UCSF Faculty Association

An Independent Membership Organization of Faculty at the University of California, San Francisco

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Sue Desmond-Hellmann, MD MPH Chancellor University of California, San Francisco

___ Dear Sue,

Executive Board

Chairman
Warren Gold, M.D.
Vice Chairman
Mark Ryder, D.M.D.
Secretary
Stanton Glantz, Ph.D.
Treasurer
Marty Bogetz, M.D.

The UCSF Faculty Association was contacted by several faculty who were concerned that the Operational Excellence Pre-Award plan was being pushed through without serious consideration of faculty concerns that the plan would make it more difficult for faculty to do their jobs.

Ed Yelin, Ph.D. Ginger Carrieri-Kohlman, RN, DNS.

Executive Director

To assess whether such views were widely held, the Faculty Association conducted an internet survey of the UCSF faculty from May 8-18. The detailed results are attached. We particularly call your attention to the text comments, which have been organized into categories to facilitate considering them.

Member, Council of UC Faculty Associations

Two hundred eighty of UCSF's faculty responded (12%), including 18% of ladder/FTE faculty, 16% of in residence, and 10% of adjunct, the groups most likely to be affected by the proposed changes. The response was highest among full and associate professors, probably reflecting the fact that the list of faculty available to the Faculty Association is several years old. We attempted to compensate for this fact by encouraging faculty to have colleagues who did not receive our email invitations contact us to receive the survey. We only permitted one response per UCSF email address.

The survey itself was initially drafted by the Faculty Association Board, then circulated to several UCSF faculty with expertise in survey design for review for substance and tone. All changes that these reviewers suggested were incorporated. We took care, for example, to vary the order of response options (some supportive to unsupportive and some unsupportive to supportive) to avoid biasing responses. Professor Stanton Glantz, who teaches statistics, oversaw the project.

The results show that the faculty recognizes that there is room for improvement in pre-award management. When offered a non-exclusive list of options for "most likely to reduce costs of managing pre-award administration while at the same time maximizing support for your ability to compete successfully for grants," only 13% selected "maintain the current system."

At the same time, only 4% selected "implement the current OE centralized plan."

The survey exposed a serious lack of confidence in the current plan and process:

- * Faculty overwhelmingly believe that the changes will make their jobs harder. In response to the question, "What effect do you think this new system will have on the ease with which you can submit grants?" 62% believed it would make their job somewhat or much harder compared to 10% who though it would make their job somewhat or much easier.
- Seventy percent of faculty believed it would make them personally less productive compared to 8% who thought it would make them more productive.
- Sixty-nine percent thought it would reduce departmental productivity and morale compared to 8% who thought it would improve morale and productivity.
- Forty-four percent of respondents believed that campus leadership has been not very open or closed to faculty ideas and concerns about how to improve pre-award management, compared to only 19% who believed leadership had been somewhat or open to faculty ideas and concerns. There were similar numbers for openness to staff ideas and concerns.
- Forty-nine percent of respondents said that the process of developing the new pre-award system has somewhat or substantially decreased confidence in campus leadership compared to 14% who said it somewhat or substantially increased confidence in campus leadership.

There is serious concern about the decision to select iMedRIS software to manage the new system. Fifty-one percent of faculty respondents reported that iMedRIS required somewhat or much more time for them to prepare Committee on Human Research applications, compared to 29% who said somewhat or much less time. When asked, "Based on your experience with the CHR system, would you recommend that the campus purchase software to manage pre-award grants management from iMedRIS?" 51% said "no" compare to 14% who said "yes."

As noted above, faculty do believe that improvement in current processes and procedures is possible and do support positive change. Of the nonexclusive choices offered moving forward, the most selected one was "Maintain a department/ORU-centered delivery of services with increased training so that signature authority can be delegated to departments, reducing the role of central contracts and grants to training and oversight, thereby reducing costs at that level," which was selected by 46% of respondents, followed by "Implement the current OE centralized plan in a few departments and ORU for a reasonable time, then compare its actual performance with existing high performing units in terms of faculty satisfaction and costs before deciding whether and how to proceed," with 42%. (The next highest choice had 29%.) These selections far exceed both maintaining the status quo (13%) and implementing the current plan (4%).

In the comments, one respondent succinctly summed up concerns that appeared in many of the comments:

Unlike the other elements of Operational Excellence, this pre-award function is about REVENUE, not cost management. If anything, pre-award should be DE-CENTRALIZED so that we can all be more responsive to the unique issues around RFPs. I have a personal relationship with my pre-award analyst who often works flexibly with my needs. I do not have any such relationship with anyone who provides a shared/centralized service. I'm all for centralizing cost and other administrative centers, not revenues.

The Faculty Association agrees with this point and supports the recommended path of seeking to strengthen the current distributed system and reduce costs by delegating authority to departments and ORUs with appropriate training and oversight. A concurrent voluntary test of the currently planned arrangement would also be acceptable, although running two parallel systems would probably be more expensive. We also support ongoing monitoring of how well a modernized decentralized system works so that appropriate adjustments, including moving toward or to the proposed centralized system should the modernized decentralized system fail to meet expectations.

We would be happy to meet and discuss these results with you or anyone else who is interested to move this issue forward. In these challenging times, it is important that we make the best possible decisions for UCSF, its faculty, students and staff.

Thank you for your consideration.

Warren M. Gold, MD

Chairman UCSF Faculty Association

Professor of Medicine

cc: EVCP Jeff Bluestone

VC Keith Yamamoto

Dean Sam Hawgood

Dean Mary Anne Koda-Kimble

Dean John Featherstone

Dean David Vlahov

Senate Chair Elena Fuentes-Afflick

Senate Vice Chair Robert Newcomer

UCSF Faculty Association Pre-Award Operational Excellence Survey

Data collected: May 8-18, 2011

Are you personally involved in the preparation and submission of grants and contracts for extramural funding?

	Number of Response(s)	Response Ratio
Yes	242	86%
No	36	13%
No Responses	2	<1%
Total	280	100%

THE FOLLOWING QUESTIONS WERE ONLY ASKED OF PEOPLE WHO ANSWERED "YES" TO THE PREVIOUS QUESTION

The current distributed system has pre-award functions distributed among departments and ORUs. The new Operational Excellence model, as currently planned, groups small units and departments into clusters with pre-award administrative staff centrally structured under Contracts and Grants. What effect do you think that this new system will have on the ease with which you can submit grants?

	Number of Response(s)	Response Ratio
Make it much easier	8	3%
Make it somewhat easier	17	7%
No effect	8	3%
Make it somewhat harder	59	24%
Make it much harder	104	43%
No opinion/not sure	46	19%
Total responses	242	
No Responses	38	
Total	280	100%
115 Comment(s)		

Were you involved in developing the new Operational Excellence system?

	Number of Response(s)	Response Ratio
Yes	8	3%
No	234	97%
Total responses	242	
No Responses	38	
Total	280	100%

THE FOLLOWING QUESTION WAS ONLY ASKED OF PEOPLE WHO ANSWERED THE PREVIOUS QUESTION "YES"

In what way did you or your staff participate in the development of OE?

8 Response(s)

What effect do you think that this new system will have on other administrative functions now handled by your department staff?

	Number of Response(s)	Response Ratio
Make it much easier	7	3%
Make it somewhat easier	28	12%
No effect	20	9%
Make it somewhat harder	53	23%
Make it much harder	62	27%
No opinion/not sure	57	25%
Total responses	227	_
No Responses	53	
Total	280	100%

What effect do you think that this new system will have on your overall productivity as a faculty member?

	Number of Response(s)	Response Ratio
Make it much easier	7	3%
Make it somewhat easier	11	5%
No effect	19	8%
Make it somewhat harder	92	41%
Make it much harder	66	29%
No opinion/not sure	32	14%
Total responses	227	
No Responses	53	
Total	280	100%

What effect do you think that this new system will have on overall department/unit morale and productivity?

	Number of Response(s)	Response Ratio
Reduce morale and productivity a great deal	81	36%
Reduce morale and productivity a little	74	33%
No effect	15	7%
Increase morale and productivity a little	15	7%
Increase morale and productivity a great deal	2	1%
No opinion/not sure	40	18%
Total responses	227	_
No Responses	53	
Total	280	100%

The motivation for the OE pre-award changes is to reduce costs (estimated to be about a \$3 million savings on a base of \$1.1 billion in extramural funds). Please select the following options that you think would be most likely to reduce costs of managing pre-award administration while at the same time maximizing support for your ability to compete successfully for grants. (Check all that apply and then add a few words explaining your answer.)

	Response Ratio
29	13%
66	200/
66	29%
105	46%
9	4%
96	42%
36	16%
18	8%
227	100%
	96 36 18

Note: Percentages do not add to 100% because respondents could make multiple selections.

How open has campus leadership been to faculty ideas and concerns about how to improve pre-award grants management?

	Number of Response(s)	Response Ratio
Very open	15	7%
Somewhat open	27	12%
Neutral	22	10%
Not very open	75	33%
Closed	25	11%
Not sure/no opinion	63	28%
Total responses	227	
No Responses	53	
Total	280	100%
41 Comment(s)		

How open has campus leadership been to staff ideas and concerns about how to improve pre-award grants management?

