UNIVERSITY OF CALIFORNIA

Susannah Scott
Chair, Assembly of the Academic Senate
Faculty Representative, UC Board of Regents

Academic Senate

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November 23, 2026

James B. Milliken
President, University of California

Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear President Milliken,

As requested, I distributed for systemwide Academic Senate review the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. All 10 Academic Senate divisions and six systemwide Senate committees (UCAF, UCAP, UCODE, UCFW, UCPB, and UCORP) submitted comments. The Academic Council discussed the responses at its November 19, 2026 meeting. The compiled feedback is attached for your reference.

The systemwide review raised significant concerns about the Task Force's recommendations, particularly their effect on Senate composition, academic personnel standards, and the Senate's delegated authority on academic matters. Although reviewers broadly agreed that clinical faculty should have meaningful opportunities to participate in the shared governance of the University, many reviewers questioned whether the proposed changes would adequately address the underlying problem, specifically, the current limited ability of clinical faculty to influence decisions affecting their professional responsibilities, conditions of employment, and participation in UC Health governance.

The definitive rejection of the Senate membership memorials in 2025 by nine of the ten Senate divisions provides important context for review. Several divisions question whether the combined recommendations could produce changes in Senate composition similar to those contemplated by the rejected memorials without necessarily providing clinical faculty with greater influence over decisions affecting their work. Reviewers also expressed serious concerns about the limited data available to assess the cumulative effects of the recommendations, and the short timeline within which to assess such consequential actions.

**Specific Feedback on the Five Recommendations**

**1. Removing the cap on Clinical X appointments**
Responses were mixed on the proposal to remove the one-sixth cap on appointments in the Professor of Clinical X series. Several reviewers

supported eliminating any restrictions on appointments for faculty who otherwise meet the qualifications for the series, while others emphasized preserving campus discretion to establish or modify appointment caps. Davis and San Francisco already operate without a cap, and San Diego recently increased its cap to one-half.

A central concern was that eliminating the cap, particularly in conjunction with expanded faculty reclassification, could significantly alter Senate composition and the balance of representation across disciplines. UCPB similarly called for an assessment of appointment trends and the potential effects on Senate representation and the balance of the University's tripartite mission.

**2. Allowing 80–100% appointments in the Clinical X series**
Many reviewers supported the recommendation to allow greater flexibility in Clinical X appointment percentages, noting that the current 100% requirement can prevent otherwise qualified faculty from entering or remaining in the series, particularly those with caregiving responsibilities or demanding clinical workloads. However, a recurring concern was that extending this flexibility exclusively to Clinical X faculty could create inequities with other Senate faculty series. San Francisco and San Diego supported the proposal while encouraging consideration of similar flexibility for other Senate faculty.

Reviewers also sought clarification on how reduced appointments would affect teaching, research, service, and clinical workload expectations; merit and promotion reviews; and compensation and benefits. Several requested additional data on the need for reduced appointments and their potential effects on recruitment and retention.

**3. Engaging Committees on Academic Personnel (CAPs) in clarifying review criteria**
Many reviewers supported the principle that personnel reviews should apply clear and appropriate criteria reflecting differences across faculty series and clinical disciplines while maintaining rigorous academic standards. However, some questioned whether the recommendation adequately recognizes the distinction between Senate and non-Senate faculty personnel processes. On some campuses, CAPs do not routinely review non-Senate appointments or advancement cases, which fall under administrative authority. Reviewers therefore questioned whether expanding CAP involvement would be appropriate or necessary, particularly where existing processes already function effectively. They also emphasized the need to preserve established academic personnel review authority.

**4. Establishing reclassification pathways**
There was substantial support in principle for correcting faculty misclassifications and ensuring that appointments appropriately reflect faculty responsibilities and qualifications. However, this recommendation

generated significant concerns about preserving academic standards and distinguishing the action of correcting genuine or historical misclassifications from the action of offering new appointments to another faculty series. Reviewers emphasized that performing duties associated with another faculty series does not, by itself, establish that an individual meets the appointment qualifications for that other series. Any reclassification into a Senate series must preserve existing academic qualifications, rigorous peer review, and appropriate CAP involvement.

Reviewers also questioned under what circumstances open recruitment requirements might be waived and emphasized the need to avoid creating alternative pathways into Senate appointments that circumvent established hiring processes. Several noted that local reclassification procedures already exist and generally work well, raising questions about whether additional procedures are necessary and how any changes would improve existing processes. Other concerns included the administrative workload, financial implications, and potential effects on Senate composition associated with large-scale reclassification at the divisional level or systemwide.

**5. Establishing a special Council committee and local counterparts**
Although reviewers generally supported the underlying goal of providing non-Senate clinical faculty with a meaningful voice in University governance, responses were mixed regarding the proposed establishment of a special committee of the Academic Council. San Francisco and San Diego supported the proposed committee, while Davis and Merced conveyed support in principle alongside implementation concerns. Other reviewers questioned whether an additional Senate committee would have sufficient authority to influence leadership decisions affecting clinical operations and working conditions, or whether alternative governance structures might be more effective. Suggestions included expanding the Davis Academic Federation model or establishing formal mechanisms for faculty participation in UC Health governance. Reviewers also sought clarification of the proposed committee's charge, composition, voting rights, consultation authority, administrative support, and relationship to existing Senate and campus governance bodies.

**Cross-Cutting Concerns That Must Be Addressed**

**Senate composition and faculty's shared governance authority:** Many reviewers requested estimates of the number of faculty who might qualify for Clinical X appointments or reclassification and the potential effects on Senate membership, voting, and the balance of representation between the health sciences and other disciplines. Several expressed concern that significant changes in Senate composition could affect the Senate's exercise of its delegated academic responsibilities, particularly in undergraduate education, and emphasized the importance of preserving established academic standards for Senate membership.

**Shared governance and UC Health:** A fundamental concern raised by the review was whether expanding the participation of clinical faculty in Senate governance would meaningfully address the limited influence of these faculty over UC Health decisions affecting their professional responsibilities and employment conditions. Reviewers distinguished the Senate's delegated academic responsibilities from the governance of clinical operations, noting that many decisions affecting clinical faculty and UC's academic mission are made within UC Health. Several proposed alternative or complementary governance structures would give clinical faculty a more direct role in those decisions. UCPB specifically called for establishing formal mechanisms of Senate consultation on UC Health planning and budget decisions.

*The Academic Council emphasizes that shared governance must be reciprocal: expanding clinical faculty participation in the Senate should be accompanied by meaningful opportunities for Senate consultation and influence over UC Health decisions affecting faculty and the University's academic mission*.

**Implementation, resources, and equity:** Reviewers requested further analysis of the financial, administrative, and workload implications of expanded academic personnel reviews, faculty reclassification, and new governance structures. Berkeley emphasized the importance of protecting non-clinical campus budgets from associated costs. Several responses also highlighted differences in faculty responsibilities and appointment conditions across disciplines, colleges/schools, and faculty series. Reviewers emphasized the need for equitable appointment and reclassification policies, sufficient time and resources for meaningful faculty participation in governance, and flexibility to accommodate differences among campuses and faculty series.

*The Academic Council observes that adequate resources must be committed to accomplish the implementation of any goals chosen for implementation, and that any such resources should not impact existing non-clinical budgets*.

**Consultation and the need for more information:** Several reviewers expressed concern that the 45-day review period did not provide sufficient opportunity for Senate deliberation on proposals with potentially significant implications for membership and governance. Reviewers also noted that limited supporting data made it difficult to assess the recommendations fully and requested further information about the number of potentially affected faculty, implementation responsibilities, financial and administrative costs, and likely consequences for Senate governance. Several called for additional Senate consultation and relevant data analyses before moving forward with any implementation plans.

**Conclusion**

In summary, the systemwide review affirms the importance of strengthening clinical faculty participation in UC governance, and raises significant questions about whether the Task Force's recommendations would achieve that objective. In particular, the proposed changes could have significant consequences for Senate membership and governance without adequately addressing clinical faculty's limited shared governance role within UC Health.

The Academic Council believes that these concerns must be addressed before decisions are made about which recommendations, if any, should move forward. The Council emphasizes the importance of preserving established academic personnel standards and Senate authority, including the role of divisional Senates in consultation with their chancellors. It also believes that meaningful progress will require a stronger commitment to shared governance within UC Health, rather than relying primarily on expanded participation in existing Academic Senate structures. The Council recommends and requests that the administration:

**1. Assess the implications for Senate composition**
Provide campus-level data on current and projected Clinical X appointments, the potential number of faculty eligible for reclassification, and the cumulative effects of the proposed changes on Senate membership and representation.

**2. Preserve established academic personnel standards and procedures**
Ensure that any changes to reclassification procedures maintain existing academic and peer review standards. Before developing new procedures or systemwide guidance, assess whether existing campus processes adequately address genuine cases of misclassifications and identify any specific shortcomings that warrant changes.

**3. Establish meaningful Senate consultation with UC Health**
Seek a commitment from UC Health leadership to establish formal mechanisms for consultation with the Senate on decisions affecting clinical operations, working conditions, and the University's academic mission.

**4. Assess implementation costs**
Evaluate the financial and administrative implications of the proposed changes at the campus and systemwide levels, including additional academic personnel reviews, reclassification processes, and new governance structures, and identify the staffing and other resources needed to support any changes that are adopted.

**5. Preserve divisional Senate consultation and campus authority and autonomy**
Affirm that decisions affecting Clinical X appointment caps, academic personnel procedures, and local governance structures will continue to

involve meaningful consultation between the chancellors and their divisional Senates.

Sincerely,



Susannah Scott
Chair, Academic Council

cc: Academic Council
Interim Provost and Executive Vice President Hexter
Vice President and Chief of Staff Kao
Vice Provost Varsanyi
Deputy Provost Lee
Senate Division Executive Directors
Senate Executive Director Lin

ACADEMIC SENATE
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November 12, 2026

SUSANNAH SCOTT
Systemwide Academic Senate/Council Chair

*Subject: Berkeley Divisional Council Comments on the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*

Dear Chair Scott,

The Divisional Council (DIVCO) of the Berkeley Division of the Academic Senate discussed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance on November 9, 2026. We recognize the critical importance of creating appropriate systems for colleagues in the Health Sciences to participate in the governance of UC Health; however, we are very concerned about the Task Force's process and recommendations.

As UC Health has grown in size over the years, financially surpassing the academic core of the University of California, legitimate concerns about the limited opportunities for non-Senate faculty in the Health Sciences to engage in the governance of UC Health have repeatedly emerged (e.g., the 2024 UCSF Memorials proposing the extension of Academic Senate membership to Health Sciences Clinical Faculty and Adjunct Faculty). Given the overwhelming margin by which these memorials were voted down across the system, we are particularly disturbed by the lack of transparency surrounding the current report and recommendations. The Task Force's recommendation to remove the cap on appointments in the Professor of Clinical X series and potentially reclassify non-Senate faculty into this series directly relates to the Academic Senate's trepidation regarding the Memorials given that the growth in non-Senate Health Sciences faculty has greatly outpaced Senate faculty across the University of California.

We find it disconcerting that the Task Force was constituted and then operated under attorney-client privilege without open Academic Senate involvement. The heavy representation of Health Sciences faculty and administrators with limited participation by members of the Academic Senate from other disciplines is further cause for our apprehension. Particularly given that this report has implications for the direction and composition of the Academic Senate, we are troubled by the expedited review timeline.

We are concerned that the Task Force report and recommendations represent yet another proposed short-term fix to forcibly fit the legitimate needs of Health Sciences colleagues into a governance structure that does not serve their interests while simultaneously risking the dilution of the Academic Senate's delegated authority, especially regarding undergraduate and graduate education. The report has the potential to create divisions between faculty in various series and between campuses.

We propose that the Office of the President constitute a new task force, with adequate Academic Senate representation, to propose a forward-looking governance structure that (a) retains the Academic Senate's right to exercise direct control over academic matters of central importance to the University—determining academic policy, setting conditions for admission and the granting of degrees, authorizing and supervising courses and curricula, and advising the administration on faculty appointments, promotions, and budgets; and (b) affords non-Senate Health Sciences faculty meaningful input into the operation of UC Health.

In addition to our overarching concerns about the Task Force report and recommendations, we would like to highlight specific concerns that are elaborated in the attached committee reports:

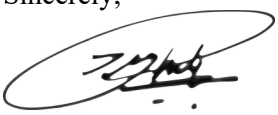
1. Allowing colleagues in the Professor of Clinical X series with appointments as low as 80% to hold full Senate membership creates an inequity with other titles. Academic Senate membership, barring individual exceptions, should only be afforded to full-time faculty.

2. Any reclassification into an Academic Senate faculty series must be subject to the same standards of appointment and advancement, and the same rigor of independent peer review, as any other appointment in that series. The fact that an individual performs duties associated with another title does not, by itself, establish that the individual meets that title's academic qualifications. We are particularly concerned given that UC Health acquisitions and network growth may drive reclassifications.

3. The reclassification of non-Senate faculty into the Professor of Clinical X series will carry a fiscal impact (e.g., academic review workload, administrative staffing, and potential salary adjustments). The University of California Office of the President should conduct a comprehensive financial and benefits impact analysis before final policy implementation to explicitly clarify the cost-benefit structure and ensure non-clinical budgets are protected.

Please take these comments into consideration as you finalize the review.

Sincerely,



Thomas M. Philip
Chair, Berkeley Division of the Academic Senate

Enclosures

cc: Holly Doremus, Vice Chair, Berkeley Division of the Academic Senate
Marianne Constable, Chair, Committee on Budget and Interdepartmental Relations
Martha Olney, Co-Chair, Committee on Faculty Welfare
Moriel Vandsburger, Co-Chair, Committee on Faculty Welfare
Monica Lin, Executive Director, UC Systemwide Academic Senate
Jocelyn Surla Banaria, Executive Director, Berkeley Division of the Academic Senate
Will Lynch, Manager, Committee on Budget and Interdepartmental Relations
Courtney Wertz, Senate Analyst, Committee on Budget and Interdepartmental Relations
Patrick Allen, Senate Analyst, Committee on Faculty Welfare

University of California, Berkeley

COMMITTEE ON BUDGET AND
INTERDEPARTMENTAL RELATIONS

October 15, 2026

CHAIR THOMAS PHILIP
BERKELEY DIVISION OF THE ACADEMIC SENATE

RE: Presidential Task Force on Clinical Faculty Representation in Governance

We appreciate the opportunity to comment on the Report of the Presidential Task Force on Clinical Faculty Representation in Governance. We appreciate the Task Force's efforts to address the participation of clinical faculty in University governance. Our comments focus on the implications for academic-personnel review and, since we were encouraged to think more broadly, faculty governance and resource allocation.

First, any reclassification into an Academic Senate faculty series must be subject to the same standards of appointment and advancement, and the same rigor of independent peer review, as any other appointment in that series. The fact that an individual performs duties associated with another title does not, by itself, establish that the individual meets that title's academic qualifications. Any expedited process contemplated by Recommendation 4 must preserve the established academic-personnel-review process, including our advisory role where applicable.

Second, the report should distinguish more carefully between Academic Senate membership and participation in particular governance decisions. Schools and departments already exercise authority, subject to applicable Senate rules, to establish aspects of faculty participation in hiring, promotion, admissions, and other local matters. These issues do not necessarily require reclassification or changes to Senate membership. We request clarification of the proposed voting rights under Recommendation 5, particularly where they intersect with the delegated responsibilities of existing Senate committees and academic-personnel decisions.

Third, the report does not adequately assess the potential systemwide fiscal consequences of its recommendations. The scale of reclassification, associated compensation and administrative costs, and any implications for allocations of resources across campuses remain uncertain. These issues warrant explicit analysis before implementation. At Berkeley, the Clinical X cap does not appear to be an issue. We have requested campus-level data from the Academic Personnel Office, however, and await its provision.

We recommend that these issues be addressed before the University proceeds with changes that

may affect academic-personnel standards, the allocation of governance authority, or systemwide resources.



Marianne Constable
Chair

MC/wl

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October 26, 2026

CHAIR THOMAS PHILIP
Academic Senate

*Re: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance*

Dear Chair Philip,

On Monday, October 19, 2026, the Committee on Faculty Welfare (FWEL) reviewed the report and recommendations of the *Presidential Task Force on Clinical Faculty Representation in Governance*. We appreciate the opportunity to provide feedback on this critical initiative regarding the governance, representation, and integration of clinical faculty across the University of California system.

FWEL recognizes the vital contributions of clinical faculty both Academic Senate and non-Academic Senate to the University's core missions of teaching, research, patient care, and public service. We support the Task Force's overarching objective to provide clinical faculty with meaningful voices in governance while maintaining the integrity and standards of the Academic Senate. However, our discussion focused heavily on the financial, personnel, operational, and systemwide welfare implications of the proposed recommendations.

**Key Concerns & Recommendations**

**1. Financial and Benefit Implications (Pension, Benefits, and Indirect Costs)**
The Task Force report notes that implementing these recommendations particularly the potential reclassification of non-Senate Health Sciences Clinical Professor (HSCP) faculty into Senate series (such as Clinical X) will carry a fiscal impact (e.g., academic review workload, administrative staffing, and potential salary adjustments).

- **Pension & Fringe Benefit Costs:** FWEL emphasizes the need for complete clarity regarding how changes in faculty status or appointments across campuses will impact employee fringe benefits, pension eligibility, and long-term liabilities. Reclassifications or shifts in appointment series must be carefully modeled to ensure they do not create unfunded benefit obligations or unexpectedly alter campus benefit pool allocations.

- **Impact on Non-Clinical Campuses/Units:** A significant concern raised by the Committee is the potential for cost spillover or indirect cost ("overhead") redistribution. Campuses or academic units with smaller clinical enterprises (e.g., Optometry, Public

Health, Psychology clinics) or no health systems must be shielded from absorbing administrative or pension costs generated by large-scale reclassifications within major clinical enterprises.

**Recommendation:** The University of California Office of the President (UCOP) should conduct a comprehensive financial and benefit impact analysis before final policy implementation to explicitly clarify the cost-benefit structure and ensure non-clinical budgets are protected.

**2. Reclassification Process & Criteria Clarity (Recommendations #3 & #4)**
The committee discussed the proposed removal of the 1/6th cap on the Professor of Clinical X series (Recommendation #1) and the establishment of local reclassification pathways for misclassified faculty (Recommendation #4).

- **Workload & Merit Review Standards:** While we support rectifying past misclassifications, campus Committees on Academic Personnel (CAP) and review bodies must maintain rigorous, transparent, and consistent standards across disciplines. Merely shifting faculty into Senate titles without clear alignment with APM 210 review criteria could dilute Senate peer-review expectations or create inequities among existing Senate faculty.

- **Administrative & Staff Workload:** Conducting systematic reclassification reviews across thousands of clinical dossiers will place a significant operational and administrative burden on campus CAPs, academic personnel offices, and Senate staff.

**Recommendation:** UCOP Systemwide Academic Personnel must issue clear, standardized guidance regarding waiver of open recruitments and reclassification criteria to prevent inconsistent local execution and mitigate administrative overload.

**3. Governance Structures & Systemwide Special Committee (Recommendation #5)**
FWEL supports the creation of a systemwide Special Committee of the Academic Council (and local counterparts) to serve as a consultative body for all health sciences faculty.

- **Representation & Integration:** This structure provides non-Senate clinical faculty an organized mechanism to advise on clinical operations, working conditions, and UCOP/UC Health policies without distorting the constitutional responsibilities of the Academic Senate.

- **Local Working Titles vs. Official Series:** We note that non-clinical departments on several campuses occasionally use "clinical" as a working title or informal label (e.g., in law, social welfare, or policy). Implementation guidelines should clearly distinguish policy-covered Health Sciences Clinical Professor titles from campus-specific working titles or labor-represented instructional titles (e.g., Unit 18 Lecturers) to avoid jurisdictional confusion.

- **3-Year Sunset Review:** We strongly endorse the proposed three-year review period to evaluate the Special Committee's effectiveness, staffing costs, and impact on clinical faculty well-being and engagement.

FWEL supports the intent of the Task Force's recommendations to enhance clinical faculty representation and address structural inequities in appointment series. However, we strongly urge the Academic Council and UCOP to address the fiscal transparency, pension/benefit cost distributions, and administrative resource needs associated with these changes before proceeding with systemwide policy implementation.

We appreciate the opportunity to weigh in on these matters.

Regards,

Martha Olney, Co-Chair
Committee on Faculty Welfare

Moriel Vandsburger, Co-Chair
Committee on Faculty Welfare

MO/MV/pga

UNIVERSITY OF CALIFORNIA, DAVIS

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November 12, 2026

**Susannah Scott**
Chair, Academic Council

**RE:** Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance

Dear Susannah,

The report and recommendations from the systemwide Presidential Task Force on Clinical Faculty Representation in Governance were forwarded to all standing committees of the Davis Division of the Academic Senate. Eight committees responded: Academic Personnel – Oversight (CAP), Elections, Rules and Jurisdiction (CERJ), Faculty Welfare (FWC), and the Faculty Executive Committees of the College of Biological Sciences (CBS), the College of Engineering (COE), the College of Letters and Science (L&S), the School of Medicine (SOM), and the School of Veterinary Medicine (SVM).

Committees provide a range of perspectives on the report and recommendations, with CAP, FWC, SOM, and SVM explicitly expressing support for or agreement in principle with the Task Force's goals. Committee comments focus on the five recommendations, with recommendation four receiving the most feedback. A summary of committee responses by Task Force recommendation follows, but I encourage you to review the enclosed letters in their entirety.

