



Office of the Chair
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Assembly of the Academic Senate, Academic Council
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

August 5, 2003

**JULIUS ZELMANOWITZ
ACTING PROVOST AND SENIOR VICE PRESIDENT
ACADEMIC AFFAIRS**

Re: Formal review of proposed new academic personnel policy on the Clinical Professor Series (APM 278 and APM 210-6) and the Voluntary Clinical Professor series (APM - 279), and of proposed revisions to APM 133-0

Dear Juli:

At your request, the above proposed new APMs and proposed revised APM were sent out for formal review to Divisional Senate Chairs and Chairs of the Academic Council's Standing Committees. The returned comments reflect a range of concerns but their weight settles in two major areas. First, greater consonance is needed between the provisions of the proposed policies and the existing policies and practices on some campuses. Second, the Council recommends including in relevant policy sections, more specific language relating to the role of research and creative activities in the Clinical Professor series. The goal is to encourage research and scholarly creativity activity (while not requiring it), and assure that such activity would be duly recognized. Please refer to the enclosed individual responses for details of these and other points. Additional recommendations are summarized below.

Review criteria: proposed APMs 278 and 210-6 and 279

To minimize the possibility of problems stemming from a rigid interpretation of the guidelines, **210-6(b) paragraph 4** should be emphasized (e.g., boldfaced or underlined).

There is concern that the expectations listed in **210-6 (d)** are too demanding, and that alternative types of activities could support the University's mission of scholarly innovation.

- In the proposed new **APM – 279**, it should be clarified whether the record of an individual’s service, research and other professional activities will be used for appointment and promotion.

Terms of service: proposed APM 278 and revised APM 133-0

The terms of the proposed **278-17** conflict with existing campus policy regarding review and terms of service for the WOS appointees. Also, the inclusion of an additional category in **278-4(b)** is recommended to cover certain appointees who are employed as teachers only, and who hold clinical appointments at non-affiliated hospitals. (See UCB comments.)

The proposed revisions to **APM 133-0** should increase time periods so as to correspond more closely with campus guidelines and practices.

Other

- Distinct views were expressed on the use of the term “voluntary” in proposed **APMs 278 and 279**. An alternate term should be applied that would appropriately differentiate between the two series, while not carrying a demeaning connotation, which the term “voluntary” might be seen to have. (See the UCI and the UCAP responses.)

The rules for a change in series moving either into or out of the Clinical Professor series should be the same for **278-6(b)(2) and 278-16(b)**.

30-day advance notice of termination, a provision in the policy for the Voluntary Clinical Professor series, should be included in the policy for the Clinical Professor series as well.

- Clarification is needed on whether the existing practice on some campuses of supporting appointees with 19900 funds is allowed by the exception noted in **278-c**.

The Academic Council appreciates your consideration of these recommendations, and will welcome the opportunity to review revised versions of the proposed policies.

Sincerely,



Gayle Bimon, Chair
Academic Council

Encl: 6
Copy: Academic Council



MICHELLE YEH
CHAIR, UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL
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One Shields Avenue
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JUL 1 7 2003

16 July 2003

PROFESSOR GAYLE BINION
CHAIR, ACADEMIC COUNCIL

ACADEMIC COUNCIL

Dear Gayle:

Re: *Proposed new APM 278, 279, 210 and proposed revision to APM 133-0*

At its meeting on June 17, 2003, the University Committee on Academic Personnel (UCAP) reviewed and discussed proposed new APM 278, 279, 210 and proposed revision to APM 133-0. A vote was taken on the proposal, collectively.

UCAP approved unanimously a motion to accept the proposed revisions to the APM and convey the following three concerns for consideration:

Members generally agreed that use of the term “voluntary” in a title (e.g., “Voluntary Clinical Professor”) is demeaning. UCAP suggests that the term be eliminated and the old term “Without Salary” (WOS) be retained.

- 2) The “Voluntary Clinical Professor” series includes a statement in policy that this group will receive a 30-day advance notice in a termination letter; however, that is not part of the salaried “Clinical Professor” policy. The latter group does not receive a 30-day notice. UCAP considers the inequity to be an oversight.
- 3) With regard to the “Clinical Professor” series, professional competence and teaching are the two primary criteria for personnel review. It has always been stated that research and creative activity and service are desirable, always encouraged, but not required. In the proposed revisions, University service will be required. Further, under professional competence, a new component, creative activity, is added as a requirement. Consideration of creative activity within two different criteria for personnel review—one required, and one not—could cause confusion.

