

# ***COMCOR update***

***June 23, 2009***

***2008-09 academic year***

George Blanck, Chair

# Committee charge:

To make  
recommendations!

(faculty council, appropriate  
administrative personnel)

## The rules:

All recommendations were made in the form of committee motions by committee members, other than Chair or ex-officio members

All votes for motions were made by committee members, other than Chair or ex-officio members.

Committee members and

More detailed background info  
related to the motions

Can be found at:

[comcor.health.usf.edu](http://comcor.health.usf.edu)

Recommendations in the form of committee motions,  
this year

- ❑ That the COM grad affairs office monitor and report grades for both Ph.D. and masters students, when both types of students are in a class.
- ❑ That IRB scientific reviews be done by a central office, presumably office of clinical research; OCR develop a conflict of interest management policy; OCR develop “boiler plate” IRB applications and provide applicant liaisons, to help faculty with standard IRB requirements.



## Recommendations continued

- ❑ That administrative leadership facilitate a working relationship between the Moffitt and USF Health microscope cores, to minimize duplication, etc.
- ❑ That promotion of research, in the Tampa Bay area be increased: NPR, faculty articles to public affairs, faculty seminars around town.

## Recommendations continued

- ❑ That all funds from industry sponsored clinical trials be maintained in non-UMSA accounts and that faculty conducting these trials have speedy and convenient access to the portion of these funds that represent individual faculty resources
- ❑ That USF Health administration establish the appropriate level of USFPG faculty salary as “guaranteed”, to meet the NIH definition of this term, to allow proper salary portions from grants

For example, if a clinical faculty member would like to submit a grant application for 25% time, and he or she has 100K annual state and 100K USFPG components, the grant can only include 25K for salary.

In this situation, the **faculty member would have to indicate a 50K amount to have 25% of actual time free for the project**, but the reviewers would “see” a **50% effort**, likely not justifiable for the actual project.

This accounting issue risks putting USF clinical faculty at a disadvantage in establishing a credible NIH application, in not being able to indicate appropriate time to be used to cover the project goals; **prevents clinical faculty from having more than 50% of their time used for research**; and causes USF to unnecessarily leave money on the “NIH table”.



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## USF COMCOR motion

Issues regarding co-education of master's program students and Ph.D. students; Dec, 2008

Background: The relatively recent implementation of a master's program was certainly a progressive achievement for the College of Medicine. While the program has generally produced numerous positive outcomes, there is a serious concern with the way that the program has been organized. It is the concern of this committee that the hopeful medical students in the masters program are placing all of their effort into academic success with didactic lectures to bolster their competitiveness for medical school. Consequently these students may perform very well on the exams. However, Ph.D. students in the same curriculum are working in laboratories as part of their educational requirements, and thus the Ph.D. students do not have the same amount of time to devote to didactic lectures. Thus, the GPAs of the Ph.D. students could fall below our previous classes, which could lead to problems in the evaluations of our applications for NIH training grants.

Motion: That the COM graduate affairs office monitor and report to the faculty council a comparison of Ph.D. student grades and masters student grades from courses where both students take the course.

IRB-related motion, for passing along to faculty council, among others

1. Having heard and discussed a recent presentation by IRB Chair, Dr. Barry Bercu, the COMCOR makes the following recommendations to the faculty council:
2. That e-signatures for IRB applications and all related addendums be implemented according to current plans.
3. That the USF Office of Clinical Research develop an efficient scientific review process, required for all IRB applications and currently handled independently by each department, using different standards, which can cause delays in consideration of the applications by the IRB.
4. That the USF Office of Clinical Research develop a more sophisticated conflict of interested management process for IRB applicants. This recommendation is predicated on the idea that conflict of interest is inherent in the process, cannot be completely eliminated, but can be managed in a transparent and appropriate fashion. For example, as a study becomes more developed, it may be necessary for a “generic”, Office of Clinical Research-designee to assume the role of principal investigator.
5. That the USF Office of Clinical Research develop additional infrastructure to meet the routine needs of submitting an IRB application, such standardization of statistical requirements, providing personnel to handle routine aspects of application preparation, in conjunction with the applicant.