	Number of Response(s)	Response Ratio
Very open	8	4%
Somewhat open	19	8%
Neutral	12	5%
Not very open	62	27%
Closed	18	8%
No opinion/not sure	108	48%
Total responses	227	
No Responses	53	
Total	280	100%
17 Comment(s)		

What effect has the process of developing the new pre-award system had on your confidence in campus leadership?

	Number of Response(s)	Response Ratio
Substantially increased	5	2%
Somewhat increased	28	12%
Neutral	63	28%
Somewhat decreased	65	29%
Substantially decreased	45	20%
No opinion/not sure	21	9%
Total responses	227	
No Responses	53	
Total	280	100%

Do you prepare and submit applications to the Committee on Human Research?

	Number of Response(s)	Response Ratio
Yes	196	70%
No	66	24%
No Responses	18	6%
Total	280	100%

THE FOLLOWING QUESTIONS WERE ONLY ASKED OF PEOPLE WHO ANSWERED THE PREVIOUS QUESTION "YES"

How has the new iMedRIS system for online submission of application affected the amount of time it takes you to prepare and submit applications and obtain approval?

	Number of Response(s)	Response Ratio
Much less time	9	5%
Somewhat less time	47	24%
No difference	17	9%
Somewhat more time	54	28%
Much more time	45	23%
No opinion/not sure	24	12%
Total responses	196	
No Responses	84	
Total	280	100%

Based on your experience with the CHR system, would you recommend that the campus purchase software to manage pre-award grants management from iMedRIS?

	Number of Response(s)	Response Ratio
Yes	27	14%
No	99	51%
No opinion/not sure	70	36%
Total responses	196	
No Responses	84	
Total	280	100%
64 Comment(s)		

Series

			Response
	Number of Response(s)	Total Faculty	Rate
Ladder/FTE	68	385	18%
In residence	80	488	16%
Clinical X	45	352	13%
Adjunct	37	385	10%
HS Clinical	27	772	3%
Total responses	257		
No Responses	23		
Total	280	2382	12%

Rank

	Number of Response(s)	Response Ratio
Full Professor	143	56%
Associate Professor	66	26%
Assistant Professor	48	19%
Total responses	257	_
No Responses	23	
Total	280	100%

School

	New Lord Barres (2)	Total Facultos	Response
	Number of Response(s)	Total Faculty	Rate
Dentistry	12	164	7%
Medicine	202	1944	10%
Nursing	26	120	22%
Pharmacy	17	94	18%
Total responses	257		
No Responses	23		
Total	280	2322	12%

Please add any other comments that you think that the Faculty Association should consider.

48 Response(s)

UCSF Faculty Association Pre-Award Operational Excellence Survey

Data collected: May 8-18, 2011

The current distributed system has pre-award functions distributed among departments and ORUs. The new Operational Excellence model, as currently planned, groups small units and departments into clusters with pre-award administrative staff centrally structured under Contracts and Grants. What effect do you think that this new system will have on the ease with which you can submit grants?

Answer

Make it better

Has already created much shorter time lines for initial proposal readiness.

If the individuals are well-trained and capable, it could be good.

If the people I'm assigned to are responsive and helpful to me personally, then I presume it should be better since they will have an excellent understanding of the parts and process of submission since it will be the main job they perform

The concept is good- the implementation will be critical.

There are certain advantages of having the pre-award process centralized. However, there should be a point person in each of the depts/units to serve as a liaison between the dept/unit & the centralization unit.

To my understanding this is not centralized under contracts and grants but quite the opposite. it gives more authority to the cluster directors and reduces the centralization. In addition, the new structure will provide enhanced training and backup, reduce PI effort and decrease time to submission.

(+)could even the workload and improve things,

(-)could redistribute staff such that new interactions would lose established teamwork approaches, could remove staff from sense of "accountability" or benefactor of awards□

unlikely to make systems performing at currently excellent levels better-- so may penalize them while perhaps benefiting those with less support or poorly performing systems

Mixed Results

In the short term, it would be harder. In the longer term, it might streamline things..

Inability to easily communicate in-person with the pre-grants person is a big concern, although I do support the move if it saves significant money.

last year my dept merged pre-award responsibility with another dept. that has gone surprisingly well. so I do see some benefits in consolidating and having people with specific expertise. but I am somewhat concerned at the proposed cluster my dept will be in (since the dept has a mix of basic science and clinical research and the clusters seem to be one or the other) and in the volume the clusters are expected to be responsible for.

On the plus side, expertise should grow more quickly. On the downside, possible loss of preexisting relationships and history with existing staff

Positive: centralizing RSAs would ensure uniform job knowledge and performance.

Negative: Departmental RSAs can be more participatory in preparation of proposals (biosketches, OS, tables). Centralized RSAs will not have that departmental connection, and thus their function will change to review/approval of proposal components rather than primary responsibility for developing these components. This will require additional departmental hires to perform work currently done by RSAs.

Some advantages (teams will receive training, review and certification; streamlined signature process) may be offset by disadvantages (disintegration of close collaborative relationships between PIs and staff; additional administration removed from PIs--e.g., cluster directors).

The current electronic submission process is not intuitive and takes more time. If this will be improved that would be wonderful. Smaller groups may aid access and discussion which would be good but may lack expertise in many areas. This has been a problem for us in the past with the larger groups so I am not optimistic.

There are some aspects of the process that may be easier but in general the budget planning is helpful to conduct in person or with someone who knows your projects.

They may do an efficient job with NIH grants, but I have some concern about CDC grants.

This is difficult to sum up in a single rating, because I think it will make it much easier for some people, somewhat easier for some people, and perhaps harder for those in situations that already work very well.

Neutral

My department has already teamed up with another unit, and so far it is certainly no worse than before.

Not Sure

Effect will depend on implementation of the OE changes - whether the clear line of responsibility and oversight can survive a change in organization

Hard to know until it is tried.

I am not optimistic yet, despite some good feedback. May be willing to give it a limited try.

I don't have enough experience to answer this yet. My concern would be having to develop a new working relationship with someone one new. I also worry that as a junior investigator that we may be prioritized further down the list than senior investigators (I know for my first R01 that I was pretty clueless and the help of my pre-awards person was an important key to be funded on the first submission).

Impossible to know without details about what my cluster would be.

In general I think the more separation there is between customers and those who serve them, the worse the service will be. Also, excellent workers must be retained and rewarded; currently there is a lot of anxiety and poor morale among the pre-award personnel in my department.

It completely depends on the staffing. I have worked with people in our inhouse group who have been outstanding and also worked with people who have been suboptimal (poor communicators, disorganized). I think these groups still have to divide up work load and have assignments to individual investigators. I don't understand how this will increase efficiency - except for groups that are smaller and don't keep their RSA staff busy.

It is not clear how our interaction with the preaward staff will be affected. I have have good connection and working relationship with my contact. The lack of personal relationship may be negative. The broader scope of the preaward staff may make approvals easier. Any major change at first is negatively perceived. It might be harder. Currently we have streamlined in our dept and now our admin wants budgets completed a month in advance. so far process is negative.

no idea really

Not sure. Depends how it affects communication and access to staff.

Not sure. It sounds good in theory, but without knowing the details, it's hard to know whether it would be helpful or not.

our system works well, I hope the new one does at least as well.

This must become a slick machine to decrease administrative work by PI's.

Make it Worse

Alsp costs will increase because of recharge

At present I have an RSA who knows my research operation well and can put together the entire grant application other than the research plan independently - including the budget. Nothing can be more efficient.

Because folks who are less familiar with our activities will now be processing these submissions.

Because my department is small (Physical Therapy) the subtle differences in the applications that we would submit become lost in a central staff structure.

By having a personal relationship with our ORU's preaward people, I know exactly what their strenghts and weaknesses are and also there is a sense of responsibility that they feel towards their investigators. That will be lost when I become part of a long list of grant submitters. Centralizing preawards will make them as inefficient as contracts and grants are currently.

Centralization would be a didaster. It works, why "fix" it?

Contracts and Grants has always been very difficult to communicate with. They are slow to return calls and emails. I have very good relationships with my pre-award person (now in two different departments). Both of these people have taken a personal interest in my grants, while contracts and grants was faceless and rigid.

Currently, our faculty has worked closely with our pre- and post- award staff for years. Our staff is already overburdened due to our own staffing cuts. It is not fair to place even more work upon them and to damage the positive working relationships and environment we have build over the years.

Decentralizing will likely increase work burden on fewer personnel and limit prioritizing grants during the inevitable crunch time around deadlines.

Having direct access to pre-award staff in our department is critical to productivity and efficiency. The process is highly collaborative. The person we have in the lead position now is amazing and has a long history in the role.

I am certain that pre-award staff who centralized will NOT feel any commitment or obligation to assisting PIs. They will enforce their own timeline and operating procedures, which will complicate and delay the processing of applications, ultimately resulting in decreased efficiency. It will only be of benefit to smaller departments or divisions, who don't already have experienced personnel in place.

I am concerned about how this will affect things on our end. I have been working with the same pre-award people in CVRI for 13 years and they have gotten to know me and I have gotten to know them VERY well over the past years. I worry what will happen when we centralize this.

I am concerned that nobody will take ownership for getting it done and it will be bureaucratic and inflexible.

I am very concerned about the separation of pre and post award, and the location of grants managers outside of the departments. I assume it will take much longer for me to get answers and to interact with my manager.

I believe we will have less personal contact with the personnel doing the pre-award

I came from an institution that had centralized Contracts and Grants and it was terrible. If UCSF moves to a centralized system where I don't have the administrator I work with down the hall, I will take my grants and overhead to another institution.

i had a centralized person years ago and it was terrible. i now have easy access to someone in my department who understands the particular needs of my research and that of my colleagues.

I have a very close working relationship with my departmental grants manager and I am very concerned that this is going to get lost if centralized.

I have many grants (8?), and I need to work with someone who knows how my grants interrelate and what my plans are. Having to work through someone who I don't know, who doesn't know my work and the work of my unit, will be terribly difficult. I feel that having someone outside my unit doing this work essentially means I have to be more involved in the work myself instead of being able to trust someone to know what I'm trying to achieve. It shifts lots of work to me!

I have well-established relationships with the pre-award staff in my department (especially Laurel Koepernik). if I can still work with her for all of my grants, it will be fine. if new staff need to learn about my work, it will be quite difficult.

I think having personal relationships with departmental people is helpful, particularly with just-in-time submissions.

I'm concerned about how easy it will be to communicate with a centralized office. Currently, it's very easy and efficient within our department structure, especially for large grands such as PO1's and U54's.

I'm in a verysmall department with very few administrative satff who are inefficient at pre-award work becuse they have relatively few options to build and sustain a broad skill set in this area.

In my experience, writing and submitting grants involves a tremendous amount of back and forth between myself and staff, particularly regarding budgets. Not having someone in the office with whom I can discuss these matters will impede the process significantly.

In the dept. of medicine we have personal collegial relationships with our pre-award personnel who also know our programs and granting agencies intimately

It is already overly bureaucratic and requires lots of time prior to deadlines

It is important to have a close, personal relationship with your pre- and post-award person and I do not think that the new proposal will work as well in this regard.

It will take time to get to know each other and the process for this new cluster group. Faculty are already in stressful situations regarding grant preparation and this "cluster process" may make this more stressful.

It would de-personalize the process and, I am afraid, would make the whole experience more onerous.

Less expertise with the specific types of grants I usually write.

more centralization with greater burden per analyst will likely make communication between PIs and pre-award analysts more difficult more difficult to build functional relationships with staff who are familiar with our area of research

More people means they will want even more 'lead time' negatively affecting the real grant-writing process, especially when there is a tight deadline for a one-time RFA.□

More electronics means more opportunity for computer glitches; CAYUSE does not catch everything.

My biggest concern is maintining a personal relationship and having personal accountabuility of the staff. Our current unit runs very well after years of hand-picking and training our staff. The thouught of loosing that service is very disturbing yet promise of a smoother, easier, cross-covering system and, frankily, the philanthropy to share our team and knowledge with others, is nice.

My colleagues and I have good relationships with our departmental pre-award contracts and grants staff. They know us and the way we work and that makes it possible for them to be helpful to us in developing budgets, time lines, etc. in a way that people who are not as familiar with our work could not be. Also, some of our potential funders have very short time lines, and the need to work with a group responsible to more researchers would make it difficult to meet those deadlines.

My concerns include:lack of working relationship with preaward staff which is critical during grant crunch time and disconnect between pre and postaward activities.

My experience has been that staff tend to be more responsive if they are located in the dept.

My first grant was submitted as a clinical fellow in an intense subspecialty with a high level of inpatient duties. My pre-clinical administrator understood my situation, and she scheduled meetings to fit my schedule. Many parts of the grant needed clarification, and she would page me rather than email/wait for my reply. When clinical emergencies forced my to cancel a meeting, she was would reschedule quickly. I feel that my grant would not have been funded without her critical assistance.

My small department is poor to fair w/respect to pre-award help. I have no idea if this problem would persist under the new system.
Some larger departments/divisions work VERY well (I often use THEIR staff for advice) and I think it is unlikely that service for those faculty would improve in a consolidated system. More likely, submitting grants would be much harder.

My unit has good pre-award support, and ther is an analyst down the hall. Putting this analyst in a group that serves more units can only (in my view) may my work harded. I cannot imagine how I would getter better service from a distant analyst who is assigned to more units.

The system is very efficient right now and the only improvement I could see would be 1) vacation/sick leave etc. coverage easier to arrange 2) clearer advancement tracks for staff so better staff retention.

But other than those benefits, given our current staff and functioning and personal relationships with on site grants folks, I think this would make it much harder for me and faculty in my department to submit grants/get the support we need.

My unit works smoothly now and is responsive. I submit at least 10 proposals per year. I fear this new system will create a rigid and unresponsive system and lack accountability. I've also heard that it saves no money. I am trying to bring more money into the university and my department. This new effort will work against my efforts. Why fix what is isn't broken? Not everything works best by being centralized. Calling something operational and excellent does not make it so or sell the idea.

Now centrally structured administrative staff with little experience in my research will be assembling and submitting my grants. With the paylines so low now, this substantially increases the risk not getting funded due to a non-perfect proposal.

One of the benefits of localized pre-award staff is that they become familiar with the content and staffing structure and staffing needs of a research program. This will be lost in a centralized system.

Already, when C&G deals with some of our subcontracts, there are misunderstandings and rigid policies that can adversely affect our collaboration with community organizations in research.

Our current system is based on close personal relationships between faculty and RSAs who often manage both pre- and post-award very well. Direct reporting of staff to division leaders is also critical to success of our system

Our department has established a very efficient, effective, and faculty-friendly pre-awards organizational unit. The proposed OE plan will not save us \$\$ but actually cost us more, which is a major negative for our basic sciences department. We were told in addition to \$\$ savings, an impetus for the OE pre-awards plan was that some current units/departments do not have well-run pre-awards administration. Not a valid or suf

Our dept has an extremely capable and efficient pre-award staff that knows our funding agencies, their procedures, and the kind of research that we conduct. I anticipate that in transitioning to the clusters, we will lose much of the current levels of familiarity, service, and efficiency that we benefit from.

Our pre-award person is tuned to our department and knows us well. This type of specialization and personalized service would be lost.

Our preaward staff has long experience with our grantors and the specifics of our research. I don't see how it could get better using people over whom I will have not clout (like the present group at C&G; why would the new group be better?) I suppose a huge savings to our (not the Chancellor's) budget could make it worth it, but you usually get what you pay for.

Our system in Institute for Health and Aging is PERFECT -- please don't mess with it. The staff are OUTSTANDING, and they know what they are doing -- our process is cost effective, efficient, and absolutely appropriate. We think any change would be an absolute DISASTER for principal investigators. Part of OE reminds me of the UCSF/Stanford hospital merger -- an utter disaster as you recall. Our system works well but we need more rather than less staff time.

Preparation of grant applications is a complex task that requires preparation support with staff onsite. This is obviously a plan put in place without the input of faculty who submit grant proposals. How will the plan be evaluated? I don't see a plan for evaluation. Why is that?

Specialized expertise is needed, according to proposal content and donor. A centralized staff model could not provide this. Also, since proposals are of vital importance to soft-money research, the staff need closer accountability to PIs than can be achieved with a centralized model, where the PIs are not in charge of staff.

Submitting a grant requires a lot of back and forth communication with pre-award staff. It's hard to see how this organizational move could possibly make it easier for investigators -- it would mean working with staff you don't know and who are located elsewhere. I suspect the length of time required for processing will be longer, making it even more difficult.

Such will make it so that I will no longer be submtting grants! Centralizing will make the process practically impossible for me to do clinical work, teach, and then figure out how to get a grant through the new bureaucracy. It will only work if I have a "goto" person that knows my situation. If I have a "goto" office, it definitely will not work.

The biggest problem in the current system is that existence of the Contracts and Grants office. They don't add anything to our outstanding pre-award personnel except add more time and stress to our grant writing. They have never once caught a mistake made by our staff. If the university "deputize" the departmental staff to sign off on applications, we save more money than the current plan to centralize things.

The knowledge and skills related to submitting a particular type of grant in a particular area is quite specific. I am doubtful that a centralized scheme in which this knowledge and skill base is lost can replace the current system without a significant loss of productivity and efficiency.

The lack of detailed familiarity with regard to timing and amount for other grants, other personnel/PI in our unit and collaborations will make it much harder. Moreover, not all grants are NIH or CDC. Lack of familiarity with unusual funding mechanisms will make centralized approach to this more difficult for the PI.

The majority of the effort will be committed to the School of Medicine and the kinds of awards applied for through that school. Everyone else will be a second class citizen, as usual.

the more removed and bureaucratic the system, the less likely it will be attentive to the needs of the investigators

The pre award folks will be overwhelmed with work in the days prior to major NIH deadlines thus effectively moving up deadlines for investigators

The pre-award function in my department works extremely well, with built-in backup, easy access to staff, and excellent support from staff. I anticipate that being assigned someone from a cluster will make communication more difficult, and will simply result in me doing much more of the administrative work myself.

The proposed centralized system would make it more difficult to interact with the pre-award staff as they would not be on site or accountable to faculty or the division. Having different people perform pre- and post-award function would also make it harder to distribute work evenly across time, given the very heavy pre-award work load around grant submission time and the relatively low load at other times. Finally, pre- and post-award tasks are related and the best RSA are those who work on both

The size and responsiveness of these centralized teams is key. I have excellent grant support in my ORU, very responsive and particularly good for dealing with quick turnaround foundation grants. I worry that centralization will lead to more bureaucracy and delays, which will reduce my ability to apply for foundation grants and quick turnaround contracts.

There are just too many levels now. Takes up time, introduces errors.

there is no guarantee of accountability when the work is outsourced to people with whom you have no direct contact. Moreover, preawards are generally clustered at the 3 NIH deadlines per year. If this is the only job of the adminstrators, there are likely to be increasingly onerous internal deadlines at these peak times. Our division has over the years developed a very effective pre and post award management system that is at least as cost effective as operation excellence.

this may make it harder: Since I would now be "competing" with more people for help $\ \square$

П

This may make it easier: This may create better training for our staff (now needing to increase the types of grants they would support). This OE plan has the characteristics of a disaster in the making. UCSF will be cutting off its nose to spite its face. If UCSF administration is serious about raising funds, it would do everything possible to make it easier for grant writers to write and submit grants, not harder. That means it would supply to grant writers locally-housed RSAs who are intimately familiar with the PIs' research programs who could partner with the PIs to manage budgets pre and post-award.

This structure is likely to make it necessary to have work submitted much earlier and to allow less flexibility for last minute changes, etc. Of course, faculty will cope, as we always do, but the bureaucracy is likely to intensify, which is never an easy or convenient thing, regardless of how many positions they can cut and funds they can save

THis type of service is absolutely best handled locally by staff with established relationships with faculty.

UCSF has not interfaced well with the VA/UCSF requirements, hence we use our own people.

Unlike the other elements of Operational Excellence, this pre-award function is about REVENUE, not cost management. If anything, pre-award should be DE-CENTRALIZED so that we can all be more responsive to the unique issues around RFPs. I have a personal relationship with my pre-award analyst who often works flexibly with my needs. I do not have any such relationship with anyone who provides a shared/centralized service. I'm all for centralizing cost and other administrative centers, not revs.

VERY BAD IDEA TO DO THIS.

We already have a great team so I can't see how this would make it easier for anyone in our Department.

We currently have direct access to our RSA; making the RSA a level away will be a significant barrier.

We have a very competent individual who has been our pre-award specialist for close to 10 years. This person has a history with us and our grant submissions. We fear that our pre-award process would suffer greatly if we would loose access to this person or heaven forbid they be laid off.

We have all our pre and post award functions integrated --this will cause enormous disruption to our operations and add to faculty workload by requiring us to devote faculty time to oversight committees

We have done centralized grant application processing previously. It is frustrating for Pl's, it is slow, the central staff are overworked, and don't care about individual projects or Pl's. Further, they know nothing about the projects or the staffing needed whereas if grant prep is done within the units, the staff are intimately involved and do care. Central staff are overworked with everyone wanting attention simultaneously. It will be a very expensive experiment with everyone dissatisfied.

We used to have centralized systems in SoP, and there was a complete lack of accountability to the faculty. This was fixed by distributing staff to the departments, situated locally.

What I am most concerned about is access to the pre-awards personnel, and their level of understanding of various types of grants. When a new pre-award person starts, it takes me hours to get them to understand the kind of research operation I run. When that person continues to work on my grants, that means I don't have to do that again. In the proposed system, those hours will be spent (and lost) each time. That is part of what is contributing to the increase in unpaid faculty administrative time, a fact mentioned in the report on the future of the UC system last year.

while a pool of analysts may have greater collective institutional knowledge, i do worry that a more general pool will know less about the idiosyncracies of specific institutes, etc.... though i'm not clear how much variation does exists across institutes and other funding agencies...

Within Radiology, we have very good pre-award support currently and this will get worse for us.

Working with C&G is already distant and difficult - not clear how this system can improve on working directly with RSAs who know my work and can assist immediately in responding to needs.

Other Comments Your synopsis is not accurate

I do not submit my grants through the UCSF system but through my own non-profit organization. THANKS

In what way did you or your staff participate in the development of OE? - Responses

Answer

chose not to be in the initial plan/test

Served on various committees.

A number of my staff and faculty were involved in dsicussions.

Many of my staff were on workgroups and task forces

I am not entirely sure.

served on a subcommittee; we met twice...don't know what was the outcomes.

committee membership

member of Dean's OE cmt

The motivation for the OE pre-award changes is to reduce costs (estimated to be about a \$3 million savings on a base of \$1.1 billion in extramural funds). Please select the following options that you think would be most likely to reduce costs of managing pre-award administration while at the same time maximizing support for your ability to compete successfully for grants.

Answer

Reduce centralization/ C&G

the system is clogged up enough as it is with centralized contracts and grants. in our oru now, the time that is required for all the signoffs and signatures is getting ridiculous.

OE centralized plan adds a layer of liaison personnel to interact with the new pre-award staff unit. This is hidden cost that is not figured in the final cost of the current plan.

Getting rid of the Contracts and Grants unit is the best and most obvious way to go.

Centralized C&G is inefficient and slow.

The best option is to improve that by de-centralizing C&G, rather than centralizing pre-awards. □

However, if the OE plan is rolled out, it should definitely be done in a few departments, and compared objectively to the currently functioning departments before forcing it on everyone.

Our department functions very well. The university would be better served by greatly reducing central administration in many departments including grants management.

The challenges of completing a grant are often exacerbated by the fact that C&G locks in budget language before the science is complete, making it impossible to improve the way parts of the study are described. Putting more of the work further away from the investigators will only make this worse.

My preference is to get rid of C&G and push this back into the ORUs/departments that demonstrate their ability to successfully handle these roles.

My experience with another institution that utilizes a similar centralized plan strongly suggests this would lead to a less efficient, and in the long run more costly, system.

We collectively secure \$500 million plus in federal funding. We are among the top 10 in the nation. We should be continuously improving on this performance through participatory redesign, not top-down mandates. Again, you can tinker with the administration of costs, but don't mess around with revenue.

UCSF is one of the most successful institutions at getting grants awarded. You are really playing with fire trying to get a 3% savings, while RISKING a very large income. You really need to be careful with this!!!

I can't emphasize enough how bad of idea I think this is. Our current model is outstanding and relatively cheap. I also think the CVRI is a relatively unique example (along with Cancer) in that we are located centrally and are essentially a single ORU within a large building. It makes life so great to have the pre-award office just downstairs for me and for my trainees.

Establishing direct signature authority and eliminated redundant central functions will be the key to saving money. The current proposal will cost us more to maintain service we are used to at the local level

The more consolidation there is, the less grant support Pl's will have, and the harder it will be for Pl's to get grants. This seems like an incredibly short-sighted and ill-conceived plan.

This is a critical function for our soft-money research! If too much university funding is going toward C & G, then make that unit more efficient, rather than making the dept. staff more bureacratic. Reduce C & G, if it is too bloated/inefficient. That's where improvement efforts should lie.

Change is Necessary

this is a bogus question, the savings are very important but equally important is the enhanced services and performance that will accrue from this effort, the notion that this is only about money is wrong. In addition, the notion that all units, large and small can gain similar efficiencies, training and backup can be achieved is unrealistic, if things are left as is we will continue to move to a University of haves and have nots, not a place I want to work in.

Sounds good/ Hope it's Better

I find the current system clunky to use and very inefficient. I hope the OE planners have studied the problem and found a reasonable solution.

As Chou En-lai said when asked his opinion about the French Revolution (1789-1799), "It is too soon to tell." I have gotten very good service using outsourced preparation of a single NIH R01 application. So far, so good, keep your fingers crossed.

There has to be a better way than the one we have now. Too many people are involved, too much time is wasted. I have spent 30 years learning all the details of grant submission and yet new people who know less are increasingly keeping me from getting grants submitted efficiently. Any effort to streamline the process sounds good to me.

Needs More Analysis

Evaluating the efficiency and understanding the potential gains and losses before implementing this campuswide would be prudent. If this new structure does not work then go back to dept maintained ORU with signature authority, reducing role of C&G.

OE seems designed to conserve administrative time while giving less support to faculty; this is at least potentially penny-wise and pound foolish. I would be in favor of trying more graduated steps and testing them empirically to see what this move toward more centralized administration saves and what it costs in faculty and staff productivity.

Despite the advantages of OE, it has major drawbacks in the area of pre-awards. It therefore seems reasonable to at least test it or to use it where it is needed most, in small units.

We all wish we had a dime for every miracle drug which, when tested, didn't pan out. Similarly, it is unconscionable that a system for grants management is proposed based on an untested theory and it is not going to be subjected to a trial before implementation.

The claim that the new system is across the board an improvement over the current system has to be supported by data, and we have to have the confidence that some kind of legitimate process to gather and analyze such data is in place. The options I checked either provide for such data or a process whereby any changes would have to demonstrate an organizational improvement and cost savings in order to be implemented.

Its hard to comment on how effective the new system will be. Usually new systems always have bugs. Do a trial run.

Grants require pilot data-- projects that are related to grants should require pilot data

There are initial start-up and training costs and problems seldom incorporated into projections of cost savings-- does the projected 3 million in savings include such estimated costs?

3 million is alot of money -- but a small percentage of extramural funds, The attractiveness of the plan is a leveling of the playing field for services -- those with poor or insufficient service stand to benefit the most

This is a big change in an important area regarding funding and to implement this without pilot testing seems risky.

Some well-performing units are claiming that the new system will be more costly. It would be interesting to compare underperforming units with the new system to well-performing units in their current system; although changes in C&G required for the new system would need to be accommodated by the well-performing units somehow. Not sure of how to get around that.

I think pilot testing the system and communicating with involved staff would provide the opportunity to work out the bugs and resolve unanticipated issues.

