



**Medical Affairs Advisory Committee  
Meeting Minutes**

**Meeting Date: February 19, 2025**

Circulated: 03/13/2025

Approved: 03/19/2025

**Present:** Shahzad Mian (Chair), Katherine Gold, Naomi Laventhal, Ann Marshall (FSO, Coordinator), Zack Ouellette (Office of EVPMA, Admin), Soumya Rangarajan (SACUA liaison), Marschall Runge (Executive Vice President for Medical Affairs), Carol Shannon, Lauren Smith, Emily Stoneman, Patricia Tillman-Meakins

**Absent:** Lindsay Admon, Nancy Allee, Jennifer Romano, Sara Pasquali

**Presenter**

- George A. Mashour, MD, Ph.D. Interim Executive Vice Dean for Academic Affairs, Senior Associate Dean for Faculty & Faculty Development, Professor of Anesthesiology & Pharmacology, U-M Medical School

1. Chair Shahzad Mian called the meeting to order and the minutes from the last meeting were approved.

2. Clinical faculty promotion process -- presentation and discussion with Dr. George Mashour

- This past January, a town hall was held that focused on the promotion process for clinical, research, and tenure track faculty. As a follow-up, virtual office hours are being offered. There is some built-in ambiguity about promotion for clinical faculty that allows for flexibility and comprehensive review, with some departments also having more specific criteria than others.
- A MAAC member noted that in some divisions, such as general medicine, the tremendous demands of caring for patients create time constraints that can impede clinical faculty from pursuing promotion. This raises questions about how to best design a path to promotion for clinical faculty. Some faculty have been clinicians for years, and investments that support clinical faculty with publication are one possible strategy. There is also differentiation across divisions regarding salary and promotion rates.
- Dr. Mashour noted that Anesthesiology has tried to build structures where clinicians can be engaged in research without jeopardizing their clinical practice. Such structures could include curated datasets, studies focused on questions raised by clinical faculty, and a reorganization of the research enterprise to include domains of excellence that clinical faculty can easily plug into. There are questions about how such structures might be successfully implemented.
- Rank and promotion are conferred on central campus, and processes that work for central campus may not always work well for Michigan Medicine. At both the department and provost-level, promotion is dependent on the criteria provided. Possible alternative criteria could include a greater emphasis on national speaking engagements and/or serving as a medical director. Clinicians bring in funds, work directly with patients, and may be short staffed. MM accounts to close to two thirds of all promotions. There is a growing demand overall for clinicians, and a clinical perspective on promotion is important.

3. Impact of U.S. policy developments

- Proposed federal changes to indirect costs are a departure from a decades-long tradition to help recover costs for research infrastructure. These rates are negotiated contracts and decreases in the indirect cost rate could significantly impact hospitals and patients. Guiding principles in responding are to support our team members, promote excellence across the tripartite mission, affirm interdependence, and use resources judiciously. It was noted that teams are already tapped out from the COVID era, that some faculty may be impacted more than others, and that communicating the value of Michigan Medicine's work is crucial.



FACULTY SENATE  
**SENATE ASSEMBLY**  
UNIVERSITY OF MICHIGAN

Meeting Adjourned

Respectfully submitted,  
Ann Marshall, Faculty Governance Coordinator

1120 Ruthven Building  
1109 Geddes Avenue  
Ann Arbor, MI 48109