DFAC President Larry Reiter called the College of Medicine's Annual Meeting to order at 4:03pm on May 22, 2014. A quorum of more than 40 faculty was in attendance.

The first order of business was to propose a small amendment to College of Medicine's bylaws. Specifically, Section III-D-3, regarding the Committee on Admissions, previously stated that the Executive Dean would make the decision whom to admit to medical school, based on recommendations by the Committee. Per requirement from the LCME this needed to change so that it will now state that the Committee reviews and accepts applicants. The amendment passed without dissent.

Dr. Robert Shreve then presented the Class of 2014, with information about rates graduation, board passage, residency matching, and similar information. The Class of 2014 was approved unanimously by voice vote.

Dr. David Stern then presented his annual State of the College address. He spoke of major UT College of Medicine (CoM) initiatives, such as service to vulnerable populations. He also emphasized community outreach, which will now be assisted by a College of Medicine Advisory Board. The Board will serve as ambassadors to help UT have a significant and increasing impact on the community.

The LCME accreditation process and visit went well, with thanks to faculty and students across the College. The visit began, literally, on a dark and stormy night that delayed some site visitors' arrival. After discussions with administration, the site team visited with faculty, students, and clinical partners. One of our major challenges identified by the LCME site visitors is the limited amount of scholarship money available to students – an issue now being addressed by a significant increase in scholarships.

Dean Stern also discussed the new Department of Education. As Dr. Bob Shreve retires as Assoc. Dean for Medical Education, a search for his replacement is now under way. A new Department of Medical Education has been formed, with Dr. Steve Nace as its interim chair. The emphasis is to have fewer teachers who spend more of their time teaching. Ongoing plans include fine-tuning the revised curriculum. Initially with the new curriculum the STEP 1 scores declined a bit, to 87%. Current information suggests that this year's pass rate will exceed 90%, thus suggesting that the earlier lower score was an aberration rather than a signal of any lasting downturn.

The school's increasing emphasis on health disparities will likely place students more in the community, perhaps with students from other fields, such as medical/nursing teams.

In sum, the Dean observed that the CoM is now LCME-accredited for another 8 years, with no requirement for interim visits.

Dr. Stern then turned to the research mission. It is a source great concern, since research is at the core of each of our missions. From 2010 to the present, NIH funding has decreased, as have proposals. He presented the following data regarding NIH funding decreases over the past several years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$33,686,434</td>
</tr>
<tr>
<td>2011</td>
<td>$30,082,599</td>
</tr>
</tbody>
</table>
2012: $30,06,643;  
(2013/projected): $29,502,118

Grant submissions, as well as awards, have gone down. However, there seems to be an upward trend in the first three months of 2014 in terms of grant submission numbers.

We have had retention problems even more than recruitment challenges. Accordingly the CoM is trying to provide support for researchers. Dr. Stern emphasized that any project with merit will receive serious consideration for financial assistance.

An important area of research development is Informatics. Dr. Robert Davis has now joined us, specializing in epidemiology and biomedical informatics. As Director of the Center in Biomedical Informatics he is based in Pediatrics, but will be available throughout the College. He is supported by $5.3M from the CoM, Memphis Research Consortium, ORNL Gov Chair, UTHSC Chancellor, and the Pediatrics Fund.

On the bright side, the dean indicated that UT has recruited 40 new research-intensive faculty in the last 3 years. Each new Assistant Professor has a mentoring committee, and a competitive start-up package. These recruits are in focal areas.

Dean Stern noted several highlights. Dr. Alex Dopico now chairs the Department of Pharmacology and has multiple R01 grants. Robert Klesges has 5 R01s studying, among other things, military populations. Dr. Darryl Quarles has multiple R01s related to bone and prostate disease, and is building a national research presence in the Division of Nephrology. Other highlights include Gabor Tigyi, Karen Johnson, Jenna Steinle, Rob Williams, and Andrew Kang.

Future directions in research include incentivizing new grant proposals and team science, with $500k in intramural support to start viable projects. Also, new faculty recruits are being sought. Mentoring is now being emphasized, and will be part of annual review for chairs and departments. Dr. Jon McCullers is leading a team for a CTSA (Clinical Translational Science Awards).

Dean Stern then turned to the clinical mission, noting that we live in "interesting times . . . " In the first quarter of this year, clinical revenue fell not just in Memphis and TN, but across the nation. This led to the need to reduce expenses and increase access to care. In the long-run, superior quality, safety, and cost effectiveness – value – are essential.

UTMG: risk management and lawsuits were a major downside (a $33M unanimous jury award was particularly notable). A settlement is being negotiated among all sides, though nothing has been concluded at this time. The Wolf River Building has been sold, and a new team is in charge of the business administration, including CEO, CFO and others. UTMG is downsizing to about 80 physicians (maybe more) in the fields of neonatology, ophthalmology, plastic surgery, dermatology, nephrology, family medicine, neurology, and minimally invasive surgery.

Several hospital-based partnerships are now under way with Methodist, LeBonheur, Baptist, and Regional One. The challenges include the sharing of control vs. influence, levels of equality of partnership, and the like. Important new recruitments have been garnered, enhancing these partnerships. Recruitment packages could not have been afforded by UTMG alone, so the partnerships have permitted leading clinical figures to be recruited.

This leads to a broader concept regarding our clinical mission. It is UT CoM's "Brand" in the community. It is our source of recognition in this community. Our multiple hospital affiliations
can, in some sense, dilute our 'brand.' The CoM needs to, and will, work on awareness of our brand. The CoM is beginning to run a concierge service, responding to calls to identify one or another medical service. The "charge" for this service is that the patient will say, and recognize, that "UT cares . . ."

Dr. Stern turned to highlights in UT's clinical mission: A new critical care team is now at Methodist; a new chair of neurology is developing a city-wide presence; and the Regional One burn unit is broadening its outreach, among other developments.

Overall, UT has done well on LCME, is investing in faculty and their missions, and enhancing UT's missions on a number of fronts, Dr. Stern said. The College faces major challenges, but he emphasized that we can meet them.

At the conclusion of the meeting, Pres. Reiter announced that the new President-Elect, Dr. Linda Myers, and then introduced his successor as DFAC president, Dr. Tiffany Seagroves.

Respectfully submitted,

Haavi Morreim, JD, PhD
DFAC secretary