If inefficiency is the problems, then an assessment of why the current system doesn't work well, should be done, before embarking on another plan. Trying out the OE and seeing whether it works, first, seems like a reasonable approach.

lets see it as a pilot and if it isn't working well not be wedded to keeping the "new" plan vs. another beta version

It is fair to try to save costs by attempting a new strategy. However, since this is critical component of grant success, a new system cannot be implemented without a trial.

Personal Relationships/ Service Critical to Pre Award Success

I am very concerned about the proposed change. We now have a designated person whom we know very well and worked together for years. More importantly, we can easily walk into her office to discuss face to face any issues. I am afraid all these benefit will go away, and it will be much harder to prepare a grant submission.

? Are what will pre award folks do in intervals between grant cycles

Removing awards management from some local administrator will remove need for that administrator but will not eliminate other tasks they do which will fall back on investigators

How will investigators build relationship with pre award folks

It is difficult enough to prepare the scientific component of grant applications. If I can to go running around to different people who do not know my type of application, it is likely to make the process even more difficult and time consuming. Furthermore, I anticipate that there will be more errors in the submission process as the absence of personal familiarity with the science and nature of the research increases.

My concern is maintianing personal service and not loosing teh small PI's in deference to the big PUI's or squeaky wheels.

Good Only In Some Departments -Not All

I believe my department is very efficient in these matters and staff extremely competent. However, I know this is not the experience in some other departments. I think it makes sense to focus on departments that are dissatisfied with their current situation, using high-performing departments as a model. I'm not precisely sure how to establish 'benchmarks', but presumably those in charge of OE have done this, or how could they evaluate the plan?

Some departments will benefit from clustering, and they should have the option. Others that are already exceeding the benchmarks, whould be allowed to continue. Training, online systems, and delegated signature all have potential for cost savings.

For smaller departments, some consolidation may be useful and helpful; this may not be true in larger units/departments.

I understand that pre-award service varies from unit to unit. So it is possible that some units will receive better service from a centralized model. But units that already hvae good pre-aard service will suffer. So I favor options that centralize service when it results in better service, and not centralizing when good service is already achieved.

I understand that some units would really benefit from this--they should be allowed and supported to go forward with it. But for others, our approach works reasonably well. When I see the expectations of the loads that RSCs will have, it scares the hell out of me. They just won't be able to do the kinds of grants that I need done in a very satisfactory way. Again, I feel that this is essentially shifting much more work & responsibilty to MY shoulders.

Modern knowledge organizations do not require all work teams to be identical. The issue is to be efficient and save money. If units can demonstrate that they are already doing these things it makes no sense to create disruption for the sake of a uniformity that does not serve departmental needs. We do ALL the things proposed for these new units with less costly staff, and the sole thing provided by C&G is signoff. This could be delegated to a couple of people in the dept with proper training.

Some units now function at the level that the new system is designed to achieve - these units should not be dismantled until the new system has reached the benchmarks they currently strive for.

Many departments are already functioning very well. OE will unnecessarily burden these departments and severely worsen department morale. Leave those that are functioning well and approach changes in other departments AT A DEPARTMENT level. These across the board changes won't work!

Respect Competence of Successful Departments

Each department and division knows their own pre- and post-award needs best and needs to be given the flexibility to develop their own solution within the current budget limits. I understand the need to save money, but no one solution is likely to fit all.

critical to learn from high performing departments/ORUs and not break down systems that exist and are effective

Locally at our department level works well because we have accountability. I have never seen a centralized UCSF function exhibit any accountability toward the end user customer, in my case the faculty.

I think a centralized plan should be in place for those who chose to utilize it. Depts and ORU that do it well on their own, should be allowed to opt out.

Medicine has its own people and has the volume to do it. We still would need them The cost savings are not to us.

Rather than "punish" everyone with the new system, even those departments that are performing efficiently, it would be more appropriate to focus improvement efforts on those departments that truly need it. See my comment, above. And actually, our current system in Institute for Health and Aging, Sch/Nursing IS ALREADY FUNCTIONING FANTASTICALLY WELL We don't understand the impact of this; losing a local pre-award process may be very important in certain areas, less so in others. For our department (medicine), the locus of pre-award must stay in the department, perhaps localized in certain clusters. Then we should see what the productivity benchmarks are. Local signature authority would be very important. The pre-award process must be controlled to a large degree at the departmental level. Our ORU has exemplary grant administration services and should not be changed under any circumstances. Who Pays This will be a difficult transition. The devil is in the details...the cost for transition needs to be centralized and not dumped once again Costs/ Accrues on the clinical departments. My limited understanding is that the cost of C & G that is centralized will be paid by the departments now. Savings? That seems unfair. this seems like a miniscule savings. I am concerned also about cost shifting back to departments. does this mean departments will no longer receive ANY indirect cost recovery? a change in the system would only make sense if the savings are returned directly to the PIs writing the grants. Otherwise there is only the potential for increased workload for no return. Don't Know I have no specific information about what is planned for P.I.'s. Cannot answer. Other Unclear if you're asking about my department or in general is this question an example of OE? not enough information in this survey about how the proposed OE centralized plan would work in order to answer these questions I think there needs to be an A plan and a B plan. The A plan could be preserving the current system. The B plan could be some sort of hybrid between OE and what we have now. We would argue for the A plan first; if the administration remains intransigent, then we'd need to go to Plan B. The problem with department (or ORU)-based units is that some departments support these well, and others try to slide by on the cheap. What is needed is a mandated critical number of departmental support people based on the number and complexity of the submissions (not on grants funded). Training grants and program projects require more infrastructure personnel than an R01. Flexibility will be required. The current proposal is too rigid. Control is the goal not efficiency or cost savings. The aim is to reduce work force. Work within the current system to streamline activities. We need: 1.An outstanding Grants Management program for grant budgets, yet we have an inefficient system that doesn't allow for 3yr+ budgeting,etc; 2.A cheaper/better phone system; 3.Govt. pricing options for travel. There is massive waste at UCSF that could be remedied with suggestions from faculty and staff with some sort of incentive system to get people thinking HARD about how to run UCSF more efficiently and include all in planning. I favor efforts to reduce cost (would this translate to reduced indirects?) but find it difficult to answer this without having a sense of how my department compares in terms of efficiency etc. It is also not clear how 'efficiency' is measured in this system -- number of funded grants/budget of those? Those seem to be potentially unfair metrics in that some types of research generate larger budgets or are

easier to fund regardless of the efficiency of the pre-award process.

How open has campus leadership been to faculty ideas and concerns about how to improve pre-award grants Answer

	Answer
Open	I like that they are asking our opinion.
ļ	there have been over 200 people involved in making plans for OE. Deans, department chairs, MSOs and other staffers have all been
	involved.
ļ	Have been impressed with the forums/open discussions and frequent updates on the process.
	I think, at the moment, the are attempting to listen. I think OE needs to be tailored to different units, AS APPROPRIATE. It should not
	be steam-rollered across everything.
Not Open	As a division chief, I've only this week been able to voice the opinion of our division
Closed	system entrenched ; can't be open
Mixed	Several months ago I would have said not very open. Recently it seems better.
	They are open via e-mail. But there has been no real face time or outreach. I just do not believe that structural change should be done
ļ	via e-mail
No One Asked	No one asked my opinion until now and my main funding stream is derived from grant revenue.
	This is the first request I have received for any input.
ļ	As adjunct faculty, I have not been consulted.
	No one has asked for our opinion.
ļ	It would be helpful to survey the faculty (like this) about these issues, rather than expect people to travel to meetings all over campus to
ļ	participate.
I've Had No	I have no information.
Information	I only recently heard this was going on - and not from campus leadership.
	Other than one passing comment by a colleague, this survey is the first I heard of the proposition.
Some	There has been some communication, but plans to retain and reward the good workers who are dedicated and go the extra mile are
Communication	
Lack of	We were considering participating in the pilot and had some very basic questions about the program (easy questions if someone would
Transparency	have thought the basics through) and the OE team could not answer them. This lack of transparency seemed to come from lack of
yai onloy	preparation rather than a 'closed' perspective.
Little Input	There has been relatively little input from Faculty into OE.
Some Input	I know this has been a large and long effort with at least some faculty input. That is all I know.
No Pilot	Pushing this through. They should have done a pilot.
1101 1101	They're implementing a system without testing it.
Top-down or	The idea for this has been "disseminated" and feedback requested, but it seems to have already been decided.
information	The idea for this has been disseminated and recuback requested, but it seems to have already been decided.
without	
consultation	
Jonisaltation	Other than the OE committee, this has been a top-down decision. The meeting Sam Hawgood ran last week revealed the majority of
	Deans and Chairs are not supportive. A forum like this would have been more productive if held much earlier. But now past, listening to
	opposing voices of reason is critical.
	I am not sure. I know that my opinion was never requested. Information has been email to the faculty. The OE website has been a
ļ	resource for info but the feedback to negative comments has not seemed to change the process.
ļ	Faculty have been informed, but not consulted.
ļ	They seem to allow for venues for such concerns to be aired, but then have not been responsive in terms of providing clear answers to
	questions, or considering changes to OE implementation plans, or considering contingencies/alternatives to OE plans. So while it
ļ	appears they will listen to faculty concerns, they do not seem to actually hear them.
ļ	The mantra seems to be "trust us we know what we're doing"
ļ	
ļ	To date faculty raising concerns have been treated in a patronizing manner, as though we do not know what we are talking about, yet
	NO logical answers to the serious questions raised have been received. NO effort has been made to learn from units that are currently
ļ	managing this function with maximum efficiency. NO effort has been made to consider delegating C&G functions to units that are
ļ	highly efficient and productive. NO effort has been made to quantify the externalized costs to departments.
ļ	The appearance of openness is there, but when I attend these meetings it is clear that there is very little to discuss. The decisions have
	already been made and now we must just follow the previously chosen course. This is very discouraging.
ļ	My own departmental leadership has not been forthcoming with information until it has become too close to deadlines.
ļ	I only heard about this after the decision seems to have been already made.
ļ	Dealing with our administration and our C&G office is like dealing with the Kremlin.
ļ	Refusing to disclose the plan and then trying to rush it through is incredibly disrespectful and very obviously trying to avoid the
ļ	democratic process of the UC system
ļ	I was quite surprised at the lack of faculty input into the OE. I have spoken with many faculty with none happy and all anxious about
ļ	the proposed changes as many had already been through the "central processing" of grant applications and they knew that the new Ol
	as planned would cause chaos. We are all for change that improves the system, just not supportive of "Stanford/UCSF" merger
	experiments. Please, let's all work together to make UCSF a better and more efficient place to work.
ļ	There is much concern about the OE plan; divisions whose pre-award systems work well feel very disenfranchised and worried about
	their jobs.
į	I am not aware of a detailed plan as how to a centralized system works.
Not Sure	
Not Sure	
Not Sure	But the results and response to this survey will inform my answer to this question in the future.
Not Sure	But the results and response to this survey will inform my answer to this question in the future. I haven't been to the meetings so perhaps shouldn't base an opinion only on what others have told me.
Not Sure	But the results and response to this survey will inform my answer to this question in the future.

