

MINUTES OF THE FACULTY SENATE MEETING
TUESDAY, FEBRUARY 15, 2005
LEAVEY PROGRAM ROOM
(Approved March 14, 2005)

PRESENT: Andrews, Arend, Bates, D. Betz, P. Betz, Bondurant, Doug Brown, Clarke, Cumby, Davis, Diamond, Dimolitsas, Engler, Fink, Friedman, Furth, Gale, Glazer, Goldfrank, Haramati, Iglarsh, Joyner, Kertesz, Lamiell, Larsen, Little, McFadden,S.J., J.Murphy, Norton, G. Owens, J. Peck, Pedrick, Pfeiffer, Ronkainen, Shad, Shadel, Sitterson, Taylor, Verbalis, Vroman, Walters, J.P. Walsh,S.J.,

ABSENT: Aleinkoff, Bloch (lv), Bonanno, Byrne, Cleary, Cohn, Ernst, Gallucci, Haft, Hauser, Hirsh, Hussey, Keesling, Lieber, Lightfoot, Linafelt, Malekzadeh (lv.), Mastorovich, McCabe, McAuliffe, Moran Cruz, Moscovitch, Mueller, Oakley, A. O'Donnell, J. O'Donnell, Richmond, Ross, Salles-Reese, Sandberg, C.Sanz, Sistrunk, R.Thomas, Tilden, Tinkcom, Tyler, Walker, T.Walsh (sabb), Walters, Weidenbruch, Weiss, Witek,S.J.

GUESTS: Stefani Blair & Anne Glenzer (Blue & Gray); Elizabeth Howard (The Hoya); Gloria Massaro

The meeting was called to order by Professor Wayne Davis at 4:20 p.m. The minutes of the Jan 19 meeting were approved.

Peter Tague of the Law Center was appointed to the Grievance Committee.

Nominations for the nominating committee for Senate officers were sought. There were no nominees from the floor. Professor Davis asked that nominees be sent to him by the end of the month.

Dr. Dimolitsas reviewed what was presented to the Board of Directors this month regarding restructuring at the Medical Center. He reviewed the imperative to break-even by 2007, to be achieved primarily through expense reductions along with some controllable revenue growth.

The Board received Dr. Bondurant's plan to reduce the deficit by \$13 million , a bit short of the goal of \$15 million.

The proposal given to the board included the following:

1. The four economic units should become the organizational structure going forward.
2. The Departments of Pathology, Radiation medicine, Biostatistics and Oncology will be part of LCCC.
3. BGRI will be led by a Director whose authority stems from authority delegated by the EVP.
4. The spending of GX and GD moneys and the allocation of space will be centralized within BGRI but other functions of the departments remain intact.
5. The administration and financial management of BGRI will be centralized.
6. The management of institutional funds will be centralized.

7. We will leave departments intact for now. We will put in place a process, with faculty input, to come up with a proposal regarding the structure of departments by June 1.

Twenty eight percent of the proposal is already in the process of being implemented.

Dr. Bondurant took the floor. He stated that the “hemorrhage of money from the Medical Center” has to stop. That puts us under tremendous pressure to deliver. In order to make the ‘07 target we have only one budget year to operate – the ‘06 year, which starts July 2005. We have only 4 months to implement changes. The longer we take, the more dramatic cuts will need to be made in ‘07. The changes are consistent with many other changes going on around the country in medical schools. LCME supports our proposed changes. The work is not finished. It is work in progress.

Managerial separation of teaching and research can allow more effective interaction of research and teaching than had been going on.

The directors of the four units will have ultimate authority for space and money. Currently, the EVP has that authority. So, the EVP is now delegating this authority to the directors.

There are at least 6 issues remaining, which will be solved by 6 committees:

- Incentives and metrics for departments.
- Structure and functions of departments.
- Structure of clinical department vis a vis research.
- Future plans – looking ahead, particularly with regard to our Medstar Partner.
- Development (fund raising).
- Governance arrangements.

There will be faculty representation on each of these committees.

