

Incentives and Disincentives Committee

The committee was charged with identifying incentives and disincentives to conduct translational research at LSUHSC. It was expected that disincentives would be a much larger list since LSUHSC has not been a center known for its translational research activities. The committee took as a basis for their work the document “Promoting Clinician-Scientists at LSUHSC” and a questionnaire sent to all the Chairmen of the clinical departments in the school of Medicine and to two researchers in the School of Dentistry (see enclosed questionnaire). Most chairmen answered the latter questionnaire. The results of the committee’s analysis of the white paper on Promoting Clinician-Scientists and the questionnaire are outline below:

Disincentives

These were identified as a major problem impeding the development of research at LSUHSC. They were divided into “personal disincentives” and “institutional disincentives” and are ranked from the most to the least important.

Personal Disincentives: These were the 4 most important personal disincentives identified:

1. Lack of incentives i.e., additional supplemental pay or public recognition for success in obtaining grants, in the clinical departments.
2. Lack of mentoring programs for residents, fellows and young faculty interested in conducting research on their patients.
3. Limited time for research due to overwhelming clinical work.
4. Lack of a culture within the clinical departments that recognizes research as a major goal of academic medicine at LSUHSC.

Institutional Disincentives: These also appear by order of importance, with several institutional disincentives being grouped as being of equal importance.

1. Lack of a clinical facility that is adequately equipped and staffed to conduct competitive (nationally and internationally) translational research. This was in the eyes of the committee the most important disincentive in stimulating and conducting competitive clinical and translational research. This also added a perception of LSUHSC being a poorly rated institution for the conduction of clinical research and clinical trials, by grant and program reviewers and new faculty applicants.
2. Lack of senior faculty trained in research and/or funded to conduct research.
3. The following were all classified as being of similar importance:
 - a. Cumbersome administrative processes (i.e. grant application processing, purchasing, grant management).
 - b. Lack of an infrastructure within the clinical departments to support the development and presentation of competitive research grants. (i.e., grant writers, administrators with grant management experience, laboratory personnel, nurses, research, nurses, etc.)

- c. Lack of communication between basic and clinical departments.
4. Others included:
 - a. Lack of a clinical trials office
 - b. Lack of knowledge of the GCRC
 - c. Lack of internal funding to start projects.

Incentives

These were divided into existing incentives and incentives needed.

Existing Incentives: Unique patient populations. This was identified as the major incentive to conduct research by the committee and the chairmen. However several people commented that with the current clinical structure, LSUHSC does not make use of this resource.

Needed Incentives: They were also ranked in importance and time for implementation (Immediately (next 2 years), Mid-term (3-5 years) and long-term (5-10 years))

1. Create a plan of monetary and promotion incentives for clinician-scientists. This should include a competitive salary (successful – “read funded” - clinician-scientists are highly valued in academia), salary assurance and support while research programs are established and partial support if grants fail to renew. The plan is important not only for the recruitment of new clinician-scientists but also for the retention of successful investigators. (Implementation: **Immediately**)
2. Develop an appropriate site for the development of clinical and translational research with adequate support personnel (Implementation: **Immediately**)
3. Establish research experience and activities as major criteria for hiring new faculty and especially new leadership at LSUHSC. (**Immediately**)
4. Strengthen the existing research group so they can provide mentoring opportunities for resident, fellows and young faculty (Implementation: **Mid-term**)
5. Develop a Clinical Trials Office and a Grants Support Office (**Mid-term**)