

RESEARCH ADVISORY COMMITTEE (RAC) BYLAWS AND RESPONSIBILITIES

1. The primary function of the RAC is to make recommendations to the Dean-VP on all major requests (see definition in item 5) for research program allocations including space allocations, faculty hiring/retention packages, and general research program infrastructure support issues. All requests for resource allocations must be submitted to the Dean-VP and RAC in writing using a standard format to be established by the RAC.
2. The RAC should include 12 distinguished faculty members with staggered terms of 1-3 years (with 1- and 2-year appointees allowed one term reappointment of 1-3 years to permit continuous revitalization of the committee as well as long term memory. Committee members who have completed 3 years or more of continuous service must have at least two years off the committee before reappointment. RAC co-chairs should be appointed for 3 years and are eligible for reappointment indefinitely at the Dean-VP's discretion. The Associate Dean for Research in the SOM should serve as an ad hoc member of the RAC committee, and there should also be an ad hoc member who represents the Office for the Vice President for Research/University Provost's Office.
3. The RAC should have representation of Clinical and Basic Science Departments as well as Centers. Given its size, it cannot be representative at any point in time, but an effort should be made to make it representative of different research oriented Departments and Centers over time. The selection of the members of the RAC is ultimately the purview of the Dean-VP to which it will report, but may include some members elected by SOM faculty. The Dean-VP should solicit nominations for membership on the RAC from Departmental Chairs and Center Directors as well as the faculty at large.
4. All major requests for allocation of resources from the Office of the Dean-VP must be submitted to in writing using procedures and application forms to be developed by the RAC. The RAC Co-Chairs will read these applications and assign them for review to at least two members of the RAC who will be designated as primary and secondary reviewers. However, in cases of very large requests for resources (i.e. >\$ 5 million) all members of the RAC will be asked to review the proposal. Moreover, members of the RAC will have full access to all applications whether they are assigned to them or not. When needed, the RAC will solicit non-RAC input to insure a rigorous and fair review of proposals. RAC members must excuse themselves from reviews in which they have a conflict of interest.
5. Examples of major requests that should be reviewed by the RAC should routinely include the following although this will ultimately be the purview of the Dean-VP: a) all requests for a new tenure track faculty position – note the RAC will approve positions not specific job candidates unless requested to do so by the Dean-VP; b) requests for establishment of a new Center, Department, Research Core, or other Administrative Unit; and c) any request for financial assistance >\$50,000/fiscal year.

6. The primary responsibility of the RAC is to provide a rigorous, fair, objective, and expeditious review of all applications for major resource allocations to the Office of the Dean-VP.
7. The RAC should report directly to the Dean-VP in the form of a <1 page summary report, a composite of the reviews of RAC committee members assigned to applications, and the committee vote. The vote should be for approval or disapproval and a priority score using the NIH grading scale. Should there be a split vote regarding approval/disapproval, a member or members of the dissenting subgroup should submit a minority report for review by the Dean-VP.
8. The RAC should meet twice per month during the first year 6-months of operation. At that time, the workload should be assessed and a new meeting schedule established.
9. The RAC will be staffed by a full time Ph.D. or M.D. trained Scientific Research Administrator (similar to SRAs at the NIH) with experience in biomedical research and research administration, and by a half time administrative assistant/secretary. The RAC Scientific Research Administrator and his/her administrative assistant will be responsible for: a) preparation and distribution of review materials to members of the RAC; b) assisting the RAC Co-Chairs in selecting reviewers for applications; c) preparation of RAC summary reports based on reviews provided by RAC members, the meeting discussion, and input from the Co-chairs; d) collecting information/data as instructed by the RAC Co-chairs necessary for the review process; and e) interfacing with the Office of the Associate Dean for Research of the SOM, the Office of the Vice-President for Research, and other internal and external offices/agencies as necessary to ensure full implementation of RAC recommendations approved by the Dean-VP.
10. A major guiding principle for the RAC as well as Chairs and Center Directors should be to give high priority to requests for resource allocations in research areas in which we can achieve national and international preeminence, and which will substantively improve other research programs and generate significant new revenue streams. It is recommended that Chairs and Center Directors as well as the RAC give high priority to the focus areas identified by the Faculty Development Council for fundraising purposes many of which are disease-oriented.
11. The RAC should develop a rigorous space management policy using formal productivity metrics such as grant dollars/ft² and aggregate publication impact factor/ft² that can be used by Department Chairs and Center Directors for their own space management decisions, and by the Dean-VP for analyses of the overall performance of Centers and Departments. The RAC then needs to perform an initial assessment of space performance metrics and space assignments in all Departments and Centers and integrate these metrics into planning for future faculty hires to address strategic institutional research initiatives. It is recommended the RAC form a Sub-Committee to develop a specific set of proposals in this area for subsequent consideration by the full committee.

