

Minutes of the Meeting of the Executive Committee

SUNY-Downstate College of Medicine

November 4, 2024

Attendees: M. Stweart, H. Siddiqi, C. Kamarajan, R. Viswanathan, L. Harris, C. Brown, R. Orman, L. Martello-Rooney, R. Kollmar, F. Velcek, S. Agrawal, S. Marquez, S. Rabinowitz, T. Smith

Guest Dr. Lazar

Dr. Lazar's Report

Dr. Lazar stated the following:

One of the things that was obvious to him was the chair's frustration with the promotion process. He feels communication between the Dean's office and faculty governance could be more assertive. When he met with some members of the faculty governance and the Dean, he realized that CAPQ had stopped functioning effectively. He felt that it was no one at fault, but there was a lot of confusion. The former presiding officer of the Executive Committee has been trying to clean up the CAPQ business. CAPQ had some issues, and their guidelines had been changed by Dean Pato in 2016, so there was a post and pre-criteria and a vote, which was confusing. In the winter of 2023, there were 5 or 6 different meetings.

One of the things was to get CAPQ back to function with the acknowledgment that the post-2020 guidelines would be the same as the pre-2020 and post-2016 guidelines. In the meetings, some of the conversations were difficult. From April 2024 to September 2024, CAPQ started, and 18 faculty members were evaluated for promotion and tenure. Dr. Lazar stated that Dr. Danis did a great job getting the committee back on track. There are still some issues related to faculty and affiliate hospitals. They play a more prominent and significant role in teaching our medical students, and 10 years of tenure are overdue. He stated that after 7 years, faculty members should be eligible for tenure. If not, they should be redirected to the tenure track. He feels there have been changes regarding faculty/chair leaving or the chair feeling that the faculty is not ready for tenure. Time has passed, and it has become an overdrive problem. The situation has been compounded in recent years because those 10-year overdue people are doing what they're flying underneath the radar screen. Tenure-eligible faculty have to be given the due process of being evaluated for tenure. Forty-nine faculty members fall into the category of 9 basic scientists and 40 clinical faculty members. Some of them don't want to be evaluated for tenure. They will fly under the radar screen and remain tenure-eligible because of their security in being tenure-eligible but not evaluated for tenure. You revert to a nontenure track if you do not have the credential. He stated that there are different ways to sort it out. Create an ad-hoc CAPQ committee, have faculty voluntarily step out of tenure overdue, get their promotion, and then get evaluated eventually for tenure.

Another problem related to promotion is the faculty affiliate hospitals. There are 11 affiliate hospitals and Downstate partners with hospitals regarding GME. Faculty at affiliate hospitals to teach our students and train our trainees require downstate appointments, which can be problematic because chairs must write a letter and send their recommendation to the Downstate chair. Then, the Downstate chair has to write a letter supporting and agreeing with the faculty appointment for anything more than a critical assistant. Since there has been a turnover of chairs, new chairs have not been familiar with appointments and administrators because of the high turnout rate. In the future, clinical administrators will start to meet, and basic science administrators will join them for procurement-related issues. Dean has begun a series of Dean's office transition meetings every Monday at 10:00 AM to review the various responsibilities. The Dean's office also meets with a legal team to discuss compliance.

Dr. Lazar discussed the state of Downstate; regarding LCME, Downstate asked the secretariats to delay the visit because of the COVID-19 pandemic, and they said no. We had a visit in February and November of 2020, and one-third of the 93 elements we evaluated were deemed unsatisfactory or at risk of being unsatisfactory. But they wanted what was required: monitoring and an annual report. We were asked to develop an action plan that was submitted and accepted. All citizens have been met except for the student lounge and leisure space for the pre-clinical years for the basic science year.

Regarding Downstate, Dr Lazar was aware of the proposed closure of UHB on Martin Luther King Day. The plan was to have a floor at Kings County, which no one discussed with them. He stated that Downstate is the victim of the SUNY Budget, meaning that enrollment has gone down. Students are reluctant to take out these giant loans, so they attend trade school. Covid hurt also. Quality is not an issue; David Berger has worked very hard. Downstate has gone from Leapfrog status D, the lowest like most of the hospitals in Brooklyn, to Leapfrog status C and a couple of points away from Leapfrog status B. Methodist is the only Brooklyn hospital that has a Leapfrog status B. SUNY Buffalo is hurting as well. Stonybrook is a public beneficiary corporation with donors. Three forces opposed this proclamation of UHB closure. 1) local politicians. 2) Chairs writing letters, and 3) informing the Governor. She decided to create a Community Advisory Board. The Community Advisory Board has started to meet. US Downstate did not have a representative, and one of the local community picks was our new family medicine chair, Doctor Anita George. It is very fortuitous that she had met some local politicians, and she was actually. She appointed this nine-person Commission by April, and they're supposed to have recommendations, and many feel strongly about that.

The recommendation will be to change the hospital but not close it. Downstate was given \$100 million a year to cover our costs for two years and then a minimum of \$300 million for upkeep, and it may go up to \$750 million. Downstate's College of Medicine is the second largest of the 17 medical schools in the state. 50% of our students stay in New York City, and 75% stay in New York State for training. Downstate has 11 affiliates and a growing relationship with Maimonides.

