The RC devoted the meeting to a discussion of salary support for research (In Residence) faculty. This grew from a written discussion of some of the issues, which is attached to these minutes.

There was general agreement on the basic premise that there will be a rising need for salary support in the future and that this cannot be met from current divisional or departmental reserves. Rather, it will have to rely on new funds and/or new arrangements. It is difficult to predict the extent of basic support that will be required, but there is already a need that is not being fully met. It is largely met (or should be met) for Assistant Professors through their start-up package, and for Associate Professors through iRAPS, so the major issue regards senior faculty.

Possible sources of funding discussed were:

1. A Departmental tax on expenditure of existing funds of 1-5%. The Department would use this specifically for faculty salary support.
2. Increased flow of dollars from clinical income. It was acknowledged that this is limited, especially with the new RVU-based funds flow, and that additional support would likely require new programs that were profitable. On the other hand, our research programs are a major reason that patients come to UCSF. This has a value that should be measured independently of RVUs.
3. Philanthropy. The Council discussed how faculty could help raise donations
   a. Raise money for specific new projects, e.g., chairs for individuals or for programs such as the molecular medicine consult service.
   b. More involvement in fundraising, especially senior faculty, with an emphasis on how research benefits clinical care. All research faculty members could record short “Ted” talks for use in fundraising.

It was noted that not all divisions have the same support from the development office

If increased support were available for In Residence faculty, how should it be allocated? There was general agreement that, regardless of the means of support, this should be time-limited, perhaps 5-7 years, with opportunity for renewal (or possibly not, after 5-7 years as full professor). Possible means of support include:

1. A percent of salary.
2. A fixed amount, as for iRAPS or income from an endowed chair
3. An expansion of the In Residence guarantee
4. Rewarding success in grants with additional funding, as is done at the Gladstone Institute.

Dr. Walter noted that, even without raising additional funds, interlocking involvement of investigators with each other’s work allows for funding of an investigator who goes through a period of loss of grant support.
There was discussion as to whether the responsibility for finding additional funds would best be achieved by the department or the divisions. Fundraising at the divisional level may be best suited to the need; it could focus, for example, on raising a chair for an individual faculty member. On the other hand, there is considerable disparity in the financial capacity of the divisions and perhaps also in their ability to raise funds, so the department is needed to provide a just distribution of funds. There are also differences between divisions in their commitment to research. In all, both the department and the divisions need to be involved.

Dr. Fahy noted that, in raising funds for salary support, it is important to sustain the entrepreneurship that characterizes UCSF and not to substitute a culture of entitlement. Also, there is a need for training faculty members on how to manage funds. We want to make it possible for people to succeed at UCSF and to devote time to research vs. constant grant-writing. We do not want to create a sinecure.

Art Weiss could not attend the meeting, but sent comments, including, “Perhaps it is time to reorganize the DOM and consolidate research into a smaller (yes, shrink the faculty) and more centrally focused effort. . . . I have greater concerns about the talent pool and where basic research is heading. But, perhaps by making research careers more attractive, we’ll attract more young scientists. However, I think ORU’s rather than divisions will be the best path forward.”

Discussion will continue at the February meeting.
Present: Kirsten Bibbins-Domingo, Joanne Engel, Carl Grunfeld, Jackie Maher, Feroz Papa, Christine Razler, Dean Sheppard, Bill Seaman, Neil Shah, Mike Shlipak, Rejina Sincic, Louise Walter, Art Weiss

Not Present: Mark Anderson, Beth Harleman, John Fahy, Ida Sim

Diversity initiative

1. Importance of funding not only for recruiting into training programs but also for support in early research years.
2. Dean's diversity funds are mostly used for internal people and it has been good but funds are limited and we need other flexible options.
3. Supplemental housing bonus would be of great help since San Francisco is very expensive. Are there limits on this for trainees?
4. There has been talk about housing at the Chancellor level and Bill will find more information about it.
5. The major effort will now be done in concert with education. Research Council remain actively involved.

Plans for the Molecular Medicine Consult Service

1. This is being re-initiated around the participation of Amy Berger, former UCSF MSTP student and medical resident, now a fellow in Hospital Medicine. Several faculty members have already agreed to serve on a primary Board of experts.
2. Currently seeking support for Amy as a faculty member next year as well as for additional attendings and for tests. Bob Wachter has indicated that he would provide some start-up funds if we can find additional sources. Amy is applying for a Marcus grant with Neil Shah as PI. Neil, Amy, Bill Seaman and others will meet on March 2nd with Joe DeRisi re possible support from the Biohub. Joe expressed interest in this program when he met with the Research Council.
6. Estimated number of cases ~12/month.
7. Will start at Parnassus inpatient service and then extend to outpatient as well as other sites. Carl Grunfeld noted that the VA would like to be involved, and Jackie Maher agreed to serve as a contact for involving the ZSFG.

Further discussion on funding of research faculty after iRAPS

1. Possible sources of funding – will require support beyond existing divisional resources. Suggestions:
   A. Departmental tax on expenditures of existing endowed funds.
   B. Increased fund flow from clinical – likely not to be large. (Alums have not been generous.)
   C. Philanthropy – would require an expansion of current development efforts. Will need a broad program in fund-raising to cover all areas. Note that established chairs in the Department are more in the subspecialties than in primary care. Also researchers see fewer patients = less opportunity for primary contact with donors. Also, VA and ZSFG have relatively little opportunity for fund-raising. Could fund-raise around diseases, including all aspects of research and care. Would Diller funds for faculty be available?
2. What support would be offered? Suggestions:
   A. An extension of iRAPS.
   B. Additional chairs.
   C. Expansion of current 1-year guarantee of salary.
Should support be forever (as with tenure) or for a defined period, perhaps with the opportunity for renewal.

3. What concrete steps should we take at this point? Not yet established. Will have to be a partnership with the Department in order to have broad application. Will need a new source of revenue.
Diversity in Internal Medicine Resident Selection

Beth Harleman and Pat Cornett reported on enhancements to this year’s Residency selection committee process with the goal of increasing Under-represented in Medicine (UIM) Residents. Previous years’ data show a drop off in students from diverse backgrounds as they move from UCSF medical school into residency, fellowships and faculty. The percentage drops significantly at faculty level to about 9% UIM in SOM (a recent increase in the historically static value of 7%). The Dean's office started a program to collect data on an annual basis for each department showing trainee, faculty, post doc and staff diversity. Below are data from the campus Diversity Office.

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**Postdocs, Students, Trainees**

- 20% of UCSF Community
- 43% White
- 34% Asian
- 1% Native American/Alaskan Native
- 1% Native Hawaiian/Pacific Islander
- 5% African American
- 7% Unknown
- 9% Hispanic

5,706 people in total

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**UCSF Community by Ethnicity**

- 67% White
- 9% of UCSF Community
- 1% Two or more races
- 1% Native American/Alaskan Native
- 1% Native Hawaiian/Pacific Islander
- 2% African American
- 5% Hispanic
- 25% Asian

2,777 people in total

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Historical Application Screening Process for DOM’s Resident Selection Committee:

Approximately 2,000 applications are received yearly for DOM’s residency program. A little over 200 people are ranked for about 60 spots. On average 8 people screen the 2,000 applicants to decide whom to invite for interview, with each applicant being screened by at least two different reviewers.

Those screening applicants leave notes in the application system so all can view and make a recommendation on whether or not to invite. The committee looks at people's grades, letters, publications, extra curricular activities etc. There are often notes about the applicant’s life story, contribution to diversity.

How the process was enhanced for 2016-17:

DOM’s Residency program wanted to increase the percentage of physicians from UIM among those invited, interviewed, ranked and matched for residency. As outlined on the attached flow chart, they introduced changes, led by Interim Director of GME Diversity for the DOM Sarah Schaeffer, which had significant impact:

1) Holistic review for all UIM applicants: Applicants who identified as UIM were screened separately by two reviewers before committee review. Their focus was on life story, contribution to diversity, obstacles overcome, commitment to community etc. These were noted in the electronic file and were the first thing reviewers see. This helped reviewers to understand what each applicant would bring to the residency program in terms of diversity. There was a similar process for the molecular medicine applicants, with advance screening performed by Neil Shah to indicate the degree of enthusiasm for each candidate from the MM perspective. It made a huge difference to have that information upfront in advance.

2) Orientation of reviewers by providing an introduction to unconscious bias and use of a holistic review processes. The committee talked about why we ask about diversity and why it’s important to a residency program and to a department. This was a mandatory orientation and everyone who was interviewing was asked to attend. For those who couldn’t come, there was follow-up communication with individual information.

3) Increase in the number of applicant diversity receptions and UIM faculty-applicant connections. There was an interview-day diversity orientation and an interview inquiry on contribution to diversity for all applicants. All candidates were warned about this question. The idea was to have each candidate reflect on what they brought that was unique to the residency program. This information was captured on the interview report.
4.) Selection Committee Training consisting of an intensive 2-hour training on unconscious bias in hiring, holistic review, bias reduction strategies. The training included dedicated personal bias reflection prior to discussion and presentation of applicant information in a format that emphasized a holistic review. The number of UIM faculty on the selection committee was also increased, to 25% of the committee. Additional bench scientists were also added. The evaluation and presentations of candidates used a computer program that came out of Yale that helps with screening and rank-ordering applicants.

