

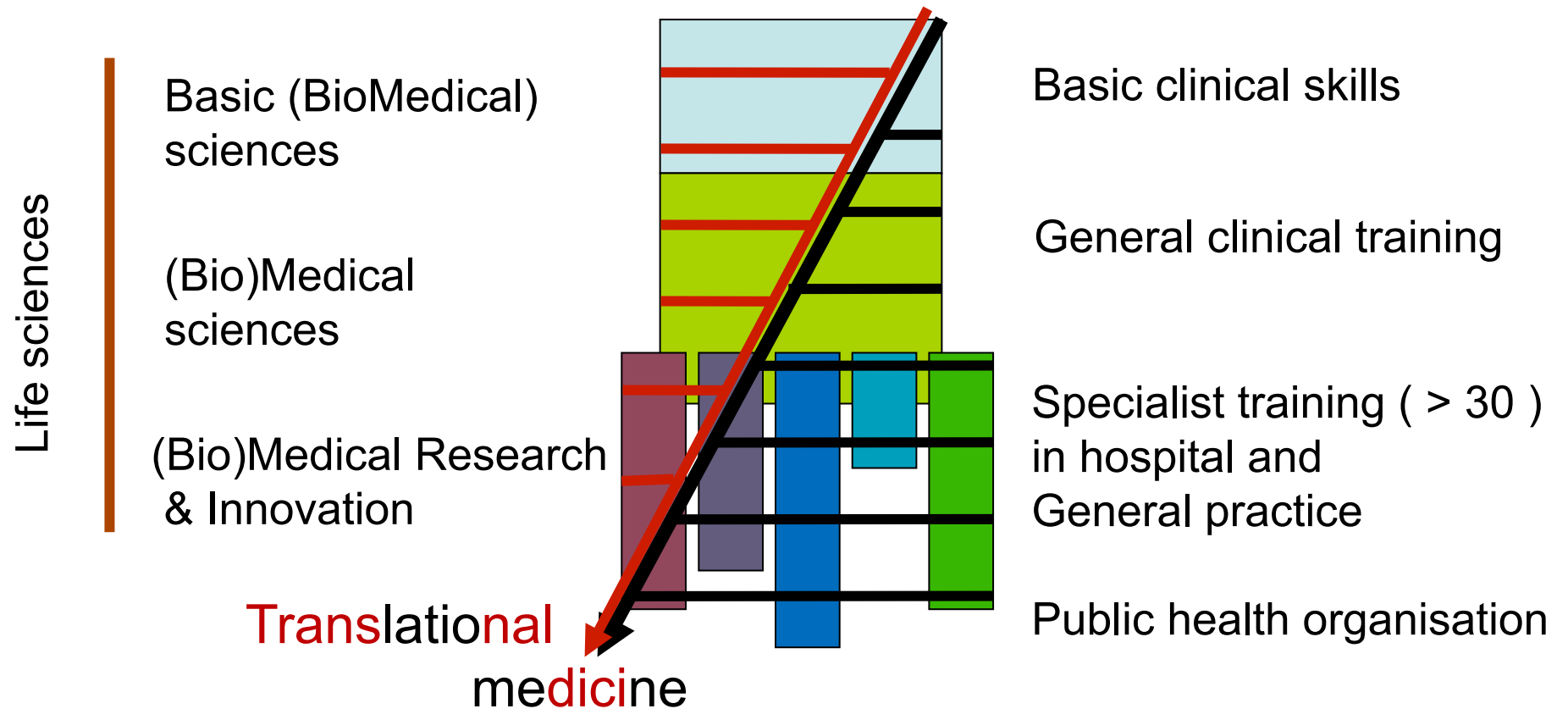
Growing pains in constructing UMC-Brussels

Prof. A. Dupont

Dean of Medical School
Vrije Universiteit Brussel

Environment of Medical Education

Scientific Environment



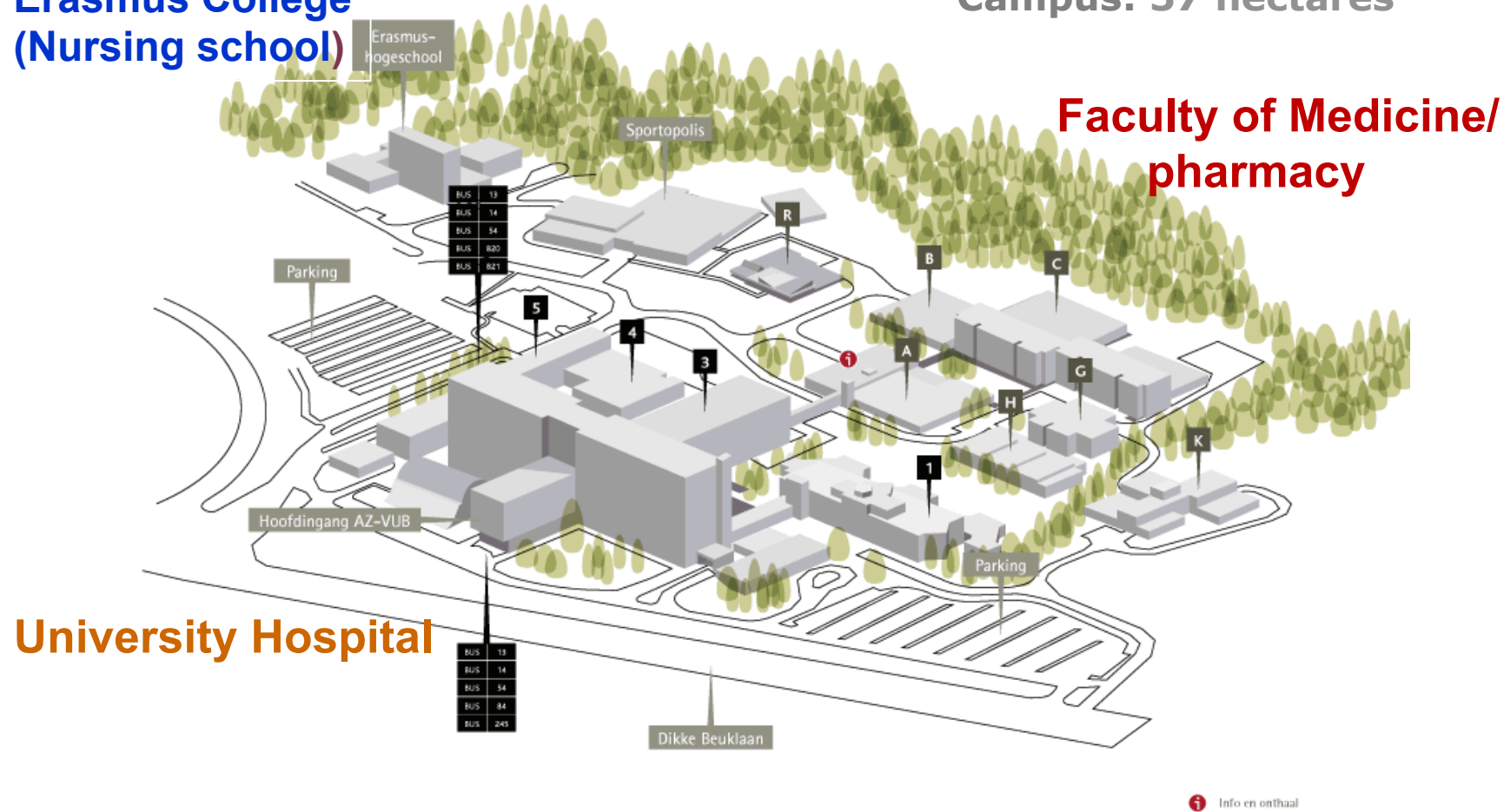
Clinical Environment

University Medical Campus Vrije Universiteit Brussel

**Erasmus College
(Nursing school)**

Campus: 37 hectares

**Faculty of Medicine/
pharmacy**



Environment of (para)medical education and research

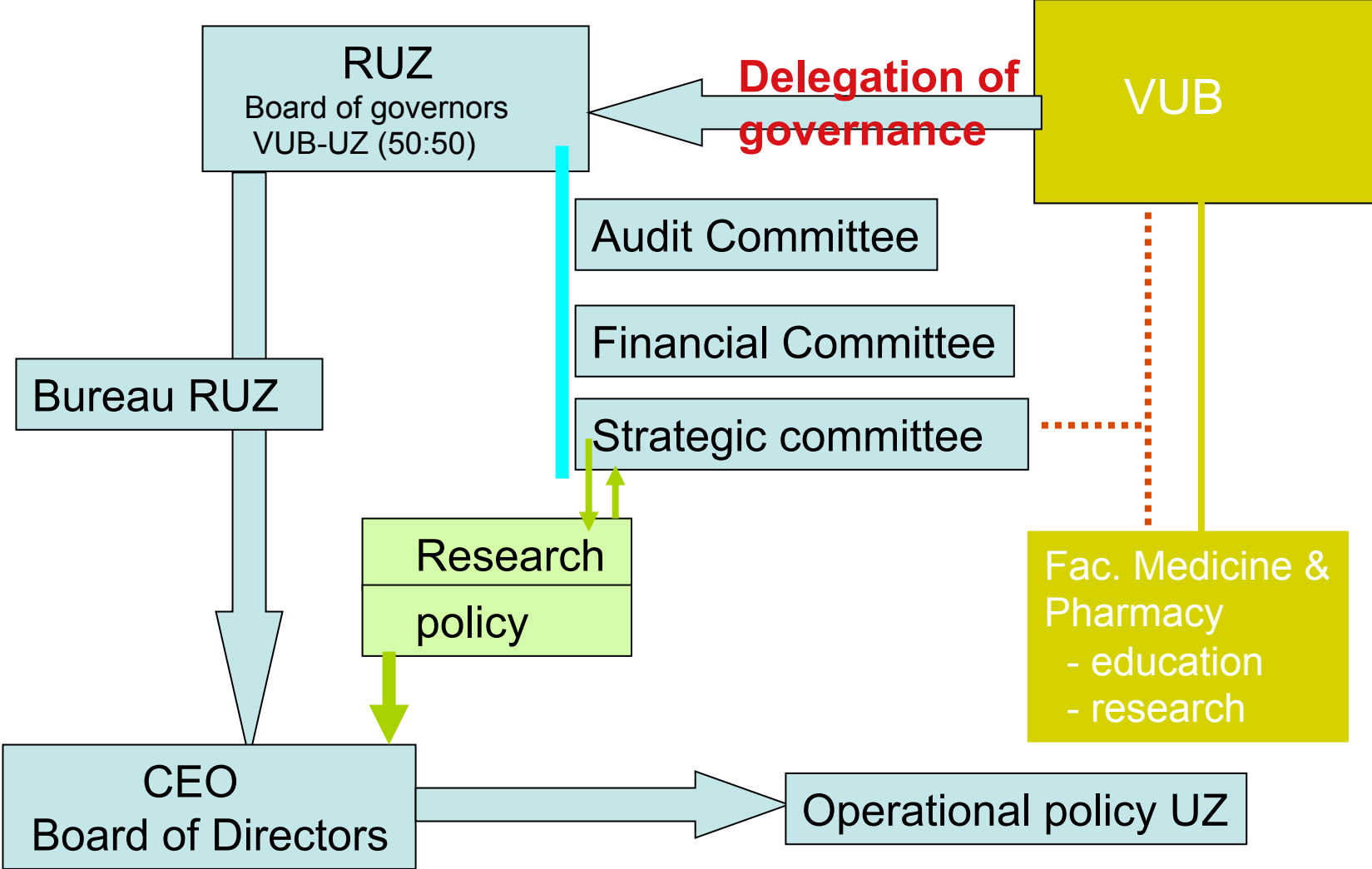
Belgian definition of University Hospital

(federal law:1978-2004)

- a University with a full MD program denominates a “University” Hospital, whether or not in a separate legal entity
- “ University” hospital has a specific function in (para)medical education, applied clinical and translational research, and needs to comply with:
 - 1MD/3 beds
 - > 70% FTE (>80% FT) MD’s
 - > 70% MD employed by Hospital (cumulation with university appointment allowed)
 - > 70% MD’s academic appointed
 - honoraria according agreement National Institute for Health and Disability Insurance
 - top reference care aside specialist care
 - participation in educational function of Faculty
 - active participation in clinical research and innovation
- Through a convention with the university affiliated hospitals can have a university task

Note: Hospitals (also University Hospitals) have by law a governing council with responsibility on accountancy/budget and medical policy

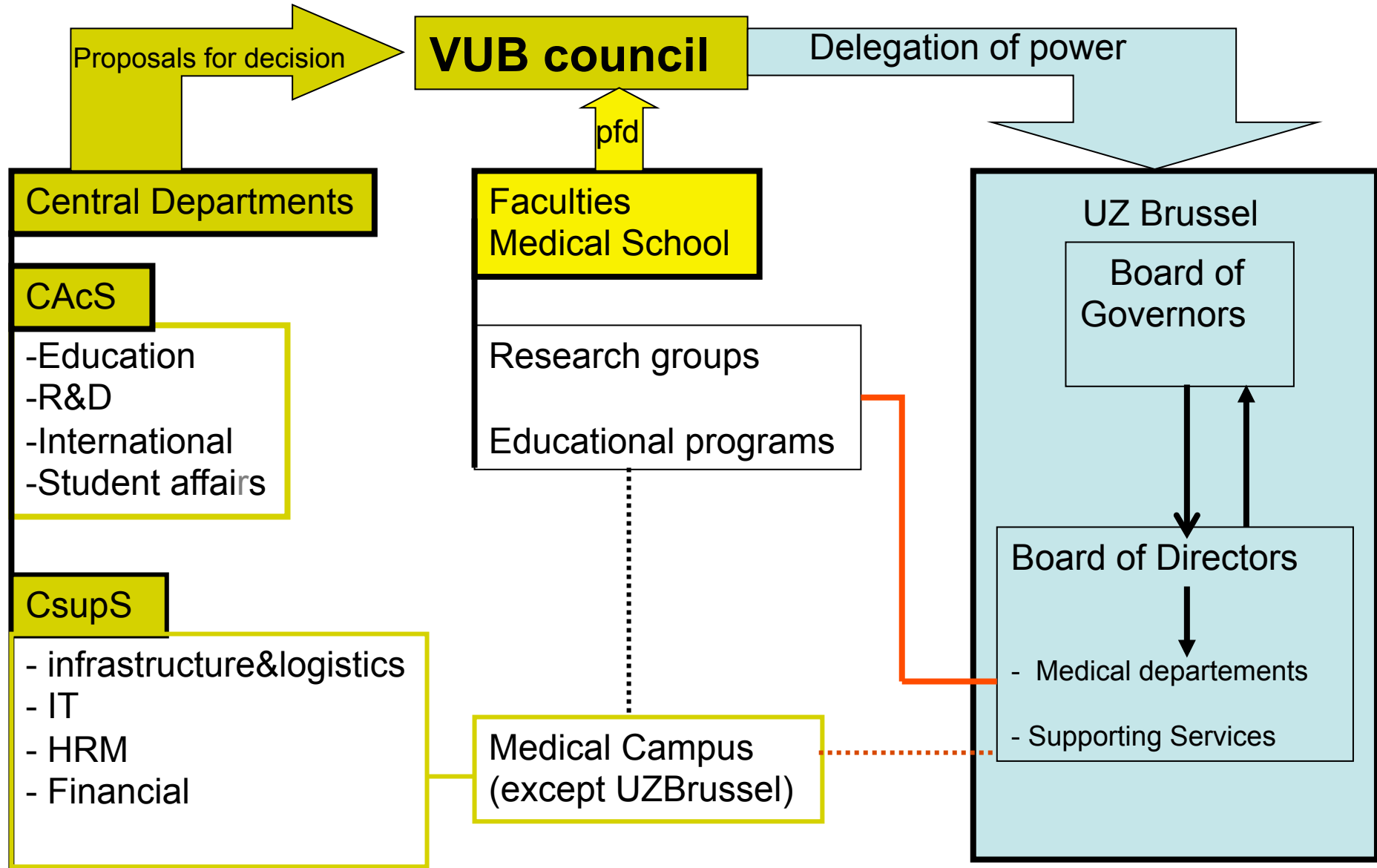
Governance structure of UZ Brussels within legal entity of Vrije Universiteit Brussel



Note: Clinical teaching is part of Curriculum MD governed by faculty

..... Representation in SC

Governance of Vrije Universiteit Brussel



Erasmus nursing school is separate legal entity

Financing of University function of UZBrussel

Total income (2010): 337 M EUR

- University function:

Specific budget (B7) from Federal Min. Health	5,4 %
amount based on:- 25% for n. scientific publications	
- 15% for n. postgrad.stud./"maître de stage"	
- 60% fixed budget per UH	
Research, patents, clinical studies, sponsoring *:	2,0 %
Convention with University (through faculty)	0,9 %
Specific research stimuli (Gouvernement):	0.9 %
total income university function	9.2 % of TI.

- Hospital function: Health Min. (per bed; specific parameters),
Honoraria (public – private insurance per medical act),
specific conventions, ... **90.8 % of TI**

- *income through university controlled research fondses not included*
- **!!! estimated real academic cost (Antares-Europe): 15 - 25,0 % of TI**

Financing of faculty of Medicine

VUB total income: 198.M EUR (2010)

Centralised Academic and A/T services for education, infrastructure, building, student-facilities, research and innovation support, etc..

8 faculties receive allocated budget (see faculty budget)

Allocated Budget for Faculty of Medicine:

- | | |
|-------------------------------------------|----------|
| - Academic (115 FTE) and A/T personnel: | 12.5 M |
| (UZBrussel academic personnel included) | |
| - Educational working credit: | 0.540 M |
| - External and Internal Research income : | > 20.0 M |

Note: ° academic, educational and technical-administrative personnel and logistics in central University budget

°° About 20% of total University budget is medical campus linked

From UMCampus towards UMCenter Brussel

Strategic Plan of Rector (2009-2016)

Integration in current system is hampered by differences in:

- multi-governance structure
- sources of income (clinical versus academical)
- strategic vision on academic function of UZ
- salaries and statutes of MD/ATP versus Academic Personnel
- ownership of buildings and infrastructure medical campus
- “tightening” of governemental budgets (Health as well as education)

Objective of Integrated structure UMC like:

- Unity in Strategic vision and planning (clinical care, medical education, R&D, campus administration)
- Joint nomination of MD and MD-AP
- Gain in efficiency through rational use of resources
- Bureaucratic downsizing, avoiding duplication
- Increase of competitiveness and attractiveness (centers of excellence inbedded in full offer of care and educational programmes; PP collaboratio

Start-up Factors of Success “UMC Brussel” project

- Supported by “top governors” of concerned entities
- Current governance structures of concerned entities must be willing to be tuned towards the same goal, within their own responsibilities
- Demonstrate quick-win subprojects which prove UMC added value
- Implementation of smart communication plan to ensure bottom up support
- Try to convince policy makers in Gouvernement to support funding and regulation of UMC’s in Belgium

UMC project governance

UMC steering committee

- identifies specific subprojects and assigns them to working parties (see below or ad hoc)
- proposes decisions or directions of implementation to existing governance boards
- coordinates the tasks and timeplanning of **working parties**
- members of SC are “top” governors of concerned entities (rector University, dean faculty M&Ph, CEO hospital, CEM hospital) , and external experts. Chairperson has no executive position. Support by external consultant

Working Party “Academic Integration”

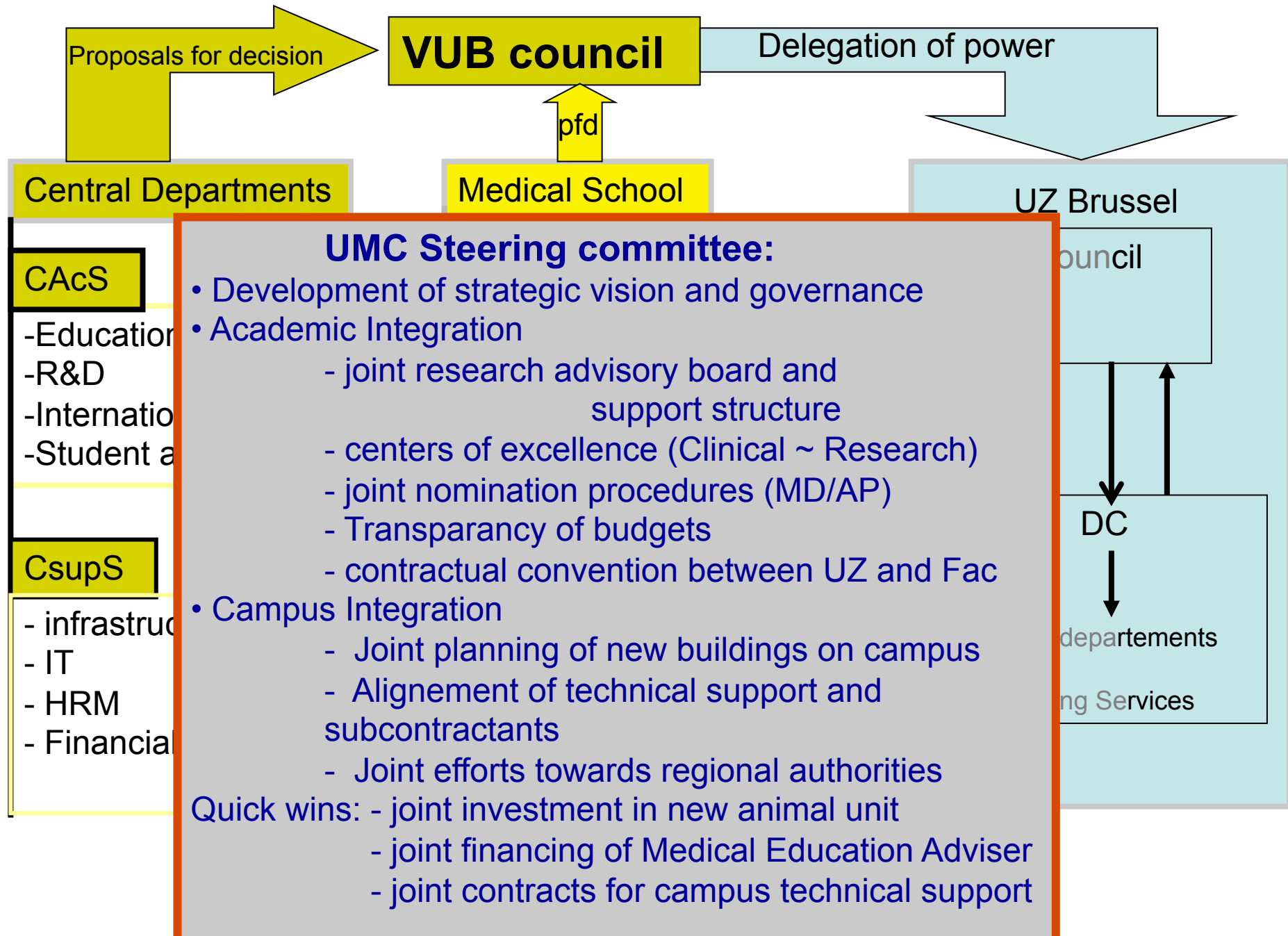
- identifies and works out projects focussed on “strategic coherence” in Research and Education

Working Party “Campus Integration”

- identifies projects focussed on “bureaucratic downsizing”
- development of proces of integration of supporting services

*Note: - specific working parties can be organised by as well the UMC SC or WP
- each “entity” is represented on equal basis*

First deliveries in UMC project (2010-2011)



Prominent Stumbling blocks in forming UMC Brussel

- Academic Budget for Hospital is too low and regulated by faculty
- Financial pressure to increase medical performance to the detriment of time and budget for academic task in Hospital
- Joint nomination (MD-AP) of Head's of Clinical Departments is hampered by differences in prioritisation of academic versus clinical task
- Different statutes of University or Hospital appointments
- Awarding of combined research funds is hampered by absence of clear joint strategic research plan.
- Planning of new buildings, infrastructure and mobility on campus is pressured by Hospital (Clinical) needs and lack of financial backing through university
- SC Leaders need to transcend more towards UMC unity; too few human capital involved in working parties

Conclusion:

Need for a UMC governance

with strategic planning and decision making power

Possible Governance structure of UMC Brussels