Sincerely,


Michelle Yeh
Chair, UCAP

lt-vp

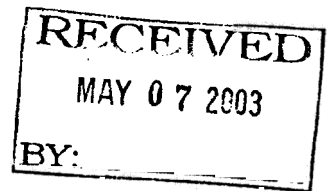
C: UCAP members
Academic Council Executive Director Bertero-Barceló



MEMORANDUM

May 6, 2003

Academic Senate Office
3125 Murphy Hall
140801



Duncan Lindsay, Chair
Academic Senate

FROM: Richard H. Gold, Chair
Council on Academic Personnel

Formal Review of APM 210-6, 278, 279, 133-0

The Council on Academic Personnel (CAP) has reviewed the proposed revisions to APM 210-6, 278, 279, 133-0

CAP endorses APM-279 concerning appointment and advancement of faculty in the Voluntary Clinical series. The criteria for appointment and advancement are described in a clear and concise manner.

CAP has no comment regarding APM 133-0 (Proposed Changes to Limitations on Total Periods of Service).

CAP does not endorse APM 278 (Appointment and Promotion in the Clinical Professor Series) or APM 210-6 (Proposed Instructions to Review Committees which Advise on Actions Concerning the Clinical Professor Series). The proposed policies do not assist CAP in reviewing proposed appointments or advancements in the Clinical Professor (Compensated) series. The proposed criteria conflict with the standards that CAP currently uses for appointment or advancement. The language in the new policy does not define professional competency, teaching or service, nor does it include (let alone define) competency in scholarly activity, including clinical research. These deficiencies would inhibit CAP from applying uniform standards for appointments and advancements for faculty in the Clinical Professor series from one department to the next, making it difficult for CAP to maintain equity in the evaluative process for all faculty in this series.

CAP notes that in APM-133 the maximum period for the title of Instructor is two years. Since some fellowship programs (e.g., Neurointerventional Imaging in the Department of Radiological Sciences) are three years in duration, the maximum period should be increased to three years.



Office of the Academic Senate

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Irvine, CA 92697-1325
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MAY 28 2003

May 22, 2003

ACADEMIC COUNCIL

Gayle Binion, Chair
Academic Senate
c/o Executive Director María Bertero-Barceló
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

Re: **UC Irvine Comments on Academic Personnel Manual Policies on the Clinical Professor and Voluntary Clinical Professor Series**

Dear Chair Binion:

The Irvine Division identified one problem in its review of these APM proposals, (which already has been forwarded to Mark Traugott, Chair, UCFW). UCI is concerned that both Voluntary Clinical Professors and full-time or part-time Clinical Professors are using the same prestigious title, UC Clinical Professor, but the requirements and benefits are different. The Voluntary Clinical Professors receive higher compensation from their private medical practices. In return for using the title, the Voluntary Clinical Professors agree to contribute seventy-five hours per year for teaching without compensation or other benefits. We find it inequitable that full-time and part-time Clinical Professors have more stringent tenure and promotional requirements than Voluntary Clinical Professors, and that the Clinical Professors also receive a lower amount of compensation from their UC clinical practices than a comparable private medical practice.

Currently, there is no incentive to become a full-time clinical teacher at UCI when it is easier and faster for a person to reach the title of Clinical Professor as a volunteer than as a part- or full-time employee. We recommend, therefore, that the new title of "Voluntary Clinical Professor" be created and the use of that title be enforced. This would help differentiate between the two series of UC Clinical Professors.

Philip J. DiSaia, Chair

C: Asst. VC P. Price

May 27, 2003

**PHILIP J. DISAIA, CHAIR
ACADEMIC SENATE, IRVINE DIVISION**

**FROM: MARK PETRACCA
COUNCIL ON FACULTY WELFARE, RIGHTS, RESPONSIBILITIES,
AND DIVERSITY (CFWRRD)**

Proposed Academic Personnel Manual Policies on the Clinical Professor and the Voluntary Clinical Professor Series:

APM 210-6: Appointment and Promotion, Review and Appraisal Committees
(Proposed new APM)

APM 278: Appointment and Promotion, Clinical Professor Series
(Proposed new APM)

APM 279: Appointment and Promotion, Voluntary Clinical Professor Series
(Proposed new APM)

APM 133-0: General University Policy Regarding Academic Appointees,
Limitation on Total Period of Service with Certain Academic Titles
(Proposed revision)

The Council reviewed the proposed Academic Personnel Manual (APM) policies at its meeting on May 6, 2003. CFWRRD identified the following issue of concern:

Voluntary Clinical Professor and full-time or part-time Clinical Professors are using the same prestigious title (UC Clinical Professor) but the requirements and benefits are different. The Voluntary Clinical Professors receive higher compensation from their private medical practices. In return for using the title, the Voluntary Clinical Professors agree to contribute seventy-five hours per year for teaching without compensation or other benefits. Full-time and part-time Clinical Professors have more stringent tenure and promotional requirements than Voluntary Clinical Professors, and the Clinical Professors also receive a lower amount of compensation from their UC clinical practices than a comparable private medical practice. This is inequitable. The Council recommends that the use of the new title, Voluntary Clinical Professor, **be enforced** for these faculty members. This would help differentiate between the two series of UC Clinical Professors. Currently, there is no incentive to become a full-time clinical teacher at UCI when it is easier and faster for a person to reach the title of Clinical Professor as a volunteer than as a part- or full-time employee.

No other objections or suggested revisions to the proposed policies were developed during the Council's discussion. Thank you for the opportunity to comment on the proposed APM policies.

cc: Mark Traugott, Chair, UCFW



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JUN 12 2003

ACADEMIC COUNCIL

9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0002
TELEPHONE: (858) 534-3640
FAX: (858) 534-4528

June 5, 2003

VIA EMAIL AND U.S. MAILPROFESSOR GAYLE BINION, Chair
Academic Council
Academic Senate
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

SUBJECT: Proposed New APM 278--Clinical Professor Series; APM 279--Voluntary Clinical Professor Series; APM 210-6--Instructions to Review Committees Concerning the Clinical Professor Series; and Revised APM 133-0 Limitation of Total Period of Service with Certain Academic Titles

Dear Gayle

The proposed policies were transmitted to the San Diego Division Committee on Academic Personnel, the School of Medicine Faculty Council, and the School of Medicine Committee on Academic Personnel. The latter is our faculty body that reviews files of our colleagues in the Clinical Professor series. Additionally, we discussed the proposed policies at our June 2 Senate Council meeting and offer the following comments.

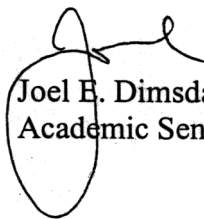
APM 278-10 defines the criteria for the Clinical Professor series. While scholarly activity is not a requirement, it may be reasonable to have some language in the policy to encourage some scholarly research or other creative activity, allowing those individuals who choose to do so to be credited for it, as long as it is very clear that it is not a requirement per se.

APM 278, specifically 278-6(b)(2) and 278-16(b), refers to movement into and out of the Clinical Professor series. The proposed draft policy states that for a move into the Clinical Professor series, a competitive affirmative action search may not be required; however, for a move out of the Clinical Professor series into one of the other faculty series, a competitive affirmative action search and review is required. Sentiment was expressed that the rules for a change in series should be the same. To have different criteria fosters the attitude that faculty in the Clinical Professor series are inferior to those in other faculty series.

APM 279, provides criteria for appointment, reappointment, and promotion of voluntary Clinical Professors and states an individual's record of participation in professional organizations, university and community service, and/or research should be included in the personnel file. It is not clear; however, whether this record is intended to be criteria required for appointment, reappointment, and promotion within the series. The School of Medicine CAP (which as stated above is the body responsible for vetting actions in this series) is of the opinion that the University has a need for excellent clinicians and teachers who do not necessarily participate in service and research.

APM 210-6, which articulates instructions to review committees, sets forth criteria intended to serve as guides. Experience indicates that departments often take criteria outlined in policies as absolute and unyielding. We suggest that 210-6(b), paragraph 4 be in bold type or underlined in an effort to minimize the possibility of problems stemming from overly literal interpretations of the policy.

Sincerely,




Joel E. Dimsdale, Chair
Academic Senate, San Diego Division

cc: J. Talbot
ChronFile

May 30, 2003

Kay House, Director
Academic Personnel

FROM: Robin Hansen, M.D. 
Faculty Executive Committee
School of Medicine

Proposed New APM 210 on Clinical Professor Series

The Executive Committee of the Faculty Senate of the School of Medicine was pleased to participate in the systemwide formal review of the proposed new academic personnel policies on the Clinical Professor and Voluntary Clinical Professor series. While we have no comments on the latter, we do wish to share our views on APM 210. The Executive Committee endorsed the attached letter on May 14, 2003. It conveys the concerns of our faculty regarding the creative activity expectation and suggests how that section might be revised.

RLH:je
Attachment

cc: Bruce R. Madewell, Chair
Academic Senate, Davis Division

June 16, 2003

BRUCE MADEWELL
CHAIR, ACADEMIC SENATE

RE: APM 278, 279, 210, 133-0

The Executive Committee of the School of Veterinary Medicine has reviewed APM sections 278, 279, 210, and 133-0 per your request. We offer the following comments:

- * The School supports the creation of the Clinical Professor series.
- * We are concerned that the series as outlined creates an expectation that these individuals are not required to contribute in some way to "scholarly and/or creative activities." Even the Voluntary Clinical Professor Series identifies "clinical research" as an area where community practitioners can be utilized.
- * The requirement that "Clinical Professor titles are supported primarily by non-state funds, defined herein as all funds other than General funds (19900-19999)" is a major problem for the School as all of our appointees to this series will be funded primarily from VMTH client income. Client income is considered 19900-state funds. The primary purpose of these appointments is to fulfill clinical teaching and patient care responsibilities, therefore it is legitimate that they be paid from client income revenue or from vacant faculty positions.
- * The policy suggests the requirement that "an appointment in the Clinical Professor series shall have a specified ending date." This would seem to create an additional workload. The appointments are already limited by performance, programmatic need or availability of funding. It would be more efficient to indicate something like "continued employment will be contingent upon normal advancement, programmatic need and funding availability" but leave once an individual reaches the Associate level to leave an indefinite end date as an option.

Thank you for the opportunity to comment on these new APM sections.

Thomas G. Nyland
Chair of the Faculty

UNIVERSITY OF CALIFORNIA, DAVIS

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UC DAVIS MEDICAL CENTER
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April 24, 2003

Robin Hansen, MD
Chair
Faculty Executive Committee

SUBJECT: DRAFT OF NEW APM 210 ON CLINICAL PROFESSOR SERIES

Dear Dr. Hansen:

We appreciate the opportunity the Faculty Executive Committee was afforded to discuss the proposed policy APM 210 relating to appointment and promotion of faculty in the Clinical Professor Series on April 23. As we discussed at the meeting, we have serious concerns. In many departments faculty in the Clinical Professor Series (also called Salaried Clinical Series) are expected to work fulltime clinical hours treating and evaluating patients either alone or in combination with bedside teaching duties that would involve medical students or residents. These faculty are not provided any time for creative activity. And while it is understandable that all physicians do participate in off-hour, non-clinical professional activities such as attending meetings related to hospital governance, CQI, credentialing, medical school activities, and professional societies, engendering creative activity requires another special degree of dedicated time. In most cases, Salaried Series faculty are not allotted any time for creative activities. Given the increased demand for clinical services in academic medical centers, it is doubtful in the future that departments or divisions will be able to free up Salaried Clinical faculty for specific creative activities.

Therefore, Section 1. d of proposed APM 210 beginning on page four and ending on page five far exceeds the capability of the average Salaried Series faculty (section labeled "Creative Activity"). In fact, in order for Salaried Series faculty to succeed in meeting the requirements of Section 1. d, faculty would have to be relieved of some clinical duties. Without protected time for creative activities faculty would fail to make promotion to the associate or full professor level.

Therefore, we object to the current language in Section 1. d, page four and five, as currently stated. We recommend that the entire section be revised as follows:

d) Creative Activity

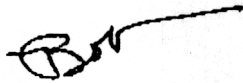
"Because faculty in this series devote the major portion of their time to the often inseparable activities of teaching and clinical service, they have less time for formal creative work than most other faculty in the university. In most cases, clinical faculty will not have any assigned time for creative activities. However, it would be desirable that candidates for appointment or promotion demonstrate support for the university's mission of creative innovation. This may occur through one of several means. Examples of this support include a) identifying patients to be enrolled in clinical trials or research studies, b) participation as one of several collaborators in a clinical study or trial, c) enhancement of efficiency of a clinical service, d) development of new clinical techniques or diagnostic approaches, e) development of innovative teaching methods or materials or evaluation systems, f) participation in discussions at the department level for new and innovative techniques, and g) other innovative activities. These innovations ~~may~~ only be of impact within the specific department.

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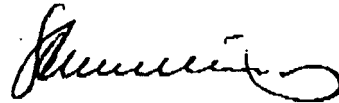
Faculty in this series are not expected to publish in peer reviewed journals. However, authorship or co-authorship in peer-reviewed literature should be considered as one of the elements in the case of an accelerated action."

Thank you for providing us the opportunity to comment on the proposed policies.

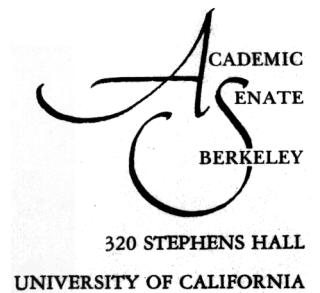
Sincerely,



Robert W. Derlet, M.D.
Professor of Medicine
Member Faculty Executive Committee



Scott D. Christensen, MD
Assistant Professor of Medicine
Member, Faculty Executive Committee



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JUN 16 2003

June 10, 2003

ACADEMIC COUNCIL

CHAIR GAYLE BINION
ACADEMIC ASSEMBLY/ACADEMIC COUNCIL

Re. Proposed APM 278 and APM 210-6, clinical professor series, proposed APM 279, voluntary clinical professor series, and proposed revision of APM 133-0, limitation on total period of service for certain titles

The Berkeley Division requested comments on the proposed APM 278, APM 210-6, and APM 279, and the proposed revision of APM 133-0, from the Faculties of the School of Optometry and the School of Public Health. The Faculties noted points for clarification and suggested revisions to the proposals. I am sending the comments received to inform the development and revision of the policies prior to approval.

Thank you for considering these comments.

Sincerely,

Catherine P. Koshland/jmbm

Catherine P. Koshland
Chair

Enclosures

cc: Robert Spear
Gunilla Haegerström-Portnoy



Proposed APM 278, Clinical Professor Series
Comments from the Faculty of the School of Public Health

On behalf of the School of Public Health I am responding to your request for comments on the proposed new APM sections dealing with Clinical Professors. In particular, there are several points to be made on APM 278. The background is that most of the Clinical Professors in the School are associated with the Health and Medical Sciences Program which is a joint activity of the School of Public Health at Berkeley and the San Francisco campus for the training of physicians. Most of the faculty who teach the clinical aspects of medicine to these students are East Bay physicians who teach part-time and they are paid from 19900 funds to do so. Appointments vary from 5% to 70% but payroll titles are not in the clinical professor series. They are given clinical professor appointments WOS.

In view of these arrangements we have some concern with 278-4b. insofar as our appointees are not employed by the University as clinicians but as teachers. Moreover, they hold clinical appointments in non-affiliated hospitals in the East Bay. Hence, we would like to see a third class of individuals added to cover our particular class of faculty.

278-c. As noted in the first paragraph, our clinical professors are paid from state funds, so they would presumably fall under the exception.


278-16 (3) We are unclear if any of the restrictions in this section would constrain our current mode of operation. We find this section opaque.

We appreciate the opportunity to comment.

Robert Spear
Professor, Public Health-Environmental Health
Chair, Faculty of the School of Public Health

3 June 2003

Maureen B. Morley, Executive Director
Academic Senate, Berkeley Division

From: Gunilla Haegerstrom-Portnoy, Associate Dean for Clinical Sciences 

Comments on APM 133 and APM 278-17

APM 133, Summary Chart on time limits for the Clinical Professor Series (page 2)

New rules state that Clinical Instructors with more than 50% appointments have a maximum of two years in the title. Also, there is an 8 year limit for Assistant Clinical Professors with more than 50% appointment. This is a problem for us since our own guidelines require 5 semesters of teaching prior to review. For those who do not teach in the summer, this represents a 3 year cycle of review, thus these time limits cannot be met for those faculty already in the series.

We would have to change our guidelines to meet this timetable for future appointments. Faculty already in this series must be allowed a longer time period.

APM-278-17 Terms of Service

New rules state that the limit on terms of service holds for WOS appointees who have more than 50% time appointments in an affiliated clinic or hospital (such as the VA or Indian Health Hospital).

All of our outreach locations have affiliation agreements with UC. I presume therefore that they should be considered "affiliated." Most of our outreach faculty hold WOS appointments at UCB but have more than 50% appointments at their institutions. Many of these outreach locations may have only 1 or 2 students/year assigned to that facility. Since clinical teaching is the primary review criterion and student evaluations are primarily used to evaluate teaching, this makes the cases very weak if reviews are mandated every two years and only a few evaluations are available. We also currently have many faculty who have exceeded the 8 year limit.

The outreach program is an essential part of the clinical training of our 4th year OD students. The affiliation agreements require that at least one faculty member at the outreach institution holds a UC clinical professor title. If the faculty member could not be re-appointed due to the time limits for the UC title, the whole outreach program would be in jeopardy. Clearly, these faculty members are reviewed by their own institutions and would not remain in their positions unless the local reviews were positive. The limitation for the UC review is clearly the number of evaluations from the UC students.

We recommend keeping the time limits for the Clinical Professor series for those who hold paid appointments at UC for more than 50% time but NOT for those with WOS appointments.