**Recommendation 1**
As discussed in the report, CAP, FWC, COE, and SOM note that UC Davis has already removed the 1/6 cap on appointments to the Professor of Clinical X series. CAP, FWC, and SOM express agreement with the recommendation; however, CAP notes that there may be relevant campus-specific reasons for maintaining the 1/6 cap that should be recognized and considered before moving forward. L&S questions what the expected benefits and possible negative consequences of lifting the cap across all campuses would be, noting that a thorough analysis of these issues would be helpful for an informed evaluation of the proposal.

**Recommendation 2**
CAP, FWC, and SOM express support for allowing 80-100% appointments in the Professor of Clinical X series, with FWC explicitly stating that they do not endorse any appointment under 80%. FWC and SOM question whether this benefit should be extended to all other faculty series in the Academic Senate, with CAP similarly noting that demand for 80-100% appointments in

other titles may result. If the recommendation is implemented, CAP strongly encourages full integration of these appointments in the merit and promotion system and advises that the availability of such appointments be institutionalized in a transparent manner.

**Recommendation 3**
CAP and SOM express overall support for engaging with Academic Senate Committees on Academic Personnel (CAPs) on the review criteria for different disciplines and different faculty series. Both committees agree that clarification of review criteria, including what qualifies and scholarly or creative activity, is needed, particularly if the titles have 80-100% of time focused on non-academic aspects of their role. SOM suggests clarifying this at the time of hiring to ensure that faculty are placed in a series aligned with their career goals from the beginning. CAP notes that expectations for each area of review, including creative activity, teaching load and teaching effectiveness, and service should be clearly defined and systems for tracking teaching activities and teaching effectiveness will need to be established. CAP also suggests creating a committee within the School of Medicine to "identify and articulate the expectations, responsibilities, and requirements for career advancement in the Health Sciences Clinical Professor versus the Professor of Clinical X series."

Additionally, SOM stresses their strong support for the inclusion of direct representatives from the faculty member's title series on their review committee. CAP adds that they are more supportive of including non-Senate clinical faculty on existing personnel committees than creating parallel CAPs for these faculty. CAP notes, however, that adding additional members to these committees would require bylaw amendments.

**Recommendation 4**
CAP, COE, FWC, L&S, SOM, and SVM provide a range of feedback related to the development of reclassification pathways, with CAP, COE, and L&S sharing a few concerns. CAP highlights that the recommendation introduces a few important questions that are not addressed within the report. These are relayed below; however, some may require answers at the campus-level:

- How will misclassification be identified? Are some aspects of misclassification more consequential than others?
- Will reclassification be required for faculty who are "misclassified"?
- Will an open search be required for reclassification to proceed?
- Will reclassification to a Senate Clinical X series require a full CAP review of title and the appropriate rank and step of the Clinical X appointments?
- Is there an estimate of the number of reclassifications that may be expected?
- Will the reclassification process be symmetrical? The report implicitly focuses on the demand for transfer from the Health Sciences Clinical Faculty series to the Clinical X series, but will the reverse process from a Senate title to a non-Senate title be available?

Additionally, CAP notes that the report does not address the fiscal impacts of associated with reclassification. CAP questions how additional personnel costs would be managed between the campus, School of Medicine, and individual units, and whether fiscal limitations would impact the number of faculty reclassifications. More broadly, COE notes that increased representation

of non-Senate clinical faculty through the establishment of pathways for reclassification and the proposed removal of appointment caps could "alter the composition and representative balance of the Academic Senate." As a result, COE suggests conducting a transparent assessment of the number of potentially eligible faculty and projected implications for Senate composition and governance.

Should this recommendation be implemented, FWC suggests that aspects of the reclassification process be standardized to ensure even and equitable implementation across and within campuses. CAP and COE similarly recommend developing clearly defined, transparent, and consistently applied mechanisms and criteria for reclassification. SVM adds that faculty reclassification should consider the differences between and within clinical faculty series, noting that clinical faculty titles "do not necessarily correspond to identical responsibilities across UC's health professional schools." SVM therefore suggests evaluating actual assigned responsibilities against applicable standards for each series. With respect to faculty decisions regarding reclassification, SOM recommends developing guidance explaining the benefits and tradeoffs of each of the clinical faculty series, including the advantages of staying in their current series, to ensure that they are fully informed of their options.

**Recommendation 5**
CAP, CBS, SOM, and SVM express support in principle for the formation of a Special Committee of the Academic Council. CAP and SOM note, however, that the report lacks details regarding the committee's charge, responsibilities, or goals, with SOM expressing uncertainty regarding the Special Committee's ability to provide non-Senate clinical faculty with an equivalent ability to influence decisions as their Senate colleagues. To perhaps address some of these concerns, it will be critical to clearly define the committee's responsibilities, consultation authority, and relationship to existing governance bodies as CBS stresses. SVM adds that the Special Committee's charge, and that of any divisional counterpart, should explicitly include veterinary clinical faculty representation and encompass veterinary education, teaching hospitals, and diagnostic services.

In addition, FWC and CERJ highlight the fact that non-Senate academic appointees at UC Davis already participate in shared governance through their representative body, the Academic Federation. FWC notes that the proposed Special Committee appears to share similarities with the Davis campus organization, while CERJ suggests that the systemwide Academic Council explore how the UC Davis Academic Federation could be generalized across divisions to provide non-Senate faculty formal representation in shared governance.

Finally, CAP provides two additional suggestions for consideration: (1) CAP recommends clearly defining scholarship for different titles in academic series, and (2) CAP notes that a holistic review of the titles represented on their committee may need to occur to avoid a piecemeal approach.

The Davis Division appreciates the opportunity to comment.

Sincerely,



Daniel Potter
Chair, Davis Division of the Academic Senate
Distinguished Professor of Plant Sciences

Enclosed: Davis Division Committee Responses

c: Edwin Arevalo, Executive Director, Davis Division of the Academic Senate
Monica Lin, Executive Director, Systemwide Academic Senate
Michael Labriola, Assistant Director, Systemwide Academic Senate

UC DAVIS: ACADEMIC SENATE
COMMITTEE ON ACADEMIC PERSONNEL – OVERSIGHT

November 6, 2026

**Daniel Potter**
Chair, Davis Division of the Academic Senate

**RE:** Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance

The Committee on Academic Personnel – Oversight (CAP) has reviewed and discussed the **RFC: Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance**. Overall, CAP is supportive of greater representation for clinical faculty in governance. Each of the recommendations are addressed below:

**Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.**
CAP is supportive of removing this cap on clinical appointments. However, members noted that the justification for the cap is not explained, and thus the potential areas of impact were not identified. In addition, given that some campuses (including UC Davis) have removed the cap but others have not, there may be relevant campus-specific reasons for maintaining the employment cap which should be recognized in the policy debate.

**Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.**
CAP is supportive of this change. The members advised that the availability of such appointments will need to be institutionalized in a way that is transparent to employees, supervisors, etc. and fully integrated into the merit and promotion system. Members also noted that this may create demand for the availability of 80%-100% appointments in other academic appointment series.

**Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.**
CAP is supportive of the idea of including clinical faculty perspectives in advancement and promotion processes. The members identified two potential approaches for this: creating a parallel committee to CAP for non-senate clinical faculty or including a non-senate clinical faculty representative on CAP and the Faculty Personnel Committee. The members were more supportive of including representatives of clinical faculty on existing committees but also noted that adding new members to these committees would require a change to bylaws.

There were concerns raised regarding the workload of adding reclassification cases to CAP's charge and whether it would be possible for all actions to be evaluated on a timely basis if the reclassification pathways generate an influx of faculty seeking a change in appointment.

Review criteria for the different faculty series need to be made clear, particularly if the titles have 80%-100% of time focused on non-academic aspects of their roles. To accurately and equitably evaluate the personnel actions for clinical employees, CAP and other reviewing bodies need clearly articulated expectations for each area of review that are specific to rank and step for Clinical X and Health Sciences Clinical series. In particular, the expectations for creative activity, teaching load and teaching effectiveness, and service need to be clarified, and systems for tracking teaching activities and teaching effectiveness will need to be developed.

CAP notes that the articulation of the review criteria for a discipline, school, or unit is outside of CAP's purview. CAP suggests that a committee within the School of Medicine be created to identify and articulate the expectations, responsibilities, and requirements for career advancement in the Health Sciences Clinical Professor versus the Professor of Clinical X series.

**Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.**
The mechanism and criteria for reclassification will need to be developed and implemented transparently. The recommendation introduces important questions that it does not address, including:

- How will misclassification be identified? Are some aspects of miclassification more consequential than others?
- Will reclassification be required for faculty who are "misclassified"?
- Will an open search be required for a reclassification to proceed?
- Will reclassification to a Senate Clinical X series require a full CAP review of the title and the appropriate rank and step of the Clinical X appointmentIs there an estimate of the number of reclassifications that may be expected?
- Will the reclassification process be symmetrical? The report implicitly focuses on the demand for transfer from the Health Sciences Clinical Faculty series to the Clinical X series, but will the reverse process from a Senate title to a non-Senate title be available?

Additionally, the report does not address the fiscal implications of employee reclassification. A new senate member is a significant cost to a unit, so potential financial constraints to this process will need to be considered – will fiscal constraints limit the potential number of reclassifications? How will the fiscal implications of this process be managed between the campus, School of Medicine, and individual units?

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.**
CAP is generally supportive of the formation of this special committee as proposed but noted that the Task Force Report lacks details about the charge, responsibilities or goals of such a committee.

**CAP offers the following additional comments for further consideration:**

1. A definition of what constitutes *scholarship* for different titles in academic series must be developed. Not having a clear definition does a disservice to junior faculty, particularly if they are not receiving enough mentorship from their home department.
2. In recent years, there has also been discussion about including a Professor of Teaching representative on CAP. CAP suggests that there may need to be a holistic discussion of the different types of representation that should be added to CAP, rather than individually reviewing the titles to be added.
3. Some members raised concerns that the reclassification process may create a "backdoor" route (i.e., a route that avoids and open search) into Senate positions.

CAP appreciates the opportunity to comment.

UCDAVIS: ACADEMIC SENATE
COMMITTEE ON ELECTIONS, RULES AND JURISDICTION

November 6, 2026

**Daniel Potter**
Chair, Davis Division of the Academic Senate

**RE:** Request for Consultation: Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Potter,

The Committee on Elections, Rules and Jurisdiction (CERJ) has reviewed the request for consultation of the Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance.

Non-Senate academic appointees at UC Davis already participate in shared governance through their representative body, the Academic Federation. CERJ recommends that the Academic Council explore how the Davis model could be generalized across the Divisions to provide non-senate faculty formal representation in shared governance.

CERJ appreciates the opportunity to comment.

Sincerely,



Olivier Rubel
Chair, Committee on Elections, Rules and Jurisdiction

UCDAVIS: ACADEMIC SENATE
COMMITTEE ON FACULTY WELFARE

November 2, 2026

**Dan Potter**
Chair, Davis Division of the Academic Senate

**RE:** RFC: Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation

Dear Dan,

The Committee on Faculty Welfare (FWC) reviewed the RFC: Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance.

The committee agreed that the report and recommendations represent positive movement toward improving clinical faculty representation in governance. The committee expressed support for the recommendations 1, 2, and 4, with comments summarized below:

- **Recommendation 1:** It was noted in conversation and within the report that UC Davis has no cap on appointments to the Professor of Clinical X series and it would be beneficial for other campuses to follow suit.
- **Recommendation 2:** Committee members agreed that faculty in the Professor of Clinical X series should not be required to be appointed at 100%, adding that the committee does not endorse any appointment below 80%. They also questioned whether the same benefit should be extended to all other faculty series in the Academic Senate.
- **Recommendation 4:**
    - A committee member highlighted that one of the main hurdles in faculty reclassification is the requirement for an open recruitment and noted that removing this requirement may address some of the inequities that exist between clinical faculty series.
    - Should this recommendation be pursued, the committee suggests standardizing aspects of the reclassification process to ensure even and equitable implementation across and within campuses, perhaps with deans taking the lead.

In addition, a few members discussed recommendations 3 and 5:

- **Recommendation 3:** A committee member noted that UC Davis has been engaged in determining the best advancement and promotion processes for non-Academic Senate faculty, however the recommendation is vague and may benefit from greater specificity.
- **Recommendation 5:** Committee members recognized the similarities between the proposed Special Committee of the Academic Council and the existing UC Davis Academic Federation, but a committee member noted that issues may result from simply doubling the number of committees and associated time commitments.

FWC appreciates the opportunity to comment.

Sincerely,



Andrew Waldron
Chair, Committee on Faculty Welfare

The College of Biological Sciences Faculty Executive committee appreciates the opportunity to comment on this report. As many of our faculty work closely with clinical colleagues, or have partial appointments in clinical departments themselves, this topic is of special interest to us. Several key themes came up across the responses from our department representatives:

1. CBS faculty express great respect for the contributions of clinical faculty and believe they deserve recognition and representation. However, there is a strong consensus in support of the previous vote on the faculty memorials on this issue, which expressed that participation as members of the Faculty Senate, which is intimately concerned with undergraduate instruction, is not the appropriate venue for clinical faculty.

2. There is qualified support for the recommendation (#5) to develop a Special Committee of the Academic Council or similar venue to provide representation for clinical faculty. However, in establishing such a body, it will be critical to clearly define its responsibilities, consultation authority, and relationship to existing governance bodies, and to consider the administrative costs involved.

3. There was concern expressed that this report essentially seeks to revisit a proposal that was thoroughly considered by campuses last year and voted against by all campuses but the originating one. The concern is that revisiting this issue through a different process represents an attempt to "work around" a clear answer that resulted from process of shared governance but did not yield the hoped for outcome. While the preface to the report states that this is not the intention, the perception persists that shared governance is not fully respected.

Comments from representatives and their departments are included below:

Our department continues to agree that clinical faculty should not be members of the Senate given the large disparity in teaching and scholarship responsibilities compared to non-clinical faculty. That said, the proposal to develop a committee to allow clinical faculty a voice to share with the Academic Senate seems appropriate, or at least was not met with strong resistance from members of our department. No concerns were raised about removing the cap on clinical faculty.

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Our department supports the overall objective of providing meaningful governance representation for clinical faculty, including Academic Senate membership for those

whose responsibilities encompass the University's broad academic mission. However, there was concern that establishing a Special Committee of the Academic Council (Recommendation #5) without clearly defining its responsibilities, consultation authority, and relationship to existing governance bodies could create administrative costs that outweigh its benefits.

Regarding reclassification (Recommendation #4), the department emphasized that reviews should consider faculty members' cumulative accomplishments and advancement histories, recognizing that expectations and opportunities for advancement under the Step Plus system differ across series. Clear guidance is needed to ensure equitable placement at an appropriate rank and step.

In addition to these departmental comments, I believe that Senate-eligible clinical appointments should include an explicit, documented allocation of protected time for scholarly activity, teaching, and University service beyond routine clinical responsibilities. This would help ensure that broader access to Senate membership, including through removal of Clinical X caps (Recommendation #1), remains grounded in substantive engagement across the University's academic mission.

Finally, if a blanket exception permitting 80% appointments is adopted for the Professor of Clinical X series (Recommendation #2), an equivalent option should be available to otherwise eligible faculty in other Senate series, subject to the same applicable professional-commitment requirements.

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Although greater faculty representation is a worthwhile objective, the process raises fundamental questions about shared governance and respect for faculty decisions. Last year, a memorial addressing essentially the same issue was submitted to a faculty vote. It was rejected on every UC campus except UCSF, where it originated. The President's request revisits substantially the same issue despite that outcome.

Before considering the implications of the task force recommendations, it is important to examine the composition of the faculty and the potential consequences for the Academic Senate.

Numbers That Matter As of Fall Quarter 2025, UC Davis had:

•1,428 active Academic Senate faculty, plus 22 professors on recall.

•349 Professors of Clinical X, a faculty series that has grown approximately 27% over five years, while regular Senate faculty numbers have declined by approximately 1%.

•642 Clinical Professors, representing an increase of approximately 27.4% over five years.

•UCD has 31,695 undergraduate students, including 6,642 in the College of Biological Sciences (CBS), representing approximately 20% of population. •CBS has only 102 Senate faculty members, or 7.14% of the university's Senate faculty.

•CBS's SCH/Faculty is currently 343.1 SCH/FTE, the second highest, with a 7.5% improvement over the last year.

•CBS's SCH/Faculty is 29.4% higher than the next college, and 17.7% lower than CAES, the college on the top of the list.

These figures reveal a significant imbalance between faculty growth and the university's undergraduate teaching responsibilities.

Professors of Clinical X perform many functions comparable to those of regular Senate faculty, including maintaining research programs. However, they generally do not teach undergraduate students.

Clinical Professors, meanwhile, primarily provide essential healthcare services rather than maintain independent research programs. These distinctions are important when evaluating the university's educational capacity.

When concerns are raised about increasing undergraduate enrollment and declining faculty full-time equivalents (FTE), the administration often responds by citing overall faculty numbers. However, counting faculty who do not teach undergraduates can obscure the actual resources available to fulfill the university's undergraduate teaching mission.

The issue is not whether clinical faculty make valuable contributions. They unquestionably do. Rather, it is whether faculty classifications and responsibilities are being adequately distinguished when assessing institutional priorities and determining Senate representation.

What Is at Stake? The proposed changes could increase membership in the Davis Division of the Academic Senate by as much as 15%.

Such an expansion would significantly alter the composition of the institution responsible for shared governance, including oversight of academic standards and the quality of undergraduate and graduate education.

Clinical Professors generally have little or no involvement in undergraduate instruction. For most, though certainly not all, their primary focus is patient care. Indeed, an undergraduate student is more likely to encounter a Clinical Professor in an examination room than in a classroom.

At the same time, many faculty members in the College of Agricultural and Environmental Sciences perform the full range of academic responsibilities, teaching, research, and service, yet remain ineligible for Academic Senate membership.

This apparent inconsistency raises a fundamental question: What principles should determine eligibility for Academic Senate membership, and are those principles being applied consistently across faculty classifications?

Expanding membership to one group while excluding others with substantial teaching and research responsibilities warrants careful consideration.

A Major Concern: Respect for Faculty Decisions. The Academic Senate has an established democratic process for considering changes to its membership. That process was followed last year, and the faculty overwhelmingly rejected the proposed expansion. The President's subsequent request for a task force to examine essentially the same issue raises an important question: Will the outcome of the faculty vote be respected, or will an alternative process be used to achieve a result that the faculty already rejected?

If task force recommendations become a vehicle for accomplishing what a memorial failed to achieve, the precedent could have consequences extending well beyond clinical faculty representation.

Shared governance depends not only on consultation but also on respecting decisions reached through established democratic procedures.

A system in which faculty decisions can effectively be circumvented through alternative administrative initiatives risks weakening the authority and independence of the Academic Senate.

This concern should be central to evaluating the task force's recommendations.

Potential Consequences for Clinical Faculty. Another issue deserves attention: Would Academic Senate membership necessarily serve the best interests of clinical faculty themselves?

Clinical faculty have expressed interest in unionization. Expanding Senate membership could have implications for their ability to pursue collective bargaining because labor representation and bargaining rights may differ among faculty classifications.

These potential consequences should be carefully examined before assuming that Senate membership would necessarily benefit clinical faculty.

The objective should be to improve meaningful participation and representation without inadvertently limiting other avenues through which clinical faculty might advance their professional interests.

A Constructive Alternative. Recommendation #5 deserves serious consideration and support. It proposes involving clinical professors in an advisory capacity on relevant Academic Senate committees, including the Committee on Academic Personnel (CAP). This approach would allow clinical faculty to contribute their expertise when committees evaluate personnel dossiers involving clinical appointments and promotions. Such participation could improve the quality of academic personnel reviews while ensuring that decisions are informed by individuals familiar with the responsibilities and professional expectations of clinical faculty. Importantly, this approach would enhance representation without requiring changes to Academic Senate membership. Recommendation #5 therefore offers a practical alternative that addresses a legitimate need while preserving the existing structure of Senate governance.

Conclusion. The question before us is not whether clinical faculty deserve recognition, representation, or a meaningful voice in university affairs. They do.

The central questions are how that representation should be achieved, whether Senate membership is the appropriate mechanism, and whether the university is respecting the decisions already made by its faculty.

The proposed expansion would significantly alter Academic Senate composition at a time when undergraduate enrollment continues to grow and the number of regular Senate faculty has remained stagnant or declined.

It would also raise questions about consistency in membership eligibility, the Senate's educational responsibilities, and potential consequences for clinical faculty collective bargaining rights.

Most importantly, revisiting a proposal overwhelmingly rejected through an established faculty vote risks setting a troubling precedent for shared governance.

Recommendation #5 demonstrates that constructive alternatives exist. Greater clinical faculty participation can be achieved through advisory roles on relevant Senate committees without fundamentally altering Senate membership.

Strengthening shared governance should begin with respecting the faculty's voice, not finding alternative ways to override it.

---

(Faculty member to FEC representative)
I agree with the points in your letter. One concern I have is that Academic Senate membership of clinical faculty may create overlapping channels of influence that are unavailable to other faculty. However, I do not know how they are represented at the system level by medical school deans.

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(Faculty member to FEC representative)

I agree with many of your points and I also recognize the perception that clinical faculty who are being evaluated by the same criteria as we are have a say in shared governance. I like the idea of moving in steps. Recommendations 3, 4 5 (I think) could be put into place and clinical faculty could be granted limited representation as a transition step to identify areas of collaboration or issues that represent conflict between our respective business models. After reclassification and identification of shared governance issues, we could consider advancing to the next stage as suggested in the other recommendations. This would respect the faculty's original vote and identify a road forward in the future. It may be that we indeed have a common set of governance issues to work on together, but it is also likely that we may run into other barriers (i.e., unionization).

