1. Faculty Vote for two students for Medical Doctor Degree
   a. Unanimous vote for confirmation of degree

2. Strategic Plan
   a. Research
      i. NIH funding has diminished
      ii. UVM underperformed in obtaining research support from corporations, foundations & individual philanthropy
   b. Education
      i. UVM Health Network has grown dramatically
      ii. Incentive based budgeting has began
   c. Timeline
      i. Spring 2015 four committees formed
      ii. August 2015 Retreat occurred, > 100 faculty members present
      iii. Fall 2015 Committee reports given
      iv. November 2015 Single report made by executive committee
      v. Winter 2016, COMAC review
      vi. Late winter 2016, Dean finalized the report
      vii. Spring 2016, implementation Budget Fy17
   d. Feedback
      i. Research
         1. Improve research efforts
         2. Improve funding by diversifying sources
      ii. Education
         1. Develop education between undergraduate and doctoral degrees
         2. Fully utilize UVMHN to increase clinical teaching base

Respectfully Submitted,

Bruce J. Leavitt MD, FACS
UVM College of Medicine Faculty Meeting

January 5, 2016
January 2016
Candidates for Doctor in Medicine Degree

Jigar M. Patel
Adam Michael Roberts

2 Students

Committee on Advancement: Approved December 01, 2015
UVM College of Medicine Faculty: Approved
UVM Faculty Senate: Approved
Responding to our Changing Environment

Strategic Plan Review
Research

• Nationally, federal research support has changed.
  • NIH funding has decreased dramatically against inflation.
  • Funding from agencies funding healthcare delivery research, like PCORI, has grown.

• We have underperformed at attracting research support from corporations, foundations and individual philanthropists.
Education

• The UVM Health Network and the Western Connecticut Health Network have grown markedly.
  • A potential solution to the limited patient base available in Burlington for clinical teaching and research

• Incentive Based Budgeting (IBB) allocates all income and expenses to Colleges
  • A more negative budget for the College of Medicine
  • More opportunity to benefit from revenue generated from new activities
We Must Adapt to These Changes

Fortunately, because we have been rigorous in our budgeting, we have a balanced budget today and we have resources reserved for needed investments. Thus, we have time to plan and resources to invest in implementing the plan. If we act now we can master our changing environment. If we do not we will be at its mercy.
# Strategic Planning Timeline

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<th>Spring 2015</th>
<th>Summer 2015</th>
<th>August 2015</th>
<th>Sep-Oct 2015</th>
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<tr>
<td>Committees convened. 60 people appointed to 4 committees</td>
<td>Committees interview stakeholders and develop plans</td>
<td>Retreat with 100+ faculty review plans and provide input</td>
<td>Committees reconvene and produce individual reports.</td>
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<td>Executive Committee convenes to produce a single combined report</td>
<td>COMAC reviews report and provides feedback</td>
<td>Review and input by Faculty. Dean finalizes report and presents to Departments</td>
<td>Implementation: Insertion in FY17 Budget</td>
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Research: Two Thrusts

I. Improve of our research efforts by supporting
   A. Individual faculty
   B. Programmatic work of groups of faculty
   C. Institutional infrastructure

II. Improve the funding of our research engine by diversifying sources of support
   A. Corporations
   B. Foundations
   C. Individual philanthropy
   D. Margins from new non-doctoral programs
Research

I. The Faculty

Goal: Maintain a strong research faculty training and support infrastructure to foster research excellence and success in basic, clinical, translational and health services/population research.
Research

II. Programmatic Research
Goal: Have strong cross disciplinary programmatic research in key areas, exhibiting collaboration and integration among basic scientists, clinicians and translational researchers.
Research

III. Institutional Infrastructure

Goal: Have an infrastructure to facilitate and support basic, translational, clinical, and health services research.
Education: Two Thrusts

I. Develop education programs in the space between the baccalaureate degree and the doctoral degree
   A. To answer the UVM call to increase graduate education
   B. To turn a margin to support the primary missions of the College

II. Fully utilized the UVMHN to eliminate the limitations of clinical teaching by the size of our population
   A. Increase the clinical teaching base
   B. Develop unique education programs that will attract more and better students
Education

1. New Programs: Recommendations

Goal: Specific recommendations for new educational programs.
Education

II. New Programs: Infrastructure
Goal: To provide necessary support for new course and program development, approval and rapid implementation.
Education

III. Expanding Education across our Health Networks
Goal: To provide mechanisms for leveraging the newly expanded UVMHN to optimally deliver existing curricular requirements for medical students and residents and to explore how additional programs could be developed and additional types of students be served.