

Faculty Senate
Health Sciences Center (HSC) Council
Meeting Minutes
April 18, 2019
3:00 p.m. to 5:00 p.m.

Members Present: Brandi Fink (Chair), Coffee Brown, Carla Wilhite, Jodi Schilz, Robert A Orlando, Rebecca Blankley, Lee Brown, Stephen Hernandez, Ingrid Hendrix, Jan Martin, , Matthew Elvin Borrego, Alexander Rankin, V. Ann Waldorf, Mark Langsfeld, Stefan Posse, and Victoria Sanchez

Members Absent: Jennifer Jernigan, Kalyan Parashette, Elizabeth Baker, Tara Brennan, John Grassham, Duncan Meiklejohn, Pramod Panikkath, Suguna Pappu, Andrew Rowland, Yiliang Zhu and Codruta Soneru

Ex-Officio: Paul B Roth, Chancellor for HSC and Amy Levi, Vice Chancellor for HSC

Ex-Officio Absent: Pamela Pyle, Faculty Senate President, and Richard Wood, Interim Provost

At Large: Sharon Ruyak, Jason McConville, Bernadette Jakeman and Stephen Van Roper

At Large Absent:

Staff Present: Candyce Torres, Office of the Secretary, Administrative Coordinator

Guest Present: Regent Robert Schwartz, Board of Regents

- The meeting of the Faculty Senate (FS) HSC Council was called to order at 3:00PM by Chair Brandi Fink. Quorum was met.
1. **Approval of Agenda.**
Approved
 2. **Approval of Minutes.**

Approved

- 3. Dr. Roth.** Chancellor Roth attended this meeting to discuss faculty unionization. It was discussed that the determination to unionize will result in a faculty vote on main campus. The point was made that the Health Sciences faculty were deliberately excluded from the petition to unionize and what remains is the branch and main campus faculty. The university is arguing that certain categories of faculty on main campus and branch campuses be excluded from the union. The union is arguing that chairs, center directors and division chiefs are members of the union. From the Health Sciences perspective this proposal conflicts with the supervisory role of those individuals. That is an arguing point that is still back and forth. Rather than a bargaining unit that represents all of those faculty there is an interest to create four separate bargaining units on part of the university. They boiled it down to a main campus tenure/tenure track bargaining unit. A main campus non-tenure track bargaining unit, and a branch campus tenure/tenure track and non-tenure bargaining unit. The difficulty with this pertains to the aspects of the faculty handbook. For non-tenure track it is inclusive of research faculty. Research faculty based on the faculty handbook (and the manner in which they have been hired) says that you can continue your employment until you have run out of funding support. This means a negotiation to revise the faculty handbook would need to occur, not only in this regard but all aspects relating to job security and the role of the Academic Freedom and Tenure (AF&T) Committee. Devising a different role for the Faculty Senate and Health Sciences Council would also transpire. The point was made that it is odd that you would want to unionize an organization that already has an elected body that represents the voice of that workforce. The current governance structure in place was designed in a way that reflects the notion of shared governance, the privacy of the faculty and some of the critical areas of operations of the university. If a union is overlaid on top of the faculty governance structure, what will that mean for the role of the Faculty Senate, and AF&T in terms of employment issues, and whether one is in the bounds of exercising academic freedom in securing tenure? From his point of view, Chancellor Roth indicated that this is very problematic on its own, conceptually. Unfortunately, Chancellor Roth has not observed any faculty on main campus stand up with an opposing view and articulate these concerns, in a public way.

Another issue of concern is that there is a fairly archaic rule that implies, once main campus faculty unionize and are in place for a year, they can do something called an “accretion”, which essentially means coming across Lomas to pull in faculty from the Health Sciences into their union. If a group that they want to accrete represents less than 10% of the existing number of faculty that have already been unionized, all the union needs to see is that there is some level of interest on part of that group. This means there would be no vote and faculty are automatically accreted into the union. Potentially the union could go to Pharmacy, Nursing and Population Health and secure about a 30% level of interest. That is all that would be required. Again, there would be no vote and all of those faculty would move into the existing union on main campus.

The School of Medicine being so large represents greater than 10% and therefore would require a vote for the School of Medicine. Chancellor Roth indicated that parsing out and fragmenting the faculty in the Health Sciences would be disastrous. Chancellor Roth added that Health Sciences faculty have a common interest. The reason why they are organized the way they are is because faculty are centered around the notion of health professions, all of those values, and the culture in the way they take in patients.

4. **Regent Robert Schwartz.** Chair Fink invited Regent Schwartz to attend this meeting partly because of his delightful and refreshing perspective on collaborating with the faculty. It was stated that the Health Sciences Council find the perspective of the incoming Regents very refreshing and they look forward to a collaborative spirit to problem solve. Regent Schwartz indicated that he is very enthused to work together. Regent Schwartz expressed that he has interested in becoming a Regent because of his interest in the Health Sciences. He is also now chairman of the Health Sciences Center Committee. Regent Schwartz shared his background and relationship with the faculty. He has been teaching at the university since 1976. Regent Schwartz indicated that he is concerned about the university's resources, but he is optimistic. Both Regent Schwartz and HSC Council members agreed that they would like to see more interdisciplinary programs.

5. **Update from Faculty Retention Ad Hoc Committee.** This group has been meeting to get through their charge. The first thing on the list was to go through the survey again and change the language to reflect the Health Sciences not just the School of Medicine. The edited language to the exit survey is captured on the following page:

University of New Mexico School of Medicine

Faculty Exit Interview

Commented [B1]: Will need to change to say UNM HSC
Faculty Exit survey

UNM SOM Faculty Exit Interview
(Confidential)

A. School: _____

A-B. Interview Date: _____

B-C. Interviewer: _____

C-D. Current UNM Employment Date: _____

D-E. Current UNM Termination Date: _____

E-F. Faculty Name: _____

F-G. Terminal Degree(s): MD _____ PhD _____ MS _____ Other _____

G-H. Dept/Division/Specialty: _____

H-I. Final FTE at UNM HSC: _____

I-J. Final Track: Tenure _____ CE _____ Flex _____ Research _____ Lecturer _____

J-K. Final Rank: Assistant Professor _____ Associate Professor _____ Professor _____ Lecturer _____ Senior Lecturer _____ Principal Lecturer _____ Other- _____

K-L. Status: Tenured _____ Non-Tenured, tenure track _____ Rolling _____ Contract Clinician Educator _____

L-M. Gender: Female _____ Male _____ Gender Diverse _____

M-N. Ethnicity

. Hispanic _____ Non-Hispanic _____

Race (multiple may apply)

- _____ American Indian/AK Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian/Pacific Islander
- _____ White

N-O. Forwarding Address:

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Commented [B2]: Wording

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O.P. New Position title: _____

Academic Institution: _____

Industry: _____

Private Practice: _____

Other (specify): _____

Comments:

1. What was **the primary factor** for your decision to leave?

- a. Lack of promotion
- b. Salary
- c. Tenure status
- d. Lack of recognition
- e. More prestigious institution/company
- f. Greater career opportunity
- g. Concern with Departmental or higher level leadership
- h. Concern with Divisional leadership
- i. Concern with Departmental finances
- j. Work environment
- k. Personal/family matters
- l. Work life balance
- m. Better geographic location
- n. Inadequate mentorship at UNM
- o. Inadequate adherence to the FTE split as per hiring contract
- p. Inadequate ancillary support staff and services
- q. Not adequate number of faculty (workload)
- r. Other (specify): _____

Commented [B3]: Not sure how we want to address items that don't apply

Commented [B4]: May need to be more specific

Commented [B5]: Any themes in "other" identified for all questions?

Please feel free to provide additional comments to explain your choice.

2. What **other factors** influenced your decision to leave? (Note : choose ALL that apply)

- a. Lack of promotion
- b. Salary
- c. Tenure status
- d. Lack of recognition
- e. More prestigious institution/company
- f. Greater career opportunity
- g. Concern with Departmental or higher level leadership
- h. Concern with Divisional leadership
- i. Concern with Departmental finances
- j. Work environment
- k. Personal/family matters
- l. Work life balance

Commented [B6]: Again here – may not apply

- m. Better geographic location
- n. Inadequate mentorship at UNM
- o. Inadequate adherence to the FTE split as per hiring contract
- p. Inadequate ancillary support staff and services
- q. Other (specify): _____
- r. Please feel free to provide additional comments to explain your choice/s.

3. What did you like about being a faculty member at UNM_School of Medicine?

- a. Collegiality with other faculty members
- b. Teaching conditions and environment
- c. Research conditions and environment
- d. Patient care conditions and environment
- e. Support for career development
- f. Other (specify): _____
- g. Comments: _____

Commented [B7]: Will need to change to "UNM" as well as questions below

4. What did you dislike about being a faculty member at UNM School of Medicine?
- Lack of collegiality with other faculty members
 - Teaching conditions and environment
 - Research conditions and environment
 - Patient care conditions and environment
 - Lack of support for career development
 - Other (specify): _____
 - Comments: _____

5. How would you rate your overall experience at UNM School of Medicine?
- Excellent
 - Good
 - Fair
 - Poor

6. How would you rate your division chief/department chair's performance in the following areas:

Performance Area	Excellent	Good	Fair	Poor
Setting expectations				
Taking a personal interest in your professional development				
Evaluating performance				
Recognizing your contributions				
Providing adequate resources				
Fostering a collegial environment				
Responsiveness to your concerns				

Comments:

7. How helpful were the periodic reviews with your division chief/department chair in the following areas:

Area	Very Helpful	Helpful	Not Helpful	Uncertain
Professional Growth				
Job Satisfaction				
Promotion/Tenure				
Performance Feedback				
Maximizing Opportunities				

Comments:

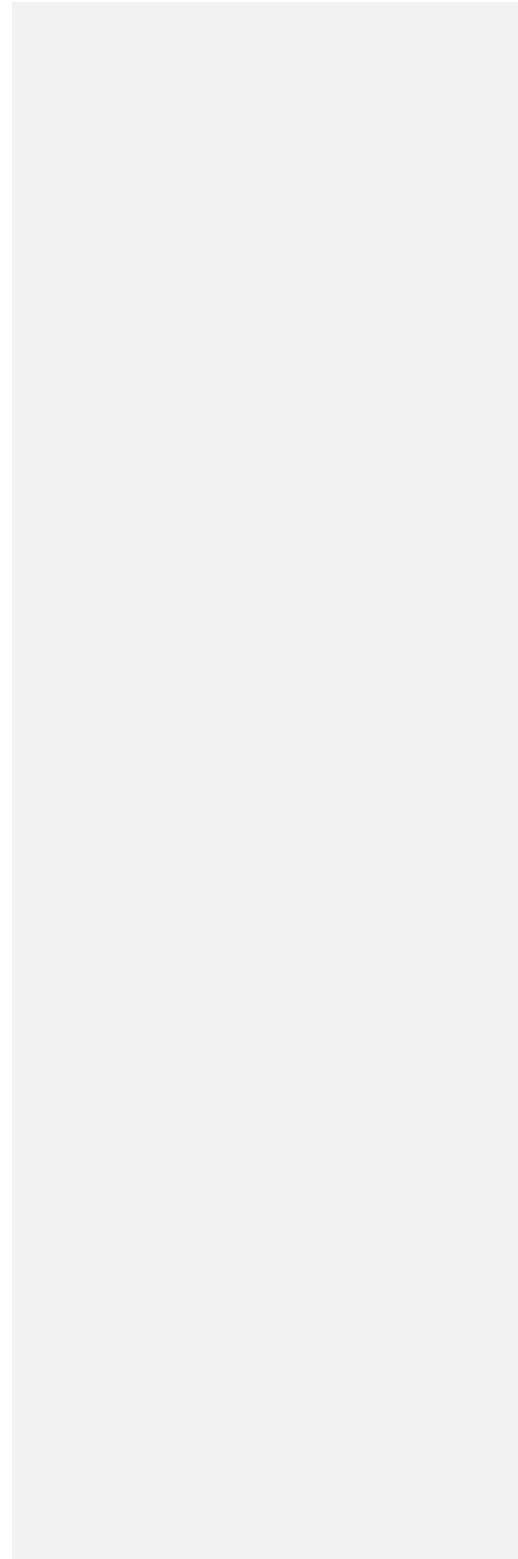
8. Was formal mentoring provided? YES or NO

8.9. How would you characterize the mentoring and career advice you received from the following:

Source	Very Helpful	Helpful	Not Helpful	Uncertain
Designated mentor/s				
Division chief/Department chair				
Other senior colleagues				
Office of Academic Affairs & Faculty Development				
Other (Specify)				

Commented [B8]: Could ask other questions regarding mentoring assignment, frequency of meeting, etc.

Comments:



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9-10. What do you perceive to be the most critical issues in faculty development and retention (Note: choose ALL that apply)

- a. More effective mentoring of junior faculty
- b. Better organized faculty development efforts
- c. Better compensation
- d. More time for academic pursuits
- e. More recognition for academic pursuits
- f. More support for academic pursuits
- g. Better opportunities for research and/or teaching
- h. Better leadership
- i. Better work-life balance
- j. Better adherence to FTE split as per hiring contract
- k. Loan repayment
- l. Greater appreciation of diversity
- m. Better spousal and family support
- n. Other (specify): _____
- o. Please feel free to provide additional comments to explain your choice/s: _____

10-11. If something could have been done differently that might have resulted in your staying at UNM, what would it have been?

11-12. Would you ever consider returning to UNM School of Medicine?
Yes No Maybe

12-13. What would need to change at UNM School of Medicine for you to return?

13-14. General comments by faculty member or interviewer.

6. Presentation from Dr. Bob Avery, Division of Ophthalmology, regarding development of a Department of Ophthalmology and Visual Sciences, and discussion. Dr. Robert Avery presented the proposal to create the Department of Ophthalmology. Provided on the following page is the proposal to be considered:

Proposal

to establish a

Department of Ophthalmology and Visual Sciences

in the

School of Medicine

of the

University of New Mexico

1 April 2019

Executive Summary

This proposal advances the Division of Ophthalmology to departmental status in the UNM School of Medicine. The name of the new academic unit will be the Department of Ophthalmology and Visual Sciences. Currently, Ophthalmology resides as a division within the Department of Surgery in the School of Medicine. The primary responsibilities of the department will be to provide: (a) Clinical eye care for UNM patients, (b) Specialty medical training for UNM students, residents, and fellows, and (c) Research focused on sight-threatening conditions of New Mexicans. Almost all U.S. medical schools have Ophthalmology as a free-standing department.

Departmental status will facilitate several key efforts to improve eye care in New Mexico. These include:

1. Establishment of an Ophthalmology residency at the University of New Mexico. This is the most impactful mechanism to address the lack of eye care providers in New Mexico.
2. Establishment of an Optometry residency within the UNM Health System.
3. Establishment of Ophthalmic subspecialty fellowships at the University.
4. Expansion of the clinical enterprise in secondary and tertiary eye care.
5. Improved educational opportunities and exposure for medical students, residents in other specialties, and undergraduate students.
6. Expansion of research programs focusing on eye diseases that most directly affect New Mexicans.
7. Expansion of community outreach clinical programs, including Ophthalmic telemedicine.

The success of the efforts listed above depend upon the national recruitment of a Departmental chair and expansion of the UNM Ophthalmology faculty.

A. Reasons why the proposed changes are desirable, or necessary.

Major reasons for the change include:

1. *Consistency with national trends.* The vast majority of medical schools have Ophthalmology as a separate department. The Association of University Professors in Ophthalmology (AUPO) is the national organization comprising Ophthalmology sections at academic medical centers. AUPO has 104 member organizations; 100 Departments of Ophthalmology and only 4 Divisions of Ophthalmology. The University of New Mexico is the only division west of the Mississippi.

A freestanding Department of Ophthalmology is most consistent with the continued growth of the School of Medicine and is in keeping with UNM's reputation as a progressive medical school.

2. *Expansion of current clinical services.* Departmental status will facilitate recruitment of leaders and those at the forefront of Ophthalmology practice and research. It is difficult to recruit outstanding Ophthalmology faculty who seek to develop a national reputation to a clinical division.

The ability to recruit leaders in Ophthalmology will broaden the clinical services offered to New Mexicans:

- (1) Secondary eye care (Comprehensive Ophthalmology and Optometry). There are significant access gaps at the UNM Eye Clinic for basic eye care. Wait times for routine appointments and common eye surgeries can be up to 6 months. Faculty growth will also support expansion of existing community outreach programs, such as tele-retinal screening.
- (2) Tertiary Eye Care (Glaucoma, Cornea, Pediatric, Oculoplastics, Refractive and Retina). The first five of these specialties are currently represented with less than a full FTE at UNM and the Retina service (due to New Mexico's high prevalence of diabetic retinopathy and macular degeneration) is also challenged to meet the high demand.
- (3) Quarternary care. (Neuro-Ophthalmology, Uveitis, and Ocular Pathology). These are highly specialized fields in Ophthalmology that overlap significantly with other medical fields (Neurosurgery, Neurology, Rheumatology, and Pathology) and deal mostly with sight-threatening and life-threatening

diseases. Access to these specialists is currently not available to New Mexicans. These specialties usually practice at academic institutions.

3. *Specialty training and education in eye.*

- a. *Ophthalmology residency.* The American Academy of Ophthalmology lists 2.7 Ophthalmologists per 100,000 New Mexicans, compared to the national average of 5.1 per 100,000.

The most direct path to providing Ophthalmologist for this state is to train residents. In a 2017 report, the Association of American Medical Colleges reported that 47% of physicians practice in the state they complete residency (the number increases to 67% if medical school was also completed in the same state). Over the past 12 years, over half of Ophthalmology hires at UNM have been individuals who rotated (2-3 months) at UNM during residency. It has been very difficult to recruit Ophthalmologists to New Mexico. Private Ophthalmology practices in New Mexico report similar recruitment struggles.

UNM does not currently have an Ophthalmology residency. Instead, the Division of Ophthalmology hosts rotating residents. A full-fledged Department of Ophthalmology will help achieve the critical mass of faculty needed to support a residency. The ACGME requires resident access to all Ophthalmic specialties that UNM currently has, plus Neuro-Ophthalmology, Refractive Surgery and Ophthalmic Pathology.

A credentialed residency program will also increase the opportunities for residency training (here and elsewhere) for UNM medical students.

- b. *Ophthalmology fellowships.* Similarly, Departmental status will facilitate the creation of subspecialty fellowship programs in Ophthalmology. Subspecialty fellowship programs can support clinical work and will help to recruit subspecialists to New Mexico.
- c. *Optometry residency.* Residency is not required for Optometrists, but is pursued by Optometrists interested in treating more complex eye diseases. The main Optometry residency in New Mexico is at the Albuquerque Veteran's Administration (although, due to faculty exodus, that residency is closing in

2019). UNM currently has four Optometrists, all of whom completed a residency. Three of the four completed residency at the VAMC in Albuquerque. The Optometry service is motivated to establish a residency at UNM, which will attract Optometrists to UNM and New Mexico.

4. *Growth of research programs.* The Division of Ophthalmology has a robust clinical research program targeted at eye diseases that affect New Mexicans. Departmental status will expand the breadth of that research program. It will provide access to grants, resources, and partnerships that are not open to it as a clinical division.

Over the past 4 years, the Division of Ophthalmology has averaged over \$600,000 per year in extramural funding. That number is expected to increase, as Dr. Arup Das was recently awarded a \$3.4 million grant. There are 6 other clinical trials in the pipeline (4 with working agreements and 2 more in preliminary application).

Departmental status will increase the ability to retain and recruit leading researchers. Discussions with junior faculty who have significant research funding have made it clear that departmental status is an important determinant for retaining them. Losing the most academically-oriented faculty would be costly, both in terms of money and prestige.

There are clinical research networks in Ophthalmology in which departmental standing is a condition of participation. For example, the Research to Prevent Blindness (RPB) organization provides annual unrestricted research grants of over \$100,000 to academic departments. Only full Departments of Ophthalmology at US medical schools are eligible. UNM has not been able to access networks like RBP, which provide a consistent source of funding and access to research protocols.

C. The advantages to UNM if the proposal is implemented, including effects on current or future students, faculty, and staff at UNM.

1. *Faculty recruitment and retention.* Outstanding junior faculty will simply be more willing to join a Department. Most (probably all) faculty candidates trained where Ophthalmology is its own department. Fairly or not, being a division can leave the impression that Ophthalmology is not a priority for the institution and that growth will be limited. Departmental status is necessary to attract candidates that will grow UNM's national reputation, especially in Research and Education.

In 2016, the median faculty composition for Departments of Ophthalmology was 24 clinicians and 29 total faculty. UNM currently has 10 Ophthalmologists (3 full-time and 7 part-time), 4 Optometrists, and 1 non-clinical Scientist. Despite heavy clinical demand, the faculty composition at UNM is less than half of the national average for Ophthalmology.

The Division of Ophthalmology is small enough to be extremely sensitive to changes in faculty. Even one departure places a significant stress on the clinical and call responsibilities of the faculty. Over the past ten years, the Division has gained some measure of stability, mainly because of the quality of faculty that have been recruited. The Division is now at a point where it must grow in order to retain current faculty members. Sustainable growth should be significantly enhanced by departmental status.

2. *Leader recruitment.* Recruitment of the type of leader that can grow a national academic and clinical reputation requires a free-standing department. External candidates with true national reputations and leadership experience are unlikely to be interested in coming to UNM to serve as Division Chief.
3. *Education.* As mentioned above, the Department of Ophthalmology and Visual Sciences will allow for the creation of an Ophthalmology residency, an Optometry residency, and Ophthalmic Subspecialty fellowships at UNM. This will also provide a more expansive learning experience for medical students and residents from other disciplines (such as Emergency Medicine, Neurology, Neurosurgery, and Otolaryngology).

4. *Financial returns.* Nationally, Departments of Ophthalmology have the potential to be revenue generators for medical schools. The clinical environment of Ophthalmology is very different from that of Surgery, which is an inpatient-based Department. Eye clinics are outpatient-based and eye surgeries (with the exception of after-hour emergencies) are mainly elective outpatient.

A free-standing department is more able to customize the service line, recruitment, and billing operations to maximize the financial return for the School of Medicine and Health System. Eye surgeons are high-volume, procedure-based clinicians. Eye clinics have a heavy reliance on equipment and imaging modalities unique to the eye. Coding and billing for eye care is fundamentally different than other surgical subspecialties. Departmental status can better target resources to optimize clinical delivery and revenue generation.

D. Any actual or potential conflicts with the programs or services of existing academic units at UNM, branches of UNM, or other institutions or organizations within the State of New Mexico. Does the proposed academic unit or change offer a potential for enhancement of, or cooperation with, the programs or services of other academic units or organizations?

This proposal is to promote the existing Division of Ophthalmology to departmental status. It will not create any conflicts with existing academic units or organizations in the State of New Mexico. An expanded Ophthalmology faculty will enhance cooperation within the UNM Health System (for example, more participation in multi-disciplinary groups such as Tumor Board and Skull-based Tumor clinic). Expanded Ophthalmology services will be expected to further community outreach and strengthen the relationship between UNM and the New Mexico Commission for the Blind.

E. A summary of the anticipated costs or changes in costs, and the human and physical resources, including space and equipment needed during the first five years of operation of the proposed new or revised academic unit.

Most of the costs associated with the operation and growth of the proposed Department of Ophthalmology and Visual Sciences will be incurred whether the program remains a division within the Department of Surgery or becomes an independent department. These include current operational costs, retention of current faculty and recruitment of additional faculty. Costs unique to transitioning to an independent department include hiring of administrative personnel and identifying space for the administrative/academic functions of the new department. Office space is currently allocated to the Division of Ophthalmology, so it is anticipated that there will be re-assignment of current office space with modest additions.

F. Existing organizational structure related to the proposal, and the anticipated structure when the revision or new academic unit has evolved to anticipated form. Include a description of administrative structure, including the line of responsibility within the organization and the path(s) through which the unit will report;

The Chair of the Department of Ophthalmology and Visual Sciences will report directly to the Dean of the School of Medicine.

Four Vice-chairs will report to the Departmental Chair:

(1) Clinic Activity

The Vice-chair for Clinical Activity will support Directors of Service for: Comprehensive, Cornea, Glaucoma, Neuro-Ophthalmology, Oculoplastics, Pediatrics, and Retina.

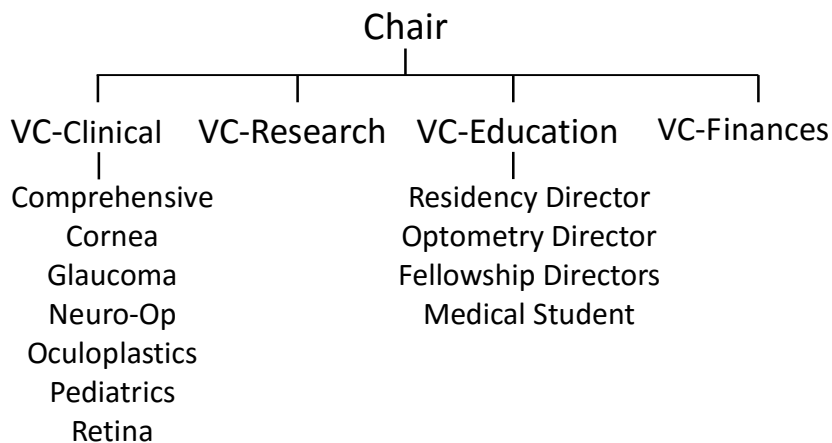
(2) Education

The Vice-Chair for Education will support:

- Ophthalmology Residency Director
- Optometry Residency Director
- Fellowship Directors
- Medical Student Director

(3) Finance

(4) Research



Faculty positions, including rank and responsibilities;

Current clinical faculty in the Division of Ophthalmology:

Comprehensive – 2
Cornea and External Disease -1
Oculoplastics - 1
Glaucoma – 1
Pediatrics - 2
Retina – 3

Current complement of clinical faculty positions in the Division of Ophthalmology:

Full professor: 2
Associate professor: 2
Assistant professor: 6

The key recruiting effort will be to attract a qualified Chair with a national reputation. This is expected to be at the level of full Professor. Most other recruitments will be expected at the level of Assistant Professor, though Associate Professors and Professors could also be added.

To meet the clinical and training demands, it is estimated that the Ophthalmology faculty should add 6 FTEs over the next 5 years. These include added subspecialists: Neuro-Ophthalmology, Ocular Pathology, Uveitis, and Refractive Surgery. The remaining FTEs will be used to recruit additional providers in existing subspecialties.

Staff positions, including grades and responsibilities.

The Administrative staff shall include:

- Departmental Administrator
- Departmental Accountant
- Administrative Assistant

G. Description of the instructional programs the academic unit will offer, if any. What degree programs will the unit offer, or support at the undergraduate or graduate levels? What courses at the lower division, upper division, and graduate levels will the unit offer in support of either its own or other degree programs? Identify both existing and new courses. Briefly explain the need for the new courses. If any of these courses overlap or are intended to replace existing course offerings at UNM, explain how potential duplication and conflict with the units offering those courses will be resolved.

An expanded Department of Ophthalmology and Visual Sciences will provide greater exposure to Ophthalmology for medical students through didactics during basic science blocks and clinical clerkships and electives. Undergraduates and medical students will have more exposure to clinical ophthalmic care and research in the visual sciences. The addition of subspecialists (especially Neuro-Ophthalmology and Ocular Pathology) will provide specialty overlap with other UNM training programs in Neurosurgery, Neurology, and Pathology. No formal courses are planned at this time for medical students or undergraduates.

A key driver for Departmental status is the creation of an Ophthalmology residency at UNM. Currently, the Division of Ophthalmology hosts two rotating, senior residents at all times; one from Tufts University and one from the University of Pittsburgh. The immediate goal is to establish an accredited 3-year residency at UNM with two positions each year. Post-residency, subspecialty fellowships will also be established; the initial positions will be Vitreo-Retinal surgery and Anterior Segment surgery. A one-year Optometry residency is planned, starting with one position each year. The residency and fellowship programs are graduate level (post-professional) training programs.

H. Description of the unit's proposed research programs. What research programs will be conducted by the unit alone or in cooperation with other units?

In case(s) of cooperative programs, what other units will be involved, what will be their role, and what will be the relationship between these units and yours? What degree programs will these research programs support, and in what manner will they be supported? What non-state funding sources are anticipated for the research programs? What funding from UNM or the State of New Mexico will be required?

The Division of Ophthalmology currently has a robust program in both laboratory and clinical sciences with its mission to prevent blindness and cure sight-threatening diseases. Over the past 20 years, the division has maintained a diverse portfolio of research funding from the National Eye Institute, Veterans Affairs R&D, Juvenile Diabetes Research Foundation, American Diabetes Association and International Retina Research Foundation. With two ongoing RO1 grants and several clinical trials, the Division of Ophthalmology has averaged over \$600,000 per year in extramural funding during the last 5 years.

The current multidisciplinary research program covers a broad spectrum:

- (1) Basic science on molecular biology of retinal angiogenesis and photoreceptor biology
- (2) Genomic studies on phenotypic heterogeneity and disease susceptibility in New Mexican ethnic populations
- (3) Translational research on novel biomarkers and pharmacotherapies for diabetic retinopathy
- (4) Multicenter clinical trials in diabetic retinopathy and macular degeneration.

Departmental conversion will allow expansion of research on diseases such as diabetic retinopathy that are prevalent and most clinically significant to New Mexicans. There will be continued collaboration with the basic science researchers through a team science approach. An intermediate goal is to create a Visual Sciences Clinical Research Center to house epidemiologic and genomics studies and clinical trials. The center will attract students, fellows, scientists and physicians to offer unique training and opportunities. Departmental status will allow access clinical research networks that provide access to clinical protocols and a consistent source of funding (for example: Research to Prevent Blindness and the Diabetic Retinopathy Research Network).

I. Description of the academic unit's service activities. What services will the unit provide to other units in or associated with UNM? Are these services currently offered by any other unit at UNM associated with it, or contracted by it? If so, do you plan to supplement what exists or to replace it? How will potential conflicts with the other units be resolved? What services will the unit provide to organizations outside UNM? Are there units, either public or private, already offering these services? If so, justify the need for you to provide them via the proposed unit.

The primary service of the Department of Ophthalmology and Visual Sciences will be to provide clinical eye care for the UNM Health System. Ophthalmology faculty are the providers for the UNMH Eye clinic, which currently has two locations. The UNMH eye Clinic is currently enlarging and updating its clinical space. The Department will continue to grow its Tele-retinal program and community outreach programs. All of these service programs are currently provided by the Division of Ophthalmology, so there will be no duplication or conflicts with existing programs.

J. Discussion of the plans for the academic unit for the next three to five years, including what needs, opportunities, or demands will the academic unit satisfy that are not currently being adequately met. How will the unit's functions and size change during this period? For example, will they remain static, grow, or diminish? How will faculty, staff, and administrators be acquired to support this unit?

The growth plan over the next 3-5 years includes:

(1) Departmental structure:

- a. *Chair search:* The immediate task is a national recruitment for the Chair of the department. The successful candidate should have proven leadership experience in an academic department so that the new department remains financially competent without sacrificing the mission. The candidate should also bring experience in research grants and a recognizable name that can attract future faculty and residents to the program. The ability to recruit philanthropy will be valuable. Dr. John Russell (Chair of the Department of Surgery) will play an important role in mentoring the new Chair.
- b. *Support staff:* A departmental administrator will be needed. The role of Departmental Accountant will need to be filled, although initially it may be shared with the current Department of Surgery Accounting team. In either case, the Department of Surgery staff will mentor the new departmental staff. There is currently one program coordinator that supports the Division of Ophthalmology. Within five years, it is expected that the department's growth will require a second administrative assistant or an operations manager.

(2) Faculty recruitment

Over the next five years, an estimated 6 additional clinical FTE's are needed to achieve the clinical and educational goals of the Department. As identified by the current faculty, the most immediate needs are for Neuro-Ophthalmology (currently none in the state), Comprehensive (currently 1.1 FTE at UNM), Uveitis (none in the state), and Pediatric Ophthalmology (currently 0.2 FTE at UNM). The remaining FTEs will be used to recruit additional specialists in Retina, Cornea, Glaucoma, Oculoplastics, and Refractive surgery.

The Division faculty support a vision to diversify faculty and staff, selecting candidates who are representative of the population of New Mexico and gender balanced.

(3) Training programs. Over the next 5 years, three training programs will be established.

- a. *Optometry Residency.* The necessary faculty (four full-time Optometrists) are currently at UNM. A one-year Optometry residency can be established as soon as clinical space expansion is completed (see below).
- b. *Sub-specialty Fellowships.* Two fellowship training programs can be created within the first 3 years of Departmental existence: Vitreo-retinal Surgery (2 years) and Anterior Segment surgery (1 year). Minimal additions to the faculty will be required – either by recruiting to UNM or partnering with VAMC Ophthalmology or private practices in Albuquerque.
- c. *Ophthalmology Residency.* A three-year residency (with 2 training positions per year) will be created within the first 5 years. Petition to create an accredited residency program will require significant faculty recruitment (see above) and stable Departmental leadership and infrastructure.

(4) Clinical space.

One significant limitation to expanding Ophthalmology at UNM has been inadequate clinical space. It should be noted that UNM Hospital recently purchased property at 1600 University. Since 2013, UNMH had been renting half of the building to house some of the Eye Clinic activity. With the purchase of the building, UNMH is renovating to create more clinical space for the Eye Clinic. This additional, updated space will provide for more efficient patient care and accommodate the faculty recruitment plan and training programs listed above.

K. A detailed budget summary for the first five years of operation of the proposed academic unit. For operating costs, include at least personnel, space upkeep or rental, utilities, contracted services, and equipment maintenance and replacement. For one-time costs, include at least space, furniture, utilities connections, and equipment.

Rationale: During the first two years of operation, the new Department of Ophthalmology will maintain the existing financial structure and funding mechanisms currently held within the Division. Historically, Ophthalmology has been a “break-even” clinical division in the Department of Surgery. The additional clinic space and faculty recruitment should allow the department to achieve similar profitability levels as reported nationally by other Departments of Ophthalmology.

Plan: Funding for the Department of Ophthalmology and Visual Sciences will be obtained from many sources.

- *Clinical revenues.* UNM Ophthalmology clinical collections (minus Dean’s tax and UNMMG fees) approximate faculty salaries and benefits. The largest expenditures for the new department will be faculty salaries. As long as clinical revenues can continue to cover faculty compensation, the Department will be solvent. Clinical revenue should actually increase with the combination of added clinic space, more faculty, and specialty-oriented tools developed to maximize collections.
- *External research grants.* Extramural funding will augment salary support and cover expansion of the research program.
- *Department of Surgery Chair tax.* This is 11% tax on collections will be retained by the new Department to fund administrative operations.
- *Ophthalmology’s I&G support.* I&G is money provided by the state to support the educational mission. This funding will support the training programs.
- *University Hospital support funds (UCP).* These are funds committed by UNM Hospital to support clinical programs. This allocation will be reserved to support program growth.
- *Philanthropy.* Ophthalmology is a field that is conducive to philanthropy but it has not been actively pursued as a division. Mainly, this has been due to a lack of dedicated time for the Division Chief. Although not required for Departmental viability, philanthropic contributions are an untapped potential source for departmental funding that a dedicated Departmental Chair could pursue.

Summary

Establishing a Department of Ophthalmology and Visual Sciences is critical to fulfilling the mission of the UNM Health Sciences Center in relation to eye care. Faculty expansion will help address the access gaps in primary and tertiary eye care that plague UNM and New Mexico. Research programs focused on clinically-relevant eye diseases will be expanded. Perhaps most importantly, Residency and Fellowship programs will address the shortage of eye care providers in New Mexico.

The Faculty Senate HSC Council moved to approve a resolution regarding the creation of a Department of Ophthalmology.

Action- Resolution states: *“Be it resolved that the Faculty Senate HSC Council strongly supports the creation of a department of Ophthalmology within the Health Sciences Center”*.

7. Adjourn