Undergraduate Medical Education (UME)
High Intensity Teaching (HIT)
Funds Flow Model
Implementation Plan

Office of Medical Education & Financial Affairs

April 2016
Goal: Implement the Centralized Investment Model for Medical Student Education

Outcomes:

• Distribute the cost of the leadership roles and most intense interdisciplinary teaching across departments

• Standardized % effort for equal roles and increase quality

• Expand the opportunity for education leadership roles to faculty from all departments

• Demonstrate commitment that the school recognizes and invests in faculty effort towards outstanding teaching

• Build sustainable funding model for medical student education
Definitions

High-Intensity Teaching (HIT):

Curriculum leadership responsibilities that require an individual faculty member to devote 10% or more time per year to work in the medical student core curriculum. Examples: course or clerkship director, interdisciplinary topic stewards, i.e. for ethics content.

Normal-Intensity Teaching:

Normal teaching activities in the core or elective curriculum provided as part of a department’s commitment to the education mission. Examples: series of lectures, small group facilitation, clinical teaching.
Guiding Principles*

Medical Student Education is a responsibility of and benefits everyone in the medical school and medical center.

- The Funding Model should:
  - be simple, efficient, equitable, transparent, sustainable, and cost effective.
  - maintain and strengthen the core infrastructure needed to support outstanding education.
  - promote and incentivize participation in curriculum leadership.
  - distribute costs proportionally across all funding sources.
  - recognize that all faculty are responsible for Normal-Intensity-Teaching and that it is not covered in this model.

* 2014 Medical Student Education Funds Flow Task Force
Development and Implementation Timeline

Jan-Mar: Funds Flow Model Finalized and Approved

April-June: Implementation Process and Communications

Oct ‘15 – June ’17: Recruitment for HIT Faculty & Staff Roles

July - Department Direct Charge Begins

2016

Q3: Model Approved
Q1: July 1 15% surcharge on Dean’s Tax
Q3: Aug 1 Bridges Curriculum Launches

2017

Q3: March 3 Essential Core Curriculum Ends
Q1: July 1 18% surcharge on Dean’s Tax
Q3: Aug 7 Bridges Curriculum Year 2

2018

Q1: July 1 21% surcharge on Dean’s Tax
How does it work?

Centralized funds are returned to those departments whose faculty hold HIT roles and support discipline specific HIT.

1. Dean’s Office Contributions
2. Central Staff
3. Core Curriculum Leadership HIT

How does it work?
Example of FY17 Plan for Anesthesia:
Planning occurs on Expense accounts and amounts are recommended to be spread monthly

- Estimated FY17 Total Dean’s Tax Surcharge = $536,370
  
  **Core Campus**
  - 75310-127039-5014-1000000-46 = $504,142
  - **AND**
  - 75310-127041-5014-1000005-46 = $32,228

- Estimated Total Department Allocation = $237,156
  
  **Preferred Method** *(mirrors implementation)*
  - **Employee Planning:** Faculty and/or staff members charged to OME chartstring:122116-5014-2014418-40
  
  **Alternate Method**
  - **General Planning:** Faculty and/or staff payroll accounts on department selected chartstring as total credit of $237,156
Faculty and Staff HIT Roles

Total Unfilled Roles \[\frac{22}{66}\] Total Faculty Roles

Total Unfilled Roles \[\frac{7}{24}\] Total Staff Roles

Additional Dean Funded HIT Roles (Coaches)

Total Unfilled Roles \[\frac{17}{45}\] Total Coach Roles
Next Steps

1. Medical Education is preparing packets for each department describing:
   - Overview of model
   - Impact on specific department staff and faculty
   - Proposed recruitment of central staff
   - List of department’s faculty already funded through the new model
   - List of centrally funded open faculty and staff positions

   These packets will start going out to department chairs and managers soon.

2. Medical Education is accepting nominations from department chairs for open faculty positions before school-wide recruitment begins.

3. Medical Education is available to meet with any department regarding their integration into the model.

4. All questions can be directed to Kevin Souza at kevin.souza@ucsf.edu.