Answer there have been over 200 people involved in making plans for OE. Deans, department chairs, MSOs and other staffers have all been Open involved I know that there have been forums on this front. I'm not sure what has been done with any of the inputs. No input/not listened to Staff I work with are frustrated and feel they are not being listened to. I have not seen any solicitation of input on this topic. I guarantee I would have participated. Grants are my lifeblood as a soft-money faculty member. I am not alone. My impression, from talking with our MSO, is that the changes are coming no matter what. That leads me to think that the leadership has not been very open to staff ideas or concerns. Many suggestions have been made and ignored While they have been given opportunities to comment, it is not clear that any of these were seriously considered. The approach seems to have been a fait accompli. Again my own departmental leadership has not opened dialogue regarding to improvements in pre-award grants management. I have been here 40 years and have obtained more than \$20 million in grants that I have written and usually had to type myself. No one in the administration or my department has solicited my opinion about the process, and when unsolicited observations/suggestions were offered, I was just causing trouble This is the first survey I've seen about it. My sense is that staff have received the same response if they have been courageous enough to speak up. It is easier for faculty whose jobs are not at risk, although certainly our continued smooth functioning in highly demanding positions is at risk Don't Know I have no information about this Don't know, since I'm not staff. Other Comments If you wanted input from all of us, you should have had a survey at the beginning of the process. How the cost saving will be obtained is not clear. same comment as above see above

How open has campus leadership been to staff ideas and concerns about how to improve pre-award grants

Based on your experience with the CHR system, would you recommend that the campus purchase software to manage pre-award grants management from iMedRIS?

Answer

It could be good I haven't seen the software so can't judge but if it works as well as the CHR system, it would be great.

Software could save steps and time, standardize procedures and allow tracking. All of this would be wonderful.

Now that it is implemented, it will be easier in future years.

There were a lot of bugs initially and they still haven't all been worked out. In theory iMedris should reduce the time for revisions, but it did increase the amount of time for initial submissions.

I am not sure that comparing the CHR process on iMedRis, which has been problematic due to the heterogeneity of many CHR applications that are forced to fit into the generic iMedRis format, to extramural grant submissions. I suspect that Federal grant submissions will be fairly easy to adpat given the uniformity of those application formats, whereas other extramural agencies may prove more quirky.

Difficult transition at first, but then better

Imedris is acceptable for a user who uses it frequently and can get used to the quirks (I consider myself in this group for the CHR). It will be highly problematic and frustrating for new users, as well as for those who are not computer savvy.

The transition of CHR apps to iMedRIS was difficult for it required transferring paper documents into a new format - and often things did not fit. Also, there were a number of bugs in the software. However, to their credit, CHR provided outstanding, rapid help. One my staff and I learned iMedRIS submissions are substantially easier...and time to review/revision/approval are MUCH FASTER!!

The transition has been rocky and ridiculousklt time consuming to reformat and retype everything in the iMedris system, with minimla support or sympathy form teh CHR staff. Once in iMedris, process is a little easier for PI's and probably a lot easier for CHR.

iMedRIS is time consuming, but once in the system, makes renewals easier. It is also more efficient from the reviewer perspective.□

As for grant management, it would depend on the software.

It takes a few cycles to learn the system, and I am concerned that for just-in-time submissions, some deadlines might be missed due to applications not going through correctly.

It needs work

The training for iMedRIS was smooth. But the using of it has not been straightforward. When the study is created, navigating within it has not been intuitive. It clearly wasn't beta tested enough.

iMedris is buggy and still has major flaws to iron out, but I think it will eventually be beneficial

Yes

iMedRIS was a difficult transition but the addition of assigned analysts for pre-review and help was very important and now that it's up and running has made it a better process overall and eliminated the paper!

NO, I think that you should purchase a system from GE healthcare!□

Seriously, the Imedris system seems to speed up the work at CHR itself, but at the applicants end it takes the same amount of time.

I was part of a group that watched presentations on different web-based IRB systems and iMedRIS was hands down the best presented and so I assume that had a lot to do with it being selected for UCSF. But that doesn't mean it would be good for grants management - I'd want to see other systems before chosing iMedRIS. Plus, while I've gotten used to iMedRIS and see it saving time in submission, it is not perfect.

The campus has bought some very bad HR software, but IMedris seems better

CHR is so cumbersome that I cannot imagine it would do anything but worsen pre-award management.

Νo

The software is not user friendly, should find something better

I have spent more time problem-solving iMedRIS than it took to write the propsal

Doing IRB submissions electronically is a no-brainer. iMedRIS is perhaps the least elegant solution I could imagine. In this day and age of cloud based solutions like Salesforce.com (with whom UCSF is collaborating on many IT projects), I just don't know how we ended up with such a poor solution.

imedris is AWFUL. It doubled my work on two recent submissions. As an application, it is unintuitive (really, should the faculty have to "train" on a system to use it), particularly the attachment of revisions. The stipulations are cumbersome, in a separate form, and require toggling back and forth between the two sections. Then having to answer that I agree to a stipulation - when I've done it in the form - is ridiculous. This may save time for staff, but doubles it for faculty.

The iMedRIS system is terrible. It is completely not intuitive. It takes 6 clicks where one click would be sufficient. The loading time to navigate to each of their separate pages is way too long.

iMedRIS is totally non-intuitive. It saves time only because the CHR staff is very helpful in getting us through the badly designed software.

The CHR system is baroque, nit-picky, irritating as it does not always work well and assume sthat one size fits all research styles/genres and study designs

iMedRIS is awful, but it's much better than it was

The current cayuse system works pretty well why change

The imedris system is difficult to navigate though having an online system is agood thing

The system is clunky to use at first. The time to competence is too long. There are more intuitive systems out there.

There are just too many flaws with IMedRis - it is built on an old platform and lacks needed flexibility. There has to be better options

In my experience, iMedRIS has proven to be a very clunky system; it's difficult to know where to go for specific items, it often seems to require inputting repetitious information, and a lot of time is wasted simply navigating from one section of the process to another. It was a major undertaking to get new studies entered in, and required a lot of phone consults with CHR.

The iMedRIS system is completely non-intuitive, difficult to work with, and had increased the amount of time to obtaining approval. Colleagues of mine from other universities have said other systems are much better and less problematic.

It has been a nightmare for CHR applications. I get endless incomprehensible messages telling me to do something on the website and when I go there, what that is is generally unclear. I then have to either call myself or have research time spend time on the phone trying to reach a real person who can tell us what to do to make the system accept our work. If we have this type of system for preaward management we may as well just pack it in now and say goodbye to our high NIH rankings.

Writing in boxes like this with a text editor and without Word or Excel features in iMedris is VERY VERY inefficient/ annoying/ unfortunate. Inability to edit when in full application or document view is a major PAIN-inefficient-moving between the types of view inefficient, Unable to easily copy and see changes throughout versions is poor (convert to pdf function often does not work with all computer interfaces). Efficiencies gained appear to benefit only CHR and not the Investigators or staff.

It is too cumbersome and not intuitive.

Please NO. iMedRIS creates work. Training consumes work hours that could be fruitfully spend on other activites. iMedRIS works well for tracking CHR approvals, but does not function well for submitting and revising applications. A system using PDF fillable forms that can be uploaded would be far simpler and easier.

Only if you want to purchase another poorly functioning system that does not work for the end users, doesn't seem to have the ability to respond to user needs, and costs the CHR and faculty much more time. I went to the training and expected much more of the system. Maybe it was inexpensive and that's why we bought it. But it certainly had added to my workload and offers no benefit except for saving trees. Thanksfully the CHR staff remain polite but they acknowledge that its a poor system.

iMedRIS is a complex system with poor usability characteristics.