### Microscope core related motion, Feb 2009

Following a presentation by David Birk regarding the microscope core facility, and follow up deliberation by the committee, the committee makes the following recommendations:

1. That senior administrative leadership facilitate a working relationship between USF Health microscope and Moffitt microscope core facilities staff, for synergistic results; and to improve staff experience with core functions; and to avoid duplicating advanced and costly services. For example, for the foreseeable future, immuno-histochemistry core facilities are available at Moffitt.
2. That David Birk facilitate a high profile series of announcements following the hiring of a lab director for the microscope core facility, to maximize notice to USF Health of available core facility services and opportunities. This strategy could include a seminar presentation, possibly in more than one venue, by the new lab director.

Background: The committee is aware of several faculty members extensively involved in industry sponsored clinical trials who are requesting that ALL industry funds for clinical trials go into foundation accounts rather than UMSA accounts.

Apparently, this would prevent co-mingling of funds with divisional UMSA accounts that makes managing the clinical trials difficult. Allowing all clinical trial funds to go to a foundation account would also make it more convenient for faculty members conducting these trials to have access their share of indirect cost funds or other, related funds, as individual faculty resources. Finally, the current financial system is a strong disincentive for faculty to initiate industry sponsored clinical trials, leading to reduced, future opportunities for university projects, reduced interactions between faculty and industry, and reduced university resources.

Motion: Committee recommends that all funds from industry sponsored clinical trials be maintained in non-UMSA accounts and that faculty conducting these trials have speedy and convenient access to the portion of these funds that represent individual faculty resources.



COMCOR motion 2009-4 (Promotion of research)

Feb, 2009

Recommendation to expand promotion of the USF College of Medicine research enterprise within the greater Tampa Bay area:

Specifically to:

1. Expand use of local NPR to highlight medical research at USF.
2. Develop with USF Public Relations Office requirements for faculty to submit accepted manuscripts, for highlighting COM faculty research in local newspapers in Tampa Bay.
3. Recruit/require College of Medicine faculty to participate in a seminar series open to the Tampa Bay community.

Background: Clinical faculty have two salary components. One is a state E and G or non-E and G component; the other is from USFPG (practice plan).

However, only the state component can be considered base salary for the purposes of an NIH grant application, due to an NIH regulation that reads “Clinical practice compensation must be guaranteed by the University”, for this salary to be accepted as base salary by the NIH (See reference below). Currently, neither USF nor USFPG guarantees salary from the USFPG.

For example, if a clinical faculty member would like to submit a grant application for 25% time, and he or she has 100K annual state and 100K USFPG components, the grant can only include 25K for salary. In this situation, the faculty member would have to indicate a 50K amount to have 25% of actual time free for the project, but the reviewers would “see” a 50% effort, likely not justifiable for the actual project. This accounting issue risks putting USF clinical faculty at a disadvantage in establishing a credible NIH application, in not being able to indicate appropriate time to be used to cover the project goals; prevents clinical faculty from having more than 50% of their time used for research; and causes USF to unnecessarily leave money on the “NIH table”. This has remained a long-term problem despite the individual efforts of many faculty members to communicate to USF administration the standards and practices at other, comparable institutions, such as Moffitt and UF.

Motion: COMCOR recommends that USF Health Administration immediately seek the necessary information from other institutions and quickly formulate regulations that establish the appropriate level of USFPG faculty salary as “guaranteed”, to meet the NIH standard that applies to that term, to allow clinical faculty to submit grant applications that include requests for all funds needed to accurately represent the FTE portion used for the project; and to allow clinical faculty to expand the research project portion of their time beyond the portion currently represented by state salary alone. This “expansion” of the guarantee should include both faculty with (i) E and G and (ii) non-E and G funded state lines.

## Guidelines for Inclusion of Clinical Practice Compensation in Institutional Base Salary Charged to NIH Grants and Contracts

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