12. The RAC, together with Basic and Clinical Department Chairs and Center Directors should place a high priority on providing faculty the optimum resources and research infrastructure to excel and to take preemptive steps to prevent loss of outstanding faculty.
13. Department Chairs and Center Directors will have the primary responsibility for ensuring retention of their best faculty. However, the RAC will play a major role in assisting the Dean-VP and Chairs/Center Directors in assembling competitive retention packages.
14. The RAC and Dean-VP need to develop a plan for centralized administration and oversight of institutional research support/core facilities to ensure their vitality, and to identify mechanisms and resources to foster more rapid development and/or implementation of new enabling technologies. It is recommended that RAC appoint a subcommittee to develop recommendations in this area for subsequent consideration by the parent RAC.
15. The RAC as well as Department Chairs and Center Directors should place a high priority on strengthening our clinical and translational research programs but balanced with continued expansion of key basic research programs.
16. The RAC should be charged with developing mechanisms to ensure more effective partnering and integration of basic, translational, and clinical research programs, and bolstering our overall institutional capabilities for translating basic research findings into improved clinical care.
17. Members of the RAC should play a major role on search committees for hiring new Chairs and Center Directors and for advising the Dean-VP regarding re-appointment of existing Chairs and Center Directors.
18. Although the principal task of the RAC will be to evaluate proposals presented to it from Chairs and Center Directors and individual faculty members, this committee will also be expected to identify major strategic research initiatives and investments that would benefit the institution as a whole and recommending to the Dean-VP issuance of a request for applications to address specific programmatic needs.
19. The RAC should establish Sub-Committees representing basic, translational, and clinical research to better manage operational procedures and to optimize implementation of initiatives approved by the Dean-VP and Associate Dean for Research in each of these respective areas.
20. The RAC should develop school-wide institutional guidelines and policies for certain activities affecting research in all departments and centers such as conflict of interest policies, animal use policies, construction of BSL-3 space, management/construction of animal facilities, review of current SOM policies regarding faculty consulting-outside income, etc.

21. The RAC should place a major emphasis on providing researchers an optimum environment to excel, and for fostering collaborations that are synergistic with respect to advancing science and/or clinical practice. For example, in many instances faculty hired into clinical departments may benefit by having their laboratories in disease-oriented Centers. The RAC should place a high priority on building a critical mass in a given biomedical research area to enhance the research programs of individual faculty as well as to increase our competitiveness for large program grants.
22. Department Chairs and Type I Center Directors should continue to have autonomy in managing research space assigned to them but subject to rigorous use of the space performance metrics recommended by the RAC in annual and 5 year reviews by the Dean-VP.
23. The RAC and Dean-VP need to develop a plan to foster an institutional culture/business environment whereby infra-structure support personnel view as their primary responsibility facilitation of research productivity while at the same time ensuring compliance with federal, state, and institutional policies and procedures.
24. The RAC needs to place a high priority on ensuring that SOM research initiatives and goals are compatible and hopefully complement the research goals outlined in the University of Virginia 2020 Report.
25. The RAC, the SOM Development Office, and the Dean-VP need to develop mechanisms to more effectively integrate philanthropic initiatives into our academic and clinical activities including:
 - a. Developing programs to better educate clinicians and scientists about the mechanisms of philanthropic fund-raising.
 - b. Creating opportunities for Development officers to identify research activities that can garner support, and a plan to then develop targeted fundraising efforts in those areas.
26. Given that biomedical research is becoming increasingly dependent on effective integration of the talents of investigators in multiple different fields, the RAC, Dean-VP, Department Chairs, and Center Directors need to identify mechanisms to promote these interactions including aggregation of such investigators within adjacent research space, expeditious establishment of critical new cores or purchase of shared major equipment items that facilitate wider use of key enabling technologies, etc. These efforts will promote research productivity and also have a major positive impact of increasing our competitiveness for major federal program project and center grants.
27. Hiring practices need to give strong weighting to building our competitiveness for program grants, and the RAC needs to identify ways to enhance incentives to faculty to submit major program grants.

28. The RAC, Dean-VP, and Development Office need to develop innovative ways to finance new research building construction and program development, including direct assistance from State and Federal sources.
29. The RAC should assist the Patents Office, and the Dean-VP, and Vice President for Research to significantly improve institutional support for commercialization of University-owned intellectual property (IP) and to implement the recommendations in this area outlined in the Decade Plan.
30. The RAC needs to advise the Dean-VP regarding mechanisms to maximize all available revenue streams (grants, private funds, intellectual property, and government), find synergies among them, and integrate them with clinical operations (e.g. development of disease-oriented research programs and facilities).
31. The RAC needs to assist the Dean-VP in creating an Office for Clinical (Trials) Research that will be responsible for recommending resource allocation for hiring Clinical trials research faculty in Clinical Departments, developing an effective career development program for junior clinical investigators, providing administrative support for submission of institutional clinical training programs, and improving the overall support mechanisms for clinical research. A major priority of the Office of Clinical Research and its Director should be to identify mechanisms to significantly enhance the ability of current UVA faculty to do innovative patient-oriented research. The Director of the Office for Clinical Research should serve as an ad hoc member of the RAC.
32. The RAC needs to identify strategic investments in the research programs of Clinical Departments to address major institutional research initiatives. This should include provision of funds to support the salaries of Clinician Investigators in clinical departments.
33. It is recommended that a Sub-Committee of the RAC be formed and assigned the responsibility to identify mechanisms to promote research excellence within Clinical Departments including ensuring: a) that there is a culture that recognizes and rewards research excellence; and b) that Clinician Investigators have adequate protected time, and an appropriate research infrastructure to optimize their success.
34. The RAC should consider ways to increase use of Centers to enhance research programs within Clinical Departments including joint hiring of M.D., M.D./Ph.D., and Ph.D. faculty whose laboratories will be located within center space in close proximity to collaborating investigators.
35. The RAC needs to develop effective mechanisms to maintain pre- and post-tenure productivity of CI faculty within Clinical Departments including ensuring that they have adequate protected time to do research, and that they are not penalized financially by pursuing research as opposed to seeing more patients.

36. Recognizing that we cannot simultaneously attempt to strengthen the research programs of all clinical departments, it is important that the RAC identify strategic investments in selected disease-oriented research areas including those identified as having significant fundraising potential by the Faculty Development Council.
37. The RAC needs to assist the Associate Dean for Graduate and Medical Scientist Programs in efforts to improve the overall quality of our graduate programs including development of a plan for possible consolidation-reorganization of our graduate programs as suggested in the Decade Plan.
38. The RAC needs to develop recommendations for the Dean-VP for implementation of the recommendations in the Decade Plan for improving infrastructure support for our post-doctoral training programs.