Results:
Please see attached graph, which indicates that these efforts were highly successful, almost doubling UIM applicants & matches.

Areas for improvement:
1) It is still a struggle to attract African-American applicants. This year we matched two but ranked several more highly. We need to think hard about how to attract African-American applicants to the program.
2) How do we implement a similar process for the Fellowship selection processes? Currently it’s very different from residency selection.
4) Financial support: For successful fellowship recruitment, it was suggested that some sort of Watson type of funding is needed. 3 years of research funding and 25K for added research costs would help in attracting applicants. Matching funds between the Dean and Department of Medicine might be possible.

Faculty equity advisor for the campus

This is a new program in UCSF’s Office of Diversity, although it has been in place in the UC system for a while. The charge of the program is to ensure diversity in faculty recruits to the campus. At a recent meeting the Director of the Office of Faculty Equity and Welfare at Berkeley gave a presentation on some of their practices. What they did, and what we will be starting to do here at UCSF, is to survey all chairs of search committees about the practices that were used from a workshop providing tools used to attract diverse faculty members. Berkeley associated the use of certain practices with an increase in numbers of UIM faculty.

a) Shaping the job description to attract diverse faculty.
b) Email or call diverse applicants and encourage them to apply.
c) Publicly emphasize the commitment to diversity as a strategic priority.

Research Council’s Plan and next steps:

The Council was very impressed by the success of DOMs Residency selection committee’s diversity efforts and discussed 2 possible plans to help implement some of the same strategies to the Fellowship selection committees. A subgroup of the Research Council (Harleman, Shah, Anderson, Sheppard, Weiss, Razler, Seaman) will develop a financial model to support UIM fellows who wish to pursue post-ACGME research as part of their fellowship. This will be taken to the Department and to the Division Chiefs for development.
Welcome & brief introductions

Diane Havlir new DOM Associate Chair for Clinical Research and David Erle new Associate Chair for Biomedical Research introduced themselves and asked Council members to give a brief synopsis of their research.

Updates

NIH proposed Grant Support Index update: (presentation attached) David provided an overview of the NIH’s proposed plan on implementing limits on grant support. The proposed scoring index is almost certain to change, and it’s not yet clear how multi-PIs are going to be ultimately be scored. There was a discussion centered on how UCSF can effectively communicate to the NIH, our concerns over the impact. NIH has already received many comments from individuals on their blog: https://nexus.od.nih.gov/all/2017/05/02/nih-grant-support-index/ There was a consensus that the new system will not affect existing grants but could have a large impact on future funding for a substantial group of DOM faculty. This may be a strategy for budget cutting and some NIH Institutes are already limiting or eliminating funding P-Awards, only funding R01s. There may also be unintended consequences, if investigators have to choose based on possible points, they may choose not to participate in research initiated by NIH, like clinical consortiums that require a lot of an investigator’s time or Training Grants which don’t provide salary support. David will follow-up to find out how to get more information/talking points so that the Research Council can provide an immediate response to DOM faculty. David spoke with Dan and he and Diane will be meeting with Dan to discuss this and other issues. Whatever changes being proposed, needs to be phased in with adequate time to adapt without demoralizing the faculty. It was proposed that a townhall lead by Keith or Dan would be an effective way of providing information at the campus level. It was agreed that changes in the way NIH funds research is needed but we would advocate for a less draconian approach to making needed changes (i.e. better scoring, better distributions of NIH funding, strategies to fund young investigators).

Proposed IRAPS evaluation: Diane solicited feedback from the Council for evaluation to measure the success of the IRAPS. Who should we be targeting in terms of audience for evaluation: Bob, Research Council, Division Chiefs, Development? What aspects of the program would be most valuable to evaluate: faculty satisfaction and productivity? What is important to Division Chiefs - Retention, recruitments, equity (how does it effect the Professors) and pipeline? VA was unique, they had been supporting their faculty with VA FTE a la IRAPS and were not eligible for the support, but now the FTE is frozen so need to review commitment to VA faculty. Evaluation will include quantitative and qualitative feedback. Diane will work with faculty lead, Edwin Charlebois to proceed with the evaluation with a target report by December 2017.

