Research Management Group
Efficiency Initiative
Today’s discussion

• RMG…in the beginning and now

• Major impacts to research administration

• Volume and workload metrics

• Approach and timeline for RMG Efficiency Initiative
In 1995, the School of Medicine embarked on a reengineering effort to streamline research administration to:

- Simplify the extremely fragmented processes for proposals and awards
- Create specialists in research administration
- Save costs in administration

On April 1, 1995 the School of Medicine launched Research Management Group as a pilot with 17-departments; the program was approved and implemented in the remaining departments.

Early goal of RMG was to form strong partnerships with faculty and departments in support of the proposal and award process for sponsored projects.
RMG’s Responsibilities Have Expanded

- As a result of NIH audits, the SoM developed a Quarterly Report process for postaward oversight; RMG took on a stronger role in compliance and management of the annual A133 audit
- RMG took on the role of representing the SoM in University policy development, communication, and implementation
- RMG developed a process for identifying and announcing Funding Opportunities
- Fellowship Office moved from Office of Postdoctoral Affairs to RMG
- Clinical Trial RPM Group formed in response to several internal audits on clinical trial process and billing
- Sponsored Project Activity Reporting and Research Metrics
- Clinical Trial Contract Officers moved from OSR to RMG
Other Recent Changes and Impacts

- California Institute for Regenerative Medicine (CIRM) grants
- New NIH Conflict of Interest (COI) policy implementation
- Stanford Electronic Research Administration (SeRA) modules 1, 2 and 3
- Transition to electronic record keeping
- Metrics and reports utilizing new preaward system (SeRA)
- Annual Payroll Certification
- Expansion of PI eligibility to Clinician Educators
- Electronic submission of proposals
- Medicare policies for clinical research
- Complex research (i.e. international clinical studies, interdisciplinary projects, diverse funding sources)
Research Management Group (as of 9/1/13)

- RMG Director
- Grant Staff = 29.5 FTE
  - RMG Associate Director
  - RPM Team Managers
  - Research Process Managers (RPM)
  - RPM Associates
- Clinical Trial (CT) Staff = 8 FTE
  - RMG Associate Director
  - CT RPMs
  - CT RPM Associates
- Contract Officers = 5 FTE
- Fellowships = 2 FTE
- Compliance Oversight = 1 FTE
- Finance, Reporting, HR, and Operations = 4.3 FTE
- Funding Opportunities = .75 FTE
## Proposal and Award Volume (FY08-FY13)

### Amounts and counts are the fiscal year-to-date (FYTD) totals for the respective time period. (Current = 9/1/12–8/31/13 [FY13 Q4].)

### Proposals: Total Dollars (millions)

<table>
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<tr>
<th></th>
<th>5 years ago</th>
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<th>3 years ago</th>
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<tbody>
<tr>
<td>Non-Fed (excl CIRM)</td>
<td>1,614</td>
<td>632</td>
<td>172</td>
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<td>CIRM</td>
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### New Awards: Total Dollars (millions)

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<td>449</td>
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Counts are the 6-month running totals (August-January) for the respective year. Current = 6/1/13-11/30/13
Includes Bioengineering and ARRA. Excludes Industry-Sponsored Clinical Trials and University Research.
Proposals: New, Competing, Non-Competing Continuation (NCC), Resubmission, Revision, and Supplement.
RMG: Clinical Trial Staff Workload

Counts are the 6-month running totals (August-January) for the respective year. Current = 6/1/13-11/30/13
Awards: New and Amendment.
**Annual Customer Survey Results**

**RMG and CTRMG**

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<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
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<tr>
<td>Average Rank</td>
<td>4.57</td>
<td>4.57</td>
<td>4.51</td>
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**RATING SCALE**
5 – Strongly agree  
4 – Agree  
3 – Neutral  
2 – Disagree  
1 – Strongly Disagree
What’s the planned initiative:
• Conduct interviews/surveys/focus groups with Faculty, DFAs, Department Administrators, Nurse Coordinators, Postdocs and RMG staff to assess RMG services and reexamine roles and responsibilities.

What do we hope to accomplish:
• Strengthen the RMG and Department partnership on research administration to better support and serve the SoM faculty.

• Improve quality of RMG services facilitated by a thorough understanding of clients’ needs.

• Capture information on what works well and where there are gaps and inefficiencies in research administrative processes.

• Reevaluate and redefine roles and responsibilities between department administration and RMG to ensure consistency.
Focus Areas

- **Research Management Group**
  - Gain Efficiency

- **Evaluate internally & externally**
  - Customer Service
  - Type of Support
  - Roles & Responsibilities
  - Training

- **Strengthen Partnerships**
  - Improve research administration in the SoM
Planned Approach and Timeline

March-April
- RMG STAFF
  - Focus Groups
- DFAs
  - Group Meeting

April
- POSTDOCS
  - Online Survey (Fellowship process)

April
- * DEPARTMENT ADMINISTRATORS
  - Focus Groups
  - and -
  - NURSE COORDINATORS
  - Focus Groups

May
- * FACULTY
  - Individual Interviews with representative group of faculty
    (in person or by phone)

* DFAs to assist us in identifying the representative group of participants
Then what?

✓ The analysis and evaluation phase
  • Compile results, analyze data to identify themes
  • Formulate ideas for change

✓ Share results and recommendations
  • Dean’s Office
  • Stakeholders

✓ Develop strategy for change and implementation