UC Davis: Academic Senate
College of Engineering FEC

November 6, 2026

To: Daniel Potter
Chair, Davis Division of the Academic Senate

From: Nael H. El-Farra
Chair, College of Engineering FEC

RE: Comment on "Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance"

Dear Chair Potter,

The College of Engineering Faculty Executive Committee (FEC) has reviewed the Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance. The FEC believes that the proposed recommendations warrant careful reflection, particularly in light of the unsuccessful 2025 proposals to expand Academic Senate membership. As the Task Force acknowledges, expectations for teaching, scholarship, and service vary across faculty series. The proposed removal of Clinical X appointment caps, combined with pathways for reclassification into Senate series, could alter the composition and representative balance of the Academic Senate. This is especially relevant at UC Davis, which has already removed its Clinical X cap and has a substantial clinical faculty population. Although the extent of any changes remains uncertain, increased representation of health sciences faculty could affect the balance of perspectives on university-wide academic priorities, curricular policies, and resource allocation.

The FEC therefore recommends that appointment and reclassification into Senate faculty series be governed by clearly defined, consistently applied standards for teaching, scholarship, and service, without relaxing established academic expectations or circumventing the outcome of the 2025 Senate vote. A transparent assessment must be conducted to assess the number of potentially eligible faculty and the implications for Senate composition and governance; i.e., how clinical faculty representation will affect the preservation of the academic focus and representative balance essential for effective shared governance.

Thank you for the opportunity to comment on this report.

Sincerely,



Nael H. El-Farra

Chair, COE FEC

"Strengthening clinical faculty participation in shared governance is an important goal. For the UC Davis Weill School of Veterinary Medicine, a central priority is ensuring explicit and meaningful representation of veterinary clinical faculty, including those in non-Academic Senate series.

"Clinical faculty titles do not necessarily correspond to identical responsibilities across UC's health professional schools. Most of our Health Sciences Clinical Professor faculty contribute substantially to didactic instruction in addition to clinical teaching and service. The Professor of Clinical X series also encompasses distinctive responsibilities within our School, including appointments in the California Animal Health and Food Safety Laboratory System (CAHFS). Veterinary medicine has a separate salary framework for eligible faculty under APM 675, distinct from the Health Sciences Compensation Plan under APM 670. Together, these differences underscore the need for representatives with direct knowledge of our academic and clinical environment.

"Although the report acknowledges veterinary medicine, campus-based representation alone would not guarantee that veterinary clinical faculty are represented. We therefore recommend that Recommendation #5 explicitly guarantee designated veterinary clinical faculty representation on both the UC Davis local committee and the systemwide Special Committee, including designated participation by non-Academic Senate veterinary clinical faculty. We support the report's proposed full voting rights for non-Senate members on these committees and request that this provision expressly apply to the designated veterinary representatives. The committees' charges should explicitly encompass veterinary didactic and clinical education, teaching hospitals, and diagnostic services, including CAHFS.

"Implementation of the recommendations concerning faculty review and reclassification should likewise account for these differences, evaluating actual assigned responsibilities against the applicable standards for each series. Meaningful governance participation should also be available to faculty who appropriately remain in non-Senate series. Guaranteed veterinary representation would help ensure that decisions affecting our faculty are informed by the full breadth of their teaching, clinical, diagnostic, scholarly, and public-service responsibilities."

November 10, 2026

To the Academic Senate Executive Council

Dear Chair Potter,

L&S FEC met on Monday, Nov 2 and debated item 20 RFC the Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Due to the very short time given and little advance warning, we did not come to a resolution whether we consent to the item. Instead, faculty in L&S and members of the L&S FEC were asked to provide comments. We received 4 such comments which you can find below in this word document. We hope you will give these comments serious consideration in taking any action on this report and particular issue. While there was no specific comment regarding the following issue, during the debate members of FEC mentioned the fact that this issue should be addressed at the campus level. Members of FEC felt that clinical faculty at UC Davis already have considerable input into governance. However, particularly in L&S a large part of the role of faculty is teaching at the undergraduate level. Clinical faculty make up approximately one third of all faculty with very little if any teaching experience at the undergraduate level.

Respectfully,

Chris Drake
Professor of Statistics
Chair of L&S FEC

Comments on consent item 20 FEC Nov 2

The Special Committee seems like a sensible idea, giving clinical faculty a voice without changing existing governance structures. The proposal for reclassification may be very reasonable but also seems likely to create enormous labor and anxiety, particularly if faculty are to be reclassified whether they like it or not, and advance planning to address these concerns is advisable. The "one size fits all" aspects of the proposal in terms of faculty cap and 80–100% appointments--although here only a recommendation that campuses consider this--is puzzling, since it may well be that campuses are already doing what works best in their situation. I am also concerned about the potential strain on already overworked CAP members if they are asked to be part of the reclassification or review criteria aspects of this proposal. If those were to go ahead, recruiting past CAP members might be the best way to go.

It also seems there is a possibility that those in clinical professor series will organize and join a union or form one. I am not exactly clear if that is UC wide or Davis only. How would it affect the Academic Senate if up to third of members are bound by union contracts in shared governance?

The task force's report recommends lifting the 1/6 cap across all campuses. There is, however, already a procedure in place for chancellors and academic senates to modify their campus's cap. The fact that UC Davis, for example, does not have a cap indicates that the campus-based procedure works.

Yet the task force recommends lifting the cap across all campuses without providing any detailed explanation. What would be the expected benefit? What are the cons? A thorough analysis would have been necessary.

Campuses are rightfully concerned about their academic senate's composition. They want it to reflect the campus's work and mission (undergraduate teaching in particular). Each campus should have the right to decide for itself how it wants to fulfill its mission. The one-size-fits-all Recommendation #1 seems hastily written and lacks supporting arguments.

I wanted to comment on the Report and Recommendations from the Systemwide Presidential Task Force on Clinical Faculty Representation in Governance. I'm sending this directly to you at Dan Potter's suggestion. I had been checking for the item on the L&S FEC agenda but missed it (probably because the full name is so darned long that the key "Clinical Faculty" phrase didn't show up on my screen), and I see that the comment deadline actually passed a couple of weeks ago.

I oppose including all Clinical X faculty in the Academic Senate. Their membership would quickly lead to the strange situation where Academic Senate decisions related to undergraduate education, which is a huge part of our current purview, are made by people who have no involvement with that side of the university. I note that the number of clinical faculty is quickly increasing, while the number of other faculty is stagnant or decreasing.

Fundamentally, there is tension because UC is now a combination of two disparate enterprises: a university system, and a group of hospitals. The university side has a history of shared governance, while the hospitals definitely do not. Clinical X faculty would more naturally have a voice in medical center operations: that's their workplace, and that's where their expertise is. I do find the lack of information about UC Health worrisome, especially since ultimately the campus is financially liable for shortfalls on the medical center side. As the UC Health portion of the total budget creeps ever higher, that potential liability is becoming a looming disaster. Giving Clinical X faculty a voice in campus-side operations does nothing to help that; what we need is either more openness on the medical side or a firmer barrier protecting the campuses from financial swings at the hospitals.

UC DAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
https://health.ucdavis.edu/medical-school/faculty-staff/faculty-senate/

To: President Milliken, UC Academic Council, and the UC Davis Division Academic Senate

From: UC Davis School of Medicine Faculty Executive Committee (FEC)

Date: November 6, 2026

RE: Request For Consultation: Presidential Task Force on Clinical Faculty Representation in Governance

Dear President Milliken, UC Davis Academic Senate, and UC Academic Council,

Thank you for providing us with this opportunity to comment on this very important work being contemplated within the UC System. In formulating our remarks, we have sought input from all the UC Davis School of Medicine standing committees, the UC Davis School of Medicine ad hoc faculty equity implementation team, and the chairs of the UCD School of Medicine departments.

We appreciate the challenge structural change can be within any organization; however, three of the five recommendations focus primarily on increasing Academic Senate membership rather than improving representation and participation for all faculty, including non-Senate faculty. The remaining two recommendations offer limited mechanisms for amplifying the voice of non-Senate faculty rather than advancing broader, systemic change.

At the UC Davis School of Medicine, non-Academic Senate faculty play an essential role in medical education. They comprise 56% of the faculty funded to teach and direct courses in the School of Medicine, 76% of the faculty leading required clinical courses, and provide the majority of precepting within clinical learning environments (54% of UC Davis School of Medicine faculty are non-Academic Senate). Notably, both the Associate Dean of Curriculum and Medical Education and the Associate Dean of Student Affairs are non-Academic Senate faculty members. Despite these substantial contributions, non-Academic Senate faculty currently hold only advisory voting status on matters such as major curricular revisions and related governance bylaws. This structure creates a disconnect between responsibility for educational programs and authority within the decision-making processes that shape them. We encourage identifying pathways that allow non-Senate to fully engage and serve to strengthen faculty engagement, continuity of the University's mission, and support for the School of Medicine's educational mission.

**Recommendation #1:** *Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.*

We agree with this recommendation. Additionally, this is already the case at UC Davis, as noted in the task force's governance report and documentation.

**Recommendation #2:** *Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.*

We agree that as long as faculty meet the requirements for their series, they should be allowed to work less than 100%.

While agreeing with the principle, we question if this should only be applied to only the Clinical X series. The greatest equity would come from allowing all series to work at less than 100% effort. This report was narrowly focused on Clinical X series, but clinical faculty from all series would need to adjust their series to the Health Sciences Clinical Professor series currently to work less than 100% effort. We ask that UC consider the broader principle underlying this recommendation. Flexibility in percentage effort and caregiving responsibilities should not create inequitable barriers to participation in faculty series or governance structures.

**Recommendation #3:** *There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.*

We agree with this recommendation.
While we agree that the Committees on Academic Personnel should understand what the criteria are for promotion in each of the series, we also feel strongly that faculty should have direct representation of the faculty within their series on their review committee. We feel that clarifying what qualifies as scholarly or creative activities for the different series is important; however, this information should be discussed when faculty are being hired, so that they are placed in the correct series with advancement criteria aligned with the faculty member's career goals.

**Recommendation #4:** *Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.*

We agree with this recommendation.
We note that addressing the series classification at the time of appointments, with consistency across departments, is important. For faculty who are currently misclassified, we agree that they should be made aware of their options regarding changing their series. However, in accordance with this, we realize reclassification is a simpler task at the Assistant Professor level than much later as not only the series, but rank and step would have to be considered in cases of re-classification. Guidance should explain to the faculty member the benefits and tradeoffs of each of the series, including the advantages of remaining in their current series. Care will also have to be made to ensure faculty move to an appropriate rank given that the criteria for promotion in each series are unique. However, we want to emphasize that reclassification alone cannot resolve the broader governance inequities. The majority of non-Academic Senate faculty will remain appropriately appointed in non-Academic Senate series and will therefore continue to lack governance rights equivalent to those of their Academic Senate colleagues unless additional structural changes are made.

**Recommendation #5:** *Implement the Formation of a Special Committee of the Academic Council*

We agree with this recommendation in concept but are unclear as to its implementation.
We support the creation of systemwide and local governance structures that include both Academic Senate and non-Academic Senate clinical faculty. The report explicitly states that these committees should treat faculty across the health sciences as partners and provide non-Academic Senate clinical faculty with a voice in academic, operational, and clinical matters. However, we are unsure how a separate but equal system achieves this purpose. We worry that these separate systems risk creating the appearance of inclusion without providing an equivalent ability to influence decisions.

Once again, we thank you for the work you are doing on behalf of all faculty to make the University of California a more equitable system and one where we are proud to work.

Sincerely,

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
https://health.ucdavis.edu/medical-school/faculty-staff/faculty-senate/

The University of California Davis, School of Medicine, Faculty Executive Committee

Candice Sauder, MD, MEd, FACS – Chair
Elena Goncharova, PhD, ATSF – Vice Chair
Sasha Shafikhani, PhD – Secretary
Ala Moshiri, MD, PhD – Member
Bryn Mumma, MD, MAS – Member
Luis G. Carvajal-Carmona, PhD – Member
Paramita Gosh, PhD – Member
Paul Knoepfler, PhD – Member
Karnjit Johl, MD – Member
Vladimir Yarov-Yarovoy, PhD – Member

UCDAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
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https://health.ucdavis.edu/medical-school/faculty-staff/faculty-senate/

To: SOM Faculty Executive Committee, UC Davis Divisional Academic Senate, the UC Systemwide Academic Council, and UC President Milliken

From: Faculty Equity Implementation Team (FEIT) – ad hoc committee of the School of Medicine Faculty Executive Committee

Date: November 6, 2026

RE: Response to the review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

FEIT appreciates the substantial work of the Presidential Task Force. Collectively, the recommendations represent progress toward greater inclusion of clinical faculty in UC shared governance. In general, FEIT is supportive of the recommendations outlined in the Presidential.Task.Force.on.Clinical.Faculty.Representation.in.Governance.Report, however, members of this committee have been discussing faculty equity for more than 4 years, and it is FEIT's opinion that **the recommendations do not fully address the longstanding inequity in governance rights and representation between non-Academic Senate (UC Davis Academic Federation) and Academic Senate faculty**.

The Presidential Task Force appropriately recognizes that non-Academic Senate clinical faculty make significant and important contributions to all of University's missions (clinical, research, education/academic) and, therefore, should have access to and participate in campus and systemwide shared governance equally; FEIT strongly supports that principle. We believe, however, that **meaningful participation must not simply include an "opportunity to advise," but representation with voting rights that carry equal weight in decisions affecting faculty appointments, advancement, academic working conditions, resource allocation, and all the academic and clinical missions of the UC.**

This is particularly important because reclassification alone cannot resolve the broader governance inequity. Recommendation #4 appropriately creates a pathway for faculty who are genuinely misclassified to move into the faculty series that reflects the work they are required to perform. However, only a subset of non-Academic Senate faculty will meet the criteria for reclassification into an Academic Senate series. The majority of non-Academic Senate faculty will remain appropriately appointed in non-Academic Senate series and will therefore continue to lack governance rights equivalent to those of their Academic Senate colleagues unless additional structural changes are made.

UCDAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
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https://health.ucdavis.edu/medical-school/faculty-staff/faculty-senate/

**FEIT therefore asks that implementation of the Presidential Task Force recommendations be guided by a broader goal: non-Academic Senate faculty should have equitable representation, equal voting authority, and a formal voice in governance decisions that affect their academic work and professional environment, regardless of whether they are eligible for reclassification into an Academic Senate series.**

FEIT seeks clarification regarding why Recommendation #2 is limited to the Professor of Clinical X series. The report explains that this recommendation was narrowly focused on Clinical X because the Presidential Task Force charge centered on clinical faculty who may have been placed in the Health Sciences Clinical Professor series rather than Clinical X.

FEIT asks that the UC consider the broader principle underlying this recommendation. Flexibility in percentage effort and caregiving responsibilities should not create inequitable barriers to participation in faculty series or governance structures. We encourage consideration of whether similar flexibility should apply across other faculty series when consistent with the requirements of the appointment.

FEIT also requests clarification of the "and/or" language in Recommendation #3. The report states that the campus Committee on Academic Personnel (CAP) should designate an adviser from the relevant faculty series, and/or include non-Academic Senate faculty on review committees, and/or establish a separate clinical CAP containing both Senate and non-Senate clinical faculty.

As written, this could allow a campus to implement only the least substantive of these options. FEIT recommends that direct representation of the faculty series under review be a minimum requirement rather than an optional pathway. Non-Academic Senate faculty should have an equitable role, including voting participation where permitted, in the review of non-Academic Senate faculty. An advisory role alone does not provide equivalent representation.

FEIT strongly supports Recommendation #5 and the creation of systemwide and local governance structures that include both Academic Senate and non-Academic Senate clinical faculty that **both serve with full voting rights.** The report explicitly states that these committees should treat faculty across the health sciences as partners and provide non-Academic Senate clinical faculty with a voice in academic, operational, and clinical matters. Representation without voting authority risks creating the appearance of inclusion without providing an equivalent ability to influence decisions.

UCDAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
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More broadly, FEIT encourages FEC and UC leadership to continue examining governance structures beyond the proposed Special Committee. The long-term goal should be a governance system in which non-Academic Senate faculty have meaningful and proportionate representation—and votes that count—on matters affecting their clinical and educational responsibilities, professional advancement, workplace, and the missions they help carry out.

To inform its response, FEIT surveyed School of Medicine faculty in both Academic Senate and non-Senate series, regarding clinical faculty representation and shared governance. Survey responses from both series demonstrated strong support for meaningful participation in governance, including having all votes counted equally when considering merit and promotion reviews, proposed changes to Bylaws and Regulations, and committee decision-making. Respondents also indicated that greater inclusion of non-Senate faculty in shared governance would improve faculty morale, strengthen the School of Medicine's commitment to equity, enhance institutional decision-making, and increase representation of faculty from groups underrepresented in medicine within UC governance structures. A comprehensive summary of survey results is included in the Appendix.

Prior to the formation of FEIT, the School of Medicine formed an ad hoc task force known as the Faculty Equity Task Force which convened from AY22-24, with a charge to evaluate the landscape and provide recommendations back to the Faculty Executive Committee on SOM faculty series inequities, and potential responses. Those efforts culminated in the Faculty Equity Task Force Report which is included as a supplemental submission with this response.

FEIT appreciates the Task Force's recognition that clinical faculty are essential to the University's teaching, research, clinical, and public-service missions. The recommendations are an important step forward and we encourage the UC to view them as a beginning rather than the endpoint.

The central issue is not simply whether some non-Academic Senate faculty should be reclassified into Academic Senate series. It is also whether the hundreds of faculty who appropriately remain in non-Academic Senate series will have a meaningful, durable, and equitable role in governing the institution to which they contribute. **Non-Academic Senate faculty should not have less meaningful representation simply because their contributions to the University's mission are organized and evaluated differently. Equity in shared governance requires representation, participation, and voting structures that recognize the full academic contributions of all faculty**.

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https://health.ucdavis.edu/medical-school/faculty-staff/faculty-senate/

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## APPENDIX

At the time this report was released for consultation, FEIT was working on 'perspectives on faculty series' survey for the UC Davis School of Medicine faculty community. A few weeks after the broad distribution of requesting feedback on the Presidential Task Force report, FEIT launched the survey. To date, 160 faculty, 48% Non-Senate and 52% Academic Senate, of which 69% are full Professors, have responded to the survey, below are survey responses related to the Presidential Task Force recommendations.

**Table 1**
Survey Question: Please share your level of agreement with the following statements. Including non_Senate faculty in shared governance would•

| Sub-question | Response Choice | Response | Non-Senate | Academic Senate |
|---|---|---|---|---|
| Improve faculty morale. | Strongly Disagree | 3.5% | 0.0% | 6.9% |
| | Disagree | 2.8% | 0.0% | 5.6% |
| | Neutral | 18.2% | 7.0% | **29.2%** |
| | **Agree** | **32.9%** | **42.3%** | 23.6% |
| | **Strongly Agree** | **42.7%** | **50.7%** | **34.7%** |
| Help the SOM more fully reflect its stated commitment to equity by design within its own shared governance. | Strongly Disagree | 5.6% | 1.4% | 9.7% |
| | Disagree | 4.9% | 0.0% | 9.7% |
| | Neutral | 9.1% | 4.2% | 13.9% |
| | **Agree** | **25.9%** | **23.9%** | **27.8%** |
| | **Strongly Agree** | **54.5%** | **70.4%** | **38.9%** |
| Improve decision-making within SOM committees. | Strongly Disagree | 3.5% | 0.0% | 6.9% |
| | Disagree | 6.3% | 0.0% | 12.5% |
| | Neutral | 12.6% | 7.0% | 18.1% |
| | **Agree** | **25.9%** | **25.4%** | **26.4%** |
| | **Strongly Agree** | **51.7%** | **67.6%** | **36.1%** |
| | Strongly Disagree | 5.6% | 1.4% | 9.7% |

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| | | | | |
|---|---|---|---|---|
| Increase the number of underrepresented in medicine identity groups within the UC. | Disagree | 10.5% | 4.2% | 16.7% |
| | Neutral | 17.5% | 9.9% | 25.0% |
| | **Agree** | **21.0%** | **19.7%** | **22.2%** |
| | **Strongly Agree** | **45.5%** | **64.8%** | **26.4%** |

As evident in these responses, more than 65% of UC Davis School of Medicine Faculty agree or strongly agree with each of the shared governance inclusion questions.

**Table 2**
Survey Question: How.important.are.the.following.to.you?

| Sub-question | Response Choices | Response | Non-Senate | Academic Senate |
|---|---|---|---|---|
| 1. Ability to chair a SOM Bylaw recognized committee. | Not at all important | 23.9% | 23.9% | 23.9% |
| | **Somewhat important** | **26.1%** | **28.2%** | **23.9%** |
| | **Important** | **29.6%** | **23.9%** | **35.2%** |
| | **Extremely important** | 20.4% | **23.9%** | 16.9% |
| 2. Having my ballot (vote) counted in a merit and promotion packet review. | Not at all important | 1.4% | 2.8% | 0.0% |
| | Somewhat important | 9.9% | 7.0% | 12.7% |
| | **Important** | **28.9%** | **26.8%** | **31.0%** |
| | **Extremely important** | **59.9%** | **63.4%** | **56.3%** |
| 3. Having my ballot (vote) on proposed changes to the Bylaws and Regulations counted in the decision-making process. | Not at all important | 1.4% | 2.8% | 0.0% |
| | Somewhat important | 15.0% | 12.7% | 17.4% |
| | **Important** | **24.3%** | **19.7%** | **29.0%** |
| | **Extremely important** | **59.3%** | **64.8%** | **53.6%** |
| 4. Having my ballot (vote) counted as a SOM Bylaw recognized committee member. | Not at all important | 2.8% | 4.2% | 1.4% |
| | Somewhat important | 16.3% | 14.1% | 18.6% |
| | **Important** | **27.0%** | **22.5%** | **31.4%** |
| | **Extremely important** | **53.9%** | **59.2%** | **48.6%** |

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| | | | | |
|---|---|---|---|---|
| 5. That there is a standardized process for AF faculty to switch to an AS faculty position. | Not at all important | 10.6% | 12.7% | 8.5% |
| | Somewhat important | 17.6% | 14.1% | 21.1% |
| | **Important** | **35.2%** | **29.6%** | **40.8%** |
| | **Extremely important** | **36.6%** | **43.7%** | **29.6%** |
| 6. The opportunity to participate in the UCD Divisional Representative Assembly (RA). | Not at all important | 20.4% | 19.7% | 21.1% |
| | Somewhat important | 23.9% | 19.7% | 28.2% |
| | **Important** | **28.2%** | **29.6%** | **26.8%** |
| | **Extremely important** | **27.5%** | **31.0%** | **23.9%** |
| 7. The opportunity to participate in a UC Systemwide committee. | Not at all important | 12.9% | 10.0% | 15.7% |
| | Somewhat important | 16.4% | 14.3% | 18.6% |
| | **Important** | **34.3%** | **30.0%** | **38.6%** |
| | **Extremely important** | **36.4%** | **45.7%** | **27.1%** |

Again, as evident in these responses, shared governance is important and/or extremely important to both Academic Senate and non-Senate among the UC Davis School of Medicine faculty.

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# Faculty Executive Committee – Faculty Equity Task Force Report

**June 11, 2024**

**EXECUTIVE SUMMARY**

Over the past year, an ad hoc committee of the Faculty Executive Committee (FEC), the Faculty Equity Task Force, completed 14 interviews of UC faculty from within and outside of UC Davis, to investigate faculty equity at the UC Davis School of Medicine (SOM). This qualitative research process found that all interviewees agreed that there is inequity between Senate and Non-Senate faculty. Although inequities manifest in many ways, the core problem seems to be most deeply anchored in the privilege of full voting rights in the decision-making that is the foundation of shared governance within the School of Medicine that is held by Senate faculty but not held by non-Senate series SOM faculty, such as (Health Science Clinical Professor) HSCP and Adjunct series, who also serve indispensable academic faculty roles and carry professorial titles.

UC Davis appears to be the only UC campus with a Federation for non-Senate series faculty. The School's Bylaws and Regulations, Article 4.21, relegate Federation faculty votes as advisory only. Unanimous input from the interviews conducted by the Task Force found that each expert expressed concern that this inequity is unfair, and many framed it as unacceptable.

Many interviewees acknowledged that this inequity has been troubling for some, if not many HSCP and In-Residence series faculty members and has the potential for increased discord. Although no single solution was agreed upon, most agreed that a resolution was needed. Several interviewees spoke to the potential of change through amending the School's Bylaws and Regulations to include full or partial Senate designation for non-Senate faculty across the entire university, selective Senate designation limited to the SOM, as well as full voting rights within the "MD Program" that is part of the SOM.

Definitions:

- Classification: The employment group to which faculty are put based on the position they are filling. Classifications at UC Davis are Senate and Federation. Other University of California academic institutions do not use the term federation; they refer to their faculty as either Senate or non-Senate. *(Throughout this document we will use the term non-Senate faculty)*
- Series: A title associated with a specific faculty job.
    - The Senate classification has 5 series; they are Clinical X, In Residence, Ladder Rank, Ladder Rank/In Residence Split, and Lecturer with Security of Employment (LSOE).
    - The Federation classification has 2 series HSCP and Adjunct Professors; Visiting Professors are placed in this series.

**Academic Personnel Attributes Chart**

| Series | Ladder Rank [1] | Academic Senate [2] | Academic Federation [3] | Faculty [4] | Eligible for Tenure/SOE | Equivalent Title [5] | 8-yr limit | Term Appts [7] | Deferral | 5-yr Rev | Prelim Assess | Appraisal | Step Plus | Eligible for OSC | Eligible for Ext. on the Clock at Asst Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Professor | X | X | | X | X | | X | | X | X | X | X | X | X | X |
| Professor in Residence | | X | | X | | | X | X | X | X | X | X | X | X[9] | X |
| Professor of Clinical | | X | | X | | | X | X | X | X | X | X | X | X[9] | X |
| Health Sciences Clinical Professor | | | X | X | | | X[8] | X | X | X | | | X | X[9] | X[8] |
| Adjunct Professor | | | X | X | | | X[8] | X | X | X | X | X | X | X | X[8] |
| Acting Assistant Professor | X | | | X | X | | | X | X | | | | X | X | |
| Acting Professor of Law | X | X | | X | X | | X | X | X | X | X | X | X | X | X |
| Acting Associate/Full Professor | X | X | | X | X | | | X | X | | | | X | X | |
| Visiting Professor | | | | X | | | | X | Not eligible | | | | | | |
| Lecturer with Security of Employment (SOE) Series[2] | | X | | X | X | | X[6] | X | X | X | X | X | X | X | X |
| ____in the AES | | | X | | X | X | X | | X | X | X | X | X | X | X |
| Supervisor of Physical Education | X | | X | X | X | X | | | X | X | | | | X | X |
| Specialist in Cooperative Extension | | | X | | | | X | | X | X | X | X | X | X | X |
| Specialist and Specialist in the AES series | | | X | | | | | X | X | X | | | X | X | |
| Professional Research series | | | X | | | | X | X | X | X | | | X | X | X |
| Project Scientist | | | X | | | | | X | X | X | | | X | X | |
| Unit 18 Lecturer | | | X | X | | | | X | X[8] | | | | | | |
| Unit 18 Supervisor of Teacher Ed | | | X | X | | | | X | X[8] | | | | | | |
| Unit 18 Child Develop. Demo. Lecturer | | | X | X | | | | X | X[8] | | | | | | |
| Continuing Educator | | | X | | | | | X | X[8] | | | | X | X | |
| Academic Coordinator | | | X | | | | | X | X[8] | | | | X | X | |
| Academic Administrator | | | X | | | | | X | X[8] | | | | X | X | |
| Librarians | | | X | | | | | | X | | | | | | |
| Assistant/Associate University Librarian | | | X | | | | | | Not eligible | | | | X | | |
| University Extension Teacher | | | X | | | | | X | X[8] | | | | X | | |

[1] **Ladder Rank** faculty are faculty holding tenured titles or non-tenured titles in a series in which tenure may be conferred. These series are: Professorial series, Clinical Professor of Dentistry (50 percent or more time) series, and Supervisor of Physical Education series.

[2] **Senate** membership is conferred upon a person holding a Professor, Professor in Residence, Professor of Clinical ____ or 100% appointments in the Lecturer SOE series. If an appointee holds a title eligible for Senate membership and a title eligible for Federation membership, the appointee is a Senate member only.

[3] **Academic Federation** membership - an appointee must be salaried and appointed in eligible title for a term of one year or more.

[4] **Faculty**-an academic appointee in a School, College, Division, Department, or Program of instruction and research who has independent responsibility for conducting approved regular University courses for campus credit. Student academic employees are not considered faculty.

[5] **Equivalent Title**-In matters of academic personnel policies and procedures, the University traditionally uses this term to designate certain academic title series and certain ranks of these series that are to be treated on the same basis in relation to some specific policy as corresponding ranks in the professor series. The Agronomist series and the Supervisor of Physical Education series are equivalent to the Professor series for purposes of tenure, leaves of absence and retiring allowances.

[6] **Eight year limit** only applies to Assistant Adjunct Professor, Assistant Health Sciences Clinical Professor and Lecturer PSOE/Sr. Lecturer PSOE at more than 50% time. (See APM 133)

[7] **Term appointments must have end dates.** Please refer to APM 137 and the appropriate APM policies and/or Contract for the terms of service for each title series. All title series, including Academic Senate titles which have an Assistant rank, have term limits at that rank.

[8] **Limited to one deferral. Academic Coordinators are not eligible for deferral if the position is state funded.**

[9] Please refer to APM 620. Faculty on the Health Sciences Compensation Plan are not generally awarded off-scale salaries.

**Updated: 07/01/2020**

**BACKGROUND**

In June 2022, FEC held a retreat to discuss if there may be inequities existing within the current faculty classifications within the School of Medicine (SOM). At that time, Scott Fishman, MD, was the chair of FEC. Following that retreat, FEC appointed a FEC ad hoc committee, the Faculty Equity Task Force, to further investigate faculty inequities within the faculty classifications. Dr. Fishman became the Task Force Chair; he had completed the FEC Chair position on June 30, 2022.

In March 2023, Dr. Fishman presented a task force charge, scope of work, timeline, and proposed membership to FEC. They were as follows.

Charge: Task force will evaluate the landscape and provide recommendations to FEC on SOM faculty classification inequities as they relate to shared governance.

Scope of Work

- Define the problem (if one is found)
- Collect data on the issue
- Identify key constituents and conduct investigative interviews (transcribed by staff)
- Provide clarity and potential solutions
- Deliverables
    - Report back to FEC
    - Produce a written report (process/drafting with assistance from Dean's office)

Work Process and Timeline

1. Populate task force and receive FEC approval
2. 1st meeting by zoom tentatively 1st week of April 2023
3. Implement plan
4. Complete Interview and data collection in 6 months
5. Complete written report 8 weeks after completion of interviews and data collection
6. In-person and written reporting to FEC Nov- Dec 2023

Task Force Membership

- Staff: Jana Katz-Bell, Erin Thomas, Heidi van Beek
- Advisors: Hendry Ton M.D., Fernando Santana Ph.D., Anna Orlowski J.D.
- Committee (8 members -- 5 Senate + 3 HSCP)
    1. Scott Fishman M.D., Chair (Past FEC Chair, Senate Faculty)
    2. David Copenhaver M.D. M.P.H., HSCP Faculty
    3. Micaela Godzich, M.D., HSCP Faculty
    4. Elizabeth Morris M.D., Senate Faculty
    5. Jen Plant M.D., HSCP Faculty (Current FEC Member)
    6. John Rose M.D., Senate Faculty (Immediate Past FEC Vice Chair)
    7. Ruth Shim M.D., Senate Faculty
    8. Jill Silverman Ph.D., Senate Faculty (Current FEC Member)

**INVESTIGATION METHOD**

To investigate the charge, the Task Force interviewed UC Davis faculty and leadership members, as well as faculty and leaders from other UC campuses and UCOP. The interviews focused on the following questions:

- What is your understanding of the differences between non-Senate and Senate Faculty series? (UCD is the only UC campus with a Federation for *non-Senate members. Although these UCD non-Senate faculty members are often referred to as Federation members, this document, collectively refers to Federation members as 'non-Senate.'*)
- Are there inequities between the Senate and non-Senate series? If so, please describe.
- Do you see a problem with non-Senate series faculty roles and activities and the differential representation in self-governance, including voting?
- If we accept that inequities exist or do not exist, what are the potential benefits and harms for Senate and non-Senate series members to change the present state or leave it unchanged?
- Should SOM seek change? If so, how?

The interviewees were (alphabetically by last name):

1. Kim Barrett, Ph.D. – Vice Dean for Research
2. Colleen Clancy, Ph.D. – Associate Vice Chancellor of Academic Personnel,
3. Stuart Cohen, M.D. – Past FEC Chair
4. Deborah Deas, M.D., M.P.H. – Dean, UC Riverside, School of Medicine
5. Joel Dimsdale, M.D. (UCSD) – Past Faculty Rep to UC Regents Cmmt. on Health Services
6. Steven Hetts, M.D. (UCSF) –Chair UCSF Academic Senate
7. Philip Kass, D.M.V., Ph.D. – Vice Provost of Academic Affairs
8. Deena Shin McRae, M.D. (UCOP) – Associate Vice President for Academic Health Sciences, UCOP

9. Fred Meyers, M.D. – Past Vice Dean, UCD SOM
10. Susan Murin, M.D., M.B.A. – Dean (Interim) UC Davis School of Medicine
11. Sonia Ramamoorthy, M.D. (UCSD) - Chair, UCSD Health Board of Governors
12. Kristie Tappan, J.D. MPH (UCSF) – Senior Policy Analyst
13. Richard Tucker, Ph.D. – Chair, UCD Senate
14. Renetta Tull, Ph.D. – Vice Chancellor of Diversity, Equity, and Inclusion

Interviews took place between June – December 2023.

**INTERVIEW FINDINGS**

All interviewed experts acknowledged inequities in full voting rights in shared governance decision making between Senate and non-Senate faculty. All but one expert believed all faculty votes should be counted equally in decision making. The inequity in voting rights was widely noted to be unfair and unsustainable, and the process particularly excluded important voices, including women and faculty from diverse ethnic and racial backgrounds. A few experts expressed the belief that the inequity could not be solved due to political, administrative, and/or bureaucratic issues. Others expressed that a solution should be possible, with varying (but vague) conceptual strategies ranging from merging Senate and non-Senate faculty voting rights across the main and health campuses, just within the health campus, just within the SOM, or just within the MD program of the SOM. Bringing non-Senate series faculty into the Senate was also mentioned. However, none of these strategies were specific, detailed, or developed.

**Interview Excerpts**

- *" I'm glad the FEC is taking this deep dive. This is a serious issue, and it is going to require some serious thought and effort to get it fixed."*
- "*The Regents long ago indicated which faculty belong to the Senate. Since then, a couple have been added which is important to remember. And then the Administration, just trying to keep the lights on, have created other faculty series that are very important in research, education, and clinical care, but were not made part of the Senate by the Regents. So, we end up having one series of faculty who are the historical faculty that are Senate faculty members. And then we have the non-Senate faculty members who in Davis became the Federation. And they were created after the Regents made up their list of who belongs to the Senate."*
- *"If you want to have true representation, true shared governance, and you really want to hear the voices of those who are faculty here, you will include those who are HS clinical faculty or adjunct professors. [Without them] You're losing important voices."*
- *"I am troubled by that discrepancy that people who fully participate in the work at our school are not regarded equally in terms of their vote and their ability to chair committees."*
- *"Because we are the only school in the UC with a federation, we have some opportunities to be innovative and to make some changes. There's nothing that is sort of holding us to this long chain of tradition if you will. If we have seen some evolution and we say, you know what, let's evolve and it will be better to move things in this new direction, there's nothing wrong with that."*
- *"Those who are not included in academic Senate – when you look at the demographics, there are a lot of women and there's a lot of diversity from different racial and ethnic backgrounds, and I think that those important voices may be lost."*
- *"If we're really going to say that we're leaders in equity, inclusive excellence, and diversity, then we really need to include all our professorial series in the academic side or at least make sure that they have a vote."*

- *"We need all sorts of different flavors of faculty to accomplish that mission and not to allow those faculty to have a full say in the affairs of the school is troubling to me."*
- *"I think you'd have an easier time changing voting rules than you would changing the APM"*
- *"It is not appropriate to continue with this model."*
- *"One huge body of faculty might not be the best model, but faculty without a voice is unsustainable."*
- *"Power is not lost if more people have a voice."*
- *"Bylaw 55, which is to me, antiquated and disenfranchising, but that is the law of the land with respect to voting on academic actions."*
- *"I do not think that racism or sexism are the root causes of the differences, but I think because the folks who are underrepresented in medicine make up a higher percentage of our non-Senate faculty it ultimately does correspond not as much to gender, but more to race. Does that make sense? I don't think it's driven by concerns about race or racism. But at the end of the day, there are racial inequities because of the series into which folks who are underrepresented in medicine have largely been hired."*
- *"…we do tax their [HSCP faculty] clinical income to drive the education mission. That's where the money for the education mission comes from, right? It doesn't come from the State anymore. Yes, it is taxation without representation."*
- *"…precedent is still important despite the Supreme Court in the United States. And if UCSF has set a precedent on this, I don't see why we can't be the same as UCSF despite the fact they don't have a general campus. If the precedence has been set, I think we should adopt it."*
- *"…the MD program is one small piece inside the SOM, which is one small piece inside UCDH, which is one small piece inside UCD, which is one small piece inside the UC. I think what's aggravating people is that there's no voting power within this MD program. I think that could be addressed through bylaws change, where all faculty in SOM have voting power within the MD Program."*
- *"I'm pretty sure HSCP don't really want to sit on the research committees at SOM. I don't know for sure but if they did, I wouldn't think that was appropriate in the same way that I wouldn't think researchers should sit on the Med Staff Committee, which they don't because it's not within their scope of practice, so it doesn't make sense for them to do that."*
- *"I do think the educational program is really where the rubber hits the road and if there was a piece that could be recommended and addressed by your group that could reasonably be changed, it would be leadership in voting around the MD program."*

**FEC EQUITY TASK FORCE SYMPOSIUM**

On January 10, 2024, the Task Force hosted a symposium for the FEC. Members of the task force and advisors were in attendance, as well as invited guests:

- Steven Hetts, MD (UCSF) – *Chair UCSF Academic Senate*
- Sonia Ramamoorthy, MD (UCSD), *Chair, UCSD Health Board of Governors*
- Deena McRae, MD (UCOP), *Associate Vice President for Academic Health Sciences, UCOP*
- Kristie Tappan, JD, MPH (UCSF), *Senior Policy Analyst*

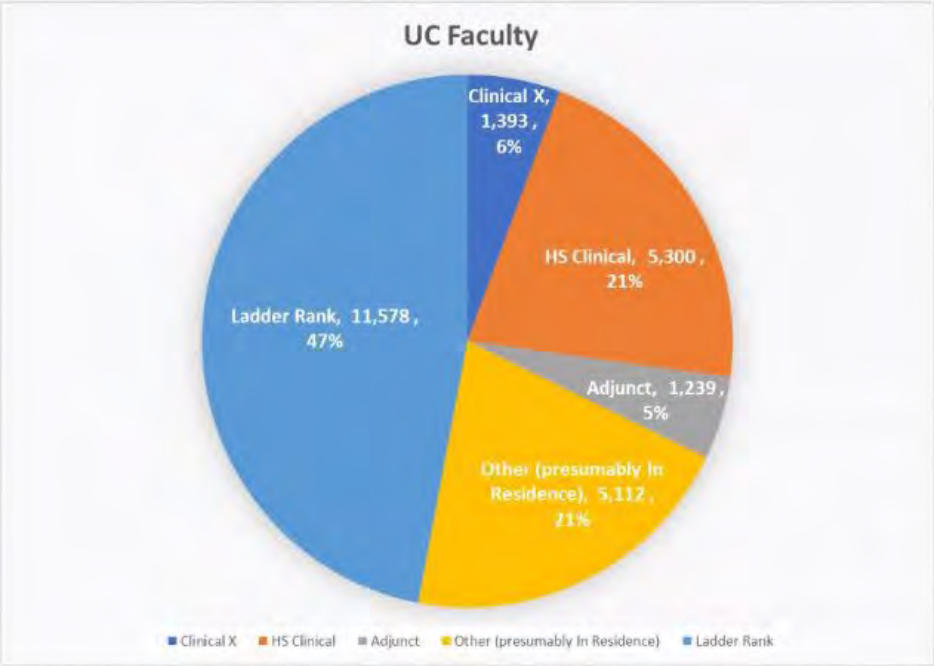
During the symposium, Dr. Hetts and Ms. Tappan shared the approach UCSF has taken to provide equity for their faculty within committees, as committee leaders, and as representatives on systemwide Academic Senate committees and workgroups. Ms. Tappan provided FEC and the Task Force a slide deck titled Academic Senate Service Engagement that was presented at the Academic Senate Staff Conference in August 2023; the slides are available in the FEC Teamsite, January 10, 2024, materials. Ms. Tappen also shared excerpts of other slide decks that included data on Senate and Non-Senate faculty across the UC. These two images were captured while she was sharing.

