

**Minutes of a
Medical Faculty Executive Committee Meeting
June 13, 2005**

Present: A. Brem, J. Diaz, B. Greenberg, E. Harrington, J. Miller, J. Murphy, M. Phipps, J. Rich, S. Rounds, R. Smith, S. Suner, P. Sweeney, W. Wu

Dr. Rich (Vice-Chair) opened the meeting at 8:09 a.m. The minutes of 5/9/05 were approved with one amendment. The Committee decided to meet on July 11, and there will be no meeting in August.

Dr. Harrington reported on the MFEC ballot results. Dr. Robert Smith was elected to serve as Vice-chair effective July 1, 2005. Regular members elected to serve for three-year terms beginning July 1 include Drs. Christine Acebo, Bruce Becker, Douglas Hixson, Jane Eisen, and Amy Salisbury. Dr. Eduardo Nillni was the next person in line with the most number of votes, so he will be filling Dr. Smith's seat as a regular member of the MFEC. Normally, he would serve the two years left of Dr. Smith's term but that would throw the rotation off, so Dr. Nillni will serve three years to keep the rotation balance in check.

Drs. Andrew Brem, Selim Suner and John Murphy leave the MFEC 6/30/05 having completed their three-year terms of office. Dr. Rich thanked them on behalf of the MFEC who applauded their service. Dr. Murphy noted that he will continue his attendance at MFEC meetings as the designated representative from RI Hospital with no voting privileges.

Dr. Brem presented a proposal for granting limited voting status to medical faculty in the clinician educator track and offered two versions of language he proposes for adoption. The language was written by Dr. Brem and reviewed by Dean Rounds in consultation with Russell Carey, Vice President and Secretary of Brown University. A major change such as this would require preliminary approval by the FEC and a final vote of approval at a general faculty meeting. There are currently just over 100 faculty in this track which is expected to rise. They currently have no voting rights within the Medical School and are not eligible to participate in the governance process. Dr. Brem proposes they be allowed these privileges which would be restricted to the Medical School only. There was discussion about the demographics in terms of how quickly this group will increase but there is no way of telling how rapidly the increase will occur. Differences between the clinical voluntary and clinician educator tracks were discussed. Dean Rounds urged the MFEC to make ties with the Clinical Faculty Advisory Committee chaired by Arthur Frazzano, Associate Dean of Medicine for clinical faculty, which meets bi-monthly.

It was decided that a subcommittee be formed to review the language of the clinician educator track proposal which will require a motion to change the Faculty Rules and Regulations. Dean Rounds suggested that in addition to working on this proposal, the subcommittee also review the MFEC charge and composition as there are areas that need clarification or modification, particularly where the grievance process is concerned. These revisions will also require a motion to change the Faculty Rules. It was determined that the three MFEC executive officers will work on the subcommittee with Dr. Brem and Dean Rounds. Dr. Greenberg also volunteered to work with the group. They will start discussion on the issues and report at the July 11 MFEC meeting.

Dr. Patrick Sweeney, Associate Dean of Medicine, and Ms. Janice Miller, Director, joined the MFEC for discussion about Continuing Medical Education (CME). The mission of the CME

Program is to assist the Brown Medical School faculty and other organizations interested in planning formal continuing medical education activities for physicians. The CME Office provides leadership in design, implementation, and evaluation of educational activities and offers guidance and expertise in filling out the necessary paperwork in order to meet accreditation requirements established by the ACCME. In 2004, the Brown CME Office designated more than 60 live events as meeting the criteria for Category 1 CME credit. The Brown Medical School's CME Program is relatively small compared to other medical schools employing two full-time staff in addition to an Associate Dean of Medicine budgeted to allocate 10% time to the Program.

In addition to being an educational resource, the Office provides full conference management services to medical faculty who request it. Most departments in the hospitals do not use CME's conference services for several reasons including lack of knowledge about the Office, fees associated with their services, the desire to use departmental staff, and perceived loss of control. Dr. Smith noted that he did a conference through the CME Office which was extremely helpful. They have their own web site, and the MFEC suggested the site be advertised via bulk e-mail to all medical faculty to increase awareness of the CME Program. It was also suggested that the MFEC include CME in their departmental MFEC slide presentations. Dr. Sweeney hopes to report to the Biomedical Faculty Council in the near future.

Dean Rounds reported on the latest revisions to the Faculty Status document. Most of the changes to the draft were based on suggestions made by the MFEC at last month's meeting. Dean Rounds would like to bring the final draft to the Biomedical Faculty Council in July. Discussion ensued whereby the MFEC voted to approve the document as it is currently written with an amendment to the time frame for appeals in the initiation process. An investigation after the appeal would last as long as is deemed necessary.

Dr. Greenberg's departmental presentation of the MFEC overview went very well and Dean Adashi spoke with him. He found the presentation to be a very useful tool and discovered that many faculty did not know about the MFEC nor did they know much about the Medical School. Dr. Rich made a presentation to medical staff which was a good experience for him.

A question was raised as to whether or not MFEC presentations should be made annually. It was suggested perhaps every two years when there is more likely to be a significant turnover of faculty or staff; one could be done for departments and another for staff.

The meeting was adjourned at 8:28 a.m.

Respectfully submitted,

Cheryl A. Moreau
Secretary