

Dean's Faculty Advisory Committee
University of Tennessee, College of Medicine

February 5, 2018

Call to Order

The meeting was called to order by the president, Dr. Jerome Thompson, at 12:04 PM on February 5, 2018, in the Coleman building, Room A101.

Attendance

The following members were present:

Julio F. Cordero-Morales, PhD, Terry Cooper, PhD, Ian Gray, MD, Mary Peyton Gupta, MD, Rebecca Anne Krukowski, PhD, Haavi Morreim, JD, PhD, Linda Myers, MD, Lawrence Pfeffer, PhD, Fruz Pourmotabbed, PhD, Reese Scroggs, PhD, Burt Sharp, MD, Claudette Shepherd, MD, Jerome Thompson, MD, MBA, Martin Donaldson, DDS

The following guest(s) was (were) present:

Susan Senogles, PhD, Cameron Barclay, MSA

Approval of minutes

The minutes of the previous meeting were approved as written. Minutes had previously been distributed by electronic means.

Business

Ms. Cameron Barclay, MSA, Director of UTHSC's IRB, returned to respond to additional specific questions from the DFAC. She pointed out that the federal government increasingly requires that a single IRB be used for federally funded research, including NIH-sponsored projects. Where there is a central IRB doing the review for a research project, local investigators need only submit a brief registration form, and need not fill in a complete IRB form. This will relieve a substantial part of the compliance burden for those particular studies. However, the investigator will still need to obtain institutional approval in many cases. Additionally, if the research is based at the VA, an additional institutional approval will be required from the VA.

UTHSC's IRB is now working out agreements with Schulman IRB in Cincinnati and the Smart IRB, commercial IRBs that are likely to carry a number of the federal studies using a single IRB. Where those entities are the primary ("reviewing") IRB, this sort of contract permits UTHSC to "rely" on that IRB. Another reason why a local study might want to use a commercial IRB would be, eg, if the research topic were controversial or if it were particularly complex (eg non-consented research done for emergency medical procedures).

Turning to another question, Ms. Barclay noted that, because UTHSC has four sections, they permit faster approval and reapproval of studies when changes have been made. The downside of this, however, is that

because a different section may be involved once a change in a protocol is requested, a different person or group of people may be reviewing the protocol . . . leading on occasion to some differing expectations and therefore to some confusion.

UTHSC's IRB is currently undergoing its accreditation process, and is in the process of implementing a different software. During this change users, board members and IRB administration alike will predictably experience some difficulties.

She noted that all UTHSC IRB policies can be found on their website, e.g including policies regarding advertising and recruitment. See: <https://www.uthsc.edu/research/compliance/irb/researchers/standard-operating-procedures.php>.

Ms. Barclay encouraged anyone with a question, concern, complaint or idea for improvement to contact the IRB.

Dr. Terry Cooper then described the cumulative APPR (Annual Planning and Performance Review) data. When the new EPPR (Enhanced Post-Tenure Performance Review) process was approved as a replacement for CPR (Cumulative Performance Review), considerable concern was expressed regarding whether it might be used to eliminate some faculty. Further questions concerned how many people have been receiving "meets expectations," "exceeds expectations," "needs improvement" or "unsatisfactory," for tenure track versus tenured versus faculty who are in CPR and/or EPPR process. Dr. Cooper provided a summary of data from 2013-2017, summarizing such data for the various campuses and indicating the numbers of grievances and the level at which they are resolved.

A major purpose of this document is to set the historical data so that it will be possible to determine, going forward, whether in fact there is an increase in CPR/EPPR processes, numbers of grievances, etc. Dr. Cooper will post this information on the Faculty Senate website. From the graphs, he pointed out that the number of CPR/EPPR at UTHSC has been fairly small, in the past – one or none per year. The continuing objective of these data is to provide greater transparency about faculty evaluation processes and to permit assessment of the outcomes of implementing the new EPPR process. The EPPR process, which is triggered by just one "unsatisfactory" evaluation or two "needs improvement" evaluations (unlike CPR, which required 2 "unsatisfactory" or 3 "needs improvement"), is effective from 2017 and on. Updates for '16-'17 have been requested, but not yet provided.

These data do not capture certain other kinds of situation, e.g. as where a faculty member is told that s/he will receive an adverse evaluation, and the faculty member retires or otherwise leaves the University in response. A related important question concerns faculty retention – how well UTHSC can retain faculty, some of whom have been courted with significant funding. Particularly for the latter sort of situation DFAC considered whether perhaps exit interviews might help to identify how UTHSC could be a better institution for researchers and voted to request that the Faculty Senate work with the Administration to obtain such data.

Next Meeting

The next meeting of the committee will be held on March 5, 2018, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:00 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary