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A. EXECUTIVE SUMMARY

Background

The excellence of the UNC School of Medicine is recognized not only by citizens of North Carolina but also nationally and beyond. In the caliber of faculty, staff, and students; the strength and improvements in external rankings; the reputation of the research enterprise; and the standard of care, the School has an expectation and track record of excellence. And true to the nature of all premier institutions, this one does not stand still but continues to plan and to act well ahead of proximal needs.

A number of challenges face our School and society in the coming years. The population of North Carolina is growing and the average age of our citizens is rising. Many of our newest residents are uninsured or underinsured. Costs of healthcare are rising at a rate significantly outpacing inflation, creating the potential for substantial challenges to access. Payers are increasingly requiring proof of performance-based outcomes as a requisite of reimbursement. Within this context we are challenged to improve patient safety through enhanced quality initiatives throughout the health care system, while the potential for a significant shortage of physicians and allied health professionals looms in the years ahead.

At this same time, society demands that new therapies and diagnostic techniques be translated from the research lab to the bedside and then on to the community quickly and efficaciously. This mandate is further complicated by the approaching era of “personalized medicine” when therapies will be tailored to individuals based upon his/her unique genetic composition and environmental exposures.

At UNC, we are convinced that our success in the coming years will depend upon developing interdisciplinary teams of investigators from a wide variety of disciplines to include basic and translational scientists, ethicists, and health service researchers. A central strategy for our research enterprise is therefore the development and promotion of interdisciplinary teams focused on all aspects of the translational process from the laboratory bench to the bedside to the population. We also recognize that these teams must catalyze the flow of information in the reverse direction, so that the focus of our research activities remains perfectly aligned with the needs of the community.

We face these challenges at a time when many of our faculty are compensated at salary levels at or below the 50th percentile recorded by the American Association of Medical Colleges, well below competing salaries from the private sector and while Federal support for research is stagnant.

In sum, to remain a top-tier academic health care enterprise, we must do our clinical work better, faster and cheaper AND we must move new discoveries from benchtop to bedside as fast as practicable and safe. The stakes are high. If we successfully meet these challenges, we will become the leading public academic school of medicine and health care system in the United States.
Goals

The strategic goals that we seek to meet are to:

1) Improve recruitment, retention and support of UNC School of Medicine faculty;

2) Develop a deliberate strategy for the growth and development of clinical/translational and community health services/population research and to continue to build and cost-effectively organize our basic science research infrastructure;

3) Expand workforce diversity in the UNC Health Care System and School of Medicine;

4) Improve internal and external communication and understanding of the vision, mission, goals and accomplishments of the UNC Health Care System and School of Medicine;

5) Assign value to all UNC missions – patient care, education, research and service to the people of the State of North Carolina – and to distribute resources to reflect that value; and,

6) Align the goals and leadership incentives for the University of North Carolina School of Medicine and the University of North Carolina Health Care System to optimize patient care and safety and the education of our students and trainees, to enhance the support our faculty and staff, and to facilitate clinical and translational research.

Methods

Following a Strategic Planning Retreat in January 2005, representatives from the School of Medicine faculty studied four critical areas:

- the mission/vision statement;
- undergraduate medical education,
- faculty development; and
- research.

Task forces investigated these topics and proposed recommendations in the form of goals, objectives, and measures of success or improvement, all of which are included in this report.

A School of Medicine Vision and Mission Statement Task Force reviewed our prior vision and mission statement, along with those of peer institutions, and then prepared a new draft statement distributed to the entire faculty for review and comment. Input and suggestions were incorporated into a final draft, which was presented at a School of Medicine faculty meeting and the new statement is available on the School’s website. The School’s vision, “to be the nation’s leading public school of medicine,” is aligned with the vision statement of the UNC Health Care System, “to be the nation’s leading public academic health care system.”
The mission statement emphasizes the importance of and commitment to providing excellent patient care, medical education, and research within the context of our commitment to service.

The Education Task Force proposed the creation of an Academy of Educators to support excellence in teaching, to strengthen career paths for outstanding teachers, and to promote curricular innovation.

The Faculty Development Task Force developed strategies to ensure the School’s continued ability to recruit, develop, and retain superior faculty. Due to the size and career diversity of the School of Medicine faculty, the faculty development task force divided into subgroups addressing several specific topics: support for career development; mentoring services for faculty; career paths for fixed-term faculty; and enhancement of diversity among the faculty.

The Research Task Force identified six topics: clinical/translational research strategy; extension of basic science infrastructure; continued support of superior physician-scientists; research collaboration with UNC Hospitals; setting priorities for the research portfolio; and communication/public relations.

Finally, another area of critical focus was administration. The Leadership Team of the UNC School of Medicine and Health Care System developed the necessary methods to achieve the goals proposed by the individual task forces after reading and reflecting upon the materials that each developed.

**Strategic Plan Structure**

Because of its centrality to the entire document, the UNC School of Medicine Vision and Mission Statement is the first chapter of this strategic plan. The remaining chapters delineate the action items that are required for us successfully to meet each of our goals, along with the metrics we will apply to determine whether we have indeed succeeded. Abridged versions of the reports of the other three task forces and a roster of those who served on each of them and the Strategic Plan Steering Committee are included in this document as appendices.
B. VISION AND MISSION STATEMENT

Our Vision

To be the nation’s leading public school of medicine.

Our Mission

Our mission is to improve the health of North Carolinians and others whom we serve. We will accomplish this by achieving excellence and providing leadership in the interrelated areas of patient care, education, and research.

Patient Care

As a key component of the UNC Health Care System, the School of Medicine will provide superb care to North Carolinians and others whom we serve. We will maintain our strong tradition of reaching underserved populations. Excellence in education and research will enhance our delivery of the very best medical care, which will be presented in an environment that is exceptionally welcoming, collegial, and supportive both for those receiving and those providing the care.

Education

We will achieve excellence in educating tomorrow’s health care professionals and biomedical researchers by providing exceptional support for outstanding teaching and research faculty. We will offer an innovative and integrated curriculum in state-of-the-art facilities. The School will attract the very best students and trainees from highly diverse backgrounds.

Research

We will achieve excellence in research and in its translation to patient care and to practice by developing and supporting a rich array of outstanding research programs, centers, and resources. Proximity to the clinical programs of UNC Hospitals, to UNC-Chapel Hill’s other premier health science schools (Dentistry, Nursing, Pharmacy, and Public Health) and the other departments, schools, and programs on the UNC-Chapel Hill campus affords an exceptional opportunity for innovative, world-class research collaborations.

In all of these missions, we will strive to meet the needs of our local, state, national, and global communities.
C. STRATEGIC PLAN GOAL 1 – Improving Recruitment, Retention and Support of Our Faculty

GOAL 1. To improve recruitment, retention and support of UNC School of Medicine faculty.

ACTION ITEM 1.1. An Academy of Educators will be established to promote and support excellence in teaching and the work and career paths of excellent teachers, to promote and fund curricular innovation, evidence-based curricular change and a scholarly approach to the education mission; and to provide a forum for education leadership and advice for the Dean, Vice Dean for Academic Affairs, Executive Associate Dean for Medical Education and the leadership of the curriculum.

To promote and support excellence in teaching and the work and career paths of excellent teachers, fellows will mentor and guide faculty members who have made education a core part of their career, including Academy Associate Fellows. They will offer peer review of individual teachers and will review the teaching portfolios of faculty being considered for promotion with teaching as their focus. Each of the promotions and post-tenure review committees will include an Academy Fellow who would pay particular attention to the inclusion of teaching as one criterion in the review process. The Academy collectively, and the Fellows individually, will be expected to raise the visibility of teaching as an important function of the school.

Small grants from the Dean’s Office will be available for Fellows or Associate Fellows to expand their knowledge in education through additional study with the expectation that such opportunities would be used to enhance the educational mission of the School, in addition to the skills of individual faculty members. These grants might be in the areas of curricular innovation with the advice and approval of the Curriculum Management and Policy Committee.

In order to provide a forum for education leadership and advice for the Dean, Vice Dean for Academic affairs and the Executive Associate Dean for Medical Education, Fellows will establish a set of Guidelines for Excellence in Teaching, which will be used to promote improved teaching as well as to judge the success of teachers in evaluating their performance. The Fellows will constitute a Council to provide advice and assistance to the school leadership in pursuit of its education mission. Advice will be offered in answer to questions raised by the School’s leadership. Questions requiring rigorous study will be tackled by a subcommittee appointed for that purpose.

Details regarding the governance of the Academy and selection of members can be found in Appendix B.

METRICS FOR SUCCESS FOR ACTION ITEM 1.1. The Vice Dean for Academic Affairs and the Executive Associate Dean for Medical Education will issue a call for nominations for membership in the UNC Academy of Educators by December 1, 2006. Nominations will be submitted by January 1, 2007. The first members of the UNC Academy of Educators will be appointed by the Vice Dean for Academic Affairs by February 1, 2007.
The Leadership Team of the School of Medicine will determine a funding model for the Academy and provide appropriate resources to support it by February 1, 2007.

Goals for the Academy for the 2007 academic year will be set by the Chair and Executive Committee of the Academy in consultation with the Vice Dean for Academic Affairs and the Executive Associate Dean for Medical Education by July 1, 2007. This process will be repeated annually.

Continued funding of the Academy will depend upon the achievement of its goals as determined by annual review by the Vice Dean for Academic Affairs of a written report by the Academy Chair, due May 1st of every year.

**ACTION ITEM 1.2.** Annual face-to-face evaluations for all School of Medicine faculty appointed on December 1 of that year, will be performed by a department chair, division chief, center director or other immediate supervisor, by the following July, effective with the 2006 academic year. This evaluation should highlight successes in performance, areas in need of improvement, and should formulate short-term and long-term goals for the faculty member. Written documentation of this meeting, as well as the findings of the supervisor regarding the faculty member's performance, will be kept on file with the department or division of primary appointment. The Association of Academic Medical Centers has a repository of evaluation forms that may be useful to chairs in accomplishing this task.

**METRICS FOR SUCCESS FOR ACTION ITEM 1.2.** All chairs will create a process to provide annual reviews of all faculty with primary appointments in their units by January 1, 2007 with the goal of providing the first annual review by January 1, 2008 for all faculty. They will be assisted in developing these plans by the Executive Associate Dean for Faculty Affairs. The annual completion of this task will be included in the list of annual goals for every Chair that will be used in setting compensation for that leader for the following academic year (see Action Item.6.1). This link to compensation for leaders will be fully implemented by the 2008 academic year.

**ACTION ITEM 1.3.** Each department will create a faculty mentoring plan.

While faculty mentoring is essential, the mentoring needs of faculty vary substantially from department to department. For instance, the mentoring issues and needs of a surgeon involved solely in clinical service are substantially different from a fully funded researcher in a basic science department. Those administrators most versed in the issues facing departmental faculty, the faculty chairs will develop plans to fit each department's needs. Such a plan might include (but not be limited to): (1) formal assignment of faculty mentors within the department, (2) workshops aimed at tenure-track and fixed term faculty on career advancement and strategy, and (3) development of web-based materials to aid with preparation for tenure review.

Because Chairs and Directors cannot personally mentor every faculty member, and since much informal mentoring currently takes place below the level of chair, director and even division chief, departmental mentoring plans should utilize and formalize these efforts.
METRICS FOR SUCCESS FOR ACTION ITEM 1.3. All chairs will create mentoring plans for their faculty by January 1, 2008. These plans should be submitted for review and approval by the Vice Deans for Academic and Clinical Affairs in order to be implemented by May 1, 2008. The completion of these tasks will be included in the list of goals for every Chair that will be used in setting compensation for that leader for the 2009 academic year (see Action Item.6.1).

An annual faculty and chair/director survey will be performed by the Dean’s office and will include questions on mentoring to assess the success of the various departmental mentoring plans. These data will be shared with the Chairs so that the mentoring plans can be adapted and changed as needed.

ACTION ITEM 1.4. Create a formal UNC School of Medicine “Chair and Chief School.”

This program will provide leadership training skills to new chiefs and chairs, and will be mandatory for any new Center Director, Department Chair, Division Chief or other individual taking a senior leadership position at the UNC School of Medicine. This school will be modeled after similar programs at peer institutions.

In addition to familiarizing the new chairs with expectations in mentoring and personnel assessment, the UNC School of Medicine Chair and Chief School will orient the new leaders to issues idiosyncratic to UNC, via a series of “UNC 101” lectures. These lectures and workshops will include topics on hiring and firing within our system, financial organization of the system, teaching issues at the medical school and graduate levels, and policies for promotion and tenure. Additional interactive sessions will take place with experienced administrators to discuss recruitment and retention, program development, and faculty development services available through the Executive Associate Dean for Faculty Affairs’ office.

A “Leadership Coach,” who will be an experienced intramural peer, will be assigned as part of this process, and this coach will serve as an ongoing resource for the chairs/chiefs as they become accustomed to their new roles. Each cadre of new UNC School of Medicine Chair and Chief School participants would also form a community, and members of the group would provide support for one another. This school will augment the national Association of American Medical Colleges program with similar objectives and will customize leadership training for Carolina.

METRICS FOR SUCCESS FOR ACTION ITEM 1.4. The Executive Associate Dean for Administration and the Executive Associate Dean for Faculty Affairs will launch and the first Chair and Chief School will occur in September 2007 with a second session in January 2008. All Chairs and Chiefs in leadership positions at UNC in July 2007 must attend one of these first two sessions.

The course will be repeated annually thereafter in September for any new Chairs and Chiefs appointed during the prior academic year.
The Dean’s Office will administer a post-course survey after each offering to provide feedback so that the course content can be adapted and improved.

The Vice Dean for Academic Affairs will appoint a Leadership Coach for each new Chair and Center Director and will assess the value of the mentoring relationship through at least quarterly meetings with the new appointees.

**ACTION ITEM 1.5.** Require an annual report by Chairs on how well they recruit and retain faculty, including physician-scientists.

Faculty are the most precious resource of the School of Medicine. Recruitment of faculty, especially those with specialized clinical or research skills, is initially costly to the institution, and turnover of faculty is problematic because of its high cost and its effect on morale and, in some cases, clinical services. Some turnover is inevitable and to be welcomed, especially when faculty move to leadership positions at other institutions. Some faculty leave because their personal goals and style do not match those of the School of Medicine.

Chairs and Center Directors are responsible for the wellbeing of the faculty in their units. Leaders must be familiar with distribution of the workload and tasks in their units, including which faculty are supported by which sources and the requirements of faculty who are partially paid by contracts and grants. Leaders must assure that faculty contractually obligated to provide services are given the appropriate amount of time and support to complete those tasks.

Leaders must create an environment that allows faculty appropriate leave for sickness, maternity and family crises under the regulations of the University and the School of Medicine.

**METRICS FOR SUCCESS FOR ACTION ITEM 1.5.** In order to better evaluate faculty retention, in May, beginning in 2007, each Chair and Center Director will provide an annual written report of the names and demographic characteristics (age, race and gender) of faculty members who he or she recruited and retained, as well as those who have left the institution in the previous academic year, the roles that the departing faculty filled in the Department or Center, and the reason for their departures.

In addition, Chairs will report annually on faculty requests for leave, and the number, length and purpose for all leaves actually provided to faculty members, as well as the cost to the department in terms of both money and extra work for the other faculty.

After baseline normative performance data are collected for two years across the entire institution, during the 2009 academic year, outcome goals for the leadership in this area will be set and these data will be included in setting compensation for Chairs and Directors.

**ACTION ITEM 1.6.** Create a Faculty Advising and Liaison Committee.
The charge of this committee, a group of approximately eight senior faculty from the School of Medicine, from a variety of backgrounds, will be to serve as a designated general mentoring and advising group for School of Medicine faculty. These individuals will not be current line administrators, but instead are other senior faculty, people who may or may not have held past leadership positions and are interested in mentoring others. Committee members will serve as a sounding board for faculty and advisors on strategies for career advancement.

In addition, the committee members will serve as a group of ombudspersons for the faculty. In this role, they will facilitate informal conflict resolution in disputes between faculty and line administrators. Interactions between members of this committee and faculty will be viewed as privileged and highly confidential, unless the faculty member consents to the concern being shared with others involved. The committee will be constituted and supported by the office of the Executive Associate Dean for Faculty Affairs, who will also serve as the point of first contact for substantial disputes.

This committee will also be charged with the development of a comprehensive, end-of-employment, School of Medicine-specific exit survey to better assess the reasons for loss of productive faculty as described in the full committee report included in the appendix.

The members of this committee will be trained for this role through the UNC “Chair and Chief School” (see Item 1.4).

**METRICS FOR SUCCESS FOR ACTION ITEM 1.6.** The Vice Deans for Academic and Clinical Affairs will appoint this committee by January 1, 2007. Members will serve staggered 3-year terms and can be reappointed for as many as three consecutive terms. The names of the committee members will be publicized through announcements over listservs and through the School of Medicine website.

This Committee will create and implement an exit survey for departing faculty by March 1, 2007. It will be utilized for at least 80% of departing faculty by November 2007 and maintain at least that rate of utilization from that point forward.

An annual faculty and Chair/Director survey will be performed by the Dean’s office and will include questions about the utility of the Faculty Advising and Liaison Committee to the faculty and institutional leaders. In addition, the Committee, in conjunction with the Vice Dean for Academic Affairs, will develop performance-based metrics for the evaluation of the work of this group during the committee’s first year, that is, by January 1, 2008. These metrics may include such things as number of consultations with faculty and numbers of exit interviews conducted.

These data will be utilized so that the membership of the committee can be adapted as needed.

**ACTION ITEM 1.7.** Create a Task Force On Fixed-Term Faculty Issues.
Career guidance is often unavailable and opportunities for career advancement may be limited for fixed-term faculty, leading to significant frustration, discontent, and turnover. This group is very diverse and includes both full-time clinicians who care for patients and basic scientists who work in the laboratories of other scientists.

A task force should be constituted to target the issues of these faculty over approximately one year. The task force will better define the career development problems facing individuals in the fixed term track, and study ways to remediate these issues.

**METRICS FOR SUCCESS FOR ACTION ITEM 1.7.** The Vice Dean for Academic Affairs will appoint members and charge this task force by December 1, 2006. The Task Force will complete its work and make written recommendations to the Dean by July 1, 2007.

**ACTION ITEM 1.8.** Create a faculty development website.

Several peer institutions have created such websites, which serve as a quick resource for faculty searching for specific materials pertaining to faculty development. The School of Medicine has, in most instances, policies concerning many issues facing faculty and dealing with faculty development. In many cases, a difficulty arises not because a faculty member encounters a problem for which no policy exists, but instead because the faculty member does not know, understand, or have access to the appropriate policies or materials pertinent to the situation.

Content for the website could include: (a) policies on tenure and advancement, including policies related to modifying tenure clock and tenure progression for pregnancy, family emergencies and other significant life events; (b) recommendations regarding the preparation of the faculty member for tenure review; (c) policies and procedures for filing grievances and conflict resolution; (d) negotiation techniques and bargaining strategies; (e) media training; (f) balancing career and personal lives; (g) funding resources for mid-career transitions; and others.

**METRICS FOR SUCCESS FOR ACTION ITEM 1.8.** The Executive Associate Dean for Administration, together with the Director of Human Resources and the Executive Associate Dean for Faculty Affairs, will create and implement this resource by November 1, 2007. They will update it annually thereafter.

An annual faculty and Chair/Director survey by the Dean’s Office will include questions about the utility of the website and provide an opportunity for faculty to suggest additions and improvement. Adaptation of the website will be made based on this feedback.

**ACTION ITEM 1.9.** Increase institutional recognition of the importance of interdisciplinary team approaches to science in all aspects of basic, translational, clinical, and health services research.
Traditionally, evaluation of research accomplishments has focused on a faculty member’s individual achievements (e.g., first and/or senior authorship on manuscripts, funding as the principal investigator on grant awards, invitations to make presentations on national or international forums, etc.). However, it has become increasingly apparent that the present and future of biomedical science will depend increasingly upon interdisciplinary team activities. Therefore, here at UNC, each faculty member’s contributions to interdisciplinary teamwork will receive careful consideration during all aspects of the promotion and tenure process. Factors such as originality, creativity, indispensability, unique abilities, and overall contributions will be considered when making this evaluation. Each candidate for promotion will be expected to incorporate within the promotion packet a description of his/her role in overall team activities. The departmental review process also will solicit information regarding the candidate from the principal investigator, the project director, and any other individuals who have first-hand knowledge that would clarify the candidate’s role in the overall team effort. Finally, the Chair’s letter must spell out such team collaboration(s) in considerable detail, especially if interdisciplinary team research is felt to be an important aspect of the case being made for the specific promotion.

**METRICS FOR SUCCESS FOR ACTION ITEM 1.9.** The Executive Associate Dean for Faculty Affairs will hold an annual meeting with the Chairs and Center Directors, at which a summary of the School of Medicine APT process will be presented. In addition, the Executive Associate Dean for Faculty Affairs together with the Director of Human Resources will evaluate each new promotion packet, looking specifically for a description of the importance of team activities to the promotion that is being proposed. Chairs’ letters missing comments on this aspect of performance will be returned to the Chairs for editing. By July 1, 2009, 100% of all Chairs’ letters for promotion will include comments on this aspect of performance.
D. STRATEGIC PLAN GOAL 2 – Improving our Research Infrastructure

GOAL 2. To develop a deliberate strategy for the growth and development of clinical/translational and community health services/population research and to continue to build and organize our basic science research infrastructure cost-effectively.

ACTION ITEM 2.1. Appoint an Executive Associate Dean for Clinical/Translational/Population Research

This new leader will be charged with improving institutional resources in these important research domains and with addressing recruitment and retention of key clinical and translational/population sciences research personnel. He or she will also be charged with the development of a strategy that will, among other things, identify approaches to secure funding from new sources, expand corporate partnerships, develop better approaches to stimulate reinvestment of indirect costs funds and to create practical collaborative solutions with the UNC Health Care System and other UNC Chapel Hill Schools and Centers.

METRICS FOR SUCCESS FOR ACTION ITEM 2.1. After an appropriate search, the Dean, in consultation with the Vice Dean for Academic Affairs and other School of Medicine leaders, will provide resources and appoint this new Executive Associate Dean by November 1, 2007.

Goals for the success of this new program will be determined by this individual in consultation with the Vice Dean by December 1, 2007. Compensation for this Executive Associate Dean will be linked to the attainment of these goals during salary discussions that take place in May 2008. This process will be repeated annually.

ACTION ITEM 2.2. Develop and implement a data collection and management infrastructure that provides information to (a) Clinicians and health care system administrators and managers about clinical activities and patient outcomes, particularly for new patient safety initiatives; (b) researchers to assess the clinical performance of new devices, procedures and drugs; and (c) educators about the activities of our students and trainees and the effectiveness of our educational processes.

This should be accomplished with infrastructure that is embedded in the clinical setting and is user-friendly and readily adaptable to new objectives. This methodology will allow efficient and cost-effective assessment of the clinical enterprise. Products that will result from this project are the data management system itself and the data that it generates.

Clinical information should be integrated with other administrative data already available to UNC system managers, specifically data on resource utilization, cost, billing/receipts, and outcomes.

This infrastructure should be linkable to external data provided by other sources on patients and populations. Examples of external databases that might provide insight into our patients are those of governmental agencies and payers. Other UNC campus-based organizations
also have databases that are of interest in tracking populations that will be linked to our system data.

The implementation of this action item would create a new methodology and information technology infrastructure within the clinical setting that is simple, user-friendly, and comprehensive. It will provide information that will be useful for assessing all aspects of the activities of an academic medical center in five distinct domains. These are Clinical, Administrative, Research, Patient Safety and Educational.

METRICS FOR SUCCESS FOR ACTION ITEM 2.2. The Vice Dean for Academic Affairs, together with the Executive Associate Dean for Faculty Affairs, the Director of the General Clinical Research Center and the Chief of Staff will oversee this effort on behalf of the School of Medicine. This group will work with the Health Care System administrators and staff to develop suitable corporate partnerships and a business plan for this effort by January 1, 2007.

ACTION ITEM 2.3. The Research Advisory Committee (RAC) and the Dean’s Office will study the UNC research portfolio and formulate a plan for overall biomedical science core facility development and management.

UNC School of Medicine will undertake a study of the type of research grants held by faculty and categorize them by overall category (i.e., basic, clinical, translational, community, health services, or population), as well as subdividing the portfolio by disease area (i.e. infectious disease, GI, renal, etc.). We will develop comparisons with U.S. Schools of Medicine in a number of ways, including use of direct costs, costs per assignable square foot, and content area.

In addition, we will use this study to develop a blueprint for the development and funding of core facilities to support basic science infrastructure needs. The funding proposal developed under this effort should include support from all core user constituencies on campus, including the Provost, with improved support for the basic science enterprise, as needed, by the Medical Foundation. This blueprint should also include planning for future collaborative recruitment of faculty whose unique skills build multidisciplinary programs across the campus, similar to the effort recently undertaken to create and fund the Genomics Center and the Biomedical Research Imaging Center. This plan should include a strategy for collaborating with the Vice Chancellor for Information Technology on supporting the systems and computational needs of the basic scientists working in the School of Medicine.

METRICS FOR SUCCESS FOR ACTION ITEM 2.3. The Executive Associate Dean for Research, together with the RAC, will complete this work and submit a written report to the Vice Dean for Academic Affairs by September 1, 2007.

ACTION ITEM 2.4. Appoint an Assistant Dean for Graduate and Postgraduate Education.
Currently all basic science departments and research curricula recruit and support their graduate and postgraduate students independently. The School of Medicine also currently has a number of well-developed interdisciplinary graduate programs that include many faculty in other Schools across the campus. As our interdisciplinary research efforts continue to expand so will our training programs. At the present time, the recruitment efforts for and the services provided to graduate and postdoctoral students vary a great deal from one program to the next. In addition, the large number and diversity of these programs tends to make them relatively inefficient.

For these reasons, the School of Medicine will recruit an Assistant Dean for Graduate and Postgraduate Education. This person will report to the Executive Associate Dean for Research and his or her duties will include coordinating the admission of and overseeing the first-year of graduate school for PhD students, coordinating and overseeing the undergraduate research programs in the School of Medicine, and serving as Faculty Advisor to the Office of Postdoctoral Affairs. This person will be expected to work to expand our training grant portfolio and coordinate training activities (ethics training, grant writing skills, career development) common to all training programs.

It is also important to emphasize that many of the graduate students of today are not simply expected to receive thorough training in the basic sciences. Rather, they are also expected to gain a broad knowledge of clinical medicine and human disease. Thus, it is our responsibility to make available to these individuals the skills that they will need if they are to work effectively in the multidisciplinary teams that will enable them to translate new knowledge into improved patient care. Toward this end, we have recently begun a new program referred to as the MED into GRAD Initiative. This program is designed to integrate medical knowledge into graduate education. UNC and twelve of the best graduate training programs in the country received support for this new program from the Howard Hughes Medical Institute (HHMI). The goal of the MED into GRAD Initiative is to develop a cadre of PhD-trained researchers with a thorough understanding of medicine and pathobiology and a commitment to work at the interface between the basic sciences and clinical medicine.

The new Assistant Dean for Graduate and Postgraduate Education along with the leaders of the MED into GRAD Initiative will assist students in finding postdoctoral and faculty positions in translational research. Together, they will monitor the subsequent outcomes of the students in order to modify the program as necessary. Students who successfully complete all of the requirements of this new program will be granted a Certificate in Translational Medicine from the University at the time that they complete their PhD.

**METRICS FOR SUCCESS FOR ACTION ITEM 2.4.** The Vice Dean for Academic Affairs, together with the Executive Associate Dean for Research, will appoint a committee to conduct a search. A new Assistant Dean for Graduate and Postgraduate Education will be appointed by January 1, 2008. Recruitment of students into the MED Into GRAD program will start in January 2008 resulting in enrolling the initial class in August 2008.
E. STRATEGIC PLAN GOAL 3 – Improving Workforce Diversity

GOAL 3. To expand workforce diversity in the UNC School of Medicine and Health Care System.

ACTION ITEM 3.1. Expand the scope and mandate of the Simmons Scholars program.

The Simmons Scholar Program has been the single most successful tool for bringing under-represented minorities to our faculty. The program should be further supported, and its availability for bringing faculty other than research-oriented assistant professors to campus better publicized. The Simmons Scholars have recently increased by two funded positions in the current academic year, as part of the Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) and K12 grant renewals. In addition, the Simmons Scholars mechanism should be considered a potential funding avenue for a wider variety of faculty members, both with respect to career interests, as well as rank. While the recruitment of division chiefs and department chairs rarely hinges on finding appropriate funding for those individuals, the recruitment of faculty at the associate professor level might well be greatly augmented by institutional commitment at the level of the Simmons program.

METRICS FOR SUCCESS FOR ACTION ITEM 3.1. Three additional Simmons Scholars will be funded and recruited over the next three years starting in the 2007 academic year.

ACTION ITEM 3.2. Include annual review of minority hiring and retention in the standard chair and center director review process.

There is a national struggle to find and retain top-flight under-represented minorities in leadership positions in academic medicine. Given the challenge of a highly competitive environment to bringing established leaders to UNC, a pragmatic way to improve representation of under-represented minorities at the tenured professor/division chief/department chair/center director level is by better fostering and retaining our outstanding junior faculty. Through an annual review, a chair would be expected to assess the current state of the diversity of his/her faculty, take account of any losses or additions to the faculty that affect diversity, and share any plans for initiatives to improve diversity.

METRICS FOR SUCCESS FOR ACTION ITEM 3.2. As described above under Metrics for Action Item 1.5, each Chair and Center Director will provide an annual written report of the names and demographic characteristics (age, race and gender) of faculty members whom he or she recruited and retained, as well as those who have left the institution in the previous academic year, the roles that the departing faculty filled in the Department or Center, and the reason for their departures. After baseline normative performance data are collected for two years across the entire institution, during the 2009 academic year, these data will be included in consideration of Chair and Director raises and bonuses.
In addition, all search committees will include at least one faculty member who is an under-represented minority and one woman.

**ACTION ITEM 3.3.** The School of Medicine should develop a new program aimed at the retention of highly qualified minority trainees into residency and junior faculty positions.

