

EXECUTIVE SUMMARY OF COUNCIL AND COMMITTEE REPORTS FOLLOWING REVIEW OF THE MEDICAL CENTER TASK FORCE REPORT

In compiling all the points made in the various minutes and summaries, the following were similar criticisms or suggestions made by more than one group or points that focused on a particular aspect of the Report. In parentheses are the groups to whom the comments can be attributed.

1. There is much ambiguity and lack of clarity in the Task Force Report, making it difficult to thoroughly assess and critique the strengths and weaknesses (AOS, ACMC, COM, HS, SC)
2. There is a need to identify the role of an Associate Provost within the Medical Center and appoint an individual to fill that role (AOS, DENT)
3. Remarks about the Medical Center Clinical Sciences Area Advisory Committee and promotion and tenure issues:
 - a. Area Committee should be maintained and remain involved with the evaluation (and promotion and tenure) of clinical title faculty (AOS, ACMC, NUR, HS)
 - b. Area Committee should report to the Provost and not EVPHA (HS)
 - c. Unclear if, with the proposed system, Clinical Title Series faculty will be true academic faculty or clinicians judged on productivity (COM)
4. Remarks about the Executive Council of the Medical Center:
 - a. It is important to have all 5 Medical Center colleges represented on the Executive Council, not just by their respective deans but also by elected clinical faculty representatives from all 5 colleges (ACMC, NUR)
 - b. The Board of Trustee member on the Council should not be a faculty or staff Trustee (ACMC)
 - c. The President should not chair the Executive Council since it reports to him (COM)
 - d. Add a health care consumer to the Council (NUR)
5. Remarks about the Dean of the College of Medicine:
 - a. S/he should not be a business person, but a clinician who can successfully recruit and retain faculty (AOS)
 - b. S/he should not be same the same person as the one in the role of the EVPHA (ACMC)
6. Remarks about the Executive Vice President for Health Affairs:
 - a. The interim EVPHA should not be a candidate for the permanent position (COM)
 - b. The role of the EVPHA is unclear (HS)
 - c. A search committee for the EVPHA needs broad representation (NUR)
 - d. The person in the role of EVPHA needs to have the ability to address broad range of health care providers, patient needs, and health care delivery systems (NUR)
 - e. The EVPHA should not be involved with promotion and tenure issues (ACMC, HS)
7. Inter-relationship between the EVPHA and the Provost:
 - a. It will be a cumbersome, inefficient system not conducive to timely decision-making, especially when academic and clinical issues are in competition (COM)
 - b. It is unclear how final budget authority will work (COM)

- c. Considerable ambiguity in terms of lines of authority; e.g. in item #1a “joint oversight...of clinical activities” is vague and the vagueness needs to be removed. (SC)
 - d. It is unclear how the distinction would be made between “academic” and “clinical” budgets
8. The Implementation team should have representation from all colleges and constituents in the Medical Center (NUR, DENT)
9. The College Deans must remain members of the Board of Directors of the Fund for Education and the Advancement of Research (NUR, DENT)

Key:

AOS Senate Committee on Academic Organization and Structure
ACMC Academic Council of the Medical Center
COM College of Medicine Faculty Council
DENT College of Dentistry Faculty Council
HS College of Health Sciences Faculty Council
NUR College of Nursing Faculty Council
SC Senate Council