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From: Thomas Curry [<mailto:tecurry@uky.edu>]

Sent: Monday, January 27, 2003 2:16 PM

To: Dembo, Jeffrey B

Cc: Kelly, Thomas H

Subject: Response to the Task Force report

Jeff,

I am waiting for final approval from a few of the members on the document below but I thought that I would forward this along for your perusal. Thank you for allowing us to address the concerns of the faculty of the COM.

Tom

Dr. Dembo,

The Faculty Council has solicited input from the College of Medicine faculty and we have some specific concerns but in general the comments are very broad. Although the Task Force has done a Herculean job in trying to put forth a plan to reorganize the Medical Center, I think that the overriding criticism of the present plan is that the lack of detail in the Task Force report is such that it is impossible to provide an insightful critique as to academic strengths and weaknesses. The comment has been made that the report asks the faculty for a lot of trust in how the reorganization will be implemented ("trust us" approach). We would request, therefore, that we have input as the reorganization is considered, planned, and being implemented. Thus as the details of the reorganization are being discussed, we could better evaluate the academic and clinical strengths and weaknesses, provide input, and develop a stronger and more responsive model than currently exists. This involvement in the process rather than trust the outcome others seems to be a central theme among our faculty.

Other concerns that have been voiced:

1. **Budget Authority:** The Report is unclear as to final budget authority, given proposed joint oversight between the Provost and EVPHA. Clinical departments and their Chairs may get caught in middle if these two disagree and/or do not share a full understanding of the impact of one part of the budget upon others. Thus it is unclear as to how the financial support (everything from budgets, salaries, indirect costs, etc.) flows from the President to the Chairs and the Departments. It is also unclear how the academic aspects of the clinical activities will be handled.
2. **Administrative Decision making Process:** The proposed administrative model may be too large, cumbersome and inefficient to function and make timely decisions. One of the benchmark institutions evaluated in this process was the University of Florida. It was stated that the Provost and EVPHA did not function as a team with common goals and as such there were roadblocks to academic and clinical productivity. Although both the Provost and EVPHA answer to the President, it is unclear as to the efficiency of decision making processes when the academic and clinical missions are perceived to be at odds.
3. **A, P and T:** A, P, and T processes could be unnecessarily cumbersome, and the proposed structure may cause problems with Special Title series appointments, due to insufficient understanding by those doing A, P and T reviews of unique attributes of Special Title Series positions. Furthermore, how will appointments be harmonized between main campus and Med Center? There is the possibility for much confusion and ill-will that will not lead to a unified campus philosophy. For example, 9 vs 12 month appointments as well as the ability for main campus faculty to have 20% of their time for outside consultation whereas this is not endorsed by the Med Center, etc.

Another issue with A, P, and T is the clinical title series" faculty. Will these faculty be true academic faculty or will they be clinicians who are judged solely by clinical productivity? If the latter, this could result in a major academic reorganization re the nature of faculty.

4. **Executive Council for the EVPHA:** It seems inappropriate for the University President to chair the Executive Council for the clinical enterprise when this Council then reports to the President. This has never made sense.

5. **Human Resources:** The impact of Human Resources during this period of reorganization needs to address the impediments of the current system to the academic and clinical productivity in the Med Center.

6. Role of University Group Practice (i.e. KMSF) is unclear in the decision-making processes for the clinical enterprise.

7. The Interim EVPHA should not be a candidate for permanent position, so as to maintain our ability to attract an excellent outside candidate for permanent EVPHA --- with fresh and unbiased views of the enterprise.