

## **FACULTY SENATE EXECUTIVE COMMITTEE**

### **Minutes of March 5, 1997 (approved)**

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The Faculty Senate Executive Committee met at 2:00 PM in 105 Harriman Hall to consider the following agenda:

1. [Approval of the Minutes of January 15 and January 22, 1997](#)
2. [Report of the Chair](#)
3. [Report on the Teaching Hospitals](#)
4. [Senate agenda for March 11](#)

#### **Item 1: Approval of the Minutes of January 15 and January 22, 1997**

Professor Malone noted that, for the sake of completeness and accuracy, the Minutes of January 15 (page 4) should make clear that the Faculty Senate Complaints Procedure also accommodates faculty complaints against the administration, as well as against other faculty. Pending this change, the Minutes of January 15, 1997 were approved.

The Minutes of January 22, 1997 were approved as submitted.

#### **Item 2: Report of the Chair**

The Chair reminded the Committee that the upcoming Faculty Senate meeting of March 11, 1997, would be devoted primarily to discussion of the Provost's report on the academic future of UB, and asked all FSEC members to urge their colleagues to attend. Due to another engagement, the Provost would not be able to host the next FSEC meeting (March

12) as scheduled; the Chair asked the Committee whether the planned executive session should be changed to a regular meeting. The Committee opted to cancel the meeting.

Professor Welch reported that he had a discussion with Senior Vice-President Wagner on "privatization" issues; a full examination of this is scheduled for the April 23 meeting of the FSEC.

He reported also that the Senate's Affirmative Action Committee is likely to recommend that the Senate urge the creation of a Task Force on Racial Minorities. Professor Noble suggested that such a Task Force be as inclusive, and its discussions as broad, as possible --- i.e., not limited to the faculty.

Professor Meacham asked about inviting the administration to respond to questions about its plan to decentralize Affirmative Action at UB. He cited two reasons: first, nothing might get done otherwise; secondly, an article in the *Chronicle of Higher Education* indicated that a decentralization of Affirmative Action tends to lead to nowhere.

### **Item 3: Report on the Teaching Hospitals**

After noting that Buffalo is unique in the medical school world and within SUNY by not owning or operating its own hospital, Dr. Wright (interim Dean of the School of Medicine and Biomedical Sciences) first described the "typical" Academic Health Center (AHC) environment.

The typical AHC has a single focus for faculty practice, usually in some physical juxtaposition to the medical school itself. The result is a concentrated critical mass of faculty who are able to engage in scholarly interaction and collaboration among themselves and with their basic science faculty colleagues; medical students from each of the four years and residency training programs benefit from this concentration as well. The clinical departments are able to develop viable and well-funded research programs --- with enough faculty to do so --- while conducting productive clinical practice. The teaching programs include not only medical students and residents, but also health professionals from the

other health science schools under the aegis of the parent university. The hospital, as part of the academic environment, shares common goals with the medical school. This shared mission makes the institutions admittedly expensive; however, reimbursement (tied to patient care) has traditionally been adjusted for this expense and applied to the teaching mission.

In contrast, the academic medical centers of UB operate within a consortium of nine hospitals which, for the most part, are geographically distant from the Medical School, and which compete with each other for programs and patients. The clinical departments, scattered among multiple locations, lack a critical mass of faculty and sustained contact with colleagues in the basic sciences. Clinical responsibilities become so extensive as a result of this faculty dilution that scholarly activity must often be compromised. Funding for faculty in this environment comes from a variety of sources; and for those tenured geographic full-time faculty (GFTs) who receive little or no State support, tenure is for title only.

Non-compliance of the clinical practice plan with the UUP/GOER-negotiated practice Plan poses a special problem, since this Plan's rules and regulations are based on the more classic model of an academic health center.

The scattering of medical students among the various institutions inhibits collegial interchange found elsewhere, results in inefficient use of faculty in teaching, and renders impossible any interdisciplinary teaching conference capable of reaching a wide range of students.

This system also complicates resident education by necessitating program duplication at multiple sites; it not only creates the "critical mass" problem, but results in an unnecessarily large number of residents in order to accommodate both service and education. Although education is the primary objective in residency programs, Dr. Wright emphasized ("make no mistake about it") that residents provide service which is relatively cheap as far as the hospitals are concerned --- indeed, because of reimbursement methodologies, hospitals have benefited financially from residents. Several members of the Steering Committee of the Medical School Faculty Council doubt, however, that this money has been allocated to

the educational mission; in fact, these same institutions now argue that the funds raised were never intended for educational purposes.

Among the positive aspects, Dr. Wright cited (1) the enhanced breadth of clinical experience for the students, and (2) the fact that the medical school is not fiscally responsible for a clinical enterprise that is "often financially marginal at best". In addition, both physicians and administrators have observed that, in some sites, the medical staff acts more as a group, seems more willing to accept directives and therefore move in a single direction. He attributed this primarily to the presence of the University as an integral part of the department structure.

The advent of managed care to Western New York threatens the Academic Health Centers. Competition in the capitated managed care environment demands provision of health care at the lowest cost; all "extras" --- such as medical education and research --- are not included. Buffalo may have an advantage in this arena, however, since it is traditionally a low-cost medical milieu. As it adjusts to this new environment, the Medical School will need to address a number of issues, among them:

- The proposed merger of the hospitals --- whether it will occur, the University's role in the new entity, and how it will accommodate the needs of other health science programs.
- Faculty support within these institutions for hospital-related administration, quality assurance, and continuing medical education programs.
- Faculty practice within the institutions and within the community at large.
- Teaching and research programs.
- The "oversupply" in the physician workforce, and possible specialty distribution and benchmarking of X number of physicians per 100,000 covered lives.
- The survival of Academic Health Centers in the era of managed care.

The floor was then opened for discussion among other members of the Faculty Council Steering Committee and the FSEC. Dr. Salzman expressed concern particularly over the merger of Statistics with Social and Preventive Medicine, since the two had very different missions. Dr. Albert, speaking on the issue of consolidation mentioned in the Provost's planning document, applauded any effort to initiate interdisciplinary programs which would enable first-year students to have a unified curriculum; this, she said, is imperative in recruiting quality graduate students. Dr. Wright mentioned that there were already extensive relations between the Medical School and the other Health Sciences, such as Nutrition and the Dental School. He added that the commitment to develop courses for non-science majors would be important in attracting more undergraduates into the biological sciences, and would also help recruit more students overall.

Professor Noble noted that the Task Force on Women at UB identified an enormous gender gap in the Health Sciences, which had few women faculty. Health Sciences can play a crucial role in developing appropriate courses and encouraging female students to continue in this field.

Professor Nickerson, addressing the problem of recruitment, noted that Health Sciences arranged a guarantee for UB undergraduates to be interviewed after application to the schools of Medicine and Dentistry. Dr. Wright applauded Professor Nickerson's efforts in this area, noting that this definitely helps recruitment by increasing the school's attractiveness.

Professor Schuel asked Dr. Wright to comment on the relation of the Medical School to the teaching hospitals as a concern for the entire community. Dr. Wright replied that he would be meeting soon with the Provost to discuss this; more pressing was the question of how managed care would affect the teaching hospitals.

Professor Welch asked him to comment on research funding. Dr. Wright responded that NIH funding is better than most, but that more and more of it was going toward more targeted research, and that other funding sources must be pursued. Dr. Salzman added that with increasing budget cuts, declining support from the hospitals for individual clinical faculty

must be compensated for by enhanced clinical activity, which negatively affects faculty productivity.

As a final comment, Dr. Bradford said he favorably viewed the potential merger of the hospitals, since this would create a stable structure within which to operate.

#### **Item 4: Senate Agenda for March 11**

Since the only substantive item on the agenda for the upcoming Faculty Senate meeting was the discussion of the Provost's planning document, attention focussed on procedure of discussion and on what role the FSEC should play.

Professor Albini said the FSEC should provide some steering role to initiate the discussion. GSA Representative Hopson asked which Senate committees were ready to report, to which the Chair replied that only the Academic Planning and Governance committees were ready. Mr. Hopson then suggested that questions be formulated and forwarded to the Provost prior to the meeting, in order to get definite answers.

Although Professor Meacham thought the two committees should report, Professor Danford observed that the reports not only might be premature, but they might also discourage discussion. Professor Awad and Professor Bruckenstein agreed: while the FSEC has had several discussions with the Provost, the Senate has not.

It was agreed that the Chair would attempt to direct discussion to the following points:

- **The general principles of the document and potential implications.**
- How the proposed Centers, Institutes, and Initiatives were to be developed.
- The procedure(s) to be used in determining any restructuring.

- The non-budgetary impact of replacing retired Full Professors with Assistant Professor faculty.

The report of the Graduate School Executive Committee was postponed until the March 26 meeting of the FSEC. The meeting was adjourned at 4:22 PM.

Respectfully submitted,

Robert G. Hoeing

Secretary of the Faculty Senate

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THOSE PRESENT:

**Chair:** Claude Welch

**Secretary:** Robert G. Hoeing

**Arts & Letters:** James Pappas

**Engineering & Applied Sciences:** Robert Wetherhold

**Graduate School of Education:** James Hoot

**Health-Related Professions:** Atif Awad

**Information & Library Studies:** George D'Elia

**Law:** Errol Meidinger

**Medicine & Biomedical Sciences:** Boris Albini, Bernice Noble, Herbert Schuel

**Natural Sciences & Mathematics:** Stanley Bruckenstein, James Faran

**Nursing:** Powhatan Wooldridge

**Social Sciences:** Michael Farrell, Jack Meacham

**SUNY Senators:** Maureen Jameson, Dennis Malone, Peter Nickerson, Claude Welch

**University Libraries:** Marilyn Kramer

**Guests:**

REPORTER: Chris Vidal

Graduate Student Association: Justin Hopson

Faculty Council Steering Committee, School of Medicine and Biological Sciences: Alan Saltzman, President John Wright, Arlene Albert, Peter Bradford, Linda Hershey, Dennis Nadler, Robert O'Shea, Stephen Rudin, Stanley Spurgeon, Philip Yeagle

**Excused:**

**Arts & Letters:** Michael Frisch

**Dental Medicine:** Robert Baier

**Management:** Ramaswamy Ramesh