Imedris is a disaster. I could write many paragraphs on the difficulties my group has had with it.

One of the most awkward interfaces I've ever encountered.

I understand that this software does not exist yet, so it seems like an incredibly bad idea to purchase it.

I'm not sure about how much time the new system takes, but it is certainly more frustrating and less flexible.

GOD NO! Don't do it -- the NIH online system is enough!!!

Every time the campus buys a new software package to 'improve efficiency' it has the effect of putting more burden on the faculty member. UCare was widely touted and has been an unmitigated disaster; other examples abound.

CHR was an antiquated process with huge time delays and little oversight (not uncommon for protocols to "sit on the shelf" indefinitely). iMedRIS is an improvement to CHR because CHR was in such poor condition. iMedRIS, however, is not a great program -- it is not intuitive (not easy to learn), it is not flexible, and it has problems interfacing with Safari and Firefox. I have my RA work with it as I find it a frustrating system to use.

I don't find iMedRIS totally intuitive and seamless, and I worry the same for would be the case for pre-award management.

I love computers. I love web based applications. I hate iMedRIS, even though I participated in initial testing and have spent a lot of time with it since it went into production. There are MAJOR DESIGN FLAWS with this product. The campus should not buy anything else from this vendor. Trading in the CHR system for something else would be helpful.

Not user friendly, easy to lose work

The iMedRIS integration for CHR has been error-prone & inefficient taking our unit substantially more time to submit. Further, the process is cryptic as you receive error messages with no clear instructions as to how to proceed. Cayuse does work and you get specific error messages and warnings when you upload. With iMedRIS, you don't get specific details, you submit and THEN you get messages stating there were errors. You call staff for clarification, resubmit, & get more error messages.

The imedris system is not very intuitive and has redundancies that make it confusing. Computerizing the CHR application made it better, not the actual imedris system.

iMedris is somewhat inflexible. There are always exceptions and iMedris does not ahndle these well.

iMedRIS is cumbersome, difficult to use, and adds to the burden for the PI.

Not sure

No sure what the other options are

not sure how iMedRIS would work in the pre award

I don't know what the options are and how they compare.

not sure of the current system's costs and capabilities.

It depends how well it works

How would this work? Do you mean that the investigator would submit everything on line?

I have no basis for comparison. For a computer system, imedris seems adequate, the problem is removing the human assistance. At first there was plenty of help with imedris, now the process is slow and cumbersome to get analyst input, so the cost savings have not made the system more efficient from a user standpoint, though it may be easier from a systems perspective, I don't know It depends on what else is available.

I would have to see it.

Focus on people, not software

I don't want to work through software on my grant proposals! I need human beings to talk with. I HATE this shift towards fewer and fewer humans to discuss my plans with.

the iMedRIS system is not very user friendly and could be yet another means to decrease the personal relationships involved in grant submission process.

Yikes -- loaded question - what exactly would this entail -- a never ending list of questions and more red tape? the imedris software system works well -- the problem is how those supported by our indirects costs make the CHR imedris application process more and more and more complicated every other month. If nothing else, this gives them job security but doesn't lead to more efficient

Other Comments protocol approval and productivity.

Too late now.

what?

Please add any other comments that you think that the Faculty Association should consider. Answer

Bad for Morale/ My Department	We have calculated how many grant proposals the new RSCs would have per year, and how many hours/days there are in the year and it comes out that the RSC would work approximately 2 days on each proposal. That would be terrible. We currently have RSAs work on pre and post-award. That means that they are very familiar with my work and catch problems when they come up. Shiftin this work to RSCs who I don't know, and then lower level people who work on proposals would be AWFUL. It would mean that I would need to follow my grants' financials far more closely than I do now. As it is, I STRUGGLE to get my work done, to publish, bring in more money, and run my projects. This change would feel like I have far more pressure to handle more aspects of my projects and have to stay on top of a lot more. This feels very un-research friendly. It makes me feel that UCSF is not very serious about keeping its research going. And it makes me, as faculty, feel even less valued by UCSF hierarchy.
	1. Proposed changes may benefit some smaller units but are not beneficial and demoralizing for staff in our units. ☐ 2. I support decentralization of decision making and sign off as a measure to increase efficiency ☐ 3. Separation of pre and post award will be detrimental to many faculty because it requires additional meetings and teams. It is frustrating that many recent changes at UCSF have place additional administrative burden on faculty and are also not user friendly. ☐ 4. Our IRB staff works extremely hard but application approval time remains detrimental to our scientific mission. Layers of approvals continue to be added. UCSF should invest in reforming the national IRB operations, including much more frequent use of cross referencing IRB approval for NIH network studies,dramatically streamlined consent forms, and streamlined processes for protocol revisions.
	The budget shortfall is serious; however it appears that the central administration is not concerned with faculty who bring in the dollars. This approach is shortsighted and will result in productive faculty finding employment elsewhere; leaving UCSF with those who do not submit a high volume of grant applications, which in the end will result in less money for UCSF. In addition putting a system in place without user input diminishes confidence in UCSF as a place to work.
	The push for OE is having a demoralizing effect already on staff morale in our division. As proposed, it will negatively impact the largest and most productive divisions. The de-coupling of post-award services from pre-award services is particularly worrisome for projects that have large numbers of subcontracts, especially international/global health research projects.
	The component of the plan that would have current RSAs re-apply for jobs is simply terrible and inhumane. □
	Kudos to the faculty association for this survey and for raising these important issues. If enough push back occurs, perhaps the leadership can be persuaded to abandon some of the more destructive elements of this plan, if not the whole thing. All discussion so far appears to be centered on cost. Staff morale; especially that of preaward people who are doing a great job, is not being discussed enough. I'm aware of concerns that morale will suffer if time keeps going by without staff hearing what will happen to them. However, staff who work well together and who work well with a particular department should be kept together, and while we sometimes hear that this is the goal, it does not appear to be the message being received by those staff. In addition, consider that some affected staff have been working for a specific department or unit for many years and identify with it and its mission. It would be unfortunate for someone who identifies with, for example, CVRI, and feels that they are helping to facilitate important cardiovascular research, to become someone who works for "the university" and I think these career sentiments should be somehow taken into account.
	The proposed changes have dramatically undermined the moral and effectiveness of my departmental office and led to the resignation of key personnel. This in turn has caused real difficulty for my efforts to run my laboratory. It is difficult for me to truly evaluate the ultimate impact of the program since the process and goals have been so poorly communicated. But the way the program has been announced and managed so far has undermined my faith in the competence and intentions of the Universityâ seladership. I run a large operation and this has made me seriously reconsider whether UCSF is a viable home or my efforts. I am sure that I am not alone in this opinion. Jeff Bluestoneâ simperious and arrogant style has squandered good will and made the impact during this long transition all the more difficult. I have not seen another person whose temperament and personality are as ill-suited to a senior leadership position as his are in my 20+ years in academia.
Consider Alternative	There are some excellent analyses of pre-award data that have been floating around on e-mail. These should be more widely
Models	circulated. Alternative models should be considered. We should absolutely not give in to the notion that OE is going to happen in the rigid way it has been laid out. This plan will be harmful to UCSF so responsible faculty who care about the institution should do everything we can to make sure a more thoughtful approach is taken.
OE Could be Good	Given that most of the OE plan is not yet in place, it is not clear how well it will work. It seems clear to me that the old system was highly dependent on specific personnel, and in our department the pre-award person was marginally competent at best. I agree that this could be a disaster, but it could be an overall improvement as well. We can no longer continue in a decentralized fashion that has departments stealing each others personnel for pre-award. Starting with pre-award seems logical with some support for departments as staff leave to the centralized system. Similar to APEX- the departments need support and not just the burden.
Pre-award Needs Different Solution	I think the clear solution is for OE to move forward with all modules except pre-award, and to convene an executive committee featuring soft-money faculty representatives (among others) to engineer any improvements in the pre-award process.
Need Dept by Dept Solutions	Let's do what make sense for us to do our job most efficiently and effectively. That may vary by department. If we can show our own cost savings, let us do it. □
	Selling proven slogans (OE) (with no performance evidence to back them up) and thinly disguised promotional material, that was attached to this allegedly impartial survey, does not work for smart people. It just make the divide between faculty and administrtaion wider. Be careful. Only implement OE procedures where departments and unit want it, and where it can ACTUALLY save costs and make
Hard to Know	work more efficient. It is hard to know what effect this will have.
Hard to Know	IL 15 HATU TO KHOW WHAT CHECK THIS WIII HAVE.