Professor Haramati asked to address the Senate. He stated that the charge to the working groups was to develop a financial analysis. What has become clear is that BGRI has become a self-fulfilling prophecy. We are now being given the proposal that this is the way the medical center should be structured. While we all agree that we must meet the financial target, the question remains whether the restructuring that is proposed is necessary to meet that goal. The BGRI document was first presented to the Senate on Feb 2. It went to the Board 6 days later. We are about to really change this medical center, but we only had 6 days to react. There are many problems. For example, one unit is being called the School of Medicine, but it only deals with medical education. Wouldn't it make more sense to call it the Division of Medical Student Education, with the other unit being the Division of Research and Education; then the whole entity would be the School of Medicine. We are being asked to take the financial analysis and concretize it into a new structure of the medical center. The question is: how much is done, and how much is still open for discussion? What did the Board actually approve?

Dr. Dimolitsas responded. The comments that were received about the document were the following:

- Leave department the same for the time being.
- If departments are going to collapse, include faculty input on how to do it.
- Don't forcibly re-align faculty into departments they do not want to be in.
- Don't organize the place around 4 economic units.

We responded to the first three of the four comments.

Professor Gale said that it is the process that is being questioned. We did have the opportunity for some feedback, and it was taken into account. That's why we were shocked that the document was forwarded to the Board as it was. It should have been qualified as a work-in-progress. At the Caucus meeting with President DeGioia we expressed concern about the separation into 4 units. We asked if there is a vision for these 4 groups to become permanent structures. President DeGioia said no, absolutely not; I have no idea what the faculty will decide going forward. He said this was just for the purpose of economic analysis. We (including the four working groups) never had an opportunity to comment on the overarching structure of the four groups. President DeGioia perhaps wasn't telling us the whole story.

Professor Haramati said that we have heard that unless we do this new structure, we will not achieve the savings. There is no evidence that we need to re-structure in order to achieve these savings. Most of the savings are occurring right now, within the current structure.

Dr. Bondurant replied. Under the best of circumstances this plan gives us a chance at a balanced budget. It does not guarantee it. He projects that the current plan will work at most 85%. "My best professional judgment is that this plan is necessary to reach the financial goal."

One senator expressed the concern that reorganization affects people in the trenches, and so it is unfortunate if the faculty do not buy into the plan.

Someone else observed that reorganizing doesn't make it more likely that the leadership will be better.

Dr. Dimolitsas responded that under the present structure the EVP is responsible for 24 units, which is too many. Under the new structure it would be four.

Someone else reiterated the question that was asked earlier about why we need restructuring beyond '07. How to meet the deadline, and how to move on beyond there are being fused into one answer, but it is not clear why. The question is not being answered.

Dr. Bondurant replied that the medical center needs to stop taking money from the University budget. Prof. Davis gave what he thought was the view of Drs. Dimolitsas and Bondurant by citing the Main Campus as an analogy: if all the departments reported directly to the Executive Vice President instead of to the College Dean, the campus would be unmanageable, and no financial plan would succeed.

Concern was expressed that in the new structure medical education would play second fiddle to research.

Someone noted that the strategic plans for future growth were not considered at all in the restructuring plan. The idea of pulling LCCC out of research is counterproductive. Child Health cuts across the medical school and the SNHS. The new plan discourages cross collaboration.

The opinion was expressed that we *have* a VP for Research. We don't need to create another position.

Dr. Dimolitsas stated that the four units may have to change three years from now.

To succeed we must be able to adapt. Dr. Bondurant concurred, saying that this is a flawed plan, and the process was flawed. It needs to evolve and change over time.

Professor Davis asked what plans there are for further input from faculty. Dr. Bondurant responded that input will come from the 6 committees, and that he is open to other suggestions. We need to establish the leadership of BGRI. And we are starting to implement cost-cutting. We are developing the '06 budget to be flexible so it can be responsive to what the committees decide.

It was agreed by all that we need to get the strategic planning process back on track.

As a final announcement, Professor Arend said the Governance Committee is meeting every week. If you have any comments or suggestions on the document distributed today, send them on.

The meeting adjourned at 5:55 p.m.

RBF/jhg