

**College of Medicine Faculty Council**  
**Minutes of Meeting**  
**Tuesday, June 8, 2004, 5 PM, R-1-106**  
**Hugh Hill Conference Room, Room R1-106**

Officers Present: Dan Driscoll (President), Gregory Schultz (Secretary)

Department Representatives Present:

Timothy E. Morey	anesthesiology
Sue McGorray	biostatistics
Linda Hensley	community health & family medicine
Linda Montgomery	family medicine
Lise Youngblade	health policy & epidemiology
Hubert H. Fernandez	neurology
Lucia Notterpek	neurosciences
Rodney Edwards	obstetrics & gynecology
Clay Smith	ophthalmology
Laurence Morel	pathology
Sarah Chesrown	pediatrics
Himanigashu Bose	physiology

COM Senators: Fonda Eyer (pediatrics)

1. Meeting was called to order by President Dr. Daniel Driscoll at 5:00 PM
2. Minutes for April 2004 meeting was approved
3. Announcements, Reports, and Old Business
  - a. Two new representatives were introduced, Linda Montgomer from Family Medicine and Lise Youngblade from health policy & epidemiology.
  - b. Fonda Eyer reported on the May UF Faculty Senate meeting. President Machen announced a 4% pool for raises that should be given for merit, and will probably be effective July 1. President Machen's inauguration will be held September 9-10.
  - c. Promotion and Tenure guidelines are still under review by Dean Tisher.
  - d. Elections for President Elect and Vice President will be done by email voting. Any additional nominations should be sent to Secretary Schultz.
4. New Business

An extensive discussion of the proposed changes to the Compensation Plan occurred. The following is a condensed summary of issues that were brought to representatives by the members of their departments.

In 1995, the COM underwent a major review of its compensation plan due to significant financial deficits, and with the assistance of an outside consulting company, implemented a new merit-based compensation plan. The basic principles of the new compensation plan were defined and implemented for the entire COM, and each department drafted more detailed compensation plans that addressed the unique characteristics of the department. The specific policies of departmental plans had to agree with the more general policies of the COM compensation plan. The majority of the faculty members of each department had to vote to approve the departmental plan for it to be adopted. Finally, changes to the compensation plans for each of the departments could be modified at the end of the fiscal year to become effective the next year. Similarly, the Com Compensation Committee was to review the compensation policy each year, and if necessary, make changes that improved the plan. The merit-based

compensation plan has been in place since July 1, 1996 and the COM has not failed to meet budget in the subsequent years.

In 2003, Dean Tisher appointed a committee to review the compensation plan and recommend changes that were intended primarily to incentivise faculty members to increase clinical revenue and increase research funding. The Dean considers the changes to be modifications to the existing compensation plan rather than a new compensation plan. Dean Tisher provided all faculty members with a printed copy of the proposed plan met with the faculty members of each department to explain and discuss the changes. The Faculty Council discussed the revised compensation plan at the regular June meeting. The following is a summary of that discussion.

Overall, the departmental representatives felt that the faculty members in their departments supported the current merit-based compensation plan and accept that the current plan is generally fair, provides incentives that reinforce broad academic goals, and financially rewarded performance faculty members in proportion to high performance. The basic concerns voiced by many faculty members for the proposed changes are that there appear to be many loopholes and unanticipated

More specific comments include the following:

1. The new plan seems to be overly complex and relatively hard to understand, especially in terms of calculating clinical wRVU's, performance and incentive pay.
2. Using wRVUs per clinical FTE as the dominate measure of clinical performance could lead to destructive competition between faculty members in some departments.
3. Department chairs could set the wRVUs at levels for some faculty members that would preclude other valuable academic pursuits.
4. A typical amount of incentive dollars generated by sponsored research is relatively small compared to the amount of incentive dollars that can be generated by clinical wRVUs. Although the incentive would perhaps be better than under the current compensation plan, it is doubtful whether a typical incentive reward (\$3,500) would significantly motivate faculty members to generate new grants.
5. Restricting research incentives to Co-Principle Investigators on grants does not recognize the essential roles that Co-Investigators play on grants and would probably discourage collaborative efforts. This would likely heavily impact clinical faculty members who have smaller percent efforts (10%) on grants, and would likely discourage them from participating in research grants because they would not qualify for incentive payment. To correct this, Co-Investigators should be included in calculations for research incentives and lower percentage of effort should be rewarded.
6. Many grants from Foundations provide little IDC or salary for faculty members. These should be included in the incentive plan.
7. There are several concerns about the education incentive. How decisions will be made regarding awarding education incentives? How will education of graduate students in laboratory research and service on graduate student committees be recognized and rewarded?

8. Because the proposed changes to the Compensation Plan emphasize generating funds by wRVUs and research grants, there is a financial disincentive for faculty members to perform education and service activities that are essential for the academic mission of the COM.

9. The proposed changes to the Compensation Plan may not be congruent with the current or proposed changes to the Promotion and Tenure Guidelines. Also, in many cases, the time assignment sheets for faculty members do not reflect their actual duties.

10. Each clinical (and basic science) faculty member should be able to see their "report card" not just the administrators.

11. Many faculty members appear to be uncomfortable with the proposed changes to the COM compensation plan and are not ready to endorse the plan. Some faculty members are considering whether the United Faculty of Florida union would be a better at negotiating a merit-based compensation plan for the COM.

The Faculty Council representatives generally supported emailing a short questionnaire to the faculty members to assess their opinions about the new compensation plan.

5. Adjourn at approximately 6:30

Respectfully submitted,

Gregory Schultz, Ph.D.  
Secretary for Faculty Council

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