



LCME Self Study  
Faculty Affairs  
Subcommittee Report

## LCME Faculty Affairs Committee Report

### IV. FACULTY

#### A. Number, Qualifications, and Functions

*FA-1 The recruitment and development of a medical school's faculty should take into account its mission, the diversity of its student body, and the population that it serves.*

*1. Describe factors that facilitate and hinder the recruitment and retention of faculty members at your institution. Is the current size and mix of faculty (gender, ethnicity, academic discipline) appropriate for the attainment of your institutional goals?*

The University maintains an *Equal Employment Opportunity/Affirmative Action Plan (EEO/AAP)*. The former Dean, in his 2006 State of the School Address, put continuing to enhance the diversity of the faculty, staff and students as first of six challenges facing the School.

According to the 2006 State of the School Address by Dean Wilson: Full-time faculty increased by six percent since 2005, and by over 40 percent since 1991. Over a third of our faculty are women. Since 1991 there has been a 75 percent increase in the number of women and a tripling of minority faculty.

The University's department of Human Resource Services provides guidance (see attached faculty recruitment information book) and maintains statistics to ensure the School is in compliance with the University's EEO/AAP plan. HRS, in partnership with the Dean's Office, ensures that the School's faculty is as diverse as the national employee pool (when compared to AAMC national statistics). For each recruitment of 50% effort or more, departments complete a Faculty Appointment Report (FAR) to identify the make-up of the search committee, all candidates interviewed, and the reasons for each selection/non-selection. All positions are expected to be appropriately advertised and all ads for faculty positions are required to contain SoMe form of the following statement: *The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.* The School of Medicine Dean's Office meets annually with HRS to discuss the diversity of the faculty by unit. If a need for improvement is identified, the statistics are passed on to the hiring unit and measures to improve diversity are discussed and documented.

Because of their central role in faculty recruitment and retention for the School, department chairs, program directors, and clinical division heads were asked to complete a brief survey in order to identify factors that facilitate or hinder faculty recruitment and retention. Responses were obtained from thirty-one of eighty-six individuals surveyed, or 36%. As a whole, the group identified a number of significant factors that affect faculty recruitment and retention. The results pinpointed many very positive attributes and amenities, as well as significant frustrations with bureaucracy and limited resources.

#### Major factors that facilitate recruitment

- Good location
- Interdisciplinary research centers
- Good and growing reputation
- Collaborative environment
- Accessibility to students
- Physical plant

#### Major factors that hinder recruitment

- Bureaucracy of recruitment and appointment process
- Increased pressure for clinical productivity
- High cost of living
- Lack of space
- Low salaries

#### Major factors that facilitate retention

- Collegial, cooperative atmosphere
- Collaborative opportunities
- Strength of research enterprise
- Baltimore city
- Teaching opportunities

#### Major factors that hinder retention

- Bureaucratic processes
- Inefficiencies of hospital
- Non-nationally competitive salaries
- Lack of space
- Requirement to do more and more with fewer resources

**FA-2** *There must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational program and the other missions of the medical school. [summarize current size and mix of faculty – gender, ethnicity, academic discipline]*

Results of a recent faculty survey indicated that the majority of faculty (59.3%, 195/329 respondents) feel that there are sufficient faculty for meet the needs of the educational program of the SoM. About 1/3 (34%) either disagreed or strongly disagreed with this assessment, however (6.7% found that the question did not apply to them, and 48 individuals did not reply to the question.

With regard to medical student education, 48% (158/328) felt that the pre-clinical facilities, equipment and support services were reasonably adequate. Only 6% disagreed or strongly disagreed, and the remainder did not know or could not comment. When it came to clinical teaching, 54% (172/323) agreed or strongly agreed that the facilities, equipment and support services were reasonably adequate, while only 9% disagreed, and 38% did not know or could not comment. Most faculty members (52.2%, 172/330), consider that the research facilities, equipment and support services were reasonably adequate, while 31.8% (105), and the question was not applicable to the rest.

*FA-3 Persons appointed to a faculty position must have demonstrated achievements commensurate with their academic rank.*

The quality of the UM SoM faculty is extremely high and improving yearly. All faculty appointees or promotions are rigorously vetted to ensure that the persons appointed to a given position are fully qualified for that position.

The University of Maryland School of Medicine Policies and Procedures for Faculty Appointment, Promotion and Tenure clearly lays out the expected qualifications and achievements for all faculty ranks (from Faculty Research Assistant through Professor Emeritus). The benchmarks described in this document are stringently applied to all persons appointed to a faculty position. Experience and achievements in teaching, contributions to knowledge, clinical activities and service is evaluated, with higher levels of achievement expected at each increase in rank or tenure status. Where possible objective criteria (externally supported grants, number and impact of scholarly publications, increase in clinical practice, resident or student evaluations, etc) are used in the assessment. External letters of support, and in the case of tenure decisions teleconferencing with an outside expert, are sought to ensure that the standards in effect at the UM SoM are at least as high as those elsewhere in the United States.

Records are kept of all APTC committee decisions and great efforts are made to try to ensure continuity, uniformity, fairness and maintenance of evaluative standards. Overlap in terms of service for members of the APTC help ensure that these standards are maintained across times.

*FA-4 Members of the faculty must have the capability and continued commitment to be effective teachers.*

Faculty are selected for teaching roles by coursemasters who consider expertise, availability, and teaching effectiveness for each faculty member chosen. Numerous highly qualified and skilled teachers participate in all phases of teaching. In addition, however, many junior faculty begin their careers here with excellent discipline-specific knowledge, but limited teaching skills training. Other faculty members with more experience seek specific training in curriculum design, curriculum development, evaluation and advanced training in selection of educational methods. To address the needs of faculty teachers, the Office of Faculty Affairs and Professional Development Teaching offers a comprehensive development program that is available to all faculty members.

New Faculty Orientation offers information for all new faculty on the importance of teaching to the School's missions, and provides each new member with a teaching portfolio, permitting them to document their own professional development and achievements. Other coursework that is offered to all faculty who teach includes multiple workshops in educational methods (for example, in making effective Power Point presentations, improving lecture skills, small group teaching, individual feedback, and other offerings). Advanced coursework for course masters and educational leaders includes regular workshops in curriculum development, educational assessment (learner or program), and a workshop on evaluation of medical student transcripts (for GME program directors). Individual consultation and support is provided for those constructing teaching portfolios for promotion, and for those who develop interests in educational scholarship.

Faculty members who design and lead courses seek advice from, and share their experience with, other faculty course masters through regular meetings of the Curriculum Coordinating Committee (CCC). The CCC monitors the design and evaluation of all courses for consistency with the School's objectives.

Faculty Development programs are offered regularly to community faculty. These courses are all certified for category 1 CME. The Office of Faculty Affairs and Professional Development offers workshops at major affiliate sites regularly, at times chosen by the inviting programs. Past workshops have included Feedback, Educational Evaluation, and Office-Based Precepting.

Volunteer and community faculty are welcomed as effective teachers of our students. Depending on the degree to which the faculty member is involved in our teaching programs, the school offers faculty development and other educational opportunities for them, such as admission to Grand Rounds and other educational activities.

The Associate Dean for Faculty Affairs and Professional Development, is currently Chair of the AAMC's GEA CME section, and regularly presents workshops at AAMC on the Teaching Portfolio. She attended the AAMC GEA Consensus Conference on Educational Scholarship in January 2006. In March of 2007, she and the Director of Education for the Department of Psychiatry were selected to be Harvard Macy Scholars in their first Program on Comprehensive Assessment for Health Science Education.

*FA-5 Faculty members should have a commitment to continuing scholarly productivity characteristic of an institution of higher learning.*

The University of Maryland School of Medicine *Policy and Procedure for Faculty Appointment, Promotion and Tenure* (APT Policy), documents the School's and the Faculty's commitment that persons appointed to the faculty have demonstrated achievements commensurate with their academic rank and that faculty members are committed to teaching and continued scholarly productivity. This commitment is inherent in the faculty appointment and promotion requirements:

“I. CRITERIA FOR APPOINTMENT AND PROMOTION...Successful performance of the job assigned is of paramount importance for promotion. The candidate's original contributions to knowledge are of paramount importance for tenure... The four major activities upon which appointment and promotion are based are: (A) teaching, (B) original contributions to knowledge, (C) clinical activities (where applicable), and (D) service... Performance in each of these areas (as applicable to given ranks/titles) will be assessed in considering candidacy for promotion and tenure. The balance of accomplishments in these areas may vary among candidates. Exceptional achievement in one or two areas may compensate for less prominent accomplishments in another.”

In the next sections (II and III) of the policy, specific criteria are spelled out for each rank and level of tenure. Although not all faculty members are expected to develop independent research activities, these policies clearly establish the expectation that all faculty contribute in a scholarly manner to their

fields, whether these are clinical care, education, research, or SoMe combination. At the rank of instructor and above, a terminal degree in the field and post-graduate training are requirements.

*FA-6 The medical school faculty must make decisions regarding student admissions, promotion, and graduation, and must provide academic and career counseling for students.*

### **Committee on Admissions**

Faculty membership is self-perpetuating. Milford Foxwell, MD is the Committee Chair.

### **Advancement Committee**

The Advancement Committee consists of faculty from various departments involved in medical education from 1<sup>st</sup> through 4<sup>th</sup> year, associate deans from the medical school and clerkship directors. This confidential meeting serves as the starting point for assessing student promotions and failures.

### **Curriculum Coordinating Committee**

The monthly Curriculum Coordinating Committee (CCC) consists of multidisciplinary faculty administering the major medical student courses and clerkships as well as associate deans. The CCC oversees medical education curriculum throughout all four years. The CCC consists of two subcommittees:

- **Clinical Years Subcommittee**

The Clinical Years Committee (CYC) consists of the third year clerkship directors as well as more senior members of the faculty and associate deans. The purpose of the monthly CYC meetings is to evaluate the quality and structure of the third year clerkships, the process of student evaluation, clinical faculty preparation for teaching students on a clerkship and faculty evaluation.

- **Year I/II Education Subcommittee**

Members of the committee are coursemasters or have significant involvement in the basic science courses within the first two years. The faculty members are Dean-appointed and self-perpetuating. During the monthly meetings, various issues are addressed such as the curriculum content, method of information delivery, student performance and feedback.

### **Continuing Medical Education (CME) Advisory Committee**

Members of this committee are Dean-appointed faculty members.

### **Judicial Board Committee**

The Dean appoints faculty members for this committee who are not directors or department chairs.

### **MD/PhD Advisory Committee**

The Dean appoints faculty members and the committee is self-perpetuating. Faculty members are not Department heads.

An assistant dean and staff member have been added to the Office of Student Affairs to explicitly address career counseling for students. These individuals have been actively involved with students on a routine basis to provide guidance for the past two years. They are also developing a longitudinal

comprehensive mentoring and career advising program including regular meetings with all students. Both have been trained in the AAMC Careers in Medicine Program designed for this purpose.

Starting at orientation, career counseling is provided through OSA and mentoring is available, especially for students with defined interests. The school has a strong record of students matching in quality programs in every major area of medicine.

Many opportunities for academic support are available to medical students. A six-week Pre-matriculation Summer Program is directed toward non-traditional students, non-science undergraduate majors, and students with concerns about the academic rigor of their pre-medical education. Students, once admitted, are carefully monitored on an exam-by-exam basis for satisfactory performance. Study skills management, remediation, and academic counseling are offered to all students through the Office of Academic Development. Course and clerkship directors also monitor student performance on an ongoing basis.

## **B. Personnel Policies**

*3. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of faculty members. Are the policies clear, widely understood, and followed?*

*FA-7 There must be clear policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean.*

The University of Maryland School of Medicine policies and procedures for Faculty appointment, promotion and tenure (APT) are laid out in a document by that name, dated July 1, 1998. This document is available to all faculty as a downloadable pdf file from the SOM website (<http://www.medschool.umaryland.edu/PoliciesProcedures.asp>). In addition to the website, faculty members obtain information about APT policies via annual public presentations, with question and answer sessions, by the Faculty Assembly, as well as group presentations to new faculty, and the services of Ms. W. Sanders, Assistant Dean for Professional Development, and her staff in the Dean's office.

Appointment, promotion and tenure recommendations are reviewed by the Appointment, Promotion and Tenure Review Committee of the SOM (APTC). The APTC is made up of full Professors, who are regular faculty members. Representation is divided from both basic and clinical departments, generally in a ratio of four to five. Typically several APTC members also serve as departmental Chairs.

The APTC reviews appointment and promotion recommendations made by department chairs on behalf of the Dean. The Committee only considers those appointments or promotions that are at the rank of Associate Professor and above. The Committee determines whether a candidate being recommended for appointment or promotion meets the standards for the recommended rank as outlined in the School of Medicine Policy and Procedures for Faculty Appointment, Promotion and Tenure. The Committee then advises the Dean of its recommendation. Recommendations that are approved by the Dean are presented to the Executive Committee of the School of Medicine. Executive Committee approvals are forwarded to the SoM Council for final action.

For many years, promotion in academic rank has been separated from tenure at the SoM: an individual can be promoted up to and including the rank of Professor without tenure, and conversely, an individual can be receive tenure at the level of Associate Professor and above (tenure is not awarded below the rank of Associate Professor) without at the same time receiving a promotion. The APTC evaluates credentials for promotion as distinct from credentials for tenure, and votes on each separately. Requirements for promotion and for tenure at every academic rank are enumerated in different sections in the APT document, also give details of criteria for faculty dismissal and appeal procedures. At the SoM, faculty ranks extend from Faculty Research Assistant to Emeritus Professor.

Tenure is available to both clinical and basic science faculty, unless the individual has been placed on the non-tenure track (this determination is made at the time of the initial employment offer) or switches into the non-tenure track from the tenure-track subsequently. An individual may switch tracks one time only, i.e., a move from the tenure-track to the non-tenure track cannot be reversed. Upon request, and subject to the approval of the Departmental Chairperson and the Dean, an individual on the non-tenure track can be evaluated for tenure.

Criteria for Appointment and Promotion include demonstrations of excellence in four areas: teaching, contributions to knowledge, clinical activities, and service. The balance of accomplishments in the areas often varies among candidates. Exceptional achievement in one area may compensate for less prominent contributions in another. The APTC evaluates objective criteria in its evaluations. Evaluation of teaching excellence is done by primarily means of student and resident evaluations. An objective, ideally a quantifiable, evaluative teaching portfolio is stressed as a major factor in APTC discussions of teaching prowess.

The paramount criterion for the granting of tenure is evidence of substantial original contributions to knowledge as demonstrated by a series of peer-reviewed articles based upon the faculty member's independent academic activities. Teaching and service activities are also evaluated at the time of the tenure review. For all tenure decisions the advice of an outside expert in the individual's field of expertise is sought by conference telephone call with the entire APTC.

In general, SoM faculty members feel that they have a good understanding of how to obtain information about the APT policies and procedures at the school, with 87% percent (292 of 336 total) expressing confidence in their ability to access the information.

Areas for improvement: A majority, 58% (182 of 314 faculty respondents) felt that teaching, mentoring and other medical education activity is given insufficient weight in promotion and tenure decisions. Better information about how to construct and present an appropriate teaching portfolio should reduce those numbers.

*FA-8 A medical school should have policies that deal with circumstances in which the private interests of faculty members of staff may be in conflict with their official responsibilities.*

Conflict of interest (COI) issues are a challenge for the UMSOM as well as for most institutions. In addition to fulfilling the State of Maryland ethics requirements, COI is addressed at multiple levels: the departmental chair, the Dean, the IRB, the Institutional Official, the UMSOM COI committee, the

UMB COI committee and occasionally by university counsel and the President. Mechanisms to monitor and manage COI are put in place when appropriate (e.g., when all agree that a conflict can be safely managed). There is a high level of awareness of this issue. Chairs monitor these commitments and provide guidance to faculty where indicated.

System and Campus Policies and State Laws cover conflict of interest in research and private interests of faculty with academic responsibilities. Also, the USM policy on professional commitment of faculty <http://www.usmd.edu/regents/bylaws/SectionII/II310.html> covers private interests of faculty with academic responsibilities. The State of Maryland Public Ethics Law applies to all employees (faculty and staff), regardless of whether or not they have “academic responsibilities.” ([http://www.ord.umaryland.edu/policies\\_procedures/ethiclaw.html](http://www.ord.umaryland.edu/policies_procedures/ethiclaw.html))

The ACCME has clear standards for conflict of interest identification and management with regard to commercial support. The Office of Faculty Affairs and Professional Development conducts CME courses in compliance with those standards, and are held responsible to the ACCME if one of the faculty or courses fails to meet those standards. Please see the UMSOM CME Conflict of Interest Disclosure and Resolution form (to be made available on site) which includes a cover page which presents the policy, defines terms, and describes procedures that we follow to ensure compliance with ACCME standards.

***FA-9** Faculty members should receive written information about their terms of appointment, responsibilities, lines of communication, privileges and benefits, and, if relevant, the policy on practice earnings.*

From an official offer letter from a Departmental Chair to the appointment letter issued by the Dean, new faculty members receive written information pertaining to their appointments and responsibilities. The appointment letter provides each faculty member with access to and information of their responsibilities to review and understand the University System of Maryland policies, as well as SoM Policies on Appointment, Rank and Tenure of Faculty and other University policies applicable to faculty. The APT Policy is distributed in hard copy and is available on line through the UMSOM website. As noted earlier, the great majority of the faculty surveyed stated that they have a reasonable understanding of, or are aware how to find information about the UMSOM APT policy as well as their responsibilities. Such expectations are also clearly articulated to new faculty in the School’s New Faculty orientation.

A draft offer letter and curriculum vitae for each final faculty candidate are submitted to the Dean’s Office to be reviewed by the “Recruitment Group” (made up of the Vice Dean for Research and Academic Affairs, Vice Dean for Clinical Affairs, Senior Associate Dean for Finance and Resource Management, Assistant for Operations and Human Services, Assistant Dean for Finance and the Director for Academic Administration). A typical offer letter includes information such as the level of the academic rank and tenure status, approval requirements, proposed annual salary, and the assigned responsibilities. Expectations for tenure track faculty are sufficiently detailed that the candidate understands the requirements for achieving tenure. The offer letter also states that the candidate will receive a formal offer of appointment made in accordance with the terms and conditions of the Faculty Appointment Information Sheet, as well as School and University policies. The curriculum vitae of any candidate for both tenure-track and tenured positions is reviewed

personally by the Vice Dean for Research and Academic Affairs, and any candidate for Associate Professor or Professor, on the tenure track or tenured, is personally interviewed by the Dean before the offer letter is released.

Upon acceptance of the appointment by a new faculty member, the department requests a new employee packet from the University's Office of Human Resource Management. This packet contains detailed information regarding available benefits and is sent to the candidate faculty member.

Once an individual has accepted the terms and conditions of the institution's offer, measures are taken to secure administrative approval of their appointment. The University of Maryland School of Medicine faculty appointment process is consistently carried out in accordance with School, University of Maryland, Baltimore (UMB) and University System of Maryland (USM) policies and procedures. The policies and procedures are adhered to through the oversight of the Dean, Vice Dean for Research and Academic Affairs, the Office of Academic Administration and Appointments, Promotions and Tenure Committee (APT Committee). The Office of Academic Administration (OAA) coordinates all academic actions under the leadership of the Vice Dean for Research and Academic Affairs and the Assistant Dean for Operations and Human Services. The OAA maintains a website (intranet) which is widely used by departmental representatives who access it for documentation quantity and quality requirements (<http://medschool.umaryland.edu/AcademicAdmin/>). The OAA works with each department in preparation of appointment and promotion packets and reviews each packet individually to ensure the documentation is present in high enough quality for fair review by APT Committee, Dean, Executive Committee, Council, University President and/or Vice President for Academic Affairs.

The APT Policy clearly lists reasons for termination for cause (Section V.N.) and notice requirements for tenure track faculty given in APT policies based on length of appointment as tenure track faculty. Notice requirements for non-tenure track faculty are provided in USM/UMB policy based on length of service as a faculty member II - 1.00 University System Policy on Appointment, Rank, and Tenure of Faculty; paragraph I.C.12). In all cases, the Department Chair must sign any notice of non-renewal and copy the Dean. The Dean's Office is widely consulted by departments for advice. Reminders on renewal/non-renewal policies are sent to Chairs and administrators annually.

Opportunities for improvement include reassessment of rewards for clinicians who are heavily involved in educational activities (possibly via modifications of the promotion process), clarification of non-renewal policies, and clarification of lines of communication. A committee has been identified to assess the current APT policies in this regard and to consider alternative mechanisms to more effectively reward those faculty dedicated to the clinical and educational missions of the School. There is an opportunity for improvement in clarity of non-renewal of non-tenure track faculty as there has been some confusion to regarding the implementation of this policy.

***FA-10** Faculty members should receive regularly scheduled feedback on their academic performance and their progress toward promotion. Feedback should be provided by departmental leadership or, if relevant, other institutional leadership.*

In New Faculty Orientation, new faculty are informed that they will receive feedback annually on their performance in mission-critical areas, including teaching. New Faculty receive a Teaching Portfolio and a curriculum designed to facilitate data collection, organization and reflection in preparation for annual review and periodic promotions review. The goal is to prime faculty to take the lead in preparing for their own professional development and annual performance review.

The faculty survey reveals that nearly three-fourths of the respondents (73.7%, 241/327) reported that they receive feedback “at least annually” from their Department Chair or Division Head, about their performance and progress.

***FA-11** Opportunities for professional development must be provided to enhance the faculty member’s skills and leadership abilities in education and research.*

The Office of Faculty Affairs and Professional Development was created to help faculty find the resources and answers they need to build successful careers at the School of Medicine. The Office of Faculty Affairs and Professional Development offers a full array of courses for faculty at all levels of expertise, in teaching skills, educational leadership, research, and grant-writing skills. The objective is to help campus faculty, community-based faculty and teaching residents develop skills as teachers, evaluators and mentors in our teaching programs. The Office also develops and implements teaching skills programs for residents and fellows

In addition to regularly-scheduled workshops and courses, faculty may schedule individual sessions to arrange for videotaping of teaching for analysis and feedback of teaching skills. Faculty may be referred for this resource by their course director, or may seek assistance on their own.

### ***C. Governance***

The LCME document seeks information on faculty participation in decisions related to the education program and other mission-critical areas, particularly “*the strategies for assuring direct faculty participation” including “peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of views”.*

#### **Faculty Assembly**

The Board of Regents mandated shared governance for each of its universities and for each of the schools within the university (BOR Policy shared governance). As a result, the SOM Faculty Assembly was formed. This is an independent body of elected faculty who are not in administration. They represent the faculty as a whole and advise the Dean. Major SOM decisions are to be made after input from this group.

With regard to governance, faculty members were approximately evenly split on whether they understand the role of each of the various bodies that include faculty members in SOM governance, indicating a substantial lack of understanding of the governance structure. Furthermore, 43% say that they do not know if faculty members are adequately represented on major SOM committees. In addition, 28.4% say that they are not adequately represented. Another area where faculty members expressed concern was the ability to participate in the selection of administrators. The Board of Regents’ Policy on Shared Governance states that faculty should participate in decisions that relate to the “selection and

appointment of administrators.” A substantial portion of the faculty - 42% - felt that their participation in this process was inadequate. Another 32% said they did not know whether participation was adequate or not, suggesting that they probably have not participated to any significant degree. These results would seem to indicate that there may be less than a “broad faculty perspective” in the decision-making process at the SOM.

The Faculty Assembly (FA) is the SOM body that meets the Board of Regents definition of a “shared governance body.” It is only advisory to the Dean, however, and has no power to take binding actions with regard to SOM governance. The FA lacks any structural relationship with the other SOM governance bodies, namely the SOM Council and its Executive Committee. Both the Council and the Executive Committee include all department chairs, other program heads, and numerous administrators in addition to faculty members. The Council, which is chaired by the Dean, also includes representatives of several other non-faculty groups (e.g., students and house staff). Thus, it does not meet the definition of an independent faculty council. Faculty members who serve on the Council or the Executive Committee are not nominated or elected through the FA, and there is no mechanism or requirement for them to report to or interact with the FA. Nor is there any mechanism or requirement for the four faculty members on the Executive Committee to interact with faculty representatives on the SOM Council. The bylaws of the SOM do not stipulate that faculty members who serve on the Council or the Executive Committee serve as representatives for the faculty as a whole.

The FA was created under the direction of a Department Chair (Dr. William Henrich, former Chair of Medicine) in 2002. Its bylaws were subject to approval by the Dean, and any changes to those bylaws are also subject to approval by the Dean. While the FA bylaws were added to the SOM’s bylaws, no changes in the overall governance structure of the SOM vis-à-vis the SOM Council/Executive Committee were made to give the FA a role in governance consistent with the Board of Regents Policy on Shared Governance. The SOM operations (e.g., approval of promotions and tenure or certification of graduates) require the approval of first the SOM Council and then the Executive Committee, but not the FA.

In addition to the FA’s lack of specific powers, several factors have hampered its ability to fulfill an advisory role. First, it has not been provided with any consistent or significant administrative assistance, a requirement of the Board of Regents Policy on Shared Governance. Furthermore, FA officers are not given effort relief while they serve. The lack of administrative assistance makes it difficult to hold elections, organize meetings of either the elected representatives or the faculty as a whole, or to inform the faculty of discussions or outcomes of the meetings that are held. Secondly, meetings of the FA officers with the Dean or Associate Dean have been sporadic at best: 5-6 per year at most and only one in the past year. Meetings of the elected FA representatives have in general been poorly attended. Since the FA has no clear role or designated responsibilities in the governance of the SOM, there is understandable confusion on the part of faculty members as to what they can or should do as FA representatives. This means that FA meetings are seen by many as a less than productive use of time. Thirdly, many departments do not seem to think it important they be well represented at meetings.

The absence of a substantive role for the FA in SOM governance has resulted in its decline to the point that no election was held for representatives for the 2006-07 academic year, and only one meeting of the previous year’s representatives was held (in an attempt to plan for elections for 2007-08, which have still not occurred). The FA is, therefore, essentially non-functional at this time.

8. *Assess the effectiveness of the methods used to communicate with the faculty. Do faculty perceive themselves to be well informed about important issues at the institution? Do faculty believe that they have sufficient opportunities to make themselves heard?*

With regard to mission-critical areas outside of the educational mission (discussed in FA 13), while the majority of faculty (61%) feel that they are “well informed” about important issues at the School, less than half (46%) believe that they have “sufficient opportunity to be heard concerning those issues.” In particular, faculty felt that they did not participate sufficiently in decisions regarding space and physical resources (only 24% agreed that they participate adequately).

### **UMB Faculty Senate**

The UMB Faculty Senate consists of elected senators from the 7 professional schools on the University of Maryland, Baltimore campus who meet regularly to discuss local issues and participate in the self-governance structure. Only full-time faculty serve. Representation on the Faculty Senate is proportional to the number of full-time faculty in each School. Because of its size, the SOM issues often dominate the agenda. The President reports regularly in person to the Faculty Senate and seeks their advice and feedback. Other UMB or School administrators may appear as requested to report and give input. This cooperative interchange is in keeping with the BOR policy on shared governance faculty (BOR Policy shared governance). Senators are represented on UMB planning and search committees. For example, the UMB Faculty Senate has members on representatives on the Future of UMB Committee and on the IT Steering Committee. The UMB Faculty Senate also sends representatives to the USM administrative structure. Representatives serve on both CUSF (College of University System Faculty) and the MHEC Educational Committee.

The UMB Faculty Senate was instrumental in assuring the implementation of the BOR policy regarding shared governance within each of the schools. A major legislative success of the Faculty Senate has been the establishment of a Faculty Grievance Appeals process. Under the new system established in 2003, all schools have a school-based appeals process. If a Faculty member exhausts the individual school's appeals processes or demonstrates bias, he/she appeals to the Faculty Senate. An individual Appeal's Board is then convened to hear the case and its recommendation is taken to the UMB President. The UMB President must act on the appeal within 30 days. In the rare circumstance that the appeal would involve the President or for violations of BOR policy, an appeal's process is being developed by CUSF that will similarly hear the appeal and recommend action to the Chancellor and the BOR. To date, no such appeals have been necessary, but the administrative structure is now in place.

*FA-12 The dean and a committee of the faculty should determine medical school policies.*

Faculty have representation on a number of SoM committees that have input into policies.

### **Strategic Plan Committee**

An extensive Strategic Plan 2000-2005 was developed by a large committee of faculty (School of Medicine Strategic Plan). The SoM Strategic Plan for 2006-2011 is in progress. The SoM Mission Statement as well as the governance structure is well-described and distributed to the faculty, and available online as a Faculty Handbook (SoM Faculty Handbook).

## **School of Medicine Council**

The SoM Dean is the chief executive officer of the SoM as well as the head of the ancillary non-profit organizations that produce clinical income for the SoM. He is Chair of, and is advised by, the School of Medicine Council, which comprises Department Chairs and elected Faculty representatives from each Department.

- **Executive Committee**

A subcommittee of the School of Medicine Council is the Executive Committee which meets monthly. The Committee consists of all Department Chairs and major program heads. Four faculty representatives (two from basic science, two from clinical departments) are elected by school-wide vote to serve 3-year terms.

## **Fiscal Affairs Advisory Committee (FAAC)**

Implementation of Mission Based Management (MBM) at the SoM was recommended by a blue ribbon committee appointed by the Dean in 1998 as part of an overall strategic review of the direction of the SOM. At that time the SOM had several clinical departments in deficit and the Dean had limited knowledge of the overall finances of each department. Dean Wilson was the driving force behind the implementation of MBM. The SoM engaged a consultant group to help with planning and implementation of MBM. The Fiscal Affairs Advisory Committee was formed to be advisory to the Dean. Membership consists of Dean-appointed clinical and basic science department chairs. There are no faculty representatives on the FAAC. FAAC instituted an all-funds annual budget process and a quarterly review of all-funds results for each SOM department.

## **Research Affairs Advisory Committee (RAAC)**

The RAAC is a twelve member committee which meets monthly. Each major department has one representative; four members are Department Chairs. Eight members are faculty representatives (not elected). The committee is self-perpetuating.

The RAAC is working on space allocation analysis to develop a fair method of reporting the dollar return per sq ft of laboratory space using a number of different analysis tools. The goal is to be fair and non-disruptive in space allocation. In addition to space allocation concerns, the RAAC also evaluates departmental recruitment of high priority and high profile faculty members.

## **Clinical Affairs Advisory Committee (CAAC)**

The CAAC was created to provide direction and oversight to the clinical operations of the clinical enterprise of the SOM. The responsibility of this committee is to ensure that the practices composing the faculty practice plan (UPI) function at an optimum level. The CAAC is chaired by the Associate Dean for Clinical Affairs and members are appointed by the Dean of the SoM. Five members are faculty representatives chosen for their expertise in fiscal oversight. The CAAC monitors operating performance for each of the practices according to standards agreed upon by the Dean and the Board of UPI. Plans for new business ventures impacting other groups or UMMS, new business opportunities such as mergers or acquisitions, and strategic planning of UPI are brought to the CAAC for review.

The CAAC has the following responsibilities:

1. Lead the evolution of the SOM clinical enterprise into a more integrated group practice
2. Develop and enforce operating and performance standards for each of the groups within the faculty practice plan.
3. Develop and enforce standards of patient service for the group
4. Define the administrative and clinical infrastructure required to support the group practice
5. Provide recommendations on strategic positioning and business priorities
6. Review new business ventures as proposed by the individual practices

The CAAC provides peer advice to practices. For example, The Department of Obstetrics and Gynecology requested to establish service at Prince Georges Hospital. The financial and legal aspects, the relevance to education, the ability to cover costs, and the ability of the self-insurance trust to cover malpractice costs were examined. The CAAC recommended the department not staff the hospital.

#### **University Physicians, Inc (UPI)**

University Physicians, Inc. (UPI) is a separate non-profit, tax-exempt entity. UPI provides administrative support in areas such as business development and payer contracting, finance, human resources, information technology, compliance, legal affairs, practice operations and reimbursement management. UPI also owns and manages two practice office facilities, the University of Maryland Professional Building at 419 W. Redwood Street and the Frenkil Building at 16 S. Eutaw Street. UPI additionally leases and manages a third location used primarily for administrative purposes.

UPI is directed by a Board of Trustees, which consists of the Dean SOM and the department chairs of the clinical departments of the school. The Dean also serves as president of UPI. The executive director of UPI is an ex-officio trustee.

Clinical activities of the faculty of the school take place as part of the Medical Service Plan, approved by the Board of Regents of the University of Maryland. This faculty practice plan includes UPI as the coordinating corporation and separate, tax-exempt professional associations representing the respective clinical departments. For example, faculty anesthesiologists practice within University of Maryland Anesthesiology Associates, P.A. The faculty practices are sometimes referred to collectively as University Physicians or UPI.

UPI currently includes 19 professional corporations that represent physicians in over 40 specialties and subspecialties. The clinical schedules accommodate approximately 600,000 patient visits per year and produce revenues in excess of \$105 million.

The following is a delineation of the roles and responsibilities of the major School of Medicine/ UPI operating committees. These committees play important advisory and consultative roles to the School of Medicine and assist the Dean in maintaining the operational and financial integrity of the School of Medicine programs.

- The **FAAC** and **CAAC** committees have been described above.
- **UPI Finance and Audit Committee**: The UPI Finance and Audit Committee is a standing committee under UPI bylaws. It reports to the UPI Board of Directors and its president. The UPI Finance and Audit Committee is responsible for reviewing, approving and recommending action items to the UPI board related to the following areas:
  - The central UPI budget
  - Clinical contracting
  - Management of real estate, loans and investments
  - Management of accounts receivable to central UPI owed by the various PA's
  - Compliance with Medical Service Plan policies
- **UPI Compliance Committee**: The UPI Compliance Committee is a standing committee of the UPI board. It was established in recognition of the increasing complexity of compliance standards and requirements (including billing and documentation rules) applicable to our clinical practice groups, and in order to help ensure ongoing, timely oversight and review of the compliance initiatives and programs of UPI and the clinical practice groups. The Committee serves as liaison to the board with regard to regulatory compliance issues, it provides advice and recommendations to the UPI Compliance Office and the board on compliance issues, programs, policies and procedures, and it recommends to the board appropriate or necessary changes to the UPI compliance plan. The Committee is composed of members of the board, other members of the faculty, and administrative staff of the professional associations and UPI. The UPI chief compliance officer is an ex officio member of the Committee.

#### **UMMS Board of Directors and Audit Committee:**

The University of Maryland Medical System (UMMS) is a special case situation (UMMS Organizational Structure). UMMS, a private nonprofit corporation, was created by legislation in 1984 (Education Article 13-514) to provide governance and management over the operation of the formerly State-run University of Maryland Hospital. The UMMS mission is to provide tertiary care to the State and surrounding areas, provide comprehensive care to the local community, and serve as the primary site for health care education and research for the University System of Maryland. The system now includes the James Lawrence Kernan Hospital, the Marlene and Stewart Greenebaum Cancer Center, University Hospital, R Adams Cowley Shock Trauma Center, Baltimore Washington Medical Center, Maryland General Hospital, and University Specialty Hospital (formerly Deaton Hospital).

The UMMS Corporation is governed by a Board of Directors that consists of 22-27 voting members appointed to 5-year terms by the Governor. Two of the board members are also USM Board of Regents members. There are 6 Ex-officio non-voting members. The UMB President and Vice-President for Medical Affairs are ex-officio members. The Board elects the Chief Executive Officer of the UMMS Corporation.

The Corporate Internal Audit Group was established to provide an independent appraisal function to the UMMS by examining and evaluating the organization's activities and internal control structure. The primary objectives of the Corporate Internal Audit Group are:

1. To assist the UMMS Audit Committee, UMMS Board of Directors, management and employees in the effective discharge of their responsibilities by providing analyses, appraisals, recommendations, counsel and information concerning the adequacy and effectiveness of the organization's internal control structure.
2. To promote effective internal control at a reasonable cost. Audits are provided to the State of Maryland annually.

*FA-13 Schools should assure that there are mechanisms for direct faculty involvement in decisions related to the educational program.*

*Important areas where direct faculty involvement is expected include admissions, curriculum development and evaluation, and student promotions. Faculty members also should be involved in decisions about any other mission-critical areas specific to the school. Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administrative points of view. The quality of an educational program may be enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals and objectives.*

The faculty survey showed that faculty members are generally satisfied with their role in curriculum and teaching activities (47% positive versus 19% negative responses). One third of the faculty chose not to/was unable to comment on this question.

Direct faculty involvement in many areas of medical education is accomplished through several committees. Faculty from all disciplines are selected to participate in the following committees:

#### **Committee on Admissions**

Faculty membership is self-perpetuating. Milford Foxwell, MD is the Committee Chair.

#### **Advancement Committee**

The Advancement Committee consists of faculty from various departments involved in medical education from 1<sup>st</sup> through 4<sup>th</sup> year, associate deans from the medical school and clerkship directors. This confidential meeting serves as the starting point for assessing student promotions and failures.

#### **Curriculum Coordinating Committee**

The monthly Curriculum Coordinating Committee (CCC) consists of multidisciplinary faculty administering the major medical student courses and clerkships as well as associate deans. The CCC oversees medical education curriculum throughout all four years. The CCC consists of two subcommittees:

- **Clinical Years Subcommittee**

The Clinical Years Committee (CYC) consists of the third year clerkship directors as well as more senior members of the faculty and associate deans. The purpose of the monthly CYC meetings is to evaluate the quality and structure of the third year clerkships, the process of student evaluation, clinical faculty preparation for teaching students on a clerkship and faculty evaluation.

- **Year I/II Education Subcommittee**

Members of the committee are coursemasters or have significant involvement in the basic science courses within the first two years. The faculty members are Dean-appointed and self-perpetuating. During the monthly meetings, various issues are addressed such as the curriculum content, method of information delivery, student performance and feedback.

**Continuing Medical Education (CME) Advisory Committee**

Members of this committee are Dean-appointed faculty members.

**Judicial Board Committee**

The Dean appoints faculty members for this committee who are not directors or department chairs.

**MD/PhD Advisory Committee**

The Dean appoints faculty members and the committee is self-perpetuating. Faculty members are not Department heads.

*FA-14 The full faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.*

No “general faculty meetings” were held during the last year by the FA. The last two general meetings were held in 2005. Dr. Jarrell, the Associate Dean, attended one of those and answered questions from faculty members. However, less than 10% of the faculty attended that meeting, even though the announcement of the meeting was sent multiple times to all faculty members by e-mail and announcements were posted well in advance around the SOM. The second meeting was held to allow faculty to give input on the search for the SOM Dean to the Chair of the search committee, Dr. Christian Stohler. Again, though it was widely announced, less than 10% of the faculty attended. The Dean of the SoM does present a yearly “State of the School” presentation, but this is open to the entire SOM community and there has been no opportunity for questions or discussion. As discussed above, meetings between the Dean or the Associate Dean and the officers of the FA have been sporadic. The Dean does not hold meetings specifically with just the faculty where issues relevant to the faculty are discussed or input received. A SoM retreat has been held most years, but most of the participants are Chairs and administrators. Few if any regular faculty are invited to participate unless they also hold an administrative position.

All faculty members do receive announcements and the agenda for the monthly SoM Council meetings. Few faculty members outside of elected representatives attend these meetings. The Executive Committee meetings are not open to faculty other than the four elected faculty representatives plus any faculty members who may be invited to provide information or reports (e.g., the chair of the APT committee or the head of the MD/PhD program). The Chair of the FA is invited to attend these meetings as an observer. The faculty representatives on the Executive Committee do not hold meetings with the faculty, there being no requirement or mechanism for them to do so. Their election, which is held only once every three years, is handled by a small committee appointed by the Dean and chaired by a department Chair.