5/23/13  
Annual Meeting, College of Medicine  
May 23, 2013  

DFAC Pres. Ed Park called the meeting to order at 4:05pm.  
Once the attendance reached a quorum of 50 faculty, the draft revised ByLaws for the College of Medicine were offered for discussion and vote. The ByLaws had been previously posted online and the faculty notified.

One amendment was proposed: because the ByLaws are required to conform to the Faculty Handbook, and because the Handbook is undergoing revisions, the amendment would require that the ByLaws be revised within 6 months, to conform however necessary to Handbook revisions. The Amendment was moved, seconded and passed by voice vote. The ByLaws themselves, thus amended, were likewise moved, seconded and approved by voice vote.

Dr. Bob Shreve then addressed the group on two matters. He began by noting that the LCME accreditation visit for the current 8-year cycle will be November 17-20. Self-study teams have been working for a long time to assemble all the required information, due at least 3 months in advance. During the visit, LCME members will meet with 140-150 people to discuss all aspects of the medical school. Dr. Shreve indicated that there is a desire to use this as a productive process to identify things that need to be improved, and to address those to make the school better. The standards by which the CoM will be evaluated can be found at: http://www.uthsc.edu/Medicine/LCME/documents/functions_standards.pdf

Dr. Shreve then presented the graduating class of 2013, providing a profile including:
Graduating 157 students on May 31th
152 members of original class of 165 graduating - 92% on-time rate
12 members will graduate with a 4.0 GPA
Mean GPA - 3.54
Overall, 98% successful in the Match
54% matched within the UT system
51% matched in Primary Care

The College of Medicine faculty then voted to certify the class of 2013, a voice vote unopposed.

Dean David Stern then then provided a State of the College address. He described UT CoM's vision and its objectives for the future, which include seeking out partnerships with key stakeholders and addressing disparities in health care, among other priorities.

For future directions Dean Stern also noted that education will be emphasized via a teaching academy, that there will be a renewed emphasis on research, and clinical leaders will be identified and supported. Dr. Stern introduced David Levine, who is assembling an advisory board for the CoM, to help provide guidance for its growth and focus. The CoM has received a $20 million funding bolus and expects repeated influxes of funds from emerging partnerships with hospital partners such as the Methodist system and the Med.

Dean Stern also spoke of challenges. The LCME has made it clear that it is willing to place institutions on probation or even change their credentialing status, to ensure that quality of education is taken seriously. In that sense, LCME's seriousness of purpose poses both a promise and a 'threat' to medical schools.
Dr. Stern then turned to current developments in various departments. The Department of Pediatrics now has a strong collaboration with St. Jude and has successfully rolled out ULPS as a unified practice plan. Physiology is now ranked 2nd in the country, although it has also recently lost a valuable member to Cincinnati. Active recruitment efforts are going forward, including to recruit collaboratively with other departments, such as Pediatrics. Preventive Medicine has many strengths among its faculty, and has been a top department for extramural funding. In Ophthalmology, the new chair has recruited strong new members. Dean Stern also discussed forward movements for Cancer, Dermatology, and other departments.

Regarding UT CoM's educational mission, Dr. Stern emphasized the importance of graduate students. Additionally, he reiterated that the LCME visit is being taken very seriously. The self-study is due in August. Regular meetings with students have provided important information for improving the education process. The CoM now seeks a dedicated cadre of educators - highly focused educators for the first two years, and a core group of clinicians for the clinical years. Dr. Stern stated that in the future there will be a Department of Medical Education, to ensure that the College's Education mission is being appropriately valued.

The Research mission seeks excellence, as always, and a diversity of ways in which research is supported - not just federal funding, but also funds for bridge support and other kinds of funding, such as money to do the studies that may be prerequisite to gain funding for a promising R01 grant at the A0 stage. Research themes on which the CoM will focus include obesity/diabetes/metabolism, vascular biology, neurodegenerative disease, vision sciences, disparities in health care, and biomes associated with health and disease. Focusing on Memphis' public health challenges, Drs. Pat Matthers-Juarez and Paul Juarez will co-direct the Center on Health Disparities, Equity and the Exposome. Although UT's research will particularly focus on theme-areas, Dr. Stern emphasized that "there is opportunity for everyone with a credible proposal." Going forward, the emphasis will be on support for existing faculty, while recruiting will fill the research pipeline with fresh ideas.

Finally, Dr. Stern turned to the Clinical mission. It is our core business, he noted, and it defines us in the community. It is our opportunity to excel. The new strategy is to seek a closer alignment between physicians and hospitals/hospital systems. This will bring challenges, for instance as recruiting a new faculty clinician will require review by a hospital partner, not just the CoM or its departments. The first venture was ULPS for pediatrics, and it has been successful.

For UTMG, physician reimbursement is declining and our payer mix reveals inadequacy of relying on professional fees as a key revenue source. UTMG, for instance, can not afford to purchase an EMR system. Our hospital/health system partners have wanted a closer relationship, not just a vendor-purchaser relationship. Health care reform will accentuate these trends, going forward. On the adult side, the two practice plans will be UTMP (UT Methodist Physicians) and UTMA (UT Med Associates).

Dr. Stern explained the current formats for these practice plans, noting that some evolution can be expected in the details. Each practice plan will have its own special foci and centers of clinical excellence. UTMP has been approved in principle and is planned for around 60 physicians, while UTMA will have a larger number. Finally, UTAP (UT Affiliated Physicians) will include about 85 faculty in Ophthalmology, Plastics, Dermatology, and similar disciplines that will not have a single-hospital sort of affiliation.

Dean Stern then provided further information about developments in Knoxville, Chattanooga, and Nashville.
In sum, Dr. Stern emphasized that UT CoM will focus recruitment and development on what we do very well, on nodes of excellence.

Following Dr. Stern's remarks, Dr. Morreim, DFAC Secretary, announced that the new DFAC President-elect will be Dr. Fruz Pourmotabbed.

President Ed Parks then adjourned the meeting at 5:00pm.

Respectfully submitted,

Haavi Morreim, JD, PhD
DFAC secretary