Call to Order

The meeting was called to order by the president, Dr. Martin Croce, at 12:10 PM on February 1, 2010, in the Coleman building, Room A101.

Attendance

The following members were present:

Martin A. Croce, MD, Denis DiAngelo, Elizabeth Fitzpatrick, PhD, Bob Waters, PhD (for Bob Foehring, PhD), Stephen King, MD, Leonard Lothstein, PhD, E. Haavi Morreim, JD, PhD, William R. Morris, MD, Linda K. Myers, MD, A.P. Naren, PhD, Edwards Park, PhD, Lynn Patterson, MD, Claudette Shephard, MD, Laura Sprabery, MD, Thad Wilson, PhD, Parker Suttle, PhD

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

Lacey Smith, MD, Polly Hofmann, PhD

Approval of minutes

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

Business

Pres. Croce asked Parker Suttle, president of the Faculty Senate, to update the DFAC regarding the current version of proposed changes to Section 4.13 in the Faculty Handbook. He indicated that faculty comments were taken into account and that the Section was forwarded to the Faculty Senate's Clinical Affairs committee. Key changes are these:

* the revised section now expressly applies only to faculty-initiated affiliation changes;
* it now includes the option to follow standard grievance procedures, such as filing with the faculty senate;
* it refers only to basic changes of practice affiliation, not to mere changes in site or location within, e.g., UTMG's various practice sites. Department chairs remain responsible for assigning work responsibilities within their respective departments. Dr. Suttle indicated that the current version does not purport to resolve other issues about which faculty have expressed concern, e.g., regarding appointment letters. It is designed solely to indicate what faculty must do if they wish, unilaterally, to change practice affiliation.

It was noted that although the new version features the standard appeals process, it does not include the "adequate cause" procedures described in Section 7 of the Faculty Handbook. Dr. Suttle indicated that this was done because a unilateral, unapproved practice affiliation change will be deemed to be resignation rather than a "for-cause" removal of tenure. Going through the
Faculty Senate, he indicated, is more expedient and efficient, and a less involved process, than the adequate cause procedures. The rationale is that when someone effectively resigns from UTMG or another UT practice affiliation (s)he is essentially no longer a full-time member of the CoM faculty. Because part-time faculty are not eligible for tenure, he explained, traditional tenure would no longer apply. Further discussion revealed some divergence of views among DFAC members, regarding the role of clinical practice in one's overall academic appointment. Perhaps above all, a key concern throughout the drafting and redrafting of this section is the possibility that such a policy could permit unintended consequences, if not crafted carefully.

Pres. Croce raised another issue that has been brought to his attention. The new plan for variable compensation for clinical faculty, the Annual Planned Income for clinical faculty (i.e., UT salary plus UTMG and other salary) will feature a 5% withhold. The identified concern was that, if the 5% is taken out of the faculty member's total salary, it could be deemed effectively to remove 5% of that person's base salary. However, base salary is protected by tenure, and cannot be reduced so long as the person is tenured. The question thus arose whether the 5% can properly be computed according to the entire salary (and whether that impliedly would be taking "untouchable" base salary). On the other hand, it was suggested that, since base salary varies a great deal among faculty, fairness may require that the 5% be nevertheless based on the total salary. Additionally, it would be punitive to withhold only from those faculty who are deemed to be underperforming. Everyone needs to be brought into any incentive compensation system. Because the 5% withhold is not ultimately likely to take any literal reduction of base salary, and because a dean is authorized to reduce non-base salary as (s)he deems proper, the recommended conclusion was that the 5% across-the-board withhold is likely both acceptable and fair.

Related issues also arose. One was the question whether it is necessary to withhold salary from clinicians who have a long record of hitting their marks in terms of billing, RVUs, or whatever measures one wishes to use. It was noted that, under an incentive system, the withheld funds would be not only returned, but enlarged as a reward for such productivity.

A different concern was that, with successive withholds from year to year, a faculty member's salary could re-set each year to a level that could ultimately result in considerably lower compensation. A more fundamental question was whether tenure is inextricably tied to salary—that is, whether tenure protection always means salary protection or, conversely, whether the two could be separated, e.g., with the consent of the faculty member. It was noted that, per the Faculty Handbook Section 4, each faculty member has a "base salary" that must be expressly designated in the faculty member's initial appointment letter. This is the only portion that is protected by tenure, but it is thus protected.

The fundamental question, as described by Dean Smith, concerns how to encourage and thereafter measure and appropriately reward accountability for faculty. The system being introduced at UT is comparable to variable compensation systems utilized in other medical schools across the country. At 5%, it is generally considered to be a rather mild level of incentive.

The discussion then turned to the Med, which now has a new CEO. The central problem, of course, is money; the Med has tightened its finances about as much as it can. If it does not receive adequate outside funding, its existence is genuinely threatened. Gov. Bredeson's current plans for the state finances are quite aggressive for cost-cutting, but details are as yet unknown.

Dean Smith requested that the DFAC provide input on other issues of importance to the CoM:
*The curriculum is currently undergoing ongoing revision; the process is in Robert Shreve's office and 3 committees. First- and second-year courses are being overhauled, as well as changes for the clinical years. Faculty and DFAC members can go to www.uthsc.edu/medicine/pff/ to learn what the proposed changes are.

*Faculty development and mentorship is also of importance: what do we need to be doing, and doing a better job of, in terms of helping faculty to understand what is expected of them and to excel in UT's missions.

Dr. Smith requested DFAC input in the near future on these two items.

Next Meeting

The next meeting of the committee will be held on March 1, 2010, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:05 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary