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May 16, 2000

MEMORANDUM

(sent via email on 5/17/2000)

To: Faculty Colleagues
From: James C. Saunders, Ph.D.,
Chair, Faculty – 2000 Project
Subject: Faculty – 2000 Final Report

Attached to this E-mail Memorandum is a document which represents the Final Report of the Faculty – 2000 Project (finalr.doc). The report begins with a discussion of the Project background, and then identifies ten major topic areas that come from the Reports of the Working Groups. Preceding the discussion of each topic is a bold-faced statement in the form of a recommendation. This statement attempts to help the reader focus on the topic in a broad way, and is not meant to supplant the specific recommendations on the issue(s) that emerged from the individual reports of the Working Groups. The Report concludes with a section that organizes all of the Working Group recommendations in terms of how they need to be implemented. That is, recommendations that would require changes in School policy, University policy, that would effect the operation of COAP, that would require changes in the University Handbook, etc..

The Final Report projects a faculty-based vision for the School of Medicine for the future. We all must recognize that the Project is a “work-in-progress”. Some recommendations can be readily implemented, others may have to wait for better economic times, and still others will need further “tuning”. Nevertheless, we, as faculty, must be ready to work with administration to achieve a favorable implementation of these recommendations so that the unique scholarly and academic qualities of our faculty can flourish into this new century.

Attached to the file is a ballot that you will all receive shortly. By-laws of the Medical Faculty Senate require that the faculty be surveyed on all “matters of importance”. I would like to ask each of you to review the Final Report and the ballot so that you can inform yourself how you wish to respond. If you need to consult the Working Group reports for further detail, they can be found at www.med.upenn.edu/senate. If so inclined, you can copy the ballot from the attachment and return it to:

Office of Faculty Affairs

Room 235 John Morgan Building
Mail Code #6015;

or via E-mail to: ymulhern@mail.med.upenn.edu.

A paper copy of the Final Report and the ballot will be forwarded to each faculty member within the next week-and-a-half. I am requesting that everyone return the ballot to the Office of Faculty Affairs by Wednesday, May 31st. The Final Report will be submitted to the Dean during the first week in June.

Cheers,

Jim Saunders

THE FACULTY – 2000 PROJECT

FINAL REPORT

**SUBMITTED BY THE FACULTY OF
THE SCHOOL OF MEDICINE, THE MEDICAL FACULTY SENATE
STEERING COMMITTEE, AND THE STEERING COMMITTEE
OF THE FACULTY – 2000 PROJECT**

May 16, 2000

James C. Saunders, Ph.D. Chair, Faculty - 2000 Project

**Howard C. Herrmann, M. D. Chair, Medical Faculty Senate
Alan Wasserstein, M. D. Chair-Elect, Medical Faculty Senate
James C. Saunders, Ph.D. Past Chair, Medical Faculty Senate**

INTRODUCTION

This Report is submitted with the approval of Medical Faculty Senate Steering Committee and the Faculty of the School of Medicine. The Final Report has been presented to the faculty along with a ballot in which they were asked to vote for “approval” or “disapproval” on selected recommendations. The results of the vote appear in the Appendix. Results from the Questionnaire that assessed faculty job satisfaction, sponsored by the Women’s FOCUS Leadership Mentoring Group and the Faculty - 2000 Project will be forwarded to the Dean as soon as the data have been tabulated.

The Report begins with a brief summary of the Project background, followed by a discussion of specific topics. Each topic is preceded by a single recommendation that attempts to capture the central theme. This recommendation does not supplant those brought forth in the Working Group Reports, rather, it is intended to help focus on the topic. Narrative follows in which the basis for the recommendation is developed by integrating related issues and recommendations across Working Groups. Alternative viewpoints, when they occur, are noted. The report ends with an additional summary of the recommendations organized according to a means of implementation. Recommendations are identified that impact School or University policy, the University Handbook, or the activities of COAP. There are others that would be implemented by developing endowment goals, or by the formation of Dean’s Task Forces to undertake further study. This summary does not cover every recommendation emerging from the Working Groups, and is not intended to serve as a substitute for reading and digesting the individual Reports. Those documents provide a thorough explanation of each recommendation and can be accessed at www.med.upenn.edu/senate

BACKGROUND

The Faculty - 2000 Project arose from a series of Medical Faculty Senate Steering Committee discussions during the Winter/Spring of 1998. These discussions were triggered by the Provost’s concern that the Clinician Educator Track had exceeded the 40% limit of the Handbook and was growing. He threatened to withhold approval of further CE appointments until the Medical School presented a plan to restore the balance. In addition, a new category of full-time clinician employees had been proposed, the Health System Physicians, who would spend up to 20% of their time at HUP. Many faculty members expressed concern regarding the impact of these clinicians on the CE Track. The Steering Committee was already discussing how changes in health care created conditions that made it increasingly difficult for faculty to meet the demands for clinical service and extramural funding, while at the same time maintaining the scholarly and educational productivity necessary for advancement. It became evident that all these were interrelated issues stemming from the question of how an Academic Medical Center carries out its missions of education, research, and patient care. The concept emerged for a review of the Clinician Educator Track and Faculty for the purpose of identifying strategies and tactics that would assure their academic survival. The discussions revealed other matters of concern to faculty that would also benefit from a review. A Faculty - 2000 Steering Committee was formed, and by the Spring of 1999 a detailed plan was in place. The inquiry was based on four Working Groups (WGs) that would explore issues related to the Clinician Educator Faculty, the Tenure Faculty, Faculty with Special Opportunities (i.e., women, minorities, faculty with disabilities, the Research Track), and Senior Faculty. A Mission Statement was written, charges to the WGs established, and by the Summer of 1999, Working Group Co-Chairs recruited. A call for volunteers resulted in a large faculty response, and the Co-Chairs selected from the volunteers to form their Groups with a diverse and equitable spectrum of backgrounds. Staff Coordinators, provided by the School, assisted the WGs and their contributions to the Project were invaluable.

The WGs met fortnightly from August 1999, to mid-March, 2000, with each having between 15 and 17 meetings. Each collected data, interviewed faculty and administrators, discussed issues, and

structured recommendations. Working Group Reports were submitted in mid-March and distributed via e-mail and paper copy to the faculty. An Open Meeting of the faculty was held in early April to allow further discussion. A School-wide dialogue on the reports ensued, and where appropriate, revisions to the Reports were introduced. Finally, the Faculty - 2000 Steering Committee along with the Co-Chairs of the WGs prepared this Final Report, which was approved for submission to the Dean by the Medical School Faculty Senate Steering Committee on May 9, 2000.

Over fifteen percent of the faculty in the School of Medicine was actively engaged in one form or another on the Project. It has enjoyed support from the School of Medicine and University administrations, and the Faculty Senate of the University. The process was undertaken in a format that kept faculty and administration apprised of progress at every step of the way. The inquiry revealed that there is little truly broken in the School with regard to the current system of faculty organization and governance. Indeed, there is much for us to be proud of in the decade-long growth of our Academic Health System. Most of the faculty members realize that our School has gone from comfortable excellence to elite status. Nevertheless, little in the past decade was done to review or revise the structure; missions, governance or roles of our faculty to keep pace with and respond to the dramatic changes in the Health System and its environment. The recommendations emerging from the Faculty - 2000 Project have accomplished that. If implemented, they will give our faculty the flexible, efficient, and cost-effective means to excel in its clinical, research, and teaching efforts. The Project, however, remains a "work in progress." Unanimous agreement was not reached on every recommendation, and further "fine tuning" may be necessary in some cases. However, we ask the Administration of the School of Medicine to consider the recommendations contained in this document in as thoughtful and careful a manner as characterized by the inquiry from which they emerged. They represent a vision of the faculty for the future. The Faculty Senate of the School of Medicine stands ready to work with the leadership of the School in implementing these recommendations so that the unique scholarly and academic qualities of our faculty flourish in the new century.

RECOMMENDATIONS:

I. PHILOSOPHICAL POSITIONS

It is recommended that the School of Medicine adopt the language formulated in each of the Working Group Reports in reaffirming the philosophical basis for faculty organization in the School of Medicine. This includes the unique and tripartite missions of the Clinician Educator Track and the prestige that this faculty brings to the School in advancing clinical knowledge and providing clinical service. The importance of the Tenure Track to the overall stability of the School needs to be reaffirmed, and its contribution to advances in fundamental biomedical knowledge must be recognized. The importance of our Women and Minority Faculty and Faculty with Disabilities needs to be reaffirmed in the School's Mission Statement. Finally, the School must assure that our Senior Faculty complete long and distinguished careers with a sense of dignity and accomplishment in part by providing them opportunities to continue contributing to the School's future as Emeritus Faculty.

II. THE CLINICIAN EDUCATOR TRACK FACULTY AND HEALTH SYSTEM REORGANIZATION

It is recommended that Health System Physicians, who have concurrent appointments as Clinical Associates or Clinical Track Faculty, be allowed to practice full-time at HUP and CHOP.

The Clinician Educator Working Group invested great effort in considering how best to improve the working environment for Clinician Educator Faculty at HUP. This difficult task was made more

challenging by a number of constraints imposed on potential solutions. These constraints were found in the Handbook limitation of 40% CE faculty, the requirement that scholarship dominate the criteria for promotion, and the "up-or-out" provision for Assistant Professors in the Track. Nevertheless, a number of plans were entertained.

1. One of these, referred to here as the "Toolbox" Plan was designed to provide greater flexibility in building departments to meet academic and clinical needs. In doing so, it would provide faculty in the CE Track an environment in which they could perform successfully as both physician-scholars and physicians. A "majority" rather than a "consensus" opinion in the CE WG supported this plan. It is controversial. The major feature is that Health System Physicians, appointed as Clinical Associated Faculty, would be allowed to practice full time at HUP. Appointments of Health System Physicians would be motivated primarily by the need to meet clinical service demands, and the desire to make these appointments may vary considerably across departments.

The promotion criteria for Clinical Associated Faculty include a reputation for providing very high quality clinical care as well as a commitment to excellence in teaching. Contributions in other areas of scholarship serve only as supporting credentials. Advancements are subject to approval by the School and the Provost's Staff Conference. Health System Physicians are entitled to the same benefits as all University employees with exception of scholarly leave. Additionally, there is no assurance of continuity of appointment so there is less job security. At the moment the Handbook provides that individuals in this category are permitted to practice "on-site" no more than 20% of the time. Recommendations are brought forth that would allow current CEs, who so desire to shift into the Clinical Track. A correlative recommendation would allow current CEs, with appropriate qualifications, to shift into the Tenure track without a national search. It is anticipated that shifts in appointments, and general attrition, will gradually shrink the size of the CE faculty over time until it achieves the 40% cap level. At the same time, the manpower needs of departments will be met by expanding appointments in the Clinical Track

This plan has risk associated with it. The problem of non-reimbursed teaching activities, continued pressure to raise the scholarly bar, difficulties in taking scholarly leave, the perception of a lesser academic status within the University community, and the possibility of significant salary disparity between CE and Clinical Faculty, could lead significant numbers of CE faculty to seek reappointment in the Clinical Track, or to resign. Over time, the faculty tracks in the School of Medicine might shrink to a Tenured Faculty with a few tenured physician scientists in Clinical Departments, and a Clinical Track Faculty.

It is essential that elements of this plan protect the CE Track, and this is accomplished by providing "incentives" for faculty to remain in the track, and "safeguards" to assure that the CE faculty are not overwhelmed by Clinical Track faculty. Recommendations for incentives focus on the idea that protected time for teaching and scholarly activities must be implemented, and a variety of mechanisms are offered to achieve this goal in the next section. It is also recommended that the CE Track be redefined through a new "Statement of Purpose" that reaffirms the original intent of providing outstanding clinical service, exemplary medical teaching and advancing the practice of medicine. Consistent with this statement, the criteria for promotion must be brought into alignment. In this way the perceived "disconnect" between what CE faculty are hired to do, and what they actually do, would be resolved. In addition, the diversity of career trajectories must be acknowledged in the CE Track, and these need to be identified as viable paths for faculty in the requirements for promotion. Flexibility in the probationary period needs to be extended to part-time faculty and faculty who had children prior to arrival at Penn. A review of the "up-or-out" provision in the CE Track is also requested, as is a stronger commitment by the School to the process of mentoring. In addition, it is recommended that the title of the CE faculty be changed to make it more consistent with the rest of the Standing Faculty of the University. Finally, there are recommendations that would improve the clinical efficiency and productivity of the CE faculty. For example, the implementation of a state-of-the-art Information

System at HUP and affiliated hospitals would improve professional productivity and free faculty time for teaching and scholarship. The “safeguards” lie in the development of a Faculty Allocation Plan that will determine the appropriate mixture of Tenure, CE and Clinical Track Faculty in each department. The mixture would represent that which would best preserve the academic primacy of Departments while at the same time fulfilling their service needs. The plan must also include proposals for reasonable salary parity. This plan needs to be stringently adhered to and periodically reviewed by the Dean in consultation with the Chairs and the leadership of the Medical Faculty Senate Steering Committee. It is also recommended that the Academic Plan of junior CE faculty, established at the time of appointment, be strictly adhered to and reviewed on a timely basis with written acknowledgement of the Chair and the faculty member.

The requirements for promotion in the “Toolbox” Plan will continue to focus on outstanding scholarly and teaching credentials. The overall intent of this Plan, however, is to strengthen a smaller population of physician scholars by providing them with the resources and time to engage in teaching and research activities for the scientific advancement and the practice of medicine

2. Another plan is referred to here as the "Complete Overhaul" Plan. Efforts here would be undertaken to remove the cap and eliminate the "up or out" provision in the CE Track. Changes in the criteria for promotion would lend greater flexibility for faculty in achieving success, and would embrace the idea of demonstrated "excellence" in one or more areas of activity including scholarship, teaching, administration and clinical service. The plan recognizes that resources must be developed to provide “real” protected time for scholarship and teaching. The effort needed to eliminate the 40% cap as well as resistance to changes in promotion criteria and elimination of the “up or out” provision are major impediments to the success of this plan.

3. The third proposal is called the "Fractional Faculty” Plan. This proposal would restructure the CE Faculty so that their aggregate representation would never constitute more than 40% of the total Medical School faculty on any vote in the University Faculty Senate. Each CE faculty member, in effect, would have a “fractional vote.” It would, however, allow the absolute numbers of CE faculty to exceed 40% of the total Standing Faculty in the School of Medicine. The fractional vote would not apply to any governance matter within the School. This would allow an expansion of CE faculty, and no matter how large they became, the impact in the Faculty Senate would never exceed the Handbook limit. The promotion criteria for CEs would be redefined to meet more realistic expectations and support for teaching and scholarly activities would be identified. The "up-or-out" provision would also be reviewed. The major drawback is how CE faculty would feel about having a fractional vote in the governance structure of the University. A minority of the CE WG favored these last two plans.

It should be evident from the above discussion that a comprehensive solution to problems in the CE Track has yet to emerge. Indeed, it may be that some compendium of the three plans represents a better model (e.g., Clinical Track Faculty might better fit in Primary Care Departments rather than the specialties, the cap might be set at 50%, or a 15 year up-or-out plan might be preferred). Nevertheless, it cannot be emphasized too strongly that faculty and administration in both the School and University must be concerned about the possibility of an Academic Medical Center, aspiring to greatness in medical advances, functioning with only 40% of its faculty as physician scholars. Rigid adherence to an arbitrary Handbook cap may adversely impact the reputation of the School, and hence, the University. Faculty and administration of the School need to ask the wider University community if adherence to this cap is a desired end. We believe that CE faculty came to the School of Medicine to perform as physician scholars, working to advance the frontiers of medicine at a great University. The School and the University must develop the mechanisms and the environment for CE faculty to perform effectively both as physicians and as scholars.

III. SUPPORT FOR EDUCATIONAL ACTIVITIES

It is recommended that actions be initiated to develop funding sources to support the educational missions of the School of Medicine.

When resources were plentiful, it was reasonable to expect practice income to cover the unreimbursed time expended by faculty in their teaching missions. Now that resources are tight, the issue of support for teaching is a matter of high concern. Throughout the WG reports it was recognized that volunteer teaching will progressively deteriorate unless some means of reimbursement for this effort is implemented. Various funding possibilities appear in the WG reports, and are summarized below.

1. One recommendation, emerging from the dialogue between faculty and WG Chairs over the past few weeks, encourages individual faculty to build Personal Endowment Accounts. The income from these accounts would be used to offset cost center expenses, and be specifically targeted for educational or scholarly activities. These accounts and their balances would accumulate over time, and represent a means of encouraging faculty to engage in fund-raising early in their careers.

2. Beyond this the University of Pennsylvania Health System must establish and maintain an Education Fund supported by sources identified by the Dean/CEO, and which would include CPUP. A small portion of revenues generated by the Clinical Faculty at HUP (if allowed to practice “on-site”) should also contribute to this Fund. A portion of the Fund would be allocated annually to the Vice-Dean for Education to support the Medical School curriculum. The remainder would be provided to Department Chairs to support post-doctoral and graduate medical education. This proposal is controversial because many of the faculty with clinical responsibilities feel that they are already severely “taxed” by the School. However, for faculty who choose to engage in teaching efforts, their practice expense would be offset by a contribution to their cost center from this fund. For other faculty choosing not to spend significant time in teaching, this is a mechanism for indirect participation that assures teaching excellence in the School.

3. The School should aggressively pursue new revenue-generating mechanisms through biomedical educational services, including internet-based, long-distance learning, and print or electronic publications for professionals and the general public. Income generated from this activity should be dedicated to support educational missions.

4. A new category for endowed funds in support of medical education should be developed and called The Medical Educator Fund. The annual proceeds will be used to provide partial salary support for a designated number of the standing faculty, of any academic rank, who fulfill specified leadership roles in medical school or graduate medical education. In addition, the Medical School should establish another fund, called the Basic Science Education Fund, which will provide partial salary support for faculty serving as Graduate Group Chairs within the Biomedical Graduate Studies programs.

5. Finally, the School needs to initiate a development effort that might extend over several decades. This program would raise a significant endowment, called the Faculty-2000 Fund, to permanently endow all the educational missions in the School of Medicine and Health System. Implementing this recommendation represents a long-term solution to the problem of supporting education. It must be started now.

IV. FACULTY PROFESSIONAL DEVELOPMENT

It is recommended that the Office of Faculty Affairs be expanded to include a Division of Faculty Professional Development. This Division would be staffed by an Officer of Faculty Professional Development, and provided with sufficient support staff to accomplish many, if not all, of the activities described below.

Throughout the WG reports there is reference to activities deemed essential to faculty (academic) professional development. The CE and Special Opportunities WGs, for example, recommend an Office be established for initiating and managing a professional development program with regular faculty training in areas such as organizational and time management, mentoring, teaching effectiveness, scientific writing, grant preparation, and preparation for promotion. This office might also organize faculty seminars on scientific ethics, laboratory safety, regulatory requirements, grant processing, and management of laboratory or clinical practice. All the WGs were concerned with the process of mentoring, and this Office might effectively monitor the current School policy on mentoring. The Special Opportunities WG recommended that this Office should deal with affirmative action issues and accommodations for faculty with disabilities. They also recommend the production of a Faculty Family Resource Handbook that would identify community resources for child care, elderly care, sick child care and summer programs among other things. The Tenure and CE WGs recommend that the purpose of the various tracks and the procedures and requirements for promotion in each, be communicated through a Medical Faculty Handbook. The Handbook would include matters of medical faculty governance, appointments, privileges, responsibilities, and disciplinary actions. It is also recommended that the Faculty Senate WEB site maintain the current CV's of recently promoted faculty, thus allowing junior faculty a means of evaluating their own progress against a sample of faculty that have "made it." Production of these handbooks, and maintenance of the WEB site, ought to be undertaken by this Office.

Finally, the Senior Faculty WG recommended the creation of an Office for Senior Faculty Affairs dedicated to developing programs that would effectively utilize the resources of our senior and emeritus faculty. It would also educate Chairs and faculty about retirement issues, establish guidelines for counseling/advising senior faculty on the transition to Emeritus status, and maintain an up-to-date information base concerning faculty retirement. These activities might also be undertaken in an Office of Faculty Development.

All of the contributions to professional development identified above collectively constitute a strategic approach to faculty success, improvement in quality of life, and enhancement of faculty attitudes and perceptions about the way in which the Institution "cares" about faculty success. The School of Medicine already has an effective Office of Faculty Affairs. Under the outstanding leadership of Ms. Victoria Mulhern this Office is responsible for administrating, communicating, applying, implementing, and developing the policies and procedures associated with all aspects of faculty employment. It has gained the trust and respect of faculty, and has successfully achieved an interface between faculty and administration. The wisest solution to the matter of faculty professional development is to strengthen the Office of Faculty Affairs by creating a new division. The Division of Faculty Professional Development would require the appointment of an Officer of Faculty Professional Development with appropriate support staff to carry out many of the activities outlined above.

V. ISSUES RELATED TO APPOINTMENT AND PROMOTION

It is recommended that all aspects of the Committee on Appointments and Promotions be examined for the purpose of streamlining the appointment and promotion process and establishing a more uniform set of criteria for promotion within faculty tracks.

As indicated in the paragraphs above, a Medical Faculty Handbook with WEB-based information describing the procedures and policies related to appointments and promotions needs to be created and regularly updated. This is best accomplished by the professional development mechanism outlined above. In addition, several WG reports present recommendations that impact the Committee on Appointments and Promotions (COAP). The work load on COAP has increased in recent years as a

consequence of faculty growth, complicated promotions procedures, and the need to review faculty at the three and six year intervals of their probationary period. Additionally, the diverse profiles of CE and Research Track faculty have made it difficult to establish rigid criteria for the review of these faculty. Finally, the entire promotion review procedure from the Department level to COAP, to the School and the Provost's Office seems overly cumbersome and in need of streamlining. The critical role COAP plays in maintaining the academic standards of the School is recognized and appreciated by all members of the faculty, and a testament to their dedication is how well they perform this difficult task. However, the work load, complexity of faculty profiles, responsibilities assumed by COAP, and cumbersome process, suggest that it is timely to ask if the activities of COAP can be made more efficient. A number of recommendations address this issue.

The School and COAP, consistent with the Statement of Purpose, should reformulate the expectations and instructions for promotion in the CE Track. These expectations need to define clearly the nature and quantity of scholarship required of CEs for promotion. The expectation of a "regional" or "national" reputation should be replaced with the requirement of a "reputation for clinical excellence" that is confirmed by experts in the candidate's field. The expectations should recognize the diversity of career path trajectories encompassed by the CE Track, and should require demonstrated excellence in one or more of the academic missions of the Medical School. These expectations need to be reviewed and approved by the Medical Faculty Senate and the Dean. Finally, differences between the CE and Tenure Tracks should be clearly delineated.

Responsibility for selecting outside consultants for promotion review in the Tenure Track should be shifted to the candidate's department. Guidelines employed by the School of Arts and Sciences might be utilized to mitigate concerns regarding bias in consultant selection. This procedural change raises the possibility that the Department undertakes a review of the consultant's letters, thus permitting a better-informed decision concerning the candidate's suitability for promotion. The COAP also needs to consider permitting the Department to provide comments on the views expressed by the external consultants to COAP, as is done in SAS.

The School needs to consider if the constitution of COAP represents an equitable mix of CE and Tenure Faculty, and it should appoint members of the Research Track Faculty to serve on this Committee. Moreover, the School should support a Handbook change or School policy change if it can be accomplished in that format that allows all members of COAP to vote on all promotion cases. It should also allow faculty working part time, but greater than 50% of time, to extend their probationary period proportionate to the decrease in their full-time status. Similarly, the School and COAP need to review the promotion process for faculty with disabilities, and determine if more flexible probationary period conditions should be incorporated. Finally, it is recommended that the School and COAP review the promotion criteria in the Research Track.

VI. THE PHYSICIAN-SCIENTIST AND Ph.D. SCIENTIST IN CLINICAL DEPARTMENTS

It is recommended that the decade-long decline in the number of physician-scientists in Clinical Departments be stemmed, and that the research infrastructure in Clinical Departments be strengthened to encourage the recruitment of top-level Ph.D. scientists.

The Tenure WG inquiry revealed a significant reduction during the last decade in the number of tenured physician-scientists employed in Clinical Departments. The reasons for this are complicated but detailed in their report. Physician-scientists are challenged to raise full salary from a combination of grants and practice income. In recent years, practice income is so low that, for example, 20% of clinical effort does not equal 20% of salary. Consequently, more time has to be devoted to clinical activities. If the physician-scientist does not devote 80% of effort to research, they have little hope of being competitive for the federal funding necessary to sustain their science. The Tenure report also notes

that the erosion of research effort by this segment of the faculty is accompanied by erosion of teaching activities and the capacity to mentor the next generation of physician-scientists.

The Tenure report also describes why there has been a significant decline in the number of Tenure Track Ph.D.s in Clinical Departments. School policy over the past decade has discouraged new Ph.D. appointments in Clinical Departments, and the most recent appointments at the Assistant Professor level have been in the Research Track. The value of Ph.D. faculty in Clinical departments is also detailed in the report. However, many Ph.D.s in clinical departments must obtain 100% of salary from grants, and this has discouraged their participation in medical student teaching at the basic level. Given the decline in the number of physician scientists, and the clear need this faculty has for assistance in establishing their research programs, the presence of Ph.D. level scientists in Clinical departments may help this situation. The basic scientists in Clinical departments could be an important force for stabilizing and enhancing research programs and for improving research guidance and morale for junior physician scientist faculty.

The Tenure WG recommended many changes in policies and procedures that encourage the recruitment and retention of physician-scientists and Ph.D. level scientists in the Clinical Departments. Among these is the establishment of mechanisms that assure comparable recruitment procedures within and across Clinical Departments. Additionally, reform of the recruiting process is needed so that "national searches" that emphasize "scientist" as well as "physician" are used to identify the best new talent. Improvements in the recruitment packages of physician-scientists are essential, and the commitment of space and facilities must be comparable to those offered in Basic Science Departments. Improvements are also needed in the working conditions for faculty with clinical responsibilities so that they provide a more stable, consistent and specified amount of time for engaging in research. There should be guarantees that 80% of time be devoted to research. In the next section, recommendations to the Research Track are described that could result in the creation of a Research Track in the Standing Faculty, organized in much the same way as the Clinician Educator Track. Such a mechanism would allow Clinical chairs to appoint outstanding Ph.D. Scientists without encumbering the department with potentially significant financial burden. This would eliminate the problem of trying to attract outstanding candidates with appointments in the Associated Faculty. Finally, the Tenure WG recommended that the academic base salary for physician-scientists in the Tenure Track be raised to the level of Basic Science faculty of comparable seniority and level of achievement after a full financial impact review.

VII. THE RESEARCH TRACK

It is recommended that the Research Track be redefined and undergo a major restructuring into two divisions: One for scientists who are appointed to serve as “co-investigators”, and the other for scientists appointed to develop “independent laboratories”.

The Special Opportunities WG concluded in their report that the Research Track should be redefined and restructured. The original intent of this Track, as defined by the Handbook, was to increase the quality and productivity of the research programs at the University by appointing non-tenured scholars to the faculty. These non-tenured faculty members were to participate in and cooperate with the research efforts of faculty with tenure appointments. In the School of Medicine this intent has evolved over the years into something which now serves two distinct purposes. There are research scientists in the Track who, in fact act as “co-investigators” in the laboratories of senior tenured faculty. These appointments closely fulfill the Handbook intent of the Track. In other cases, faculty members are recruited into the Research Track in order to establish independently funded laboratories. This latter situation is mostly found in the Clinical Departments where it has been difficult to appoint Ph.D. faculty into the Tenure Track for the purpose of research (See V. Above). There is nothing fundamentally

wrong with these two job descriptions. The problem arises when a single Track, using one standard for promotion, attempts to accommodate both groups of investigators. This creates confusion and contradictory criteria in the evaluation of candidates. The confusion revolves around the ideas of independence, teaching activity, and the need to maintain promotion requirements in the Research Track distinct from those in the Tenure Track. The promotion criteria in the Handbook appear to be disconnected from those defined in recent COAP reports. At present, the successful candidate in the Research Track must show evidence of scholarly independence through peer-reviewed publications and grant support. Teaching activities are not considered in the review. These conditions apply to all Research Track Faculty brought forth for promotion, and this may be unfair to those candidates who are co-investigators in the laboratory of a tenured faculty member. The “co-investigator” Faculty find it impossible to meet these criteria because they were not appointed for that purpose nor were they provided the necessary start-up funds to develop independence. Thus it is possible to find faculty successfully fulfilling the purpose of their recruitment, but unable to satisfy the requirements for promotion. The tragedy is that the School is appointing faculty that are contributing in an important way to the research effort, but affording them little possibility of being retained by the Institution.

The Special Opportunities report provides a number of recommendations that could remedy this situation. Most important among them is that the criteria for promotion in this Track should be made more consistent with the responsibilities of the position. It is also proposed that faculty appointed with the intention of achieving an independent investigator status be appointed into a Standing Faculty Research Track. This would require creating a new Track that would have contractual relations similar to those used with CE Faculty, providing all the privileges of membership in the Standing Faculty, but having no guarantee of job security. In addition, the constraints on teaching should be reviewed for the purpose of eliminating them, but the requirements for promotion should adhere to the same standards applied to the Tenure Track Faculty. These appointments would be restricted to Clinical Departments.

Faculty appointed in the Research Track, as co-investigators, would remain in the Associated Faculty. The criteria for promotion would be changed to eliminate the requirement for independence, but scholarly productivity would still be of paramount importance with, perhaps, less stringent expectations. Their retention would be largely determined by the continuity of salary support.

Further it is proposed that flexible procedures be established to permit qualified faculty to shift into the Tenure Track or into the Standing Faculty Research Track when and if such a change is deemed appropriate. The WG also recommended that Research Track faculty should have representation on COAP, be allowed to mentor other faculty, and that early retirement and part-time work options be extended to them. Finally, it is essential that candidates for appointment in the Research Track, in its present or revised form, must be given clearer information about their roles and expectations for career advancement. The School does itself harm if new faculty do not fully understand the implications of their appointment.

VIII. ISSUES RELATED TO WOMEN AND MINORITY FACULTY AND FACULTY WITH DISABILITIES

It is recommended that the School encourage active recruitment of outstanding women and minority candidates for positions in all Tracks and at all academic levels, especially in departments where the percentage of women or minority faculty falls below national averages. In addition, it is recommended that the School of Medicine develop policies and maintain the physical environment in a manner that is conducive to the recruitment and retention of faculty with disabilities.

The summary recommendation above does not begin to capture the report from the Special Opportunities WG and the extensive number of recommendations they brought forth concerning women

and minority faculty, and faculty with disabilities. The report needs to be carefully read to appreciate these recommendations and the background issues supporting them.

The concerns raised by the WG extend from the need for the School to maintain its institutional commitment to women and minority faculty, to promulgating policies and procedures that facilitate the professional growth and the retention of these faculty members. It was recommended that the Mission Statement of the School should indicate an ongoing commitment to the recruitment of outstanding women and minority candidates including individuals with disabilities. The FOCUS Leadership Mentoring Program for Women and the Center of Excellence on Minority Health must retain a commitment from the School for continued support. The FOCUS Program and the Center for Excellence have created a significant voice for women and minority faculty, and their contributions in this regard are recognized as model programs nationally. The momentum in these efforts must be sustained and expanded, and the recommendations in the report do just that. National data are now available describing the proportion of women and minority faculty in medical school departments by rank. The most important recommendations brought forward requests that the School of Medicine enact measures that encourage departments to achieve and maintain parity with the national averages, and provide women and minority faculty with policies and procedures that enhance their likelihood for success and retention. This can be accomplished by reinforcing the mentoring program developed by the School, adhering to the Academic Plan, and holding Chairs and Division Chiefs accountable for the implementation of both. Greater flexibility and awareness of part-time faculty positions are also needed, as are written maternity and family leave policies, and on-site day care services for faculty and staff. It is embarrassing that HUP does not offer faculty and staff day care services. Such a service could be a major recruitment device for faculty, hospital nursing and other staff. Outside of set-up costs, the service could be outsourced, run on a fee for service basis, and with some creative imagination might even serve as a major research facility. The WG also requests that there be greater recognition of teaching, and clinical, divisional or departmental administrative responsibilities in the promotion process. It is recommended that the Basic Science Departments should actively recruit minority graduates from our Biomedical Graduate or Combined Degree Programs. In addition, the School should establish funding to support faculty development of minority fellows, postdoctorates, and instructors. The WG felt strongly that the likelihood for success, among new women and minority faculty appointments, and new appointments of faculty with disabilities, would significantly increase if the Academic Plan, developed at appointment, was carefully monitored and strictly adhered to.

Finally, the School should implement the mandate for equal opportunity by removing bias against the recruitment of individuals with disclosed disabilities. The physical barriers to access have to be removed, and this might be facilitated by having a faculty member with disabilities serve as a permanent member on those University and Medical Center Committees concerned with Architectural Planning and Plant Operations. The non-physical barriers to equal opportunity also must be addressed. Chairs, senior faculty, and the ombudsman have to understand basic aspects of disabilities including rights to voluntary disclosure, employment equities, and adaptive strategies for such individuals. As noted earlier, the COAP should review the promotion process for faculty with disabilities.

IX. THE OFFICE OF SENIOR FACULTY AFFAIRS AND ASSOCIATION OF EMERITUS FACULTY

It is recommended that the Administration of the School of Medicine convey their strongest support and enthusiasm to the Office of the Provost for the formation of a University-wide Office of Senior Faculty Affairs and an Association of Emeritus Faculty. The Office should be staffed with a Director and personnel sufficient to provide the necessary services campus wide. The Office of Senior Faculty Affairs would serve as a resource in facilitating the Association of Emeritus Faculty.

The Senior Faculty WG made a number of recommendations related to improving the education of faculty and department Chairs about retirement issues and options. They identified the almost total absence of data concerning Emeritus faculty, and recommended that an information base be developed and maintained up to date. They deemed it important to establish guidelines for department administrators in counseling senior faculty on the transition to Emeritus status. They also recommended that a portion of a Department Meeting be devoted annually to the discussion of financial and retirement planning. The principle should be established that all department Chairs meet with senior faculty to discuss plans and goals for the future, thus assuring that issues related to retirement that may need attention are clearly recognized by all. It was also recommended that the School insist on improvements in the Office of Human Resources with regard to its role in advising senior faculty on retirement options and in facilitating faculty transition to Emeritus status. Interactions between Human Resources and senior faculty are poor, and counseling on retirement options by the Office of Human Resources for all levels of faculty is inadequate.

The Senior WG felt that the interests of the senior faculty and of the School would be best served by the creation of an Association of Emeritus Faculty. This organization, properly staffed, would serve as a focal point for Emeritus Faculty activities and continued involvement with the University. Among other things, the Association could serve to reduce the likelihood that talented faculty would simply disengage from the University on retirement. In searching for a mechanism by which these activities could be undertaken, the WG came to the conclusion that an Office of Senior Faculty Affairs in the School of Medicine ought to be created and charged with facilitating all matters related to Senior Faculty and Emeritus Faculty. The role of this Office would be to develop programs that make the shift to Emeritus status a natural and attractive proposition for faculty. It would work to foster an appropriate appreciation of Emeritus status by giving it a high profile and prestige. It would maintain a network of retired faculty that could advise senior faculty on Emeritus status, and develop bequest programs for Emeritus faculty (bequests could be used to support the Office expense). This Office would serve to educate the Chairs and faculty on retirement issues and would facilitate the identification of office space for Emeritus Faculty. It would collect data on retirement issues and Emeritus faculty, and develop and maintain booklets and a WEB site regarding Emeritus activities. In addition, it would develop resource lists of financial advisors, independent of the University pension programs, and initiate investment/retirement educational programs for faculty. One of the more important roles of this Office would be to facilitate and provide resource support for an Association of Emeritus Faculty. This Association would emanate from and be run by Emeritus Faculty. The Office would provide staffing support and help publicize the activities of the Association. The Association would organize and plan many activities for Emeritus Faculty. Among these might be Talent Banks, volunteer work, the SAVVY program, freshman seminars, mentoring programs (including assisting junior faculty in the enhancement of teaching skills), faculty orientation programs, fund raising, and serving as School Ambassadors. It would also encourage a program of small grant support from the University Research Foundation for Emeritus Faculty. Recent explorations with the leadership of the Faculty Senate of the University, and the Dean of the Schools of Arts and Science, indicated enthusiasm for the formation of an Office of Senior Faculty and an Association of Emeritus Faculty.

The creation of such an Office and Association within the School of Medicine may be too narrow a venue for an idea that has greater campus-wide appeal. Thus we urge that the administration of the School of Medicine enthusiastically endorse this plan and immediately forward it to the Provost, recommending that it be implemented at the University level. This recommendation should move forward immediately.

X. COMMISSIONS AND TASK FORCES FOR FURTHER EXAMINATION OF FACULTY MATTERS

It is recommended that the Dean appoint Commissions or Task Forces to further examine matters of importance to faculty. It was not possible for the Working Groups to cover in sufficient detail all topics, and in the end there were important matters identified that are referred to the Dean for further study. These issues are listed below, and examination of the respective WG reports will provide the rationale and additional detail on these recommendations.

- 1.** The CE WG recommends that the Dean convene a Commission or Task Forces to re-evaluate the criteria for appointment and promotion of Health System Physicians in the Clinical Track. This Task Force should also consider the details of a Plan to integrate the Clinical Faculty with Standing Faculty at “on-site” locations in a way that will preserve the CE Track.
- 2.** It is recommended that another Task Force should be convened to examine the issue of “base salary”, “university salary” and “supplemental salary” for both physician scientist faculty in the Tenure Track and Senior Faculty reaching the endpoints of their careers. The issue of "Academic Base Salary" needs to be clearly defined by the Office of the Provost for consistency in application throughout the University in general, and for the School of Medicine, in particular. This Task Force might also consider mechanisms to fully fund sabbatical leave for faculty who are paid in part through CPUP.
- 3.** It is recommended that the restructuring of the Research Track, and mechanisms for implementing a Standing and Associated Faculty component, should be the subject of another Task Force. In addition, this Task Force ought to examine the problem of how to treat Ph.D. Faculty appointed as CEs in certain Clinical Departments, who do not have primary research or clinical responsibilities (e.g., Epidemiology and Biostatistics, Radiology, etc.).
- 4.** It is recommended that a Task Force be assembled to evaluate if instruction on the experimental basis of clinical medicine is being properly reviewed and taught by Tenured Faculty in the first and second year of the Medical School Curriculum. Specifically, how can more Basic Science Faculty be engaged in this endeavor?
- 5.** Finally, there is value in another Task Force that would consider how the School might approach the problem of implementing changes in the University Handbook that might arise from recommendations in the Faculty - 2000 Project.

XI. RECOMMENDATIONS ORGANIZED BY A MEANS OF IMPLEMENTATION

The following list organizes the recommendations from all four WG Reports according to a means for implementation. Some recommendations require a change in University or School Policy, others require a change in the Handbook, and some require action by COAP, etc. This list is not intended to serve as a substitute for reading the reports, which contains valuable background information and more thorough explanations of each recommendation.

Faculty (Academic) Professional Development:

Create a Division of Faculty Professional Development within the Office of Faculty Affairs (CE, T, SO, SF, FR).

COAP:

Reexamine structure and operating procedures of COAP (CE).

Publish realistic criteria for promotion, including nature and quantity of scholarship for CE (CE).
Delineate clearly the differences between Tenure and CE Tracks (T, CE).
Shift responsibility for selecting external consultants for promotion in the Tenure Track to the candidate's department (T).
Reformulate expectations for promotion in the CE Track to be consistent with new Statement of Purpose (CE).
Improve recognition of teaching, clinical and administrative contributions in the promotion process (CE, SO_W).
Acknowledge diversity of career trajectories in the CE Track (CE).
Review promotion process for faculty with disabilities (SO_D).
Reexamine promotion criteria in the Research Track to take into account the "independent investigator" or "co-investigator" status of faculty appointed to this Track (SO_R).

Endowment Goals:

Funding for Association for Emeritus Faculty office space (SR).
Funding for faculty teaching time (T, CE).
Funding to support Chairs in the Graduate Group Programs (FR)
Funding for development of minority fellows, post-doctoral fellows and instructors (SO_M).
Funding to support women and minority faculty organizations (SO).

University Policy:

Transfer appropriate faculty from CE and Research Track to Tenure Track without national search (T, CE)*.
Allow increase in tenure probationary period for women who had children before coming to Penn (T)*.
Eliminate modified title for CE's (CE)*.
Allow Health System Physicians to practice full time at HUP and CHOP (CE majority)*.
Increase flexibility in rules governing part-time faculty status (SO)*.
Provide flexibility in mandatory probationary period for faculty with disability or chronic illness (SO_D)*.
Redefine and restructure the Research Track with attention to issues defined in the Report of the Working Group on Special Opportunities and the Final Report (SO_R, FR)*.
Affirm that members of the Associated Faculty may move into an available Standing Faculty position, if qualified (CE)*.
Ensure input of disabled faculty into committees concerned with Architectural Planning and Physical Plant Operations (SO_D).
Create an Office of Senior Faculty and an Association of Emeritus Faculty (SF).
Establish fund for small research grants for emeritus faculty through University Research Foundation (SF).
Increase staffing in Office of Human Resources for dealing with Senior Faculty retirement issues (SF).

Handbook Issues:

Transfer appropriate faculty from CE and Research track to the Tenure Track without national search (T, CE).

Allow increase in tenure probationary period for women who had children before coming to Penn (T).

Eliminate modified title for CE's (CE).

Allow Health System Physicians to practice full time at HUP and CHOP (CE majority).

Increase flexibility in rules governing part-time faculty status (SO).

Provide flexibility in probationary period for faculty with disability or chronic illness (SO_D).

Redefine and restructure the Research Track (SO_R).

Affirm that members of the Associated Faculty may move into an available Standing Faculty positions if qualified (CE).

School of Medicine Policy:

Charges:

To Clinical Chairs to develop Faculty Allocation Plans to determine appropriate mix of tenured, CE and Clinical track appointments to best preserve the academic primacy of each department (CE).

To Medical Faculty Senate Steering Committee to monitor the Faculty Allocation Plan (CE, FR).

To Clinical Chairs to recruit physician scientists with adequate start-up packages, support, and Academic Plan (T).

To Chairs to monitor adherence to faculty Academic Plans, especially with respect to women and minorities (SO, CE).

To clinical Chairs to encourage CE faculty to avail themselves of the option for "compressed scholarly leave" (three months of leave funded at the 12-month level).

To the Dean to charge a committee of faculty and administrators to codify policies on scholarly leave, including the salary upon which its funding is based.

To Faculty to aggressively pursue revenue-generating biomedical education services including distance learning (CE).

To Departments to develop written maternity and family leave policies (SO_w).

To Basic Science Chairs to actively recruit minority graduates from Penn's post-baccalaureate programs (SO_M).

Improve clinical information systems in the Health System and CHOP to increase productivity and decrease errors (CE).

Create a Statement of Purpose for the CE track that reaffirms the original intent of providing outstanding clinical service, exemplary medical teaching and advancing the practice of medicine (CE).

Raise the "academic base salary" for tenure faculty in clinical departments following a financial impact review. (T).

Insure an effective Mentoring System is in place for all junior faculty (T, CE, SO, FR).

Change the mission statement of the School to include support for active recruitment of women, minorities, and faculty with disabilities (SO).

Acknowledge the value of Senior and Emeritus Faculty and recognize their service and achievement. Change the cultural climate so that we as a School celebrate Emeritus status (SF, FR).

Encourage recruitment of Ph.D.s into clinical departments' (T).

Encourage recruitment of women, minorities and persons with disabilities (T, SO).

Establish a Health System supported Education Fund (CE).

Establish medium- and long-term endowment funds to support educational missions (T, CE, FR).

Commit to continued support for FOCUS and the Center of Excellence on Minority Health (SO).

Accommodate needs of women with on-site day care and reasonable meeting times (T, SO).

Commit to an annual review of benchmark data on women and minority faculty (SO).
 Reward departments for increasing recruitment and retention of minority faculty (SO_M).
 Address nonphysical barriers to equal opportunities for the disabled through education of senior officials (SO_D).
 Enhance sensitivity of senior officials to privacy issues regarding disabilities (SO_D).
 Reduce physical barriers that hinder the disabled; strive for work place equity (SO_D).
 Provide support to analyze faculty survey (SO).
 Develop and maintain a functioning system for mentoring for women, minorities, and junior faculty (T, SO, SF).
 Allow Faculty in the Research Track to provide mentoring service (SO_R)..
 Reconsider the restrictions on teaching in the Research Track (SO_R).
 Provide office space for Emeritus faculty (SF).
 Establish guidelines for counseling senior faculty on maintaining productivity and transitioning to Emeritus (SF).

Task Forces for Further Study:

To evaluate the balance of clinical medicine and its experimental basis in the curriculum (T).
 To develop a plan for the integration of Associated Clinical Faculty and preservation of CE Track (CE).
 To deal with unresolved senior faculty issues (SF)
 To evaluate and restructure the Research Track with attention to issues defined in the Special Opportunities WG report (SO_R)
 To recommend changes to the University Handbook that would be necessary to implement the above (CE)

Identification of Recommendations that require financial expenditures by the School of Medicine and Health System to implement.

Staffing a Division of Faculty Professional Development.
 School contributions to a University-wide Office of Senior Faculty.
 Development of day-care facilities.
 Development of clinical information systems within the Health System and CHOP.
 Provide continued support for the FOCUS and Center for Excellence Programs.
 Changes in the concept of "Academic Base" salary.
 Extension of benefits to Research Track Faculty.
 More consistent maternity leave policies.
 Recruitment and start-up expenses for physician scientists appointed in the Tenure Track.
 Reduction of physical barriers that hinder the disabled.
 Office space for Emeritus Faculty.

Key: FR = Final Report, T = Tenure WG; CE = Clinician Educator WG; SF = Senior Faculty WG; SO = Special Opportunities WG, (W = Women; M = Minorities; D = Disabled; R = Research Faculty). * = Requires change in Handbook.

BALLOT ON THE RECOMMENDATIONS OF THE FACULTY - 2000 PROJECT

The By-Laws of the Medical School Faculty Senate require that the faculty be surveyed on “Matters of Importance.” After each item below there is a page citation referring to a section in the Final Report describing that particular recommendation. Additional details are available in the respective Working Group Reports sent to every faculty member and available on the WEB at www.med.upenn.edu/senate..

Please indicate your response after each item by voting to either “agree” or “disagree” with the recommendation. If you agree with the recommendation assign it a rank in terms of how important that recommendation is to you (1 to 5 from most to least important).

1. I support submission of the Final Report of the Faculty – 2000 Project to the Dean of the School of Medicine accompanied by the full results of this ballot.

Agree / Disagree

2. I am in favor of **Recommendation I** that the School of Medicine adopts the language formulated in each of the Working Group Reports in reaffirming the philosophical basis for faculty organization in the School (page 3).

Agree / Disagree

If you agree, rank the recommendation (1 to 5, most to least important): _____

3. I am in favor of **Recommendation II** that Health System Physicians, who have concurrent appointments as Clinical Associates or Clinical Track Faculty, be allowed to practice full-time at HUP and CHOP, fully recognizing the potential implications of allowing Health System Physicians to practice full-time at "on-site" locations (pages 3-4).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

4. I am in favor of the recommended “incentives and “safeguards” intended protect the CE Faculty and Track in the event that Health System Physicians are allowed to practice full time at HUP (page 4-5).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

5. I am in favor of the recommendation that the Clinician Educator Track should be defined with a new Statement of Purpose, and that the requirements for promotion in the CE Track be made consistent with that Statement (pages 4 and 8).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

6. I am in favor of **Recommendation III** that actions be initiated to develop funding sources to support the educational and teaching missions of the School of Medicine (page 6).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

14. I am in favor of **Recommendation VIII** that School of Medicine develop policies and maintain the physical environment in a manner that is conducive to the recruitment and retention of faculty with disabilities (page 11).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

15. I am in favor of **Recommendation IX** that the Administration of the School of Medicine convey their strongest support and enthusiasm to the Provost for the formation of a University-wide “Office of Senior Faculty Affairs” and an “Association of Emeritus Faculty” (page 12 - 13).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

16. I am in favor of **Recommendation X** that the Dean appoint Commissions or Task Forces to further examine matters of importance to faculty (page 13).

Agree / Disagree

If you agree rank the recommendation (1 to 5, most to least important): _____

17. From the above recommendations please list by question number **the three items** that are most important to you.

18. We would like you to indicate your Academic Rank and Track for demographic purposes only (Circle appropriate).

Assistant Professor / Associate Professor / Full Professor

Clinician Educator / Tenure / Research (circle one)

Please Feel Free to Comment (use back page, if necessary) either below or via e-mail to:
vmulhern@mail.med.upenn.edu

**Return ballot to: Ms. Victoria Mulhern, Office of Faculty Affairs, Room 235, John Morgan Bldg.
If you wish, return the ballot via FAX to 573-2592.**