iMedris is a Definitely do NOT create another iMedris system. It requires full time analysts just to walk investigators through the process of filling out Problem the forms. The system is not based on any logical process of completing a form! My experience with Imedris has been horrible. It is shocking that the university is planning to use software from the same company for grant submission. The department based grant submission system works very well. It's not broken. Cost savings should be found in other departments that need massive reorganization anyway..accounting and real estate services, just to name two among several. It is my general opinion that most of these recent computer-based systems to improve efficiency have enormously decreased my efficiency. They are extremely user UNFRIENDLY, they are not integrated, and they are very difficult to edit online. I have been very disappointed in the quality of these efforts and cannot even imagine how difficult it will be to interface with C&G using a system like these others. And to top it off, I have to keep a book of usernames and passwords to keep track of all the UCSF systems. Shameful, actually. It's been a huge waste of time and money. Any administrator who thinks we should use iMedRIS for pre-award should have to submit 5 complete protocols to CHR using the software -- without any handholding in the process. Submitting grants is a major part of many of our lives. Tying us to a program like iMedRIS for a process that needs to be creative, flexible, efficient, and accountable is guaranteeing disaster and inefficiencies. How can that be cost-effective? Imedris is awful. Not user friendly, completely counterintuitive. iMedris is a difficult system to use and its impact on the amount and kind of work needed to get protocols prepared and approved was not anticipated (by me). I do not like it at all. The conversion was painful. New protcols are painful. Paper was a lot easier and less time consuming. The impact of new centralized computer-based contracting system on work flow, etc is difficult to judge. The choice of system is critical and should be done carefully with extensive end-user input and experiments that allow end-users significant say in what system is The devil is in the details. More If the aim of OE is to support faculty, and UC really listens to the faculty, and really try to come up with ways to support faculty then I Administrative would look on OEs more favorably. Work for However, one gets the inpression that the idea is simply to cut costs and the faculty and staff will have to bear the brint of the cuts. Faculty/Staff I am very concerned that faculty is going to be stuck with more administrative non-creative work with this cost cutting and retention of faculty will then become an issue. The supposed "savings" the current plan are based on faulty calculations and do not take into account the hidden costs and unintended consequences of centralization. Experience shows that all cost savings estimates only exist on paper and never realized without exacting a huge human cost and disruption. The fact that pre-award personnel under the department's control has personal relationships with the PI's and is accountable to the PI's department makes the working relationship a lot stronger than some distant personnel who is pulled in different directions. □ Personal Relationships The current Contracts and Grants staff serves a checking and bean-counting function. They may not be able to transition to someone who help shepherd a grant from idea to polished application. are Key It is very important to have personal trust in an individual when submitting a grant. Over-zealous centralization will not allow for that kind of relationship or trust. Many units do need to do things more efficiently. However, it creates unnecessary disruption and opposition to throw out units that are doing things well in order to make less efficient units better. I realize the architects of this plan have a lot invested at this point. But after Need Change all the concerns that have been expressed, they will no longer be able to claim that the consequences of doing this are unanticipated. If but Process is this plan disrupts and demoralizes faculty in highly functional units so that their grantsmanship deteriorates, that will have a cost as Flawed well, and the OE architects will be responsible. Some administrator thought that the merger with Stanford was a great idea and would save huge amounts of money ... funny how no one in the trenches thought so. It's easy to wave your hands and make up stories about how you're going to save money by consolidating this and that, but the reality, in my department anyways, is that our grants/contracts people, both pre and post award, are working full throttle. Just sticking them together in a room is not going to make them more efficient. The real issue is streamlining the Bureaucratic/ bureaucratic procedures which are really getting ridiculously inefficient and onerous. That would lead to true improvements in Top-Down efficiency. OE staff have created the impression of an aloof, arrogant group, intent upon pushing through their agenda, and uninterested (or at least unresponsive) to suggestions from others. Anything that can be done to keep the research process in the hands of the PIs and research teams is going to be far more efficient than if it is moved to the bloated UCSF bureaucracy. They have the highest motivation to use the funding wisely. There is such a huge divide between the high-quality science and medicine at UCSF, and the incredibly inefficient high-overhead bureaucracy. I came to UCSF from a private university, and here in contrast, we throw far too much of our precious funding into bureaucratic processes. The approach to this issue has been conducted in a manner that feels similar to the way the administration operated at the time of the merger with Stanford. It is very concerning. OE should evaluate the adminstrative bureaucracy for research at UCSF and how it has grown out of control and now severly impedes research productivity. Efforts to streamline, not complicate, research administration are desperately needed! Needs More Analysis Don't do anything without an adequate evidence base to support it -- it isn't there yet! During my time here at UCSF, the benefits and administrative support have steadily deteriorated. As this decay continues, successful PI's will start moving to other institutions. Consolidation of the grant pre-award support is another in a long line of changes that will make it slightly more difficult for me to do my job - i.e., bringing in grant money and doing high-quality research. I've been at another OE = Time to university with a structure similar to the proposed one, and it was a complete disaster. I hate to have to move again, but I certainly will Move on if the proposed changes are made.

Other and Mixed Comments "Operational Excellence" is an absurd, almost Orwellian term. The e-mails and letters that come about this process are demoralizing. 🛭

We are looking at the dismantling of the California Higher Education Plan and of the finest public University system in the world, mostly because of an absurd tax system and totally broken political process thanks in no small part to Prop 13. Calling the response to draconian cuts "Operation Excellence" just reifies and reinforces the myth that these cuts can be absorbed by increased efficiencies without sacrificing quality and the mission of the University. It's just not true.

I filled out several surveys about Imedris after using it, and never heard back. Now I hear they are planning to purchase a companion product for pre-award work. I certainly hope they are not expecting faculty to interface with it. If the cost saving measures are simply going to create more burden for faculty, then faculty will hire people to do the work, and there will be no cost savings. By the way, I would say the same thing about the Advance system - very hard to work with.

It has always varied how much administrators and PIs do in the preaward submission period

Thus it works best when they have a relationship and know each other and they know each others work styles □

At the very least in the centralized system folks should get a specific pre award person \square

Why get new software when all just learned the last one?

how will this plan decrease local admin support fir other tasks by decreasing local admin personnel

This is not an unbiased survey and I resent that the faculty are being treated as pawns to advance the agenda of a few faculty members. It would have been much more reasonable to provide a full description of the plan, provide a more balanced discussion and set the stage for thoughtful input which highlights the value of a great university. The last guestions on CHR are equally disturbing and anyone participating in this survey will see the agenda. Asking about a future endeavor with Imedris is like asking is I like or don't like a song by U2, will I therefore will not like the next one. More to the point. I do not think that many people taking this survey even have an idea of the new Imedris application and who developed it (it was developed by the MSOs and there was a open vendor competition). So in the end, whoever developed this survey is doing a disservice to the University and I am embarrassed.

In fact, the plans for OE will reduce operational excellence for those units which have already implemented successful systems. There is a need for hybrid fiscal models.

All computer programs solve some problems and create others. Those they create typically concern addressing the specifics of situations that "make a difference."

Centralization is rarely a good solution.

Virtual networks work well for some uses and not so well for others. While NIH applications are standardized and have manuals and we have all learned to manage electronically, thre are times when a real time interpersonal interchange can avoid much confusion, and clairfy processes and materiels needed for grant submission, management or coordination. Electronic routing often does not have enough feedback (someone is out of the office, when they are expected back), and since email is by nature short and often curt and people of differing cultures interpret words differently, email or electronic correspondence may not accurately describe problems, approaches, or offer alternative approaches.

When services are centralized, everyone involved loses the sense of working on a team as to sharing the successes and failures of the grants and the emphasis shifts to the process. Any system should have some form of joint governance/evaluation by both administration and faculty and staff.

I'm a clinical instructor, but that option is not available.

Thank you for doing this survey. The faculty's voice (i.e. those who actually have to submit grants) deserves to be heard.

where does the benchmark of 80-120 applications per year for a pre-award staff person come from? is this from UCSF depts w/ best practices or was that pulled from thin air?

I am in Fresno where the implementation has had only modest impact to date

see above. I envision OE as a way to tax my awards to pay for inferior service by people over whom I have no control. C&G is an example.

Purchasing revamp has been an abject failure. Not so sure this won't be too. Handling grants at the department level has been very successful for UCSF. Good that grants people understand the needs of particular departments, know the field well, care about the particular folks they serve. Bigger problem has been quality of the staff, very uneven, and incompetent individuals are still retained. But think that at departmental level, people more apt to care about the performance, though have heard of a few depts where staff are lackluster (e.g. Anatomy).

I do like that the office of research (?) is sending out more announcements directly to the faculty. Other universities do a much better job of "placing" grants in front of the investigator's noses and supporting the applications with admin.□

Also, like that C&G changed to allow changes in the scientific content later.

Seems that grants is the last thing you want to cut expenses from, is an investment more than a cost.

If our faculty are not able to submit grants because there is insufficient administrative support, the institution will suffer.

Computer interfaces are becoming increasingly important to faculty because processes that used to be done by staff people in the system are now done by individual faculty through computer programs. The two examples that come to mind are HSB timekeeping and effort reporting for grants. Both of these bureaucratic processes are cumbersome and difficult to use. In particular the effort reporting system is completely non-intuitive and because it is intermittent (quarterly or semi-annual), it is hard to remember from time to time. It is ridiculous to lump faculty into a time keeping paradigm, along with hourly employees. An example is that I have to fill out a time card during my sabbatical this year, and "lie" stating that I am taking 2 vacation days a month because the system can't cope with even such a common variation as sabbatical. These kinds of interfaces and IT systems apparently save money, but they transfer responsibility to individual faculty and waste a lot of our time and effort

Since the new system came into play, the CHR is now almost IMPOSSIBLE to call for questions about a proposal. I wonder if the OE process will also DECREASE the time that investigators may find someone to ask a quick question. Hmmmm....

I have a really hard time understanding and tracking my budgets once grants are awarded. Purchasing is a mess. It would be great to use a common program like iLab.□

I was at intramural NIH before coming to UCSF and there I had a lab VISA account with which I could buy anything under \$2500.

Saved a huge amount of time, stress, admin involvement and money. Wish this could be done at UCSF.