Division Chief research lunches: David and Diane are meeting with Division Chiefs over the summer to get their feedback on specific questions:

- Are there new Research Centers of Excellence we should be creating?
- What are the biggest challenges you face with research trainees and how could the Department help out in this regard?
- What opportunities and challenges do you see in a) bench research b) industry c) global and d) patient-based research including EMR big data studies in the next 5 years?
- What is the most important site-specific (e.g. Parnassus, ZSFGH, VA) challenge our research community faces?
**College of Bench Scientists Dinner plans:** The dinners have been very successful and David discussed his plans to continue the dinners and expand activities of the college of Bench Scientists. It was suggested that better opportunities for the College to interact with campus leadership (Chancellor, EVCP, Dean, etc.) would add a lot of value to the program.

**Meetings with campus leadership:** David and Diane have met with Bruce Wintroub (Vice Dean in the School of Medicine) to discuss space issues and plans for Parnassus. Over the summer decisions about Parnassus will start to be made. Diane and David will continue to have regular interval meetings with Bruce and Dan around the plans for Parnassus space. John Fahy has been a long-standing member on many committees planning the initiatives for Parnassus. There is still a need for faculty voices, there has been a lack of effort to facilitate communication between the researchers at the different campuses and initial enthusiasm has faded. A brief discussion centered around the need for a vision for an integrated University and communication of that unified vision from the top UCSF Leadership. It seems that two parallel groups working separately from each other (campus and SOM). Do we want to advocate for the new research space at Parnassus to be organized programmatically or just to improve space? All agreed the approach needs to be strategic and visionary, and not just about space, it’s about the whole, integrated University.

**Future meetings**

- David and Diane want to continue the Research Council meetings through this calendar year and would like to explore how the Council should continue to work toward common goals, now that there are two distinct Associate Chairs one focused on bench research and the other on clinical research.
- How can the department provide a response to the Parnassus re-do and space issues?
- Digital Health Research Enterprise

**Next Meeting**

To be determined

**Call in option:** Conference number: 1.888.387.6038 Passcode: 7336029#
AGENDA

• Welcome & brief introductions
• Updates
  • NIH proposed Grant Support Index update
  • Proposed IRAPs evaluation
  • Division Chief research lunches
  • College of Bench Scientists Dinner plans
  • Meetings with campus leadership
• Input from Council Members
  • Research Council priorities
  • Key questions for SOM Dean’s Office re: Parnassus space
  • Digital Health Research Enterprise
“Implementing Limits on Grant Support to Strengthen the Biomedical Research Workforce”

- “a relatively small proportion of scientists are receiving a large proportion of available funds… an increasing concentration of funds going to relatively few institutions”

- “Data suggesting that scientific productivity tracks only weakly with funding; larger scientific groups or greater degrees of funding may not generate as much additional scientific output as expected”

- “scientists who are most seriously affected by all these trends are young faculty”

https://nexus.od.nih.gov/all/2017/05/02/nih-grant-support-index/
GRANT SUPPORT INDEX

• focusing on money alone as a measure of support may be problematic

• developed the “Research Commitment Index,” now referred to as the “Grant Support Index.”

• we find that increasing levels of the Grant Support Index are associated with diminishing incremental returns.
GSI (as originally proposed)

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*Community input will be used in developing the final Grant Support Index.*

*Mike blog team, May 8, 2017.*

- See [https://nexus.od.nih.gov/all/2017/01/26/research-commitment-index-a-new-tool-for-describing-grant-support/](https://nexus.od.nih.gov/all/2017/01/26/research-commitment-index-a-new-tool-for-describing-grant-support/)
DOM first pass low estimate (PI status only)

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Christine Razler
Plans for implementing limits

- We will monitor, on a trans-agency basis, investigators’ Grant Support Index, with the idea that over time and in close consultation with the extramural research community, we will phase in a resetting of expectation for total support provided to any one investigator.

- We plan to implement a Grant Support Index cap of 21 points, essentially the equivalent of 3 single-PI R01 grants.

- Over the next few weeks to months, we will meet with NIH Advisory Councils and other stakeholder groups to explore how best to phase in and implement this cap – so that formal assessment of grant support can be used to best inform, on a trans-NIH basis, our funding decisions.
Issues that NIH will be considering

• How should the Grant Support Index be calibrated? Should we assign more or fewer points to certain grant mechanisms?

• What headline metrics should we follow? How will we know whether we achieving desired effects of funding more early career investigators and stabilizing their trajectories?

• How do we assure that we don’t inflict unintended harms on scientific progress, on the productivity of highly productive consortia, or on the stability of the research ecosystem?

• When would it be appropriate to allow exceptions to caps on individual researchers? How will decisions on exceptions be made?
Academic Senate discussion

• Keith Yamamoto led discussion
• Concerns re general impact on UCSF, impacts on collaborative research and training grants
• How to effectively communicate concerns to NIH?