinical research. Clinical operation – human subjects. 8-9 sites and 5 cores,

Two sites at Parnassus (12-M in-patient and ACC out-patient) In-patient has been amost prohibitively expensive, mostly due to the nursing requirements for in-patient units. SFGH in-patient, VA out-patient.

In future: during the last funding period one of the requirements is to move to recharge for cost recovery. No more free access to the unit & services. This was delayed for a number of years for a variety of reasons. Phasing in a research plan. Renewal application due Sept. 25th, 2015. To assure to no lapse in funding (current cycle ends June 2016). Current overall budget for CTSI from NIH is $22 mil, renewal is capped at $10 mil. There is a glide path, allowing a 20% per year cut in funding to arrive at the $10 mil. Goal for UCSF CTSI is approx.. $18 mil. New requirement in application, no NIH money may be used to cover rent, investigator activity, nursing, phleb., etc. May be used for infrastructure costs. This change will have a significant impact on the research supported by CTSI.

The National Center for Advancing Tranlational Science (NCATS), the governing body at the NIH for CTSIs advocate for have other institutes pick up the costs no longer allowable under CTSI funding. Phase I-IIII?? Not much discussion about why the change. Many other institutions provide insti. Support, as does UcSF. If you step back and look at the operation costs now, it’s about $10 mil, if you take a look at what is available now and what you can charge to the grant there is about a $4mil shortfall. There are some inherent inefficiencis that make using a recharge mechanism not wholly effective to bridge the shortfall. Fundraising is the other option for subsidizing the activity. There will be some institutional support both from the University and Medical Center and Rates will go up for some users.

Industry studies are supposed to be fully funded, this will mainly impact investigator initiated studies.

How much of the low level procedures can be moved out of the CRC? Already happening here at UCSF and will have to happen at SFGH as well to make up for operational inefficiences. Asked for “low-touch” space and have own personal perform the low level procedures at a lower cost.

New RFA appears to have some latitude for some services, that could be part of the solution in the short term. May need to prioritize which studies to support. Tiered approach: NIH funded then private foundation, etc.

How many investigators seriously impacted: approx.. 50. There are very few in-patient studies, but it is those individuals who are most severely impacted. Hospital room cost $3,000 a day.

Look to the department for some support for their investigators. In the global scheme of things, 4.8 mil is not a huge amount for an institution. There are structural changes that could be made that could help to bridge this gap. Recovering more overhead for the institution would be one possible solution to provide some support for this activity.
Need advocacy from the Research Council.

Are moving forward with plans to pay faculty salary. Have started to look at the numbers and will have better report for the Sept. meeting. Have to include Clin. X adequate # of ClinX doing a substantial amount of research. 27 In-Res. $50,000/year comes to 1/35 mil a year and some is split with divisions, we’re in the range where we may be able to move forward with everyone. The question will be how many ClinX fit the criteria for support. Sept. meeting will be devoted to this. Oct. meeting Bob Wachter will attend to join the discussion.

Future Meetings:

Time: 8:00 - 9:00 am
Location: Parnassus Room S-226
Call in option: Conference number: 1.800.749.9945 Passcode: 8777 409#
Department of Medicine
Research Council Meeting
September 15, 2015

Present: Mark Anderson, John Fahy, Beth Harleman, Jackie Maher, Christine Razler, Bill Seaman, Dean Sheppard, Mike Shlipak, Neil Shah, Louise Walter, Art Weiss
Not Present: Kirsten Bibbins-Domingo, Carl Grunfeld, Marguerita, Lightfoot, Mike McCune (LOA), Ida Sim

Bill welcomed new council member Dean Sheppard and Neil Shah (new head of Molecular Medicine)

Proposal: Faculty salary support for In-Residence, Associate

Associate Prof In-Res – support for 7 years, won’t (stops at Professor) – wherever you are in the Associate Prof (will be 7 years). Don’t want people to fall off a cliff, when they are used that that level of support. Come up to a plan how to adjust to the loss of the support. Long-term plan is to support all researchers, including Professors.

Clin X – to get the support they have to switch to In-Residence

If they have Chair that is less support than this plan, we would bring them up.

Who is going to pay for this? Department pay $40,000 and the division pay $20,000 (could include money that is already been giving to them). Good for divisions to have some investment to bring on an In-Residence faculty.

Treat this as an FTE. Some divisions won’t have the support. Cleaner if it was a straight forward amount of support. Departmental could re-calculate the tax structure to support. Shared support may open up ways of moving money around in a way that’s not real. In-Residence comes with it the salary guarantee, which is already a commitment from the divisions.

Revised tax structure will de-personalize the ...

This could put more responsibility/pressure on the In-Residence committee. Caution when moving to Professor, going to be key that the Chair buy in to the strategy to sustain the Physician Scientists. Principle stronger than the dollar amount. If the department is not willing to commit to a higher amount, reduce the annual support to $40,000 (allow those who don’t need it all to bank it). Change the criteria of the In-Residence In-Residence (collaborative research on larger mechanisms, like U01, P-Awards, large PCORIs). Will in-residence become more competitive? Will it limit the number of new in-residence? One idea may be to retain the 3 committees but have more cross reference between the three before approving someone for In-Residence.

Tying it to an FTE makes most sense.

In essence it taxing Parnassus for all three sites (SFGH & VA not included in Dept. Tax structure). How to calculate the VA 1/8ths as devoted to research?

Key argument to Chair: there has been no real tangible support from the Department for the research enterprise. Should be an expectation for the next Chair. Stress that this is an important issue for the Department of Medicine.

Future Meetings:

Time: 8:00 - 9:00 am
Location: Parnassus Room S-226

Call in option: Conference number: 1.800.749.9945 Passcode: 8777 409#
Department of Medicine  
Research Council Meeting  
October 13, 2015

Present: Mark Anderson, John Fahy, Carl Grunfeld, Mike McCune, Christine Razler, Bill Seaman, Dean Sheppard, Mike Shlipak, Ida Sim, Art Weiss  Not Present: Kirsten Bibbins-Domingo, Marguerita, Lightfoot, Beth Harleman, Jackie Maher, Neil Shah, Louise Walter

Update: Bob Wachter’s meeting with Sub-Com Faculty salary support for In-Residence, Associate

Bob Wachter accepted the plan for faculty salary support.  
$60,000 (includes benefits)  
In-Residence Series only  
6-7 people in ClinX funded to do research for more than 50% will be invited to join In-Res.  
Equivalent to “Endowed Chair”  
Endowed Chair would count toward this support  
Funding the initiative still has to be worked out  
SFGH could fund centrally via Neil’s DOM $$$ and VA could provide 1/8th’s in support  
6 years from when you get appointed to Assoc. Prof In-Res

Presentation by and discussion with Jenny Grandis on help for bench scientists by CTSI or development of programs to provide this.

how to have a CTSI-like program for bench investigators, a topic that has been discussed before but never taken forward. Now that the CTSI renewal is in and you can come up for air, I was going to ask you to think about what aspects of your program might be adopted without large cost to help bench scientists, and also what aspects of the current CTSI program should be publicized to bench scientists so that they might take advantage of them.

How can CTSI

support research at UCSF differently? The CTSA grant is one group of funds, how can we use them to support researchers?

Existing Resources:

• BRAID  
• Education & Training  
  o Training in Clinical Research  
  o SOM Bridges Curriculum (5 year Med school for students committed to doing research) – end with Master’s in Clinical Research  
• Career Development  
• Research Infrastructure and services  
  o IRI Program  
  o Clinical & Research Data Warehouse  
  o Collaboration & Team Science  
  o UCSF Profiles  
  o Pilot Funding (RAP Program)  
  o Consultation Services  
• Product Development/Catalyst Award Program  
  o UCSF Interest w/Industry interest collaboration toward commercialization.  
  o Centralization of Bio-banking at UCSF – single virtual bio-repository that can be shared with everyone.

Feedback from the Council:
UCSF model for cores, have to pay for themselves, not a sustainable model.

**Future Meetings:**

**Time:** 8:00 - 9:00 am  
**Location:** Parnassus Room S-226  
**Call in option:** Conference number: 1.800.749.9945 Passcode: 8777 409#
Department of Medicine  
Research Council Meeting  
November 10th, 2015

Present: Mark Anderson, Kirsten Bibbins-Domingo, Carl Grunfeld, Jackie Maher, Mike McCune, Bill Seaman, Neil Shah, Dean Sheppard, Mike Shlipak, Ida Sim, Rejina Sincic, Bob Wachter, Louise Walter, Art Weiss

Not Present: John Fahy, Beth Harleman, Marguerita Lightfoot, Christine Razler

Proposal: Discussion with Bob Wachter of program for salary support for In Residence Associate Professors.

What is the cost of the proposal to support In Residence Associate Professors?

$1.7 - $1.8M/year with current faculty, including those who likely to transfer from Clin X.

Where are the funds coming from for the program?

Through a combination of support by the Department and Divisions. The total split would be roughly 50:50, but Divisions with greater reserves would pay more than Divisions with few reserves.

The Departmental contribution would come almost entirely from activities at Parnassus.

What about SFGH contribution to the program?

SFGH is more centralized and controls its own resources. The department would contribute 55% and SFGH would contribute 45%.

What about the VA?

VA would fall under the same rules. The Divisional contribution would come from VA “eighths”.

What should be the amount of support?

Council Consensus: $50K plus fringe. (This would be more than $60K including fringe).

How long should support last?

6 years.

What should be the eligibility criteria?

Agreement that support should require In Residence appointment

Eligibility of PhDs?

They should be included.

Who should select the recipients?

Recruitment committee or promotion committee.

Can support be used for other than salary?

Division chief and faculty can work out the appropriate way to use support for something other than salary.

Future Meetings:

Date: December 8th 2015
**Time:**  8:00 - 9:00 am  
**Location:**  Parnassus Room S-226  
**Call in option:**  Conference number:  1.800.749.9945  Passcode: 8777 409#
Present: Mark Anderson, John Fahy, Carl Grunfeld, Jackie Maher, Feroz Papa, Christine Razler, Bill Seaman, Dean Sheppard, Mike Shlipak, Rejina Sincic, Louise Walter

Not Present: Kirsten Bibbins-Domingo, Beth Harleman, Marguerita Lightfoot, Mike McCune, Neil Shah, Ida Sim, Art Weiss

Bill welcomed new council member Feroz Papa

Proposal: Discussing the SFGH concerns about the program for salary support for In Residence Associate Professors.

When is the plan to make the program official?

Sometime in December or in early January (to begin in July, 2016).

What were the SFGH concerns about the program?

SFGH had concerns about the costs of the program. The Division chiefs couldn’t make a decision without knowing how much funding was available. SFGH requires data to figure out the estimated amount. This will help determine if SFGH has the ability to run this program.

What will be the metrics of success for the program? How will we know in, say, 3 years that it should be continued as is or be altered?

Poll the Division chiefs. During the faculty survey that the university conducts, extract the associate professors in residence to find out how it’s going. Other possible measures include retention, though it may be difficult to establish the right controls.

Individual metrics?

There will be an evaluation of individuals at the end of year 3. Division chiefs will send a report to the chair regarding success in research and general performance by the faculty member. It is expected that Associate professors In Residence spend at least 50% of their time in research. If any issues arise, the Chair may use the Research Council or appoint another review group to provide feedback for the faculty member. In rare instances, poor performance may lead to a 1-year probation for continued support, which may then be discontinued if there is not substantial effort to continue in research.

What should be a term or an acronym for this program?

Currently it’s iRAPP (for In Residence Associate Professor Program)

Future Topics for 2016

1. How to set up a program that will assist the CTSI in expanding its role in translational research. CTSI are faced with dramatic budget cuts so can’t start any new programs but tangible things can be done.
Standing committee required on a continuing basis with a new Chair. Funding needs to come from School rather than department.
2. Space organized on all the campuses.
3. Address long-term base salary for full professors.
4. Recruitment issue. Recruit from all over the country. Currently recruits are internal. How can we bring more diversity?
5. Mentoring physician scientists.

Future Meetings:

Date: January 12th 2016
Time: 8:00 - 9:00 am
Location: Parnassus Room S-226

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