Our medical school does an exceptional job of cultivating, enrolling, and supporting excellent minority applicants. As a result, our representation of under-represented minorities usually approximates or exceeds the population percentages for our state. Unfortunately, our post-graduate training programs and junior faculty ranks are more variable in their amount of diversity.

This program would consist of a series of career development seminars. The goals of this program would be: (1) to improve the career development of under-represented trainees at UNC; (2) to increase exposure of the Simmons Scholars to this group; (3) to aid these trainees in the recognition of role models and potential mentors; and (4) to foster a sense of community among under-represented minorities at UNC School of Medicine and Health Care System.

**METRICS FOR SUCCESS FOR ACTION ITEM 3.3.** This program will be developed by the Executive Associate Dean for Faculty Affairs together with the Simmons Scholars. The first series of seminars will begin in January 2008. These will be repeated annually.

The Dean’s Office will administer a post-course survey after each seminar to provide feedback so that the seminar content can be adapted and improved.

**ACTION ITEM 3.4.** Develop a plan to improve the advancement and retention of talented women science faculty at the UNC School of Medicine.

The National Academy of Sciences recently reported that the advancement of women into leadership positions in academe and industry has been disproportionate to their numbers. For a variety of reasons, far fewer women are in senior positions than would be expected given the percentage of women at lower ranks.

UNC has had similar difficulties in recruiting and retaining outstanding women scientists and clinical faculty. For the basic science departments across the entire university at UNC Chapel Hill, there is a significantly lower percentage of women at all ranks than in other disciplines (31.0% vs. 45.9% Assistant Professors, 28.4% vs. 39.2% Associate Professors, and 14.7% vs. 26.4% Professors). Only 12.5% of women in basic science departments have distinguished professorships compared with 24.9% of the male basic science faculty campus-wide. The number of women chairs in the School of Medicine is very low, with only three women serving in this capacity at the time of this writing.

In 2005, the latest full year for which complete data are available, the percentage of women faculty in the basic sciences in the UNC School of Medicine varies from 13.6% for
Pharmacology to 37.8% for Pathology and Lab Medicine, for a total of 186 women faculty in eight basic science departments.

This is a campus-wide problem that would be best addressed through a partnership with the Provost and the Health Affairs Schools. Recently, the University submitted a proposal to the National Science Foundation (NSF) to underwrite efforts to address this issue here at UNC. This proposal was written by Laurie McNeil, PhD, chair of the Department of Physics, and had broad participation by women in multiple departments at UNC, including many scientists from the School of Medicine. While the proposal was not funded, many good ideas were generated through it that could be implemented in the School of Medicine alone or in collaboration with other units on the campus.

The Provost has recently decided to convene a Task Force on the Advancement of Women Faculty. This group will consist of senior faculty in all UNC Schools with women scientists, including the UNC School of Medicine and the College of Arts and Sciences. The goal of this group will be to develop a plan for addressing these issues based on the NSF proposal that could be implemented campus-wide over the course of the next three years. Because the NSF proposal was centered on the needs of women basic science faculty, the scope of activities proposed by this Task Force will be expanded to include mechanisms of career support for women faculty in the clinical sciences as well.

**METRICS FOR SUCCESS FOR ACTION ITEM 3.4.** The Dean of the School of Medicine will appoint members to the Task Force from the School of Medicine according to the timeline established by the Provost. The Vice Dean for Academic Affairs will work with the Provost and the Deans of other units to fund and implement the proposals of this Task Force during the 2007-2010 academic years.
F. STRATEGIC PLAN GOAL 4 – Improving Communication

GOAL 4. To improve internal and external communication and understanding of the vision, mission, goals and accomplishments of the UNC Health Care System and School of Medicine.

ACTION ITEM 4.1. Publicize and advocate for the UNC School of Medicine Vision and Mission Statement.

The statement is already posted on the School of Medicine website and is prominently displayed around the School of Medicine in multiple locations. Additional copies will be posted on bulletin boards and as centerpiece displays of large conference rooms. The Statement will be included in discussion at all faculty meetings held during the 2006 academic year by the Vice Dean for Academic Affairs (see Action Item 4.3, below) and the first semiannual meeting of the Dean with the Faculty.

METRICS FOR SUCCESS FOR ACTION ITEM 4.1. Each Department and Center Business Manager will post the UNC School of Medicine Vision and Mission Statement in prominent locations within his or her unit. The agendas and minutes for the meetings described above will include discussion of the Vision and Mission Statement.

An annual faculty and Chair/Director survey by the Dean’s Office will include questions to assess the familiarity of the faculty and its leaders with the Vision and Mission Statement. Adaptation of its prominence and display will be made as needed.

ACTION ITEM 4.2. Institutional leaders (chairs, center directors, division chiefs and health care system and school of medicine administrators) will meet at least annually with the School’s public affairs and marketing leaders, as well as development officers, to share information on activities worthy of publicity within the UNC Health Care System and School of Medicine.

These meetings with institutional leaders will be scheduled by the public relations and development professionals with the goal of spreading the word about substantial accomplishments at UNC in our core missions – patient care, service to the state of North Carolina, education and research. They will be complemented by two annual meetings where the general faculty can meet and discuss their publicity and fundraising goals. The meeting for basic science faculty will be held every year in the Fall. The meeting for clinical faculty will be held every year in the Spring.

METRICS FOR SUCCESS FOR ACTION ITEM 4.2. Starting in May 2007, annual performance review of the public relations and development office leaders will include documentation of the meetings with School of Medicine leaders and the meetings for the faculty. These individuals will also document placement of articles in local and national media about UNC projects and individuals, as well as the number of charitable gifts received over time.
An annual faculty and Chair/Director survey by the Dean’s Office will include questions about the availability of public relations and developmental personnel to faculty and leaders so that adaptation of this plan can be made as needed.

**ACTION ITEM 4.3.** The Vice Dean for Academic Affairs will meet annually with the faculty at specially convened meetings of each department. When possible, she will be accompanied to these sessions by the Chief of Staff (for Clinical Departments) or by the Executive Associate Dean for Research (for Basic Science Departments).

During these meetings, the Vice Dean will speak to the faculty about the School of Medicine Vision and Mission Statement and Strategic Plan, and the goals set by the leaders of that department together with the School of Medicine/Health Care System Leadership Team. In addition, she will answer any questions raised by the faculty and listen to their concerns.

**METRICS FOR SUCCESS FOR ACTION ITEM 4.3.** The Vice Dean for Academic Affairs will meet with all departments by November 1, 2007.

Questions about the utility of these meetings will be included in the annual faculty and Chair/Director survey administered by the Dean’s Office. The meetings will be adapted in response to that feedback.
G. STRATEGIC PLAN GOAL 5 – Aligning Our Resources to our Mission

GOAL 5. To assign value to all UNC missions – patient care, education, research and service to the people of the State of North Carolina – and to distribute resources to reflect that value.

The faculty, staff and leadership of the UNC Health Care System and School of Medicine are proud of our history and our continued mission to serve the people of the State of North Carolina, especially the poor and those who cannot afford to receive compassionate and excellent healthcare elsewhere. We take very seriously the sign in the lobby of UNC Hospitals indicating that our Health Care System and School of Medicine are operated for and by the people of North Carolina.

In fact, every day UNC Health Care serves almost 3000 patients in our clinics, inpatient units and emergency rooms who come from all 100 counties of North Carolina. For our patients who cannot afford to pay, in the 2005 fiscal year, we provided more than $800,000 of uncompensated care each day – approximately $214 million per year. During this most recent year, we changed our policies for service to the indigent, making them more generous. Now we give free care to anyone from households up to 250 percent of the federal poverty guidelines, and we give an automatic discount of 25 percent to all patients without health insurance, whatever their income.

However, only a financially sound institution can meet the needs of the uninsured and underinsured in this state. In fact, while the $45 million annual subsidy to UNC Hospitals and the $12 million subsidy to the School of Medicine from the people of North Carolina provided by our Legislature are quite generous, these funds do not cover our costs. As such, to enable us to provide all the care required to the poor, to educate our medical and allied health students, to provide cutting-edge technologies and new therapies to keep our patients healthy, we simply must have other sources of revenue.

Our financial viability, which in part determines our ability to fulfill our missions, will come from continual improvements in our operations and from an explicit, unapologetic focus on productivity enhancement.

Historically, there have been high walls between the components of our operation, with each part operating largely independently financially. This has begun to change, since one person, the Dean and Chief Executive Officer, now heads all four components of our complex medical system – the UNC Health Care System, UNC Physicians and Associates (P&A), the Area Health Education Centers (AHEC) and the UNC School of Medicine. While there has some cross-subsidization of operations, with Chairs and Departments of the School of Medicine and the physicians of UNC P&A, providing clinical and educational services to the Health Care System below cost and with the Health Care System providing the School of Medicine funds to support new efforts, the contribution to our various missions and the amount of cross-subsidization is far from transparent. In addition, many of our state dollars are allocated to individual units based on long-standing historic precedents rather than on an understanding of our evolving mission and current needs.
This relative opaqueness and rigidity makes decision-making about resource allocation more
difficult than it should be, and labeling of our collective investment in each core mission area
almost impossible. Even greater transparency and flexibility will allow for clear-eyed
decision-making about where we invest our resources and what mission each dollar is
serving.

**ACTION ITEM 5.1.** Form a Task Force to review the financial operations of the UNC
Health Care System, UNC P&A, AHEC and the UNC School of Medicine and to make
recommendations for improving widespread understanding of the funding of our core
missions.

The goals of this Task Force will be to review the finances of all four system components in
order to understand where our funds are spent and for what purposes. At the end of this
work, the funding of each component of our system will be clearly identified in terms of
which missions it serves, with cross-subsidies clearly defined.

In addition, the Task Force will make recommendations for change in order to better
accomplish all of our missions. This will entail careful assessment of our future requirements
and how we currently use our resources and how those investments might be improved.

The Dean of the School of Medicine will appoint and chair this Task Force. It will include all
members of the Health Care System/School of Medicine Leadership Team and other senior
leaders from all parts of our collective enterprise.

After suitable oversight and wider discussion among senior leadership, faculty, staff, students
and the public, we hope many of the recommendations of this group will be implemented.
When completed, we will better understand the resources for each mission. In addition, we
will diminish our institution’s historical tendency toward opaqueness and rigidity.

