

**Medical Center Caucus of the Faculty Senate
Tuesday October 4th, 2016**

Agenda

1. GUMC Bridge Policy - Mary Glasscock
2. Georgetown-MedStar Firewall - update - Beth Ann Bergsmark, Cynthia Tannenbaum (AVP Information Services, MedStar)
3. GU Human Resources - Brent Harris, Rhonda Friedman
4. Sustaining the academic activity of MedStar-employed faculty - Presentation to the board
5. Other Business

GUMC Bridge Policy - Mary Glasscock and Elliott Crooke

Dr. Crooke described an almost complete draft of a new bridge-funding policy that will be in place by July 1, 2017. The goal is to have one policy for all bridge funding across the whole of the Medical Center. The applicant will first discuss the need for funding with their Chair and financial analyst. A plan will be developed to keep the project running for a relatively short period (usually 6 to 9 months). The plan will include right-sizing laboratory operations to conserve fiscal resources. PI salary and travel cannot be covered. Ph.D. students will be covered according to the policy in force at that time. Students will not have to apply for funding themselves. The plan will be evaluated by the Dean of Research and a decision made on funding. Although the Chair will have input into the funding decision, the Chair will not be able to veto a proposal. Every quarter a report, available to faculty, will be generated detailing the funding allocations.

The caucus voted to support the Bridge Policy with 1 abstention

GU Human Resources - Brent Harris, Rhonda Friedman

Deborah Bassard (bassardd@georgetown.edu), Human Resources Director for the Medical Center, responded to criticism that that hiring process at the Medical Center is extremely slow. She explained that there is a dire shortage of personnel to service the medical center and that this, together with the reclassification of all positions at GU, has led to a backup in processing applicants. She has hope that the new GMS module scheduled to come on line in late 2016 will improve the situation. She stated that Dr. Heaton is aware of the problem and that they have discussed the situation in detail. She stated that there is only one person who can give the final approval for all hires for the whole of the University.

Georgetown-MedStar Firewall - update - Beth Ann Bergsmark, Cynthia Tannenbaum

Beth Ann Bergsmark (UIS) and Cynthia Tanenbaum MedStar (IT) discussed the problems faculty have been having with GU mail being classified as spam within MedStar. They think this has largely been rectified and request that any future cases of GU mail becoming spam be forwarded to Beth Ann (bab@georgetown.edu).

Sustaining the academic activity of MedStar-employed faculty - Presentation to the board

There was a vigorous discussion of issues that have or may arise with the regionalization process at MedStar. The document that will be presented to the GU Board of Governors is attached.

Attachment

Georgetown Medical Center Caucus of the Faculty Senate October 2016

Sustaining the Academic Activity of MedStar-Employed Faculty

MedStar-employed faculty face unique challenges as they strive to maintain academic activity (research, teaching and university service) in the face of increasing clinical demands. Some of these challenges are due to MedStar's evolving business model, termed *regionalization*. Regionalization involves physicians serving more than one hospital and, at least in one case the creation of a cross-hospital leader of a discipline. The effect of regionalization on the GU brand has not been fully discussed with faculty.

- **Regionalization**
 - As centers of excellence are spread throughout the system, GU departments may play a secondary role
 - Regional heads of a discipline (e.g. surgery) can have control of departments in multiple hospitals
 - They may not be GU faculty
 - There has been little discussion of the effects of regionalization upon academics
 - Teaching
 - Research
 - University service
 - Faculty may travel off-site and this has led to some faculty feeling disenfranchised from GU
 - All faculty must be given the opportunity for teaching and research. How will this be achieved at MedStar?

- **MedStar Medical Group**
 - The role of the MedStar Medical Group is not well understood by faculty
 - One role appears to be standardization of medical practice across MedStar
 - There has been little discussion of the processes involved
 - So far, little attention is being paid to the needs of teaching
 - E.g. training program needs

- **Brand Issues**
 - Brand dilution is a big concern
 - Georgetown should own faculty appointments
 - Brand at risk if every MedStar physician is a GU faculty member

- **Other Faculty Issues**
 - Promotion is not perceived to be valued by MedStar
 - Some MedStar faculty feel that GU treats them as “second class” citizens
 - This appears to be in large part because some benefits available for GU employed faculty are not available for MedStar-employed faculty.