RWJMS Faculty Council Meeting June 17, 2014.

Present: Drs. Aisner, Ayers, Boyarsky, DiCicco-Bloom, Pintar, Roth, Stock, Walworth

Absent: Abali, Kim, Kiss, and Walker

Dr. Pintar reported on the May RWJMS Executive Council meeting. At that meeting, Dean Gracias provided an update of Appointments and Promotions. Briefly, he said that the Rutgers lawyers informed him that the RWJMS clinical educator track should not be used, because this track ended when UMDNJ ended. The RWJMS Bylaws were not valid because they were under the UMDNJ Banner. Rutgers has no similar track. New appointment using that title should not be initiated, although those whose applications were in progress could continue (July 2013 through April 2014). The Clinical Educators track was stopped until reestablished under new promotion criteria.

There was support of reinstating the Clinical Educator track, because morale at the school is presently so low.

Questions were raised about how this relates to the Legislation for the merger. The legislation stated that during the transition period, the Bylaws should be followed.

Additional questions regarding the role of the AAUP in these issues were raised. The question of whether the Committee of Rules and Procedures should look if the Bylaws are being followed. The Faculty is supposed to have the power to set the criteria for promotion. The Bylaws are silent regarding the role of the Provosts. They do not say whether they can or cannot have a role in this process.

The RWJMS A&P revision was a 3-year process that looked at promotion criteria to establish the Clinical Educator track. Information examined how this track relates to full-time versus community volunteers, and they have different criteria. The A&P revisions were approved and amended into the RWJMS Bylaws.

What is the process to have the RWJMS Bylaws in sync with the Rutgers Bylaws? What is the process that Rutgers is following?

Discussion was held regarding the order of recommendations for promotions. It is clear that Rutgers is not necessarily accepting the recommendations of the schools. Each level can have its own criteria with the University Board ultimately at the top. However, if we are following Rutgers, we should know what the criteria are. Does SAS have the same criteria as the Medical Schools?

The discussion should be separated into what happened in the last six months, versus what will happen going forward. Was there any faculty whose promotion was blocked or put on hold under our guidelines?

The metrics for Clinical productivity are now being incorporated into offers letters.

The RBHS Faculty Council has expanded due to the proportional representation and we need 5 more representatives from RWJMS. Each school decides how to elect the members. For Clinicians, the time that the meetings are scheduled presents a problem. At RWJMS, the RWJMS FC has a way to report back to the general faculty. Therefore, it was suggested that
the RBHS FC members be from the RWJMS FC. The FC members that are rotating off first will be the representatives. The newer members can serve as the alternative members. (Note, alternative members can attend the meetings but not vote).

Dr. DiCicco-Bloom provided an update about the Strategic Plans. There were 32 working groups, with 2 Chairs. There was also a Steering Committee. Each of the working group provided a 5 minute presentation with 5 minutes for comments. Interim reports were prepared. The overall suggestion was that groups should choose a focus to be best in class. A final 10 page report was to be written. Signature areas were selected. These included 1) Cancer (including effects of Tobacco) 2) Neuroscience (including Pediatric and Child Health/Autism) 3) Infection and Inflammation (including global health, TB/HIV) 4) Environmental and Occupational Health. Finally Community Health and Health Systems was designated as an Emerging Signature Program. In addition, there are complementary areas that are geared to provide the infrastructure necessary to succeed. These include Clinical Research, Drug Development, Informatics, and Public Health (including Global Health). For Educational Initiatives, seven goals were outlined which are educational processes.

The Strategic plan will be released soon and then be discussed in open forums. Ultimately the Board of Governors will approve it.

The question was raised regarding what happened to the question of faculty retention as an area of the strategic plan? It was mentioned that the report of the survey was submitted on time. It was mentioned the Chancellor Strom had concerns of posting the results because response rate of the faculty was 26%. It was very discouraging that this was not extensively discussed.

The reward for being selected as a Signature Area is that the Foundation will put out an RFP for three $100,000 pilot grants. Projects in the four Signature Areas can compete for these 3 grants to do pilot studies.

Submitted by Monica Roth
Elected Secretary of the RWJMS FC