**METRICS FOR SUCCESS FOR ACTION ITEM 5.1.** The Dean will appoint the Task
Force members and convene the group by December 1, 2006.

The group will provide its report by June 1, 2007.

**ACTION ITEM 5.2.** Appoint an Advisory Committee to the UNC Health Care System
CEO that will provide support and suggestions on how we can better serve the poor of the
State of North Carolina.

Some individuals have recently suggested that our attention to maintaining a positive margin
in our operations has come at the expense of our traditional mission caring for the poorest
citizens of our State. Even the perception that this is the case is disturbing to those of us
who work at UNC because of the institution’s dedication to serving the poor.

To address these concerns completely, and in the interest of transparency, the Dean and
Vice Dean for Clinical Affairs will appoint an Advisory Committee to address issues of
obstacles to care for this population and make recommendations for how care for this population might be improved. The Chief of Staff will serve as Chair of this Task Force.

**METRICS FOR SUCCESS FOR ACTION ITEM 5.2.** The Dean and Vice Dean for Clinical Affairs will appoint this Advisory Committee by November 1, 2006.

This group will provide its report by June 1, 2007.
H. STRATEGIC PLAN GOAL 6 – Aligning our Goals and Leadership Incentives

GOAL 6. To align the goals and leadership incentives for the University of North Carolina School of Medicine and the University of North Carolina Health Care System to optimize patient care and safety and the education of our students and trainees, to enhance the support of our faculty and staff, and to facilitate clinical and translational research.

ACTION ITEM 6.1. Ensure coherent and consistent incentive systems between the School of Medicine and the Health Care System and set annual goals tied to compensation for all leaders.

For all missions at UNC to be successfully addressed and the quality of our work in all areas to be first tier, the School of Medicine and UNC Health Care System must share a unified vision and collaborate extremely well. Administratively the two institutions were brought together under a single CEO/Dean in 1998. Culturally the two institutions have recently made further progress together, but there is a continuing perception that the understanding of the other core, non-clinical, institutional missions and their import to the Health Care System lags behind. Although the UNC Hospitals have been expanded and strengthened in recent years, the alignment between the School of Medicine goals and those of the Health Care System is not perfect. In view of the capabilities across the two segments, the potential for successful collaboration is enormous.

All Chairs, Center Directors and other institutional leaders of both the Health Care System and School of Medicine will be required to set annual goals that will affect their compensation for the following year. These goals will be determined after consultation with the Dean and the UNC Health Care System Leadership Team and will be adjusted annually based on the feedback of other institutional leaders. Unit goals will be individualized and will included measurable endpoints in all relevant areas including administrative, clinical, service to the State, educational, and clinical/translational, population and basic research. The clinical goals will include an emphasis on quality and patient safety and, when appropriate, the implementation of innovative practices.

METRICS FOR SUCCESS FOR ACTION ITEM 6.1. All Chairs, Center Directors and Administrators employed at UNC School of Medicine or Health Care System on December 1, 2006, will work with the Vice Dean for Academic Affairs and the School of Medicine and Health Care System Leadership Team to create a list of goals for themselves and the units they supervise for the 2006 academic year. A document defining these goals will be on file in the Dean’s Office by January 1, 2007. All leaders will be responsible for reporting their progress toward their own goals by written report to the Leadership Team by July 1, 2007. Compensation decisions in the summer of 2007 will be explicitly linked to the achievement of these goals.

This process will be repeated annually with each academic year’s goals defined during the summer and early fall.
ACTION ITEM 6.2. Implement department-specific faculty compensation plans for all faculty that tie compensation to explicit performance goals.

Since the prevailing salary levels of clinical faculty result from the unique clinical earning capacity of physicians and other clinicians, such salaries must be responsive in turn to the current revenues available to the clinical departments of the School of Medicine. Since most of the income in the School of Medicine is based on clinical receipts and research grant and contract awards rather than on appropriated state dollars, there must be an ability within the faculty compensation system to reward adequately the most highly productive members of a department.

Similarly, in the face of stagnating federal grant funding and with only limited support from the state, basic science departments require flexibility in the compensation of their faculty.

Over this past year, the UNC School of Medicine has created policies that allow for performance-based compensation of all faculty in all departments. The Basic Science plan includes an opportunity for existent faculty to opt out.

METRICS FOR SUCCESS FOR ACTION ITEM 6.2. These compensation plans will be completely implemented in all departments for the 2006-2007 academic year. All department plans must be reviewed and approved by University Counsel, and either the Vice Dean for Clinical Affairs (for Clinical Departments) or the Executive Associate Dean for Research (for Basic Science Departments) and a copy of each department’s plan must be on file in the Dean’s Office. For basic science departments, a list of faculty opting in and out of the plan must be submitted as well.
APPENDIX A

Report of the Task Force on Medical Student Education

Educating medical students was the founding mission of the School of Medicine and our newly approved Mission Statement reiterates our commitment to achieving national leadership in medical student education. As a part of the Strategic Planning process, the Task Force on Medical Education was established to consider the creation of an Academy of Educators as one means of supporting and improving the medical student teaching mission of the School and the educators dedicated to this effort.

The Task Force met five times, reviewed available descriptions of academies at other medical schools and consulted with leaders from several schools to learn from their experiences. There was agreement that the Academy should be built gradually with a full review of the structure and function after five years of experience.

Recommendations

The Task Force puts forward the following recommendations:

1. An Academy of Educators should be established with sufficient funding budgeted to enable accomplishment of the goals cited below.

2. The Goals of the Academy should be to:
   a) Promote and support excellence in teaching and the work and career paths of excellent teachers.
   b) Promote and fund curricular innovation, evidence-based curricular change and a scholarly approach to the education mission.
   c) Provide a forum for education leadership and advice for the Dean, Vice Dean, Executive Associate Dean for Medical Education and the leadership of the curriculum.

3. Academy membership would be phased in over several years.
   a) There would be two categories of membership:
      i. Fellows – limited to approximately 50 of the most involved faculty.
      ii. Associate Fellows – up to 150 of the most dedicated teachers.
   b) Members would be selected for 5-year terms using very specific criteria.
   c) Faculty of all departments involved in medical student teaching and in all venues including AHEC would be eligible with the expectation that all departments would strive to have faculty selected.
   d) A decision would be made later regarding possible additional categories for residents as teachers and whether to add residency and graduate student education to the Academy agenda.
4. Academy funding would be generated through tuition, grants and donations and would be used to support:
   a) The time and effort of faculty who are selected to provide substantial and significant involvement in medical student education.
   b) Awards that recognize excellence in teaching, with attention to include those less visible teachers who may only teach a small number of any class but do it exquisitely well. Such awards could range from a recognition plaque to a time-limited professorship.
   c) Innovations in teaching and curriculum as determined by the Fellows.
   d) Faculty development activities to promote improvements in teaching and learning, which could range from a series of seminars and presentations to short-term continuing education experiences off campus.

5. The Academy would elect a chair who would serve a 2-year term, report to the Vice Dean and be a member of the Dean’s Advisory Committee and the Curriculum Management and Policy Committee. The Chair would be selected one year prior to taking office, during which time she/he would serve as Chair-Elect.

6. An Executive Committee of the Academy would include the Chair, Chair-Elect, Past-Chair and two selected Fellows. This committee would meet regularly to consider daily business and to prioritize what issues were brought to the full Academy membership, who would meet as a whole approximately six times per year.

7. The Academy would not have direct responsibility for monitoring or administrating the curriculum but would serve as a council to the leadership of the curriculum. The current governance structure would remain unchanged. The Academy would collaborate with existing Dean’s Office resources to coordinate their efforts with curriculum priorities and make efficient use of existing expertise. The Executive Associate Dean for Medical Education would serve as a member [or ex officio member] of the Academy.

8. Faculty would be encouraged to apply for membership by demonstrating their superior achievement in one or more of the following five categories:
   a) Direct Teaching and Mentoring Other Teachers
   b) Instructional Development and Curriculum Design
   c) Student Advising and Mentoring
   d) Educational Administration and Leadership
   e) Educational Research

9. The selection process and criteria for Fellows would include the following:
   a) Application forms would be reviewed to assess the applicant’s accomplishments in one or more of the areas described in 8 above.
b) A letter of endorsement and support from the applicant’s department chair as well as one or two additional letters demonstrating the qualifications of the applicant.

c) Applicants would need to demonstrate substantial commitment to education as documented in their application and the letters from the chair and others.

d) Fellowship would be awarded to faculty renowned for their excellence in teaching over the course of the most recent five years based on student and peer assessments.

e) Fellowship would be awarded to faculty who play a major role in curriculum management and innovation such as chairing major committees as well as directing courses and/or engaging in education scholarship.

10. The selection process and criteria for Associate Fellow would be the same as that for Fellows; however the criteria would be somewhat less rigorous with the expectation that many Associate Fellows might earn Fellow status in the future.

11. The functions of the Academy and the expectations for Fellows and Associate Fellows are listed below under each of the three goals that are stated in section 2 above. Fellows and Associate Fellows are expected to actively participate in the work of the Academy, attend meetings and serve on committees. We anticipate that the functions described below would evolve as the Academy gains experience:

a) Promote and support excellence in teaching and the work and career paths of excellent teachers.

i. Fellows will mentor and guide faculty who have made education a core part of their career, including Academy Associate Fellows.

ii. Fellows will offer peer review of individual teachers as well as review the teaching portfolio of faculty being considered for promotion with teaching as their focus.

iii. Each of the promotions and post-tenure review committees would include an Academy Fellow who would pay particular attention to the inclusion of teaching as one criterion in the review process.

iv. The Academy collectively, and the Fellows individually, would be expected to raise the visibility of teaching as an important function of the school.

b) Promote and fund curricular innovation, evidence-based curricular change and a scholarly approach to the education mission.

i. Funds should be made available to the Academy to support innovations in education with careful evaluation to assess effectiveness. Proposals may be submitted by any faculty member.

ii. Limited funds would be available for Fellows or Associate Fellows to expand their knowledge in education through additional study with the expectation that such opportunities would be used to enhance the education mission, not just the individual faculty member.

c) Provide a forum for education leadership and advice for the Dean, Vice Dean and Associate Dean for Medical Education.
i. Fellows would establish a set of *Guidelines for Excellence in Teaching* that would be used to promote improved teaching as well as to judge the success of teachers in evaluating their performance.

ii. The Fellows would constitute a Council to provide advice and assistance to the school leadership in pursuit of the education mission. Advice would be offered in answer to questions raised by the school’s leadership. Questions requiring rigorous study would be tackled by a subcommittee appointed for that purpose.
APPENDIX B

Report of the Task Force on Faculty Development

The charge of the faculty development task force was to assess the current state of our programs and processes for faculty development, to identify areas of opportunity for improvement, and to present recommendations to the leadership team based on the committee’s deliberations. The group was assembled with broad representation, including tenured, tenure-track, fixed term and AHEC faculty, men and women, and a diversity of ethnic backgrounds.

Faculty development encompasses many facets of professional life, including mentoring, faculty evaluation, advancement and tenure considerations, professional skills development, grievance resolution, and gender and race equity, among others. Unlike functions such as research, in which there are multiple accepted metrics such as number of dollars received, grants funded, and papers written, it is more difficult to assess the state of faculty development at UNC School of Medicine and to compare it against similar institutions.

Available data for this report included:

- UNC’s Equal Opportunity Office annual report, which contains data on sex and race distribution throughout the university. These data demonstrate distribution by academic rank, as well as by tenure and fixed term tracks.
- Data from the office of the Executive Associate Dean for Faculty Affairs regarding recent performance in the recruitment of under-represented minorities, as well as the procedures and outcomes of the Simmons’ Scholars Program, a School of Medicine program aimed at improving diversity in our faculty.
- Materials made available by other Schools of Medicine, such as the University of Virginia, the University of Michigan, the University of Chicago, Harvard University, and the University of Pennsylvania.
- Additional information collected through personal experience and interviews with colleagues at other institutions.

The entire committee met six times. The first two meetings were “brainstorming sessions,” to identify areas most deserving of attention and amenable to intervention. Four subcommittees were established based on the priority areas, focusing on career development, mentoring issues, diversity, and non-tenure track issues. Each of these subcommittees met 3-6 times, to identify problems within their purview and to suggest possible solutions. The committee in its entirety then debated the suggestions from the subcommittees, and decided together which suggestions to include in the report that follows. Because other committees in the strategic planning initiative dealt expressly with issues pertaining to research and educational development, these issues were not a focus of the above deliberations.
Recommendations for Improvement

Given our current strengths and challenges, the committee has created a set of recommendations. The following section details these recommendations. The format of goals, objectives, and measures will be used to discuss the recommendations.

A. Goal 1: Improve support for career development in the School of Medicine.

Objectives:

1) Create a formal “Chair and Chief School” at UNC. This program would provide leadership training skills to new chiefs and chairs, and would be mandatory for any new Center Director, Department Chair, Division Chief or other individual taking a senior leadership position at UNC. This school would be modeled after similar programs at comparable schools. In addition to familiarizing the new chairs with expectations in mentoring and personnel assessment, Chair and Chief School would orient the new leaders to issues idiosyncratic to UNC, via a series of “UNC 101” lectures. These lectures and workshops would include topics on hiring and firing within our system, financial organization of the system, teaching issues at the medical school and graduate levels, and policies for promotion and tenure. Additional interactive sessions would take place with experienced administrators to discuss recruitment and retention, program development, and faculty development services available through the Executive Associate Dean for Faculty Affairs’ office. A “Leadership Coach,” who will be an experienced intramural peer, will be assigned as part of this process, and this coach will serve as an ongoing resource for the chair/chief as they become accustomed to their new role. We expect that each cadre of new Chief School participants would also form a sense of community, and members of the group would provide support to one another. This school would not supplant the national AAMC program with similar objectives, but instead augment it and “personalize” it to Carolina. The Dean and the involved chair/chief may still deem it in the institution’s best interest to have the new appointee attend the AAMC program in addition to this local program.

2) Develop a comprehensive, end-of-employment, School of Medicine-specific exit survey to better assess the reasons for loss of productive faculty. The committee acknowledged that not all faculty turn-over is a negative event. For instance, non-leadership faculty leaving the institution to assume a leadership position at another School of Medicine is clearly good for the career of the departing faculty, and may have benefit as well in the long run for UNC. However, after evaluating exit survey results, as well as though conversations with some departing faculty, the committee is of the opinion that some loss of productive faculty may be avoidable, although the proportion of “good losses” vs. “bad losses” is unclear.

This new tool would be created by the new Faculty Advising and Liaison Committee (see below), and would be administered in a face-to-face exit interview by the School of Medicine human resources personnel. The survey would become a part of the
employment termination protocol. Participation by greater than 80% of exiting faculty would be essential to achieve minimally biased data. Data would be reviewed on an annual basis by the Faculty Advising and Liaison Committee, in conjunction with the Executive Associate Dean for Faculty Affairs. Recurring themes noted in interviews of productive faculty making lateral moves would be described in an annual report to the leadership team from the Faculty Advising and Liaison Committee.

3) **Mandate yearly face-to-face summative evaluations** for all faculty by their chair, division chief, or other immediate supervisor. This evaluation should highlight successes in performance, areas in need of improvement, and should formulate short-term and long-term goals for the faculty member. Written documentation of this meeting, as well as the findings of the supervisor regarding the faculty member’s performance, should be on file with the department or division of primary appointment.

4) **Create a faculty development website.** Several comparable Schools of Medicine have created such websites, which serve as a quick resource for faculty searching for specific materials pertaining to faculty development. The committee noted that the School of Medicine has, in most instances, progressive policies to many issues facing faculty and dealing with faculty development. In many cases, the problem arises not because a faculty member encounters a problem for which no policy exists, but instead because the faculty member does not know, understand, or have access to the appropriate policies or materials pertinent to the situation.

Content for the website could include (but not be limited to): (a) policies on tenure and advancement, including policies related to modifying tenure clock and tenure progression for pregnancy, family emergencies and other significant life events; (b) recommendations regarding the preparation of the faculty member for tenure review; (c) policies and procedures for filing grievances and conflict resolution; (d) negotiation techniques and bargaining strategies; (e) media training; (f) balancing career and personal lives; (g) funding resources for mid-career transitions; and others.

**Metrics:**

1) Yearly participation in Chair and Chief School will be monitored by the Dean’s office, and would be expected to be universal for incoming leaders. In those extraordinary situations when a conflict prevented attendance at the school by the incoming chair/chief, school materials would be supplied and a mentor would be assigned. The new leader would be expected to attend the next iteration of the school.

2) With respect to the end-of-employment survey, participation rates would be tracked by Human Resources, and reported to the leadership team annually.

3) During annual chair review by the dean’s office, participation in faculty review for the department will be reported as a metric of the chair’s success. Annual
documented face-to-face review of less than 90% of eligible faculty in a chair’s department will be considered unacceptable.

4) The website would be developed and maintained under the guidance of the office of the Executive Associate Dean for Faculty Affairs. Completion of the website would be expected within one year of implementation, and progress would be reported to the leadership committee.

B. Goal 2: Improve Mentoring Services for Faculty

Objectives:

1) Create a Faculty Advising and Liaison Committee. The charge of this committee would be to serve as a designated general mentoring and advising group for School of Medicine faculty. We envision a group of approximately eight senior faculty from the School of Medicine, from a variety of backgrounds. These would not be current line administrators, but instead individuals who may or may not have held past leadership positions, but were interested in mentoring others. Committee members would serve as a sounding board for faculty and a resource for career advancement and strategy advice. In addition, as a liaison, the committee would serve as a group of ombudspersons for the faculty, facilitating informal conflict resolution in disputes between faculty and line administrators. Interactions between members of this committee and faculty would be viewed as privileged and highly confidential, unless the faculty member assents to the concern being shared with others involved. The committee would be constituted and supported out of the office of the Executive Associate Dean for Faculty Affairs, who will also serve as the point of first contact for substantial disputes. The committee would serve as a sounding board for policy decisions by the leadership team, and would be an “early warning system” of sorts for systemic problems in the institution, given that they would field issues from a variety of departments and academic areas.

We suggest a three-year staggered term of appointment for these committee members. A nominal amount of salary support (5-10% FTE) would be accorded to each committee member to protect time for these activities. These committee members would be expected to attend the Chair and Chief School, and would receive training in race and gender issues, alcohol and drug addiction, sexual abuse and harassment, and other conflict-generating issues.

2) Mandate that a faculty mentoring plan be developed by each department chair. The committee acknowledged that, while faculty mentoring was essential, the mentoring needs of faculty might vary substantially from department to department. For instance, the mentoring issues and needs of a surgeon involved solely in clinical service may be substantially different from a fully funded researcher in a basic science department. Although the committee considered several possible structures of a potential mentoring plan for the School of Medicine, it arrived at the conclusion that the most rational approach to the problem would be to allow those administrators most versed in the issues facing departmental faculty, the faculty
chairs, to develop plans to fit departmental. Such a plan might include (but not be limited to): (1) formal assignment of faculty mentors within the department; (2) workshops aimed at tenure-track and fixed term faculty on career advancement and strategy; and (3) development of web-based materials to aid with preparation for tenure review.

**Metrics:**

1) A yearly report would be produced by the Faculty Advising and Mentoring Committee to be reviewed the Executive Associate Dean for Faculty Affairs and leadership team. The report would include results of the analysis of faculty departures as noted above, and analysis of the themes for which their services were requested in the previous year. These data would be used by the leadership team to recognize and correct recurring systemic problems, and as a risk management tool to decrease liability in personnel issues.

2) Submission of a faculty mentoring plan would be required of all department chairs at their annual review for calendar year 2006-07. This plan would include benchmarks for success, depending on the structure and constituents of the plan being proposed.

**C. Goal 3: Improve morale, working conditions, access to resources, and career support in the fixed term track.**

**Objectives:**

1) Create a Task Force On Fixed Term Faculty Issues. The committee struggled at length to create a comprehensive list of actions to address fixed term faculty issues. This included trying to better define career tracks for this group of faculty, giving them better access to collaborators and resources, and attempting to further address inequities in salary and compensation issues (beyond work already completed by the Salary Equity Committee). A particular point of concern was in promotion and definition of career tracks. Career guidance is often unavailable and opportunities for career advancement may be limited, leading to significant frustration, discontent, and turn-over. It quickly became apparent to the committee that the issues surrounding this group of faculty were too complex and diverse to be handled by a single set of recommendations as a subsection of this report.

Therefore, we recommend that a task force be constituted to target these issues over approximately one year. The task force would better define the career development problems facing individuals in the fixed term track, and study ways to remediate these issues. The committee would be expected to comprise a broad selection of faculty members, including both fixed term and tenure-track/tenured faculty. The group may choose to hold focus group or town hall meetings to further broaden input into the process.
Metrics:

1) The committee would generate a report to the leadership committee approximately one year from inception, including recommendations specifically targeting some or all of the issues identified above.

D. **Goal 4: Improve diversity in the faculty of the School of Medicine.**

Objectives:

1) **Expand the scope and mandate of the Simmons Scholars program.** This program has been the single most successful tool for bringing under-represented minorities to our faculty. The program should be further supported, and its availability for bringing faculty other than research-oriented assistant professors to campus better publicized. It appears that Simmons Scholars will increase by two funded positions in the upcoming year, as part of the BIRCWH and K12 grant renewals. We propose the creation of an additional three spots, using state funding, over the next three years. In addition, we suggest that the Simmons Scholars mechanism be considered a potential funding avenue for a wider variety of faculty members, both with respect to career interests and rank. While the recruitment of division chiefs and department chairs rarely hinges on finding appropriate funding for those individuals (as they are usually well-funded, established investigators), the recruitment of faculty at the associate professor level might well be greatly augmented by institutional commitment at the level of the Simmons program.

2) The committee recognized the national struggle to find and retain top-flight under-represented minorities in leadership positions in academic medicine. Given the challenge of a highly competitive environment to bringing established leaders to UNC, the committee felt that a pragmatic way to improve representation of under-represented minorities at the tenured professor/division chief/department chair/center director level is by better fostering and retaining our outstanding junior faculty. We therefore suggest an annual review of minority hiring and retention as a standardized chair and center director review process. Through this mechanism, a chair would be expected to assess the current state of the diversity of his/her faculty, take account of any losses or additions to the faculty that affect diversity, and share any plans for initiatives to improve diversity. The committee also encourages the leadership team, and all search committees conducting searches for high-level positions, to be proactive in improving the diversity of our senior leadership, which continues to be predominately white male.

3) Our medical school does an exceptional job of cultivating, enrolling, and supporting excellent minority applicants. As a result, our representation of under-represented minorities usually approximates or exceeds the population percentages for our state. Unfortunately, our post-graduate training programs and junior faculty ranks are more variable in terms of diversity. Therefore, we suggest the development of a new program aimed at the retention of highly qualified minority trainees into residency and junior faculty positions. This program would consist of a series of career
development forums, run by the Dean’s Office with the advisement and participation of the Simmons Scholars. The goals of this program would be: (1) To improve the career development of under-represented trainees at UNC; (2) To increase exposure of the Simmons Scholars to this group; (3) To aid in these trainees in the recognition of role models and potential mentors; and (4) To improve the sense of community among under-represented minorities at the medical center.

Metrics:

1) Yearly updates of success at retention and hiring of under-represented minorities and women at all levels of the School of Medicine’s organizational structure, available through the Equal Opportunity Office of the University.

2) Data derived from the annual chair reviews on hiring and retention.

Exit interview data of leaving minorities and women, as reviewed by the Faculty Advising and Liaison Committee, to identify systemic issues leading to loss of productive faculty to other institutions.

Summary and Conclusions

Our institution provides an exceptionally rich and varied environment for career development. Not surprisingly, this environment has attracted an immensely talented faculty with a wide range of professional interests from all walks of life. Although this variety is a strength of the institution, it makes it more challenging to ensure that all faculty are in fulfilling, professionally nurturing situations, regardless of their professional endeavors.

Above, we have attempted to isolate areas for improvement in faculty development, and to suggest reasonable, pragmatic steps to address some of the needs identified by our group. The goals that we chose to emphasize were improving career development, improving mentoring services, and improving diversity in the School of Medicine. Certainly, the areas on which we chose to concentrate are not the only ones where opportunity for improvement exists, and in order to maintain our station as a leading School of Medicine in the U.S., continuing introspection will be necessary. The ten objectives we have outlined are highlighted by the creation of a Chair and Chief School at UNC, the creation of a Faculty Advising and Liaison Committee, the creation of a Task Force of Fixed Term Faculty Issues, and the expansion of the Simmons’ Scholars program.

We believe that these changes, as well as the others outlined above, would greatly augment faculty development at the School of Medicine. While the implementation of these suggestions would imply some expenditures, the costs of turn-over of faculty are also substantial. Clearly, people are our foremost resource, and dollars spent in support of them are the best investment that we as an institution can make.
APPENDIX C

Report of the Task Force on Research

To become the nation’s leading public medical school requires an excellent research program. By a number of measures, the School is doing well: it has moved into the top 20 in National Institutes of Health (NIH) research funding, and it ranks in the top 25 in *US News and World Report*’s tally of research schools of medicine. Nonetheless, this document proposes a series of actions to increase our research effectiveness and funding, the most important of which are defining a focused strategy and aligning the leadership and infrastructure of the Health Care System with the clinical, translational, community and health outcomes research objectives of the School of Medicine.

Research is important.

- More than 40% of the School of Medicine’s budget comes from sponsored research.
- More than 40% of the Dean’s Office budget is derived from indirect costs.
- More than 55% of UNC-CH’s sponsored research is held by School of Medicine faculty.
- Ranking, including that of UNC Hospitals, depends in large part on our reputation for research and innovation.
- The potential for growth in clinical reimbursement and state funding is unclear. We can more readily control our research effectiveness and the potential increase in funding.

Future research opportunities. Multidisciplinary and large-scale research projects are crucial for success in this funding climate, but proposals must rest on strong components, each of which has faculty and infrastructure needs. While the task force suggests a more detailed portfolio analysis, the following is a general assessment of research strengths.

**Basic sciences.** The School of Medicine has invested heavily in laboratory research, which probably represents the largest source of School of Medicine funding. It is a strength that can be used to apply for both translational and larger, multidisciplinary grants. Our strength in basic science constitutes a major reason for optimism for UNC success in an era of “big science” and flat NIH budgets. Nonetheless, further development of the basic sciences and the associated infrastructure needs should not be neglected.

**Clinical/translational research.** Historically, our patient population was not large, and clinical research, particularly clinical trials research, was less developed. The newer emphasis on translational medicine (coupling fundamental and clinical research) is represented by School of Medicine pockets of excellence, but this area needs better organization. New construction and renovation has expanded clinical facilities, and the clinical enterprise now reaches further into the community; therefore, our patient and subject research populations are growing. With further investment and cohesion, we are
positioned to increase both traditional clinical trials accrual and innovative early-stage clinical and translational research.

**Community, health services, and population research.** UNC was one of a handful of institutions that initiated efforts in clinical epidemiology and related areas. Success, in part due to the School of Medicine-School of Public Health partnership, earned UNC a well-deserved reputation as a “bimodal medical school” (with strong research in the basic and social sciences). For example, we were pioneers in developing the R.W. Johnson Clinical Scholars Program and sending many of our fellows to faculty positions across the country. This emphasis also produced research projects using North Carolina communities as our laboratory, thereby improving the standing of the School of Medicine and the university with the citizens and legislature of North Carolina. Strength remains in pediatrics, medicine, gerontology, family medicine, obstetrics and gynecology, psychiatry, and social medicine. However, our national leadership is being challenged, and it will require a concerted effort to compete for large-scale funding over the next decade. As is the case with clinical and translational research, there is a need for specific infrastructure and guidance at the Dean’s Office level to reestablish national primacy. Moreover, we need to organize the various strengths in a more cohesive way and create even stronger partnerships with the School of Public Health.

**UNC School of Medicine Strengths and Weaknesses in Research**

Strengths include:

- The collaborative culture of the faculty, and favorable campus geography, including demonstrated collaboration with other schools such as the Schools of Public Health; Pharmacy; Nursing; Social Work; and Arts and Sciences
- The research climate in the Research Triangle
- Centers that facilitate collaboration
- Rapidly increasing and attractive research space
- Facility improvement and expansion of the UNC Health Care System
- A large number of willing study subjects for clinical research
- A very well-organized and collaborative Institutional Review Board
- One of the nation’s best-funded General Clinical Research Centers (GCRCs)
- Superb post-doctoral trainees and an improving graduate student pool
- Increasing support within School of Medicine leadership for research activities and applications
- Greatly improved space planning for some areas of School of Medicine
- Potential improvement in School of Medicine Human Resources policies and practices
- Excellent support for junior clinical/translational investigators

At the same time, the task force identified several areas that need to be addressed for research in the School of Medicine to move ahead. These include:
• Lack of a common research mission for the School of Medicine and the Health Care System/UNC Hospitals, especially for informatics. Following from this is a lack of integrated systems between the two entities.
• Lack of a cohesive clinical research strategy, including a strategy to pursue new areas of funding from small, innovative, molecularly selected patient trials to large clinical trials.
• Lack of a cohesive infrastructure for community/health services/population research, including a strategy to compete for large studies (quality of life, quality of care, cost effectiveness, patient safety) funded by government agencies, e.g., Centers for Medicare & Medicaid Services (CMS).
• Need to develop partnerships that will stimulate investment of indirect cost funds recovered by the main campus.
• Limited resources for mid-career development of clinical and translational investigators.
• Inadequate campus level grants management.
• Inadequate support for technology transfer.
• Limited coordination of information technology.
• Problems in recruitment and retention of key administrative and technical personnel. The competitive environment of the Research Triangle Park, Duke University, and UNC Hospitals affects the School of Medicine’s ability to attract/compensate top staff.
• Limited School of Medicine endowment and private funds to invest in research recruitment, retention, and infrastructure.

Recommendations

A. Goal 1: Develop a deliberate strategy for the growth and development of clinical/translational and community health services/population research.

Executive Associate Dean William Marzluff has successfully integrated basic science research in the School of Medicine and the UNC-CH campus. Executive Associate Dean Gene Orringer has similarly enhanced clinical science trainee development. The School needs a similar administrative effort to improve clinical/translational and community health service/population research.

Objectives:

1) Create a position for a “clinical/translational/population research” associate dean (either one or two positions); alternatively, enlarge the purview of the Executive Associate Dean for Research and add assistant deans.

2) Charge the new leaders with the development of a strategy that would, among other things:

• provide a top-down strategy to complement current bottom-up tactics
• identify approaches to secure funding from “new” sources, such as CMS
• expand corporate partnerships
• develop better approaches to stimulate reinvestment of indirect costs funds recovered by the main campus
• create practical, collaborative solutions with the UNC Hospitals

3) Provide School leaders with better options to retain key clinical research staff and reduce turnover and staff loss to the Research Triangle (e.g., “salary banding” for research nurses and clinical research associates).

4) Improve grants and contracts procedures/efficiency, so that it is an effective agent for facilitating proposal writing and submission.

B. **Goal 2: Continue to build and cost-effectively organize basic science research infrastructure.**

Basic research funding is the largest component of our portfolio but is under pressure as R01 funding declines. Infrastructure to maintain UNC’s competitiveness is needed and will enhance our ability to get “big science” grants.

**Objectives:**

1) Have Executive Associate Dean Marzluff and the Research Advisory Committee formulate a plan for overall core facility development and management.

2) Consider asking for contribution to basic science core facility development and operation from the Provost. These facilities are widely used and this is a particularly attractive way for the Provost to utilize university indirect costs.

3) Continue collaborative departmental/center recruitment of faculty whose unique skills build multidisciplinary programs.

C. **Goal 3: Recruit, develop, and retain the strongest physician-scientists in multiple areas**

**Objectives:**

1) Identify and communicate School-wide clinical, clinical/translational research priorities – acknowledging current funding realities.

2) Change the environment for recruiting and retaining key physician-researchers, consistent with the priorities above.

3) Ensure that research time for key physician-researchers is appropriately protected and rewarded.
4) Ensure that the overall research strategy accommodates a number of bold ideas that could move the School far ahead.

**Metrics:**

1) Ensure that department chairs’ assessments include a review of how well they recruit and retain physician-scientists and how well their departments contribute to clinical/translational and population research (as appropriate). Record and report compliance by chairs and center directors.

2) Track and report all of the important recruits and losses in research faculty.

**D. Goal 4: Improve research collaboration between UNC Hospitals and the School of Medicine.**

For medical research at UNC to be top tier, the School of Medicine and UNC Hospitals must share a vision and collaborate extremely well. Administratively the two institutions were brought together under a single CEO/Dean in 1998. Culturally the two institutions have recently begun to come together, but there is a perception that the understanding of the research mission and its import to the Health Care System lags behind. Although the UNC Hospitals have been expanded and strengthened in recent years, the alignment between the School of Medicine research goals and the hospitals is not perfect. As an example, hospital databases do not mesh with research databases and are not easily usable for research purposes. Laboratory and sample collecting support are insufficient. The ability to pursue research in the clinical setting, compliant with privacy regulations and other standards, must improve. In view of the capabilities in the two institutions, the potential for successful collaboration is enormous.

**Objectives:**

1) Ensure commitment to the research mission at the top levels of the UNC Health Care System by making contributions to the overall research mission one criterion for evaluating Hospital and Health Care System leadership. Seek the input of active School of Medicine clinical researchers in this evaluation on a yearly basis.

2) Ensure common salary structures between the School of Medicine and the Health Care System.

3) Expand database access and modify databases so that they can be used for research purposes, consistent with privacy regulations and other standards.

4) Improve the recruitment of well-informed volunteers.

5) Improve the capacity of dedicated School of Medicine analytical support and research personnel (biostatistical/epidemiologic/etc., to work with hospital data).
E. Goal 5: Understand, focus, and track our research portfolio.

The School of Medicine has strengths in many areas of research. It cannot and should not attempt to invest in all areas equally. The School should analyze its research portfolio and prepare an action plan based on the findings to help the institution make informed choices about its overall direction. Among other activities, an assessment would include:

1) Define the type of research grants held by faculty and categorize by overall category (i.e., basic, clinical/translation/community/health services/population), as well as subdividing the portfolio by disease area (i.e., infectious disease, GI, renal, etc.).

2) Develop comparisons with U.S. Schools of Medicine in a number of ways, including using direct costs, costs per assignable square foot, content area, etc.

F. Goal 6: Accentuate the positive: publicize the research successes at the School of Medicine

The Research task force dedicated a subgroup to identify measures that would (1) help the School track progress against the above objectives and (2) help the School publicize the many excellent achievements of research programs at the School. The subgroup appreciated that a realistic set of measures would include those for which (a) data are readily available without requiring excessive research/staff to obtain the data, and (b) national benchmarks or other comparisons are available.

Objectives:

1) Canvass research leaders for their endorsement of the metrics proposed by the subgroup.

2) Meet with the School’s retained public relations agencies and the School’s public affairs and marketing officer to offer these ideas for use in an overall program to promote the School of Medicine and Health Care System. Work more aggressively with others, such as development officers and communication officers, to spread the word.

3) Ensure that core metrics are identified, agreed, and reported consistently. This reporting must be supported financially and assigned to staff in the Dean’s Office.

Metrics:

1) The proposed measures attached immediately below.

2) Yearly report to the Dean’s Office. Each department chair and center director should report metrics, including rankings.
Recommendations of the Metrics and Publicity Subgroup of the Task Force on Research

The subgroup considered a number of questions such as: How do we measure and market success? What type of information can we gather that we can keep track of?

Premise: UNC School of Medicine’s status as a top tier School of Medicine requires both the substance of a top tier School of Medicine and the ability to clearly communicate that substance and status. Maintenance of this status will promote recruitment and retention of the best faculty and the ability to compete for funding.

Listed below are candidate measures useful for internal assessment of status and progress and also useful for marketing. The priority measures would include (1) those in which data are readily available without requiring onerous research and (2) data for which national benchmarks or other comparisons are available. A limited set of additional measures might be useful internally but would be difficult to put in a national context.

Much of the information described below can be assembled annually by the various sources under the direction of the Dean’s or Provost’s offices. In some cases a designated person in the Dean’s Office would have to obtain and assemble the data. A person on the marketing team would also be designated to work with the Dean’s Office.

1. Research funding

Data are available from NIH and from UNC Contracts and Grants.

- NIH grant funding; total and per faculty member
- Non-NIH grants
  - Other government (Centers for Disease Control and Prevention; Centers for Medicare & Medicaid Services; Department of Defense; etc)
  - Foundations, industry
  - Other sources
- Non-grant support for research
- Numbers of program projects, Road Map grants, NIH-funded centers
- Total research support; total and per faculty member

2. Development and endowment

Data are available from the Association of American Medical Colleges (AAMC) Development Survey. Metrics could include:

- Total School of Medicine endowment
- Number of endowed chairs (broken down by size of chair)
- Total value of endowed chairs
- Value of other endowments
- Annual donated funds
3. **Research infrastructure**

Data are available from UNC and the AAMC. Metrics could include:

- Total assignable square feet (gross or net sq ft)
- Rough breakdown of wet versus dry lab
- Directs/sq ft
- Principal investigators/sq ft
- 5-yr projected space expansion
- Clinical research volume and capability; numbers of protocols, patients
- Mouse and other animal housing; capacity and per diem rates

4. **Faculty awards/memberships**

Benchmarks are not available; however, exceptionally positive patterns could be marketed. Metrics in this area could include:

- Nationally prominent awards: Nobel, Lasker, General Motors, etc. Mechanisms for lobbying for awards should be assessed.
- Memberships in elite national organizations: the National Academy of Sciences (NAS), the Institute of Medicine (IOM), Howard Hughes Medical Institute (HHMI), the American Association for the Advancement of Science (AAAS)
- National service: editorships, editorial boards, officers of scientific societies, advisory boards or executive positions in pharmaceutical or biotech companies.

5. **Promoting national presence of faculty members**

Metrics in this area could include:

- Invitations to high profile conferences
- Faculty presence on NIH councils, government and industry advisory boards

6. **Centers**

- Centers with formal, outside designation of excellence; designation not associated with funding
- NIH-funded centers (e.g. National Institute on Aging (NIA)-funded Alzheimer’s Disease Research Centers; National Institute of Neurological Disorders and Stroke (NINDS) microarray centers); other outside funding for centers.
- Annual funding used to start or further develop centers. Optimal method of prioritizing centers for funding.
- The ability to create/maintain exceptional core/enabling facilities. The array of UNC centers can be compared to centers available at other top tier academic medical centers.
7. **Technology transfer**

Metrics in this area could include:

- Number of disclosures per year
- Number of provisional and full patent applications submitted per year
- Number of patents granted per year
- Number of licenses granted per year and license income
- Royalty revenues per year
- Start-ups formed per year

8. **Outside rankings**

External rankings should be tracked, and strategies for influencing those rankings should be developed. Two highly visible rankings are reported by:

- US News and World Report
- Princeton Review

9. **Media presence**

Media plans should continue, and media tracking should be communicated. Reports should include:

- National citations among multiple forms of media
- Number of UNC news releases per month and per year
- Number per month and per year of UNC releases picked up by at least one media outlet

10. **Resources devoted to School of Medicine marketing**

The subgroup recommends a review of the following questions: How much should be invested in marketing the research achievements of the School of Medicine? How does our staff size and expertise compare with other schools? How should School of Medicine marketing and overall UNC-CH marketing be coordinated? How effective is the Web site in marketing our excellence?

Suggestions for additional marketing include:

- Organize a list of UNC exceptional achievements and make it easy to find.
- Consider national distribution of a UNC School of Medicine Annual Report as done by other prominent institutions.
11. Bringing faculty members of other institutions to UNC

- Increase lectureships by prominent speakers. Place a higher priority on inviting prominent speakers even if the total number of invited speakers is decreased.
- Consider additional medical school wide lectures by prominent speakers.
- Host additional conferences; improve quality of CME service so that conferences are easier to organize.

12. Consolidating and communicating UNC’s outstanding achievements

At prominent institutions chairs and directors are asked to report outstanding achievements to the Dean’s Office where they can be assembled and made available for marketing in annual reports, Web sites, internally, for fund raising and for visitors. This process would work most effectively if each chair and director limited the report to a small number of accomplishments, awards or discoveries of key national significance.
APPENDIX D
Membership of the Steering Committee and Task Forces

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