**TABLE 1: CHARACTERISTICS OF VARIOUS FACULTY SERIES**

| | PROFESSOR | IN RESIDENCE | CLINICAL X | HEALTH SCIENCES CLINICAL [1] | ADJUNCT |
|---|---|---|---|---|---|
| Teaching/Mentoring | Essential | Essential | Essential | Essential | See Note[2] |
| Research/Creative Work | Essential | Essential | Essential[3] | See Note[10] | See Note[2] |
| Professional Competence & Activity | Essential | Essential | Essential | Essential | See Note[2] |
| University/Public Service | Essential | Essential | Essential | Important | See Note[2] |
| Appraisal of Achievement & Promise | Yes[4] | Yes[4] | Yes | No | No |
| Eligible for Tenure | Yes | No | No | No | No |
| Senate Membership | Yes | Yes | Yes | No | No |
| Sabbatical Leave | Yes | Other[5] | Other[5] | Other[5] | Other[5] |
| Limitations on Years of Service | 8 Years at Assistant | 8 Years at Assistant | 8 Years at Assistant | None | None[6] |
| Percent Time | 100%[7] | 100%[7] | 100%[7] | 0-100% | 0-100% |
| Primary Compensation Source | Extramural grants + State FTE | Extramural grants of Affiliate Sources | Clinical income + extramural grants | Clinical income[11] | Non-state intramural funds & extramural grants |
| Appointment Length | Open-ended | Open-ended[8] | Termed[9] | Termed | Termed |

Notes (includes revisions that will be made to the soon-to-be-updated Handbook):
**1** The weightings of the criteria vary between schools and departments.
**2** The criteria for promotion of faculty in the Adjunct series can vary depending on the individual's expected role.
**3** Faculty in the Clinical X series are expected to have creative achievements; however, these achievements are subject to different criteria from those expected of Professor and In Residence faculty members (APM 210). Creative achievements in this series may be given less weight than teaching and professional competence are.
**4** A formal Appraisal of Achievement and Promise is conducted midway through the Assistant Professor years to alert faculty to their likelihood of promotion to Associate Professor and to summarize their academic strengths and weaknesses.
**5** Faculty members in the In Residence, Clinical X, Adjunct, and Health Sciences Clinical series are not entitled to state-funded sabbatical leave, but they are eligible for professional development leave. Professional development leave varies among departments.
**6** This characteristic applies only at UCSF. If a faculty member in this series transfers to another campus, the eight-year rule is imposed.
**7** During limited periods, the percent effort can be decreased with permission from the Department Chair, the School Dean, and the Chancellor. However, the UCSF percent effort must represent the faculty member's total professional commitment.
**8** In Residence appointments are only open-ended above the Assistant level rank. Faculty appointed after July 1, 2000, do not have an end date, but any In Residence faculty member may be converted to a termed appointment (i.e., an appointment with an end date) for budgetary reasons or because of programmatic changes or a lack of work.
**9** Faculty in the Clinical X series have termed appointments (i.e., an end date is specified).
**10** Effective July 1, 2018, creative activity is a required element for advancement and promotion in the Health Sciences Clinical Series. This work can be internal and does not need to be disseminated. Please see CAP Communication on HSC Series for more information.
**11** Clinical income is not the primary source of compensation for Health Sciences Clinical faculty in the Schools of Nursing and Pharmacy.

Source: UCSF Faculty Handbook for Success available at https://senate.ucsf.edu/sites/default/files/2016-12/FacultyHandbook-UCSF.pdf.




[1] This number and the numbers in the pie chart came from UCOP's Institutional Research and Academic Planning (IRAP) office and were current as of 11/1/2022.

Kristie.Tappan@ucsf.edu, last revised 8/22/23

*Senate faculty are Ladder Rank, Clinical X, and Other (presumably in Residence), totaling 18,083. Non-Senate faculty are Health Science (HS) Clinical and Adjunct, totaling 6,539 (36%).*

**Select Quotes from FEC Faculty Equity Task Force Symposium**

Dr. Deena McRae: [UCOP commitment to change]
*"I am fully supportive of ensuring that we make formal steps to include HS clinical and adjunct faculty into the Academic Senate."*
*"…we're working on formalizing next steps, getting into the right groups, trying to work with the campuses in terms of what can we do to achieve this goal so that we truly can be a leader in equity and inclusive excellence."*

Dr. Deena McRae: [Role of HS clinical faculty in similar contributions to Senate]
*"Being an HS clinical professor myself over the years, I think, in terms of teaching, we're constantly teaching. So it may not be traditional didactics in front of a chalkboard, but we are constantly teaching…. Oh, my goodness. there is a lot of committee work. We're constantly providing service to the school, to the university, to the campus… and we have to demonstrate that every 2 years when we're applying for merit increase. So it's being done and I think a lot of people in academic Senate have a misunderstanding of HS clinical and adjunct faculty responsibilities."*

Dr. Deena McRae: [Impact of inequity for HS clinical faculty]
*"HS clinical faculty didn't have a voice and this definitely is highly impactful across the board … it is also important to have that feeling that you are contributing, that you are valued, that your thoughts are valued, and we are having problems with recruitment and retention - if we don't have that. But in the end, it's about equity, and we are supposed to be a leader in equity"*

Dr. Deena McRae: [Making change via Regents and Campuses]
*"You know the Regents could make a change that would make huge impact. But I think that there's also a desire to have the campuses make changes first, and so I am hopeful that Davis will make a change, maybe UC Riverside, and I think…UCSF is already there. Once we start making those kinds of movements and get more chancellors on board, then hopefully, we can influence system wide."*

Dr. David Copenhaver: [Employment law implications]
*"Has there been case-law from the perspective at the stratosphere level of UCOP, like employment lawsuits associated within the vaults at the University of California that help understand some of the actual liability." "… when people have voting rights and they need concerns with academic freedom, or there's been other concerns at one campus or another, and they've utilized that ability for having a voice being important, and those that don't, what that might mean from an employment legal establishment or employment law"*

Dr. Jennifer Plant: [Reaction to question why HS faculty would want to be part Senate- ie. have a vote]
*"… did we have to ask women why they wanted to vote for President… we just have data that a significant portion of University of California employees are HSCP and adjunct. They don't have the same rights as people in the Academic Senate"*
*"That group includes more women and underrepresented minorities, and …just very, basically to me, is wrong."*
*"… do we have to have a great reason to want to be able to vote. We want to be able to vote on the things that affect us."*

Dr. Hendry Ton [Importance of a Vote]
*"There is an aspect of being able to vote that has nothing to do with voting. It's the idea that a person within the UC can fully participate if they want to."*
*"What would happen if we took away the voting rights of people who tend not to vote? It means something else – I think that is what we're trying to get at."*
*"At the end of the day it is a fundamental issue of rights in the academy. And why is it that some people have those rights and others do not have those same rights to contribute to an organization that they call their home away from home.*
*"And when the university and health system says we love that you have spent the past 12 hours, or 70 hours over the past week working, but you can't vote because you are not in the club -- that's the message that we send and that's the message that will ultimately unravel the beautiful system that we have here because our competitors, other academic health systems will say, we appreciate the 70 hours of work you have put in and we will listen to you. There are mechanisms for you to fully participate."*

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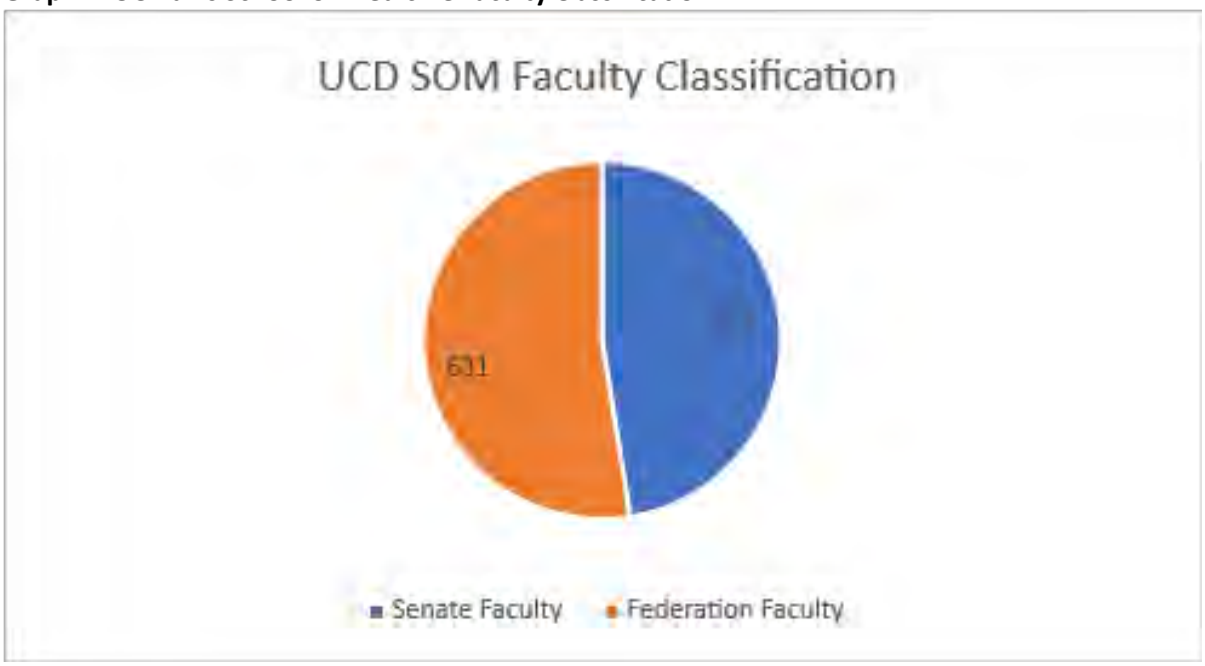
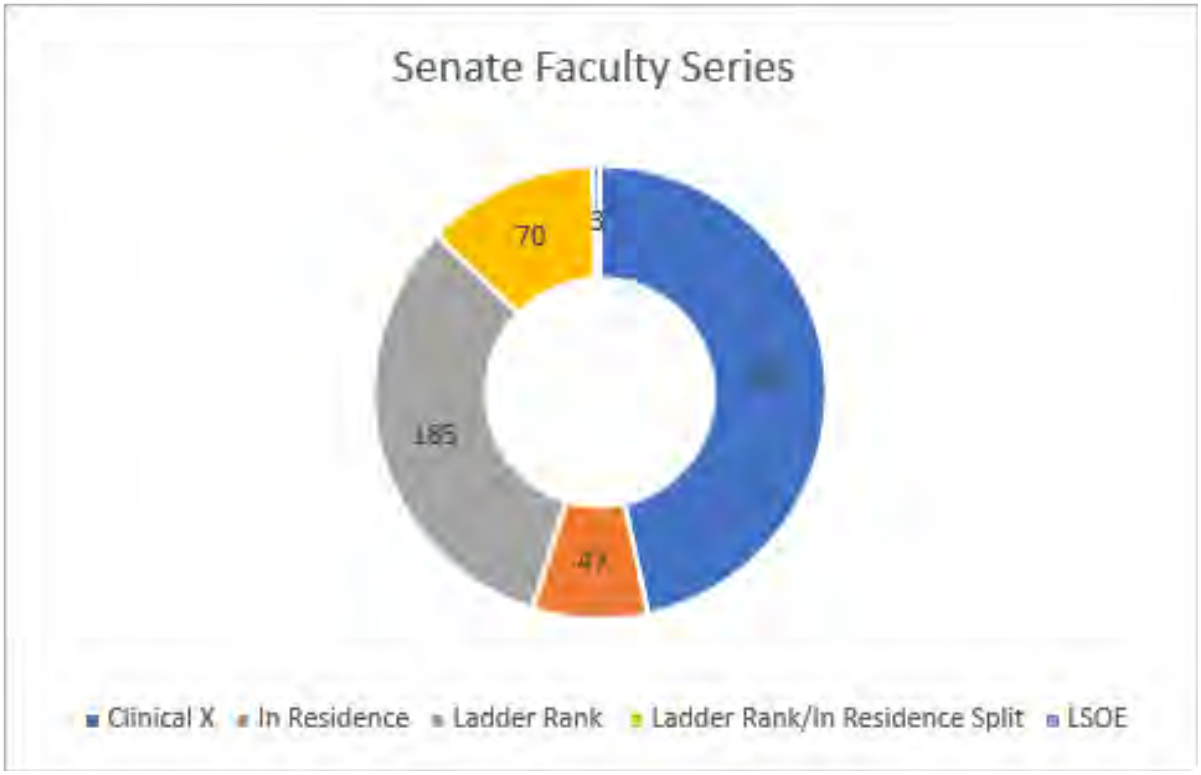
**UC Davis School of Medicine Faculty Data**
Following the symposium, FEC members requested data specific to the UC Davis SOM faculty classifications (e.g., Senate and Federation [non-Senate]). The UC Davis SOM Academic Personnel Office provided the following data on the SOM faculty as of April 22, 2024.

**Graph 1: UC Davis School of Medicine Faculty Classification**



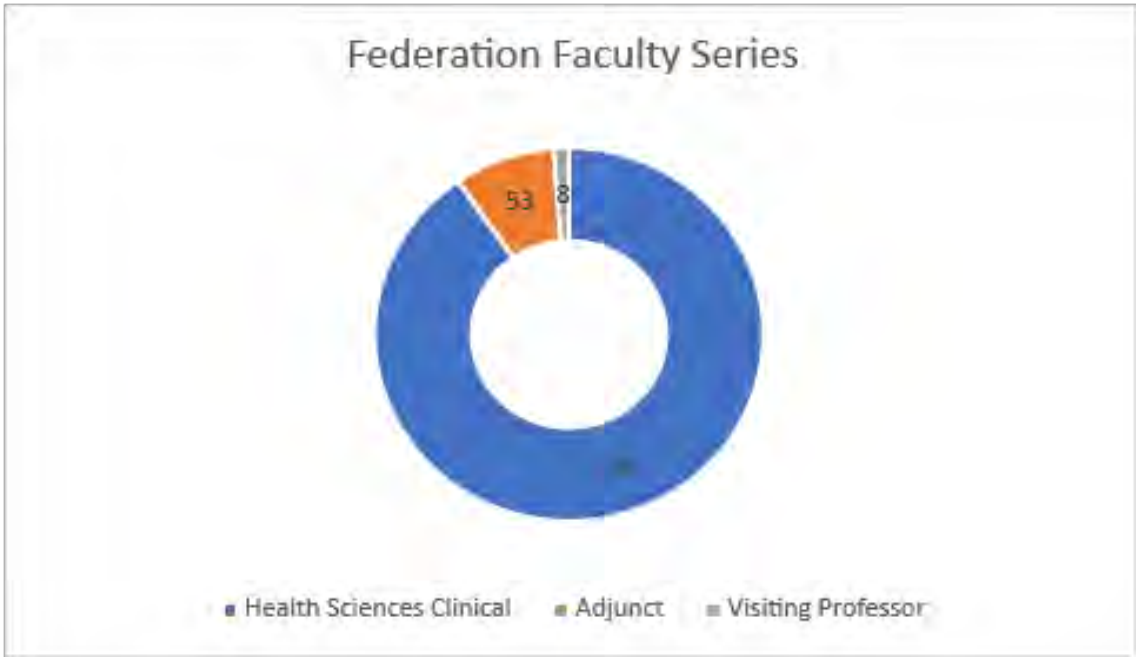

*The total number of faculty within the SOM is 1202, of which 631 are Federation (52%) and 571 are Senate (48%).*

**Graph 2: UC Davis School of Medicine Senate Faculty Series**



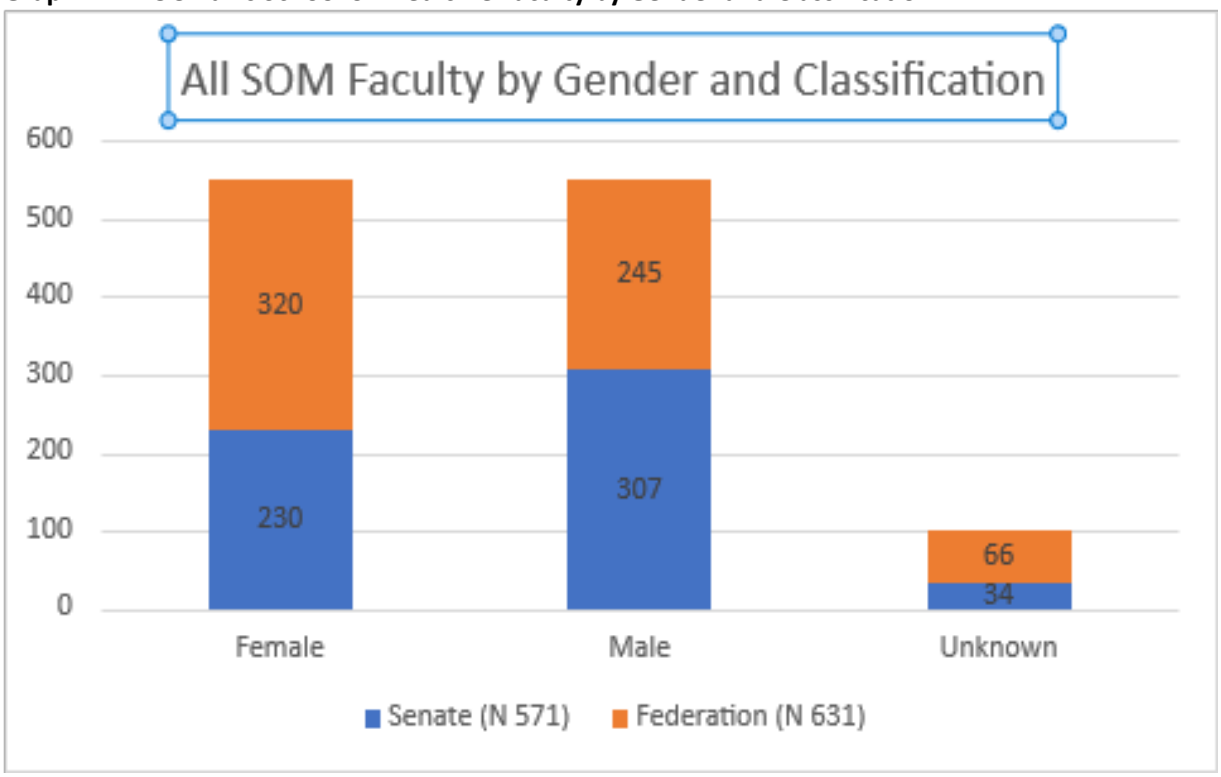

*The total number of SOM Senate faculty is 571 within 5 series: Clinical X—47%, In Residence—8%, Ladder Rank—32.5%, both In Residence and Ladder Rank (splitting time)—12%, and Lectures with Security of Employment (LSOE)—.05%.*

**Graph 3: UC Davis School of Medicine Federation Faculty Series**




*The total number of SOM Federation faculty is 631 within 3 series, which are: Health Science Clinical – 91%, Adjunct – 8%, and Visiting Professor – 1%.*

**Graph 4: All UC Davis School of Medicine Faculty by Gender and Classification**



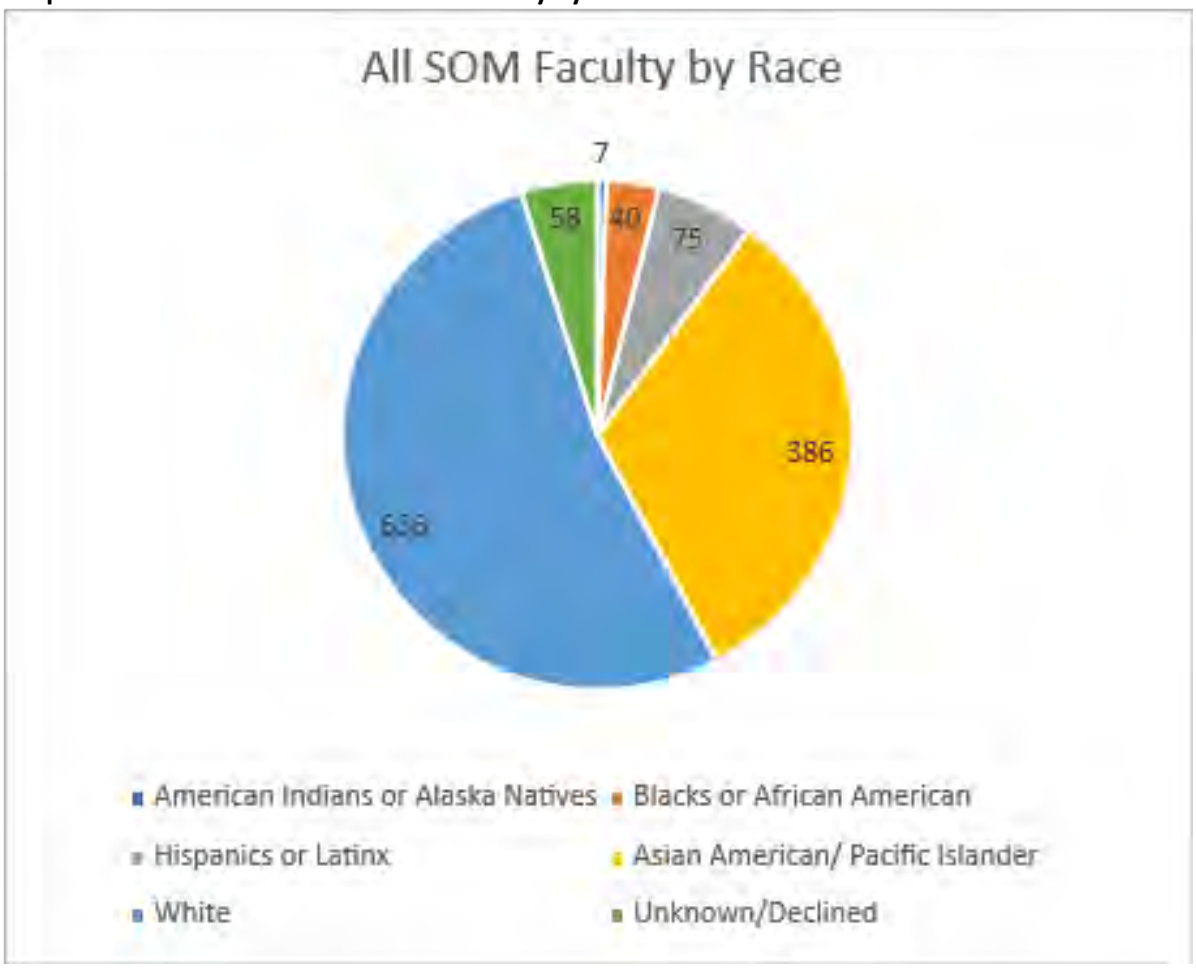

*The SOM has 1202 faculty, of which 550 are female (46%), 552 are male (46%), and 100 are unknown (8%)*

**Table 1: School of Medicine Faculty by Gender and Classification**

| SOM Faculty by Gender | Senate | Federation | Difference # | Difference % |
|---|---|---|---|---|
| Female | 230 | 320 | F +90 | F +28% |
| Male | 307 | 245 | S +62 | S +21% |
| Unknown | 34 | 66 | F +32 | F +48% |
| **Total** | 571 | 631 | F +60 | F +10% |

*Within the Classifications, the Federation has 90 (28%) more female faculty than the Senate. The Senate has 62 (21%) more males than the Federation, and the Federation has 32 (48%) more unknown gender faculty than the Senate.*

**Graph 5: UC Davis School of Medicine Faculty by Race**




*The SOM has 6 race categories for the faculty. They are: American Indians or Alaska Natives – 7 (1%), Blacks or African American – 40 (3%), Hispanics or Latinx – 75 (6%), Asian American/Pacific Islander – 386 (32%), White – 636 (53%), and Unknown/Decline to state – 58 (5%).*

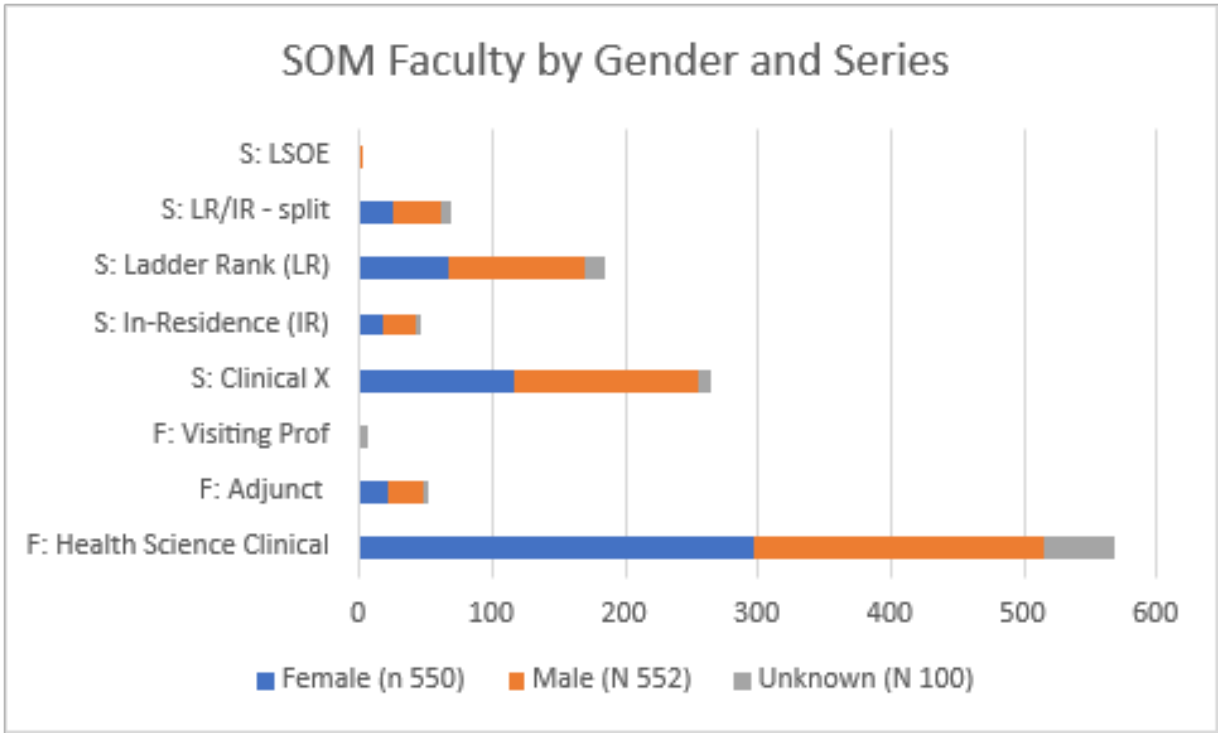
**Table 2: UC Davis School of Senate and Federation Classifications by Race**

| SOM Faculty Race Categories | Senate | Federation | Difference # | Difference % |
|---|---|---|---|---|
| American Indians or Alaska Natives | 4 | 3 | S +1 | S +25% |
| Blacks or African American | 21 | 19 | S +2 | S +10% |
| Hispanics or Latinx | 33 | 42 | F +11 | F +22% |
| Asian American/ Pacific Islander | 154 | 232 | F +78 | F +34% |
| White | 344 | 292 | S +52 | S +26% |
| Unknown/Declined | 15 | 43 | F +28 | F +66% |
| **Total** | 571 | 631 | F +60 | F +10% |

*The largest two race categories within the SOM are Asian American/Pacific Islander and White, for both the Senate and Federation. When comparing these two categories between the Senate and Federation, the Federation has 35% more Asian America/Pacific Islander faculty, and the Senate has 26% more White faculty. For the categories of American Indians or Alaska Natives, Blacks or African Americans, and Hispanics or Latinx, the number of faculty is fairly close by percentage (1-11% difference).*

**Graph 6: UC Davis School of Medicine Faculty by Gender and Series**

The S stands for Senate, and the F stands for Federation, ahead of the series title (vertical axis).




*Senate faculty have 5 series for appointments and the Federation faculty have 2 series for appointments; Visiting Professors are placed in the Federation classification.*

**Table 3: UC Davis School of Medicine Faculty by Gender and Series**

| UCD SOM Gender | F: Health Science Clinical | F: Adjunct | F: Visiting Prof | S: Clinical X | S: In-Residence (IR) | S: Ladder Rank (LR) | S: LR/IR - split | S: LSOE |
|---|---|---|---|---|---|---|---|---|
| Female | 297 | 23 | 0 | 117 | 18 | 69 | 26 | 0 |
| Male | 219 | 26 | 0 | 139 | 26 | 102 | 37 | 3 |
| Unknown | 54 | 4 | 8 | 10 | 3 | 14 | 7 | 0 |

**EQUITY-RELATED ACTIVITIES BEYOND THE TASK FORCE**

Since the formation of this task force, every health science dean (21 Deans - which includes schools of medicine, nursing, pharmacy, dentistry, public health, optometry, and veterinary medicine) has signed the letter to the UC Chancellors and Vice Chancellors requesting non-Senate faculty be given voting rights equal to Senate faculty. As commented on by Dr. Deena Shin McRae, at the January 10 symposium.

**CONCLUSIONS**

1. All experts interviewed acknowledged inequity between Senate and Non-Senate faculty
2. Key issue is full voting rights in shared governance decision making
3. Resolution of this inequity is called for -- but strategy is not clear

All experts acknowledged an inequity in the full voting rights in self-governance for non-Senate faculty. Although the interviews were far from exhaustive, the unanimity of this finding suggests that this inequity would be widely discerned. There was very limited defense of the current practice of withholding irrevocable voting for non-Senate faculty as well as leadership positions in the self-governance system such as committee chair positions. Several interviewed experts acknowledged that this inequity is unfair, unsustainable, and could possibly lead to discontent, disharmony, and division, with harmful effects on our academic and healthcare systems.

A few of the interviewed experts asserted that the right to have a full vote was tied to Senate faculty being held to a higher standard for scholarship than non-Senate faculty members. All of those expressing this view cited peer-reviewed scholarship as the one specific factor that delineates Senate-level scholarship from non-Senate scholarship. This distinction was expressed as directly and justifiably related to merits and promotion, and it was opined that Senate voting rights may have subsequently, and indiscriminately followed. As such, these insights were not advanced as a justification for the limited of voting rights for non-Senate faculty.

Although no single solution was agreed upon, most agreed that a resolution was needed, and some felt it was imperative. Several interviewed experts spoke to the potential of change through amending the School's Bylaws and Regulations to include full voting rights for non-Senate faculty across the entire university or selectively within the SOM, or within the "MD program" of the SOM. It was acknowledged that it would be a difficult process to achieve any of these outcomes and none of these strategies were proposed with specific or developed detail.

**ACKNOWLEDGEMENTS**
Heidi van Beek provided substantial support and contribution for producing this report as well as for managing post-interview recordings and transcripts.

Erin Thomas provided substantial support for interview scheduling, recordings, and transcripts.

**APPENDIXES**

- **Symposia Transcript, Supplementary Files**

UC DAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
health.ucdavis.edu/medschool/somsenate

TO: UC Davis School of Medicine Faculty Executive Committee, UC Davis Divisional Academic Senate, UC Systemwide Academic Senate, and UC President Milken

FROM: UC Davis School of Medicine, Committee on Educational Policy

Date: October 26, 2026

RE: Request for response to the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The Committee on Educational Policy appreciates the work of the Presidential Task Force and recognizes the report's recommendations as a positive step toward strengthening clinical faculty representation in faculty governance. However, we believe the proposed changes do not go far enough to achieve meaningful engagement and equitable participation for non-Academic Senate faculty. Three of the five recommendations focus primarily on increasing Academic Senate membership rather than improving representation and participation for non-Senate faculty. The remaining two recommendations offer limited mechanisms for amplifying the voice of non-Senate faculty in specific circumstances, rather than advancing broader, systemic change.

Non-Academic Senate faculty play an essential role in undergraduate medical education at UC Davis. They comprise 56% of the faculty funded to teach and direct courses, 76% of the faculty leading required clinical courses, and provide the majority of precepting within clinical learning environments (54% of UC Davis School of Medicine faculty are non-Academic Senate). In addition, these faculty members serve in critical leadership and advisory roles on curriculum committees, educational workgroups, and other bodies responsible for the development, implementation, and continuous improvement of the medical school curriculum. Notably, both the Associate Dean of Curriculum and Medical Education and the Associate Dean of Student Affairs are non-Academic Senate faculty members.

Despite these substantial contributions, non-Academic Senate faculty currently hold only advisory voting status on matters such as major curricular revisions and related governance bylaws. They are not eligible to chair standing committees and have limited opportunities to serve as members of certain committees. This structure creates a disconnect between responsibility for educational programs and authority within the decision-making processes that shape them.

We therefore recommend that the report explicitly endorse equal representation and voting rights for non-Academic Senate faculty on all matters related to curriculum oversight, development, and governance. Granting these faculty members full participation in curricular decision-making would better align governance structures with the realities of contemporary medical education and appropriately recognize the expertise, leadership, and contributions of those who deliver a substantial portion of our educational mission.

Jennifer Plant, MD MEd
Chair, Committee on Educational Policy, AY25-28

Division Chief, Pediatric Critical Care Medicine
Professor, Pediatrics
University of California Davis School of Medicine
pronouns: she/her/hers

UC DAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
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health.ucdavis.edu/medschool/somsenate

To: School of Medicine, Faculty Executive Committee

From: School of Medicine, Faculty Personnel Committee

Date: October 26, 2026

RE: Request for Consultation – Presidential Task Force on Clinical Representation Governance Report and Recommendations

Dear FEC,
Thank you for the opportunity to provide comments on the recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance.

Our full committee (9 members) was in attendance on 10/21/2026 and reviewed the recommendations and discussed for over an hour. Below are our thoughts:

Overall, FPC is in agreement with **Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.** This is already the case at UC Davis and UCSF, as noted in the task force's governance report and documentation.

FPC was also in agreement with **Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series**. It was noted that this may alleviate unnecessary change in series actions from ClinX to HSCP when faculty need flexible work arrangements (e.g. for child or dependent adult care responsibilities). In agreement with the Task Force's statement that this same recommendation may make sense for all series, we agreed that consideration of this for other series (e.g. In Residence, Ladder Rank) could be considered as well. The concern we discussed was related to cost, and we defer to other committees with more expertise in that area.

FPC discussed **Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.** We agree that clarifying what qualifies as scholarly or creative activities for the different series is important. We noted specifically how it is important that this information be discussed when faculty are being hired, so that they are placed in the correct series with advancement criteria aligned with the faculty member's career goals. We also discussed whether Academic Federation faculty serving on FPC would be helpful. We noted that HSCP faculty's contributions to review of HSCP faculty is valuable. We did not think it would align well for faculty with heavy clinical responsibilities and limited scholarly and creative activities to serve in a review role for merit and promotion decisions for Academic Senate Faculty- both because of the time commitment as well as expertise. We also noted that having HSCP faculty serve on FPC or similar committees and only review HSCP packets could have the unintended consequence of making them feel less than full members of the committee. Several on the committee noted that HSCP faculty's voice in review of HSCP packets would be a valuable contribution; we were guarded in that we would want whatever implementation to empower and serve the needs of the HSCP faculty and not have the opposite outcome.

FPC also considered **Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified**. We noted that addressing this at the time of appointments, with consistency across departments is important. For faculty who are currently misclassified, we agree that they should be made aware of their options regarding changing series. We discussed that since the criteria for promotion in HSCP vs Academic Senate Series are different, re-classification is a simpler task at the Assistant Professor level than much later. As not only series but rank and step would have to be considered in cases of re-classification, and care would have to be made to ensure faculty move to an appropriate rank and step. And if in a difference series, that step would be lower, that creates a challenge.

We discussed **Recommendation #5: Implement the Formation of a Special Committee of the Academic Counci**l and felt this sounded complicated yet general and we were not sure of the overall purpose of this special committee.

Thank you for allowing us to provide comments. Sincerely,
FPC

Laura Kair, MD, MAS
Professor and Vice Chair for Academic Affairs, Department of Pediatrics Co-Director, CTSC Predoctoral T32 Program
University of California, Davis and UC Davis Health Co-Managing Director, APA BORN Research Network Email: lrkair@health.ucdavis.edu

UCDAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
health.ucdavis.edu/medschool/somsenate

To: School of Medicine, Faculty Executive Committee

From: School of Medicine, Committee on Student Promotions

Date: October 26, 2026

RE: Request for Consultation – Presidential Task Force on Clinical Representation Governance Report and Recommendations

Dear FEC Colleagues,

On behalf of the Committee on Student Promotions (CSP), I write in support of expanding opportunities for Health Sciences Clinical Professor (HSCP) faculty in the Academic Federation to participate fully in committee governance, including serving as committee chairs.

We recognize that these faculty are not members of the Academic Senate and that some responsibilities require Senate membership. Nevertheless, HSCP faculty make substantial contributions to our educational mission and bring valuable experience in teaching, advising, and assessing students. Their opportunities for committee leadership should reflect those contributions.

CSP encourages the FEC to identify pathways that allow HSCP faculty to assume greater leadership responsibility on the committees they serve, including eligibility to chair committees wherever permissible. Broadening these opportunities would strengthen faculty engagement, continuity, and support for the School's educational mission.

Sincerely,
John Rose, MD
Chair, Committee on Student Promotions, AY26-27

UC DAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
health.ucdavis.edu/medschool/somsenate

To: School of Medicine, Faculty Executive Committee

From: School of Medicine, Admissions Committee

Date: October 30, 2026

RE: Request for Consultation – Presidential Task Force on Clinical Representation Governance Report and Recommendations

Dear FEC,

The Admissions Committee discussed the Presidential Task Force on Clinical Representation Governance Report and Recommendations at our meeting on Wednesday, October 28. The following summarizes the views expressed by members of the School's Admissions Committee.

Extending voting rights to Federation faculty may have some advantages, particular the opportunity to serve as a Committee Chair (although interest may vary, depending on the individual). Members raised concerns about whether being a member of the Academic Senate would necessitate having to dedicate more time to governance issues while also attending to their many clinical duties.

The discussion reflected a fact that many Federation faculty feel their clinical contributions are undervalued and that their collective voice is not heard. The complexity of the governance including merits and promotions was viewed as a weakness and potential barrier to participation. Some perceive the system as intimidating, with unclear benefits for faculty (in regards to series changes).

Best regards,
Lorenzo Nardo, MD, PhD
Chair, Admissions Committee, School of Medicine AY26-27

UCDAVIS HEALTH | SCHOOL OF MEDICINE

**Faculty Executive Committee**
4610 X Street, Suite 3127
Sacramento, CA 95817
health.ucdavis.edu/medschool/somsenate

To: School of Medicine, Faculty Executive Committee

From: School of Medicine, Committee for Honors and Awards

Date: October 26, 2026

RE: Request for Consultation – Presidential Task Force on Clinical Representation Governance Report and Recommendations

Dear FEC,

Thank you for providing CHA the opportunity to review the Presidential Task Force on Clinical Representation Governance Report and Recommendations.

Within CHA, we consider all faculty nominated for awards, regardless of series. CHA members include faculty members from both Senate and Federation (non-Senate) series; all votes are organized per the Bylaws. Since the number of clinical faculty in the HSCP series is increasing at UCD, shared governance of all faculty members is supported.

Comments related to Recommendations 3 and 4 are as follows:

- Recommendation 3: Faculty should have access to guidance from CAP-experienced faculty outside their departments to provide an independent perspective and more complete information.
- Recommendation 4: Faculty should have a clearly defined path to reclassification. Guidance should explain the benefits and tradeoffs of each series, including the advantages of remaining in their current classification. A full understanding the long-term career implications is important.

Thank you,
Susanna

Susanna Park, PhD
Chair, Committee for Honors and Awards, AY25-27

UC Irvine
Academic Senate

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November 5, 2026

**SUSANNAH SCOTT, CHAIR**
**ACADEMIC COUNCIL**

**Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At its meeting on November 3, 2026, the Irvine Division Cabinet discussed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. The Council on Academic Personnel (CAP) and the Committee on Committees (COC) also reviewed the report. Their feedback is attached for your review.

Cabinet members supported the committees' assessments of the report and raised additional comments. While some agreed that reducing barriers for reclassification of potentially misclassified faculty was a positive step, others questioned whether the task force's recommendations adequately addressed clinical faculty's core concerns about representation and whether representation on the Senate is what clinical faculty wish to achieve. They suggested there may be other models worthy of consideration; for example, the Academic Federation at the Davis campus, which is parallel in function to the role of the Academic Senate.

The Irvine Division appreciates the opportunity to comment.

Sincerely,

Lisa Grant Ludwig

Lisa Grant Ludwig, Chair
Academic Senate, Irvine Division

Cc: Jim Weatherall, Chair Elect-Secretary, Academic Senate, Irvine Division
Jisoo Kim, Executive Director, Academic Senate, Irvine Division
Gina Anzivino, Associate Director, Academic Senate, Irvine Division
Monica Lin, Executive Director, Academic Senate
Michael LaBriola, Assistant Director, Academic Senate

UC Irvine
Academic Senate
Council on Academic Personnel

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**October 26, 2026**

**LISA GRANT LUDWIG,**
**CHAIR, ACADEMIC SENATE, IRVINE DIVISION**

**RE: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At its meeting on October 15, 2026, the Council on Academic Personnel (CAP) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.

Members raised the following questions and concerns regarding the practical implications for faculty's role in shared governance, academic personnel processes, and participation in the Academic Senate. Members discussed the specific points that Senate Chair Grant Ludwig requested reviewers address, as follows:

1. **The extent to which the recommendations address the governance issues that led to the Task Force.**
    1. Generally speaking, the Task Force seemed to be more focused on issues such as Clinical X time, reclassification of mis-classified faculty, and other such matters than the governance and Senate representation issues at the core of the Task Force's charge.

2. **The roles and commitments of UC Health, medical centers, and health professional schools in supporting the proposed governance structures and associated engagement of clinical faculty.**
    1. The growth of UC's health enterprise is not incidental; it is an institutional priority. UC Health's 2025–2028 Strategic Plan establishes a systemwide framework for the continued development and long-term sustainability of the health enterprise, including expansion of workforce capacity. The governance consequences of that growth cannot be treated as secondary to it. UC cannot plan strategically for the growth of its health enterprise without also planning for the governance of the faculty whose work makes that growth possible.
    2. Given the exponential growth in the number of clinical faculty, including all clinical faculty in governance could create a substantial imbalance. The majority

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of clinical faculty primarily participate in patient care and have limited or no regular presence on campus. The report did not address the specific impact of this planned growth on governance issues.

3. **Potential effects on Academic Senate composition and representation, including the possible scale and process of faculty reclassification.**
    1. Reclassification is not simply an administrative correction of an individual's title. Senate positions are controlled resources at the campus, school, and departmental levels. A faculty member may perform work consistent with another series without a corresponding Senate position being available. The reclassification recommendation should acknowledge these institutional constraints and address how to manage them in this reclassification plan.
    2. More importantly, reclassification cannot substitute for addressing HS Clinical governance. The report itself recognizes substantial heterogeneity within the HS Clinical and argues that some HS Clinical faculty may meet the qualifications of Clinical X, In-Residence, or Professor of Teaching. For those faculty, reclassification may be appropriate. But that solution reaches only a subset of HS Clinical faculty. A governance solution for HS Clinical faculty cannot simply depend upon some faculty being reclassified into Senate lines.

4. **The relevance and clarity of the proposed reclassification criteria.**
    1. The recommendations for reclassification criteria and procedures are vague and, by design, unspecified to allow each division to develop its own criteria. While this may have merit by allowing each division flexibility, it runs a high risk of further blurring the lines between existing titles and their requirements and/or expectations, and of creating very different practices across campuses.
    2. At present, the core distinction between Clinical X and HS Clinical is the quality and dissemination requirements of the creative activity products (as well as the appointment percentage). As such, the difference between the "creative activity" requirements for the two roles is more a matter of degree than in distinct assignment criteria. See, for example, the "Criteria of Academic Series in the UCI Health Sciences" for that distinction at the UCI campus, attached here as an Appendix. The lack of clear distinctions between the titles raises a concern about how the reclassification process can ensure equity in evaluation across candidates, and CAP strongly recommends that all levels of review are given clear guidance on the distinction between the roles prior to engaging in any reclassification process.

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3. The lack of specific criteria for a reclassification process also elevates the risk of creating inequities between and within divisions and campus units. We strongly recommend the development of some overarching criteria/guidelines to ensure equity and transparency in this process, addressing, for example, how such a reclassification process is initiated and by whom; what specific materials are required for reclassification consideration (e.g., an AP-10, which we recommend, external letters, etc.); who conducts the evaluation/review (we expect it will require departmental, chair, Clinical X Advisory Committee (CXAC), and dean approval before going to CAP and the AVP and Provost); guidance on funding source/availability requirements for the Senate lines being sought via reclassification. To that end, CAP feels strongly that if the proposed exceptional reclassification process was to be adopted, candidates should be required to submit an AP-10 detailing relevant activities and achievements, to enhance the evaluation of recent contributions that would warrant the proposed action.
4. The report only envisions a system for streamlined reclassification of HS Clinical faculty into Senate lines. It is silent on reclassification from a Senate line into HS Clinical for faculty whose research/creative activities fall below expectations for a given line. Reclassification into the HS Clinical series may be appropriate for some faculty, and if a reclassification system is developed, it would be prudent to make it comprehensive.
5. The "reclassification" recommendation includes a provision that the open search requirement for the proposed appointment would be waived. This raises a structural issue about how that would be facilitated (i.e., what mechanism would allow the Chancellor to grant that waiver, especially at this time of increased scrutiny of hiring practices?). It also raises an equity issue for other non-Senate faculty in the UC beyond Health Sciences. How can this blanket exception in Health Sciences be justified if it is not extended to, for example, research-active and service-active adjuncts in other units, or research-active Clinical law faculty?
6. While we support a transparent pathway for faculty who are genuinely misclassified, the proposal in the report is too undeveloped at this stage to recommend its adoption without clearer guidelines and specifications.

**5. The implications of establishing an Academic Council Special Committee and divisional Senate counterparts.**

1. Of the five recommendations, this one most directly addresses the representational problem that motivated the Task Force. The report acknowledges that there is currently no established systemwide structure for

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non-Senate clinical faculty to consolidate and voice their feedback on University policy. Establishing a formal systemwide mechanism through which these faculty members can participate in deliberations and provide input to UC leadership could therefore provide a meaningful faculty voice where no equivalent structure currently exists. However, if the purpose of this structure is to remedy an existing representational gap, its membership should ensure meaningful representation by non-Academic Senate clinical faculty rather than simply representation by "clinical faculty." Senate clinical faculty already possess formal mechanisms for participation in Academic Senate governance. HS Clinical faculty do not. Any committee created in response to that gap should be structured so that the faculty whose voices are currently missing cannot themselves be underrepresented in the new body.

2. There is also a need to define more specifically the areas of governance where HS Clinical faculty seek (and/or need) representation, such as on matters that directly affect them, rather than necessarily including them in all governance matters. In addition, many HS faculty stay for relatively short periods and may move on after a few years, making sustained participation in governance challenging.

6. **The resources, workload, and staffing needed for implementing the recommendations.**
    1. The report's fiscal analysis is quite brief, with no specific projections about the potential impacts of the proposals.
    2. In terms of "reclassification," Senate positions are controlled resources at the campus, school, and departmental levels. HS Clinical faculty members may perform work consistent with another series (for example, Clinical X) without a corresponding Senate position being available. The report did not acknowledge these institutional constraints. The fiscal analysis does acknowledge that there "may be additional costs associated with the reclassification of faculty to their correct series if there are salary differences." This fiscal impact is potentially very significant, depending upon the particular reclassification category (i.e., into a state-supported line) and the number of reclassified faculty. We highly recommend that budgeting and funding streams for the proposed reclassification process be addressed before any implementation.
    3. Depending on how widely available the reclassification process is, there will be limited-term demands on staff and faculty time at all levels of the Academic Personnel process to process those cases. And depending on the number of

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reclassifications into Senate lines, there will be an ongoing increase in time requirements due to increases in merit/promotion/advancement caseloads.

4. The proposed governance structure of a systemwide Special Committee of the Academic Council, with local campus counterparts, will require staff and faculty time on an ongoing basis. The level of resources needed will depend upon how large and active this structure will be, which was not addressed in the report.

7. **Whether additional measures may be needed to strengthen Senate and non-Senate faculty engagement in governance.**
    1. The Task Force states that it formulated its recommendations within the existing governance structure because fundamental reorganization "did not seem warranted or possible." UC's system of shared governance has served the University extraordinarily well, but a governance structure can serve an institution well and still require adaptation when the institution itself changes. If UC is strategically expanding a health enterprise that increasingly relies upon a large faculty population without a formal role in shared governance through the Academic Senate, then the governance implications of that strategy deserve serious consideration. The Task Force report does not address the nuts-and-bolts of how their recommendations will enhance HS Clinical faculty's participation in governance.
    2. The role of HS Clinical faculty varies considerably across units. In Nursing, for instance, HS Clinical faculty are not peripheral to the academic work of the school; they are full faculty members and integral to virtually every dimension of its mission. They constitute about half of the faculty in the school, and lead academic programs, maintain clinical faculty practices, teach and mentor students, contribute extensive service to the school and University, and bring clinical practice directly into the educational mission. In Medicine, the majority are HS clinical who are primarily engaged in patient care, with a minority of Senate members, spread across Clinical X, ladder rank, and in-residence series. HS, adjunct, and other series contribute to the success of the expanding health enterprise. This variation suggests that expectations for faculty engagement in governance should also vary across units.
8. **Practical implications for faculty's role in shared governance, academic personnel processes, and participation in the Academic Senate**
    1. Concerns were raised about giving campus Academic Senate Committees on Academic Personnel a formal role in determining or directing how schools and departments review their non-Senate clinical faculty (Recommendation #3). CAP

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is an Academic Senate body constituted through Senate governance processes. HS Clinical faculty are not members of the Academic Senate and therefore do not participate in those processes, either as CAP members or as faculty evaluated by CAP. Giving CAP such a role could run counter to the stated purpose of the Task Force: rather than increasing the voice of non-Senate clinical faculty in matters that directly affect them, it could place an Academic Senate body in a new position of authority over their personnel processes. If the objective is greater voice for HS Clinical faculty, HS Clinical faculty themselves should be centrally involved in designing those structures within the schools and departments in which they are appointed.

2. Concerns were also raised about the proposal for separate clinical CAP structures. At UCI, Clinical X faculty can already be represented within the existing CAP structure. Creating separate personnel committees by faculty category risks fragmenting rather than improving faculty governance and raises questions about whether other faculty series would then require separate review structures of their own.

**9. General comments on the recommendations**

1. It is unclear what substantive change removing the 1/6 cap on appointments in the Professor of Clinical X series is intended to accomplish. The report explains that campuses already have mechanisms for increasing or eliminating the Clinical X limit: UC Davis and UCSF have no cap, UCI and UCR do not have specified upper limits, and other campuses have modified their limits. If campuses already possess this authority, the Task Force should clarify what new policy or governance mechanism this recommendation creates. More importantly, expanding an existing Academic Senate series does not in itself provide greater governance participation for HS Clinical faculty who appropriately remain in the HS Clinical series.
2. The Task Force recommends that Clinical X faculty be allowed to be appointed at 80-100% time, but they do not justify why this line, of all Academic Senate lines, should uniquely be allowed to be under 100% time. This recommendation is not justified or explained in the report, and its justification in the co-chairs' cover letter (that the 100% requirement "is not conducive to a family-friendly and inclusive work environment") would seem to apply to any Senate member. Why should this blanket change to the appointment requirement be extended to just one category of Senate member, and not all, and what specifically does this recommendation aim to achieve in light of the charge to the task force?

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3. Under recommendation #5, the Task Force "recommends that there be a clinical faculty representative (members of the Special Committee and divisional committees) to the relevant Academic Senate committees (e.g., Faculty Welfare, Planning and Budget, Task Force on Investments and Retirement, Health Services Task Force, and Academic Personnel)." It does not specify whether those clinical faculty members would be limited to Senate members (e.g., Clinical X) or if it also envisions non-Senate HS Clinical membership. If the latter, this recommendation seems inappropriate given that these are, by definition, Senate committees.
4. HS Adjuncts are similarly situated to HS Clinical faculty in terms of their responsibilities and non-Senate status. CAP was curious why they were left out of this discussion (we recognize that their numbers are smaller, but they are similar to in-residence numbers and more numerous than HS PoTs). More broadly, we recognize that the size and scale of HS Clinical faculty necessitates consideration of the issues contained in the Task Force charge and addressed in the report. Going forward, though, given the nature of the recommendations that create a set of exceptions (reclassification without open searches, voting rights on the special committee) and unique structures (the special committee) for one category of non-Senate faculty, will such exceptions be extended to other non-Senate faculty outside of Health Sciences? If not, how will the differential treatment be addressed and justified?

The Council on Academic Personnel appreciates the opportunity to opine on this important topic. Attached is the "Criteria of Academic Series in the UCI Health Sciences" appendix.

Sincerely,



Mona Lynch, Chair

Cc: Jim Weatherall, Chair Elect-Secretary
Jisoo Kim, Executive Director
Gina Anzivino, Associate Director
Casey Lough, Assistant Director & CAP Analyst

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## **Appendix:** Criteria of Academic Series in the UC Irvine Health Sciences

Approved by CAP – 1/30/2020

### Criteria of Academic Series in the UC Irvine Health Sciences

| | Ladder-Rank | In-Residence | Clinical X | Health Sciences Clinical | Adjunct | Professor of Teaching |
|---|---|---|---|---|---|---|
| **APM** | APM 220 | APM 270 | APM 275 | APM 278 | APM 280 | APM 285 |
| **Salary Support by State Funds** | Yes | No | No | No | No | Yes |
| **Member of Academic Senate** | Yes | Yes | Yes | No | No | Yes |
| **Role** | Research Scholar and Educator | Research Scholar and Educator | Clinician Scholar and Educator[1] | Clinician Educator | Research Scholar and Educator | Educator and Scholar |
| **Investigative/ Creative Work (Research)** | Design and lead significant, thematic research with extramural support when that is needed. Areas of investigation may include the basic or social sciences, educational, or clinical-translational research, including health services/health outcomes research. Faculty have a major focus on innovative research of high significance as reflected in sustained, high quality publications and peer-reviewed national funding as a principal investigator.[2] | Design and lead significant, thematic research with extramural support when that is needed. Areas of investigation may include the basic or social sciences, educational, or clinical-translational research, including health services/health outcomes research. Faculty have a major focus on innovative research of high significance as reflected in sustained, high quality publications and peer-reviewed national funding as a principal investigator.[2] | Lead or have a significant intellectual and substantive contribution to a research program and/or be involved in other creative activities. Creative activity may be highly integrated into clinical activities. May include clinical-translational projects, health services/health outcomes research, case series, educational scholarship, or bench research. Extramural support is desirable but not required. | Supports department's creative mission. May include enrolling patients or collaborating in clinical trials, health services/health outcomes research, enhancing clinical efficiency, as well as developing new clinical or teaching programs or materials. | Focus can be primarily teaching or research, i.e., expected to meet the accepted standard for promotion, but only in two categories (teaching or research, and service). Research should be significant & thematic with extramural support. Areas of investigation may include basic science, social science, educational scholarship, translational, or clinically-oriented or health services/ health outcomes research. Extramural support could be grants, contracts, etc.[2] | As teaching is the primary component of this series, creative activity is required to a lesser extent than in the Ladder-Rank/In-Residence series. Areas of investigation may include basic science, social science, educational scholarship, translational, or clinically-oriented investigation or health services/health outcomes research. |

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| | | | | | | |
|---|---|---|---|---|---|---|
| **Teaching** | Required. May include clinical, classroom or lab teaching of health sciences students, residents, fellows & other trainees; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs). | Required. May include clinical, classroom or lab teaching of health sciences students, residents, fellows & other trainees; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs). | Required. Emphasis on clinical teaching of health sciences students, residents, fellows & other trainees. May include classroom or lab teaching; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs). | Required. Emphasis on clinical teaching of health sciences students, residents, fellows & other trainees. May include classroom or lab teaching, and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs). | Required, though may be minor if research is the primary focus. Teaching can be didactic, clinical or mentoring. May include classroom or lab teaching; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs). | Required and the primary criterion for this series. Usually involves classroom or lab teaching, with a heavier teaching load than for the other professorial series. |
| **Clinical Activities[3]** | Optional | Optional | Required | Required | Optional | Optional |
| **Service** | Required | Required | Required | Required | Required | Required |

[1]The role does not necessarily require a clinical degree or license, as long as the individual is involved in clinical activities. For example, a faculty member with a Ph.D. degree who is involved in clinical trials, care delivery models, or similar could be appropriate for the Clinical X series.

[2]Extramural funds should be sufficient to support an impactful research program. Competitive support, such as from NIH and other government agencies, foundations or industry, are also considered evidence of excellence in research.

[3]Clinical Activities include providing clinical services, directing clinical trials, establishing and/or evaluating clinical practice sites or care delivery models, and similar activities.

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October 27, 2026

**LISA GRANT LUDWIG, CHAIR**
**ACADEMIC SENATE, IRVINE DIVISION**

**RE: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At their October meetings, the Committee on Committees (COC) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. A subcommittee of COC members was assigned to lead review and provide relevant feedback regarding the report and recommendations. The Committee noted no concerns with the feedback compiled by subcommittee members and agreed to forward the following comments and/or questions that should be answered before implementation:

1. Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

    - UC Irvine currently far exceeds the 1/6$^{th}$ cap on Clinical X faculty. The COC does not see removing this cap as impacting COC function or activities.
    - However, removing restrictions on Clinical X appointments and facilitating reclassification may have a broader implication on the divisional Senate apportionment. The representation of the Faculties of the Division shall be based on the proportion of Senate membership in each Faculty (academic unit). Consequently, removing restrictions on Clinical X appointments (and facilitating reclassification, as introduced in following recommendations) could significantly alter the distribution of representation across academic disciplines.
    - It would be helpful to have estimates of the number of faculty potentially affected by the first four recommendations.

2. Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

    - The COC does not see this change as impacting COC function or activities, although we agree this change should be considered for all series with similar requirements (such as Professors in Residence or in-line/ladder) rather than Clinical X alone.
    - The proposed 80–100% appointment provision addresses employment flexibility but does not necessarily establish the availability of faculty to undertake governance responsibilities. It would be useful to understand how the University intends to ensure that expanded representation is accompanied by appropriate service expectations, protected time, and institutional support, including commitments from UC Health and the medical centers. The objective should be to strengthen the capacity and effectiveness of shared governance, rather than simply expand its voting membership.

3. Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

    - The COC found this recommendation vague and that additional details are required prior to

implementation for the impact on COC to be determined.

- At UC Irvine, HS Clinical faculty are not reviewed by CAP, so the purpose of the following recommendations are unclear: "(2) nominate and include non-Academic Senate faculty members in the review committees for non-Academic Senate clinical faculty reviews and (3) establish a separate clinical Committee on Academic Personnel that include both Academic Senate and non-Academic Senate clinical faculty members." It is also separately stated that "Each Academic Senate Division should determine what process works best…". These appear in conflict and should be stated more clearly.
- If appointment of faculty to a "clinical CAP" is required, COC would be charged with nominating the faculty. However, because the COC does not have faculty representation from non-Senate clinical faculty, there is a question whether this is reasonable and fair for COC to be appointing such non-Senate clinical faculty.
- Currently at the UC Irvine School of Medicine, there are three separate School of Medicine specific reviews committees for of in-line(ladder)/in Residence, Clinical X and HS Clinical faculty, with HS Clinical faculty merits/promotions only approved at the school level. Appropriateness of a single "clinical CAP" review of all Senate and non-Senate is unclear, given the significant disparity in criteria.
- It is also unclear if a "clinical CAP" would be separate from CAP and provide the final Academic Senate review before recommendations to administration. Would this require COC to be expanded to include non-Senate clinical faculty or even warrant the formation of a distinct 'clinical COC' for fairness, which further burdens COC.
- Given the large number of HS Clinical faculty, which may increase with the recent expansion of the UC Irvine Health hospital system, the workload for this "clinical CAP" would be quite high, and the decisions it renders may actually harm HS Clinical faculty promotions and merits if the criterion are a mismatch for the actual HS Clinical faculty. For example, if the "clinical CAP" determined research productivity is an important component of promotion and merit, many HS Clinical faculty might find themselves unable to meet the criteria.
- In addition, the numbers of HS Clinical faculty are such that a separate "clinical CAP" might be necessary in different departments within the School of Medicine where there are significant HS Clinical faculty. While there are HS Clinical faculty in Nursing and Pharmacy at UC Irvine, the numbers are small enough that it might represent a workload increase for existing committees that would not result in a need for a new "clinical merits and promotions" committee within the department/school.
- Members also noted that Appendix B needs to be appropriately updated to include not only "eligible for tenure" but also "eligible for security of employment".

4. Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

    - The COC does not see this recommendation as impacting COC function or activities. However, to be equitable this pathway should also incorporate other Senate faculty positions, including in Residence and Professor of Teaching. While there are existing protocols at the various campuses for changing series, the policies are difficult to navigate and understand. A new pathway to ensure transparency could be helpful to people outside of the HS Clinical series.
    - Additionally, any alternative pathway should preserve meaningful departmental faculty participation, rigorous academic review, and established Senate oversight. The report does not sufficiently clarify how these safeguards would be maintained, particularly when the

Chancellor exercises the authority to waive competitive recruitment.

5. Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

    - "The systemwide Special Committee would include a clinical faculty representative from each Health campus…" The definition of "clinical faculty representative" should be clearly defined to include all series, both Senate and non-Senate (In-line/ladder, in Residence, Clinical X and HS Clinical) and that clinical faculty from any series can be appointed.
    - The implementation of both a systemwide and local structure would have an impact on COC as the committee would be responsible for nominating representatives.
    - However, as with recommendation #3, COC does not have non-Senate clinical faculty representation and there is a question whether this is reasonable and fair to non-Senate clinical faculty. Does this require COC to be expanded to include non-Senate clinical faculty? If so, what are their rights in voting and other components of shared governance?
    - This raises questions about the distinction between advisory participation and formal governance authority. UC Irvine's existing bylaws permit non-Senate individuals to participate in standing committee deliberations as non-voting representatives, although this does not constitute a guaranteed mechanism for non-Senate clinical faculty representation.
    - Establishing a more formal avenue for clinical faculty consultation may therefore serve a useful purpose. However, extending voting rights within Academic Senate committees would represent a substantive change to existing governance arrangements. The proposed committees' responsibilities, voting authority, and relationship to established Senate bodies should be clearly defined, particularly where their deliberations concern matters extending beyond the health sciences.

The Committee on Committees appreciate the opportunity to comment.

Sincerely,



Dan Bogart, Chair
Committee on Committees

Cc: James Weatherall, Chair Elect, Academic Senate
Jisoo Kim, Executive Director, Academic Senate
Gina Anzivino, Associate Director, Academic Senate
Casey Lough, Assistant Director, Academic Senate
Christine Aguilar, COC Analyst, Academic Senate

UCLA Academic Senate
Executive Board

November 2, 2026

Susannah Scott
Chair, UC Systemwide Academic Senate

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Dear Chair Scott,

The UCLA divisional Executive Board (EB) reviewed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations* and the attached committee/council feedback at their meeting on October 22, 2026. EB members agreed to share the EB advice below as well as those from the divisional councils and committees.

**Clinical and health system governance is important and distinct from Senate governance of research and teaching**. Health Sciences clinical faculty (HS Clin) have valid concerns about, and interest in, their clinical work environment, which they should have an opportunity to address. The systemwide and campus health system should develop structures where HS Clin can have a voice on health system issues. However, there was a consensus among EB members that the Academic Senate is not the appropriate vehicle for this structure because the Senate's structure reflects the reality that Senate members engage in significant research and teaching of graduate and/or undergraduate students.

**UCLA has an established pathway that is available—and has been used—to change faculty appointment series.** Some EB members expressed confusion about the report's recommendations because UCLA already has processes in place to consider the cases where HS Clin qualify for, and seek, an appointment in the ClinX or In Residence series. Members acknowledged there may be unevenness between departments and campuses about the efficacy of existing pathways. They suggested making current appointment pathways more consistent rather than creating any new structures or diluting current appointment requirements.

**The Executive Board recommends maintaining current faculty appointment standards.** EB members disagreed with the DGSOM FEC letter that suggested a more limited review process. They noted that the attached letter from the divisional ClinCAP (a standing committee of the Council on Academic Personnel that reviews HS Clin) affirms upholding the current standards for appointment into ClinX and In Residence series. Members noted that there is no cap on the number of In Residence faculty.

**HS Clin are different than Senate faculty series because they neither conduct research nor teach undergraduate students.** Senate faculty review each other for tenure and promotion because they all conduct research and teaching. It is unfair to all parties for non-Senate faculty to review Senate faculty.

Allowing voting rights to faculty who do not conduct world-class research and teaching fundamentally changes the Academic Senate and its composition.

**EB members raised concerns about unintended consequences.** Taken to their logical conclusions, the report's recommendations could result in allowing lecturers and adjuncts to request a new appointment series regardless of available funding or FTE. It could also lead to other employee categories requesting the option of 80-100% employment for reasons of equity and regardless of job duties. The idea of adding non-Senate positions on Senate committees also raised questions of limits: Which ones? How far does it go? Would there be any justifiable reasons for exclusion? EB members worried that any "expansion" efforts would dilute the Senate and undermine its authority and expertise, particularly around research and undergraduate education.

In sum, EB members agreed that HS Clin should have a voice about conditions at the health system, but largely disagreed with the report's prescriptions for achieving that goal. EB members welcomed the reclassification of those in the HS Clin series who had attained the requisite qualifications, and felt strongly that the process should maintain the existing standards for any reclassification and not dilute them for expedience.

The Los Angeles Division appreciated the opportunity to opine on this important subject. We request a standard 60-day review period in the future for similarly important and consequential issues.

Sincerely,



Tim Groeling
Chair, UCLA Academic Senate

Encl.

Cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair/Chair Elect, UCLA Academic Senate

UCLA Academic Senate
Committee on Diversity, Equity & Inclusion

To: Tim Groeling, Chair, UCLA Academic Senate

From: Jessica Rett, Chair, Committee on Diversity, Equity and Inclusion

Date: October 20, 2026

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Via independent review, members of the Committee on Diversity, Equity, and Inclusion (CODEI) considered the Presidential Task Force on Clinical Faculty Representation in Governance's report and recommendations. Members share the following comments for consideration.

The committee is principally worried about issues of equity (in terms of which faculty earn senate membership) and inclusivity (in terms of whether Senate faculty are representative of the student population they serve).

Comments on the report's recommendations:

1. Members shared confusion about Recommendation 1, to lift the 1/6 cap on appointments in the Professor of Clinical X series. They questioned whether this change would prompt faculty in the Health Sciences Clinical Professor series to want to move into the Professor of Clinical X series, given that the two series appear to have similar job duties but different in Senate membership. We see this as an inclusivity issue: if faculty representation in the Senate is meant to be reflective of the student population, given the number of Ladder rank and ClinX faculty who are already members of the Academic Senate, the 300 or so students in the School of Medicine already appear to be disproportionately over-represented. Any change that would increase eligible ClinX faculty in the academic senate runs the risk of further shrinking the representation of non-medical students.
2. Members were not in favor of Recommendation 2, to allow for 80%-100% full professional effort appointments in the Professor of Clinical X series, unless there is a willingness to offer the same professional effort appointments in other Senate job title series across all UC Schools. We see this as an equity issue.
3. Members did not find this Recommendation 3 to be necessary for UCLA, given that the School of Medicine's Committee on Appointments and Promotions (MedCAP) and the Academic Senate's ClinCAP standing committee of the Council on Academic Personnel currently evaluate faculty in both Senate and non-Senate roles according to different, med-school-specific review criteria. Adopting this recommendation would increase redundancy, administrative work for certain med school faculty, and potential confusion.
4. The committee is in favor of Recommendation 4, which encourages each campus to develop a reclassification pathway for faculty who are currently misclassified as senate faculty, or as non-senate faculty. In particular, we see it as an important equity issue to ensure that faculty who are in clinical, non-Senate job titles but whose job duties and responsibilities focus on teaching and research have the same access to senate membership as their counterparts in designated senate jobs.

5. Members are not in favor of the recommendation to form a Special Committee of the Academic Council and local divisional committees to provide representation to Senate and non-Senate clinical faculty within the Academic Senate. Instead, members recommended that there be subcommittees formed that report to the appropriate Faculty Executive Committees of each Medical School instead. Furthermore, in the event that Academic Senate membership is extended to more health sciences clinical faculty, it would seem redundant to create a separate committee devoted to faculty in the health sciences when they are also integrated into Academic Senate service through the committees and channels available to all Academic Senate members.

General feedback on the report:

- Members relayed concerns that job duties and priorities of many clinical faculty do not look like those of traditional Senate faculty. Often clinical faculty must follow the priorities of the Healthcare Systems, which places less value on teaching, research, or mentorship and requires faculty to focus on generating clinical and patient related revenue. Many clinical faculty are recruited and hired not to meet the needs of the University and its students, but rather to meet the needs of the Health System to grow its geographical reach and income.
- Members shared concerns about the potential for faculty in the health sciences to be overrepresented in the UCLA Academic Senate and noted that the report does not address the potential ramifications on divisions if the health sciences are suddenly overrepresented in shared governance.
- They noted that there is a danger that the diversity of voices representing and advocating for those programs furthest away from health sciences (e.g., humanities and the arts) will be significantly overshadowed by faculty whose clinical focus often does not include the same kinds of teaching, research and mentorship responsibilities to which Senate faculty traditionally devote their time.

We appreciate the opportunity to review the report and provide comments. If you have any questions, please do not hesitate to contact me at rett@ucla.edu or via the Committee analyst, Tara Hottman at thottman@senate.ucla.edu.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Tara Hottman, Senior Policy Analyst, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair, UCLA Academic Senate

UCLA Academic Senate
Council on Research

October 20, 2026

To: Tim Groeling
Chair, Academic Senate

From: Judith Currier
Chair, Council on Research

**Re: Systemwide Senate Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At its meeting on October 7, 2026, the Council on Research (COR) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. Members offered the following comments.

Members expressed support for efforts to provide Health Sciences faculty with more meaningful opportunities to participate in shared governance. They noted that many faculty in the Health Sciences Clinical Professor series make substantial contributions to the university through teaching, clinical service, scholarly activity, and creative work, yet do not have Senate membership and therefore have limited avenues for participation in campus governance. Members supported the proposal to expand access to the Health Sciences Clinical X series by increasing flexibility around the current cap on appointments in that series. There was also support for ensuring that faculty are placed in the proper series. While recognizing the need for appropriate oversight of Senate membership and its composition, members generally supported exploring mechanisms that would broaden representation for Health Sciences faculty and provide greater opportunities for input into governance and academic personnel matters.

If you have any questions for us, please do not hesitate to contact me at jscurrier@mednet.ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

cc: Megan McEvoy, Immediate Past Chair, Academic Senate
Catherine Sugar, Vice Chair/Chair Elect, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Associate Director, Academic Senate
Members of the Council on Research

UCLA Academic Senate
Council on Academic Personnel

To: Tim Groeling, Chair, Academic Senate

From: Lieven Vandenberghe, Chair, Council on Academic Personnel

Date: October 20, 2026

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

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At its meeting on October 13, 2026, the Council on Academic Personnel (CAP) discussed the Systemwide Senate Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.

**Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.**

UCLA has existing procedure for changes in series (The CALL: Appendix 26):

> "A change in series recommendation usually occurs when an individual's participation in teaching, research, and service has shifted from the original appointment criteria. Unlike that of an appointment action, individuals being proposed for a change in series have already clearly demonstrated the qualification of appointment to the series in which their appointment currently resides. A change in series, or transfer, in these cases may result in better alignment of the individual to the appropriate series."

There are clear and distinct criteria between the Professor of Clinical X series (APM-210-2, APM-275, The CALL) and the Health Sciences Clinical Professor series (APM-210-6, APM-278, The CALL).

Professors of Clinical X are excellent clinical teachers, with most designing educational programs at a national level, through the development of creative work (as described in APM-210), such as "teaching materials used in other institutions, or in improvements or innovations in professional practice that have been adopted elsewhere," "innovative programs in health care itself or in transmitting knowledge associated with new fields or other professions," and "Textbooks and similar publications, or contributions by candidates to the professional literature and the advancement of professional practice or of professional education."

Health Sciences Clinical Professors are excellent clinical teachers, but their teaching is often limited to within the University of California, and as the task force report describes, their creative activities "do not need to be significant, sustained, or consistent." Only the most distinguished Health Sciences Clinical Professors at Above Scale require national recognition for their work.

**Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.**

CAP has existing guidance on the review criteria for different disciplines and different faculty series, including for Health Science Clinical Professors' scholarly or creative activity. CAP continues to create new guidance and update existing guidance as needed. The CALL additionally provides detailed review criteria for the Professor of Clinical X (The CALL: Appendix 7) and Health Science Clinical Professor series (The CALL: Appendix 8). The Senate opined on the most recent revisions to the Health Sciences Clinical Professor, Volunteer Clinical Professor, and Clinical Associate series sections of the CALL in 2018.

**Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series. and Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.**
Members did not oppose Recommendations #1 and #2, but noted that due to the high requirements of the Professor of Clinical X series and the distinct criteria of the two series, they anticipate that only a small proportion of Health Sciences Clinical Professors may be eligible for, or interested in, such a change in series if these restrictions were lifted.

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.**
Members strongly opposed establishing a systemwide special committee, describing it as "another central bureaucracy." Members argued that governance issues at UCLA should be resolved locally rather than through systemwide oversight.

Members observed that Health Sciences Clinical Professors' dissatisfaction is driven primarily by issues such as compensation, working hours, and clinical volume pressures. Some members were concerned that the focus of the proposal on reclassification was misguided and will create additional burden for clinical faculty, who will be subject to increased creative work and service requirements in the Professor of Clinical X series, and whose core workplace concerns will not be addressed through the governance mechanisms available through the Academic Senate.

Thank you for the opportunity to review and comment. If you have any questions, please do not hesitate to contact me at vandenbe@ee.ucla.edu or via the Council's analyst, Lori Ishimaru, at lishimaru@senate.ucla.edu.

cc: April de Stefano, Executive Director, Academic Senate
Lori Ishimaru, Principal Policy Analyst, Academic Senate
Members of the Council on Academic Personnel

UCLA Academic Senate
Council on Planning & Budget

October 20, 2026

To: Tim Groeling
Chair, Academic Senate

From: Andrea Kasko
Chair, Council on Planning and Budget

**Re: Systemwide Senate Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At its meeting on October 19, 2026, the Council on Planning and Budget (CPB) reviewed and discussed the Presidential Task Force on Clinical Faculty Representation in Governance report and recommendations. Members offered the following comments.

In general, CPB members expressed concerns regarding the report's recommendations and some expressed confusion about the motivation for this report. Considering the Academic Senate's prior votes on related memorials, CPB members questioned the need to implement the report's proposed recommendations and cautioned against the adoption of recommendations that could effectively bypass previous Senate decisions/outcomes. While members acknowledged that more limited changes to clinical faculty representation may be appropriate, they were concerned that the proposal, as presented, could alter the balance and composition of the Academic Senate and have broader and more serious implications for shared governance. Members stated that meaningful shared governance does not necessarily require conversion to Senate faculty status. Furthermore, this proposal does not address ways in which shared governance could improve or enhance the role of the Senate in decision-making in medical campuses and UC Health.

CPB members noted that Health Sciences Clinical Faculty currently have opportunities for representation through divisional faculty executive committees (FECs) and other governance structures within the medical school(s). Members questioned whether extending Academic Senate membership would provide a reciprocal role in shared governance from the administrative side, that is, whether medical schools and UC Health would seek and accept formal Senate advisement in budgetary decisions (per Regents' bylaw 40.1), for example. Members noted differences between Senate faculty and clinical faculty in appointment structures (e.g., with respect to tenure) and in faculty participation in decisions affecting areas such as clinical operations, patient care, education, and resource allocation. Moreover, CPB members expressed concern about the potential effect of substantially expanding Senate membership to include faculty whose responsibilities are primarily clinical and who have little contact with undergraduate students and limited contact with (academic) graduate students. They noted that

such a change could affect the balance of representation within the Senate, which would not only have implications at individual campuses but on the UC system as a whole. Members also raised questions regarding the relationship between Senate membership and union representation (given the current campaign for representation of clinical faculty), as well as the potential additional workload for Senate committees like the Council on Academic Personnel (CAP), in the academic review and promotion process (especially in the proposed re-classifications). As such, members concluded that these broader governance and structural implications of expanding representation warrant very careful consideration before moving forward with the proposed changes.

If you have any questions for us, please do not hesitate to contact me at akasko@ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

cc: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Associate Director, Academic Senate
Members of the Council on Planning and Budget

UCLA MEMORANDUM

FACULTY EXECUTIVE COMMITTEE
*College of Letters and Science*

A265 Murphy Hall
Box 951571
Los Angeles, California 90095

To: Tim Groeling, Chair, Academic Senate, UCLA

Fr: Erin Debenport, Chair, College Faculty Executive Committee

Date: October 20, 2026

**Re: Response to (Systemwide Senate Review) Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

The College Faculty Executive Committee (FEC) at UCLA appreciates the opportunity to comment on the Proposed Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. After a review of the report at the October 16, 2026, meeting, the committee has multiple concerns regarding this report and review.

The Committee noted that the topic of clinical faculty representation in governance was previously considered by the Academic Senate, where members voted against incorporating this series into Senate-aligned roles and structures. Re-introducing this topic after that denial appears to repackage a substantially similar proposal (the 2025 Memorial to the UC Regents to expand voting rights to faculty in the Health Sciences (HS) Clinical and Adjunct series) through alternative mechanisms, undermining the effect of the Senate's prior deliberation. The Committee sees no demonstrated need for these changes that would justify revisiting that decision. In light of the prior vote, some members expressed that the proposed changes are unwanted and unnecessary, and the Committee does not support them.

Members also mentioned that this appears to be a decision driven by the ongoing campaign to unionize Health Sciences faculty. It appears that by shifting these faculty into the Academic Senate would be an effort to move them out of the proposed bargaining unit. This change would also have broader implications for collective bargaining rights and the potential for arbitrary decisions to be made by UCOP.

Finally, the FEC would like to comment on the extremely short and insufficient turnaround time for reviewing and opining on this report. This appears to be a continuation of last academic year's high-stakes items shared for review with an inadequate window of time for the thorough analysis required. Given the implications it proposes to shared governance, it deserves wide circulation and opportunities for thoughtful and thorough feedback.

As always, our membership appreciates the consultative process and welcomes the opportunity to participate in the discussion of important matters like this. You are welcome to contact us with questions.

Sincerely,

College Faculty Executive Committee

UCLA Luskin School of Public Affairs

3250 Public Affairs Building
337 Charles E. Young Drive East
Los Angeles, CA 90095-1656
Office: (310) 206-8858

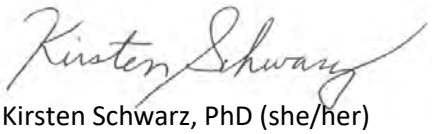
**DATE:** October 19, 2026

**TO:** Tim Groeling, Chair, UCLA Academic Senate

**RE:** Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The Faculty Executive Committee for the Luskin School of Public Affairs wishes to express our support for clinical faculty representation in UCLA shared governance; however, we do not have strong opinions about the implementation and therefore defer to the taskforce proposal.

Thank you for your consideration.



Kirsten Schwarz, PhD (she/her)
Associate Professor
Urban Planning, UCLA Luskin School of Public Affairs
Environmental Health Sciences, UCLA Fielding School of Public Health
Chair, Faculty Executive Committee (2026-2027)
Luskin School of Public Affairs, UCLA

UCLA Academic Senate
Committee on Privilege and Tenure

October 20, 2026

**Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

To: Tim Groeling, Chair, Academic Senate

From: Kristina Bostrom, Chair, Committee on Privilege and Tenure

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Marian M. Olivas, Principal Policy Analyst, Academic Senate
Members of the Committee on Privilege and Tenure

At its meeting on October 14, 2026, the Committee on Privilege & Tenure (P&T) discussed the recommendations of the Presidential Task Force on Clinical Faculty. Following the defeat of two memorials initiated by UCSF which sought to grant Senate membership to HS Clinical and Adjunct faculty, "President Milliken convened the Task Force to consider alternative approaches to clinical faculty participation in University governance."

The Report summarizes its preface with the statement that the committee members "unanimously agreed that all clinical faculty make significant and important contributions to the University's academic mission and should have access to and participate in systemwide and campus processes of shared governance (e.g., Academic Senate and non-Academic Senate committee participation as described in the report) to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment." Committee members noted that this seems to repeat the arguments in the previously defeated motions to make these series Academic Senate members.

While acknowledging that they may be practiced unevenly among divisions, within divisions, and among departments, the Committee first notes that the report does not address all the existing mechanisms Non-Senate faculty in these series could participate in University governance. This includes advising on both non-personnel issues (such as admissions and curriculum) and on non-Senate personnel issues. Within departments, if the right is extended in the departmental bylaws, non-Senate faculty may advise their Senate colleagues on a wide range of issues.[1] Individual department may also incorporate into

[1] Senate Legislative Ruling 12.75 does **not** allow "persons other than Senate members" to participate in final votes that advise University officers or other non-Senate agencies in the name of the Academic Senate. However, Senate "agencies," including departments, may elect to revise their bylaws to give "persons other than Senate members" the right to vote on other questions. That is, departments and divisions have the right to pass a bylaw extending the right to advise Senate faculty on issues to non-Senate faculty.

their bylaws the right for non-Senate faculty to consult with their Senate counterparts on personnel matters.[2]

Non-Senate faculty are also included as part of school-specific Advisory Committees overseeing Health Science Compensation Plan issues. By APM policy, these committees are to be made up of non-Senate faculty as well as Senate Faculty. [3]

**Specific Recommendations**

**Recommendation #1** (to increase the 1/6 cap on Clinical X faculty) and **Recommendation #2** (allow for 80-100% full professional effort appointments in the Professor of Clinical X series.
Some Committee members found the Task Force Report appears to blur the differences between the Senate Clinical X series and the HS Clinical non-Senate series. The Clinical X series, as detailed in APM-210, requires a level of distinction as both an educator and as a recognized expert within their clinical specialty. To the extent that there is a misunderstanding of the differences in the two series, it would be a flawed premise to assert that HS Clinical faculty are only prevented from becoming Academic Senate members because of the 1/6 cap on Clinical X faculty or the restriction on 100% employment.

Other members considered that the Task Force Report is simply documenting a ceiling that some qualified HS Clinical faculty cannot overcome by promotion into the Clinical X series. The Report presents no data on numbers of HS Clinical faculty who would actually qualify for a change in series to Clinical X, but are unable to do so because of the 1/6 cap or the restriction on 100% employment. If, in fact, these caps have made entry into the series nearly impossible for qualified faculty, it would be reasonable to consider relaxing the cap accordingly. We note that creating an effort reduction to 80% for Clinical Faculty creates an inequality with faculty in the In-Residence series who are also required to have full-time appointments in order to be In-Residence members of the Academic Senate.

It would be helpful to have more clarity on the specifics of Recommendations #1 and #2. In addition, since 19900 funding for Clinical X positions is strictly limited, the proposal should address what extramural funding would support increasing the number of funded positions.

**Recommendation #3:** There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

**Recommendation #4:** Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

The Committee notes that both of these exist at UCLA as part of the CALL and CAP Guidance. UCLA has a specific version of CAP for HS Clinical members (ClinCAP). Review criteria for the "creative and scholarly" activity of HS Clinical faculty are published as are the mechanisms for a Change in Series. We recommend that UCAP be charged with addressing reasonable consistency among campuses with HS Clinical Faculty.

**Recommendation #5:** Implement the Formation of a Special Committee of the Academic Council.
As envisioned, this "Special Committee" would operate under the authority of the Academic Council. Its purpose, according to the report, would be to "provide a structure for providing comments and

[2] See Legislative Ruling 7.06; UCR&J's position is that non-Senate instructional faculty have the right to have their opinions presented to the Administration; but such opinions should be submitted separately from the departments' letter containing the vote and recommendation of Senate members.

[3] A school-specific Advisory Committee which includes Senate and non-Senate faculty members representative of the disciplines and faculty series participating in the Plan shall be established to assist the Dean in resolving the issues that may arise from implementing the Plan. (APM-670)

feedback from non-Academic Senate clinical faculty on University policies." It is unclear if the intent is for this to be a committee made up of both Senate and Non-Senate Health Science faculty who would then meet with "leaders from Academic Affairs, UC Health, Academic Senate, the Medical Centers, and other offices" in order to advise the Academic Council on matters relevant to the Health Sciences.

To the extent that this committee would be addressing "matters falling within the authority and responsibility of the Academic Senate," this would be the appropriate structure as long as the non-Senate faculty on that committee are providing advisory votes which are then conveyed to the Academic Council, which is how all the UC-Senate committees operate.

For Senate advisory matters, it would not be appropriate for a committee made up of only non-Senate faculty to directly advise Administration.[4] Some committee members were opposed to the Special Committee as unnecessary, while others strongly felt that the idea is a positive effort meant to ensure their non-Senate faculty partners are not marginalized.

This recommendation also does not address the additional funding likely needed to staff additional committees at the systemwide and divisional levels. Senate bylaws and legislative rulings do recognize the value of the advice of non-Senate faculty. Seeking advice, feedback, and comments of non-Senate faculty is already available to Senate agencies (Divisional Senates and individual departments). According to Systemwide Bylaw 35§C.2 this would require a bylaw change at the departmental or divisional level.

> Only members of the Academic Senate may vote in Senate agencies and their committees when those agencies or committees are taking final action on any matter for the Academic Senate, or giving advice to University officers or other non-Senate agencies in the name of the Senate. *Persons other than Senate members may be given the right to vote on other questions, such as those that involve only recommendations to other Senate agencies, but only by explicit Bylaw provisions*. [See Legislative Ruling 12.75 ]

Some School of Medicine departments at UCLA have specified that they have extended an advisory vote to non-Senate faculty for both personnel and substantial department questions.[5] Encouraging departments with Clinical Faculty to consider extending advisory votes would be the most accessible way to expand input from HS Clinical Faculty.

We appreciate the concerns of the faculty on the Task Force and look forward to more time to comment on future proposals.

If you have any questions for us, please do not hesitate to contact me at kbostrom@mednet.ucla.edu or via the Committee's analyst, Marian Olivas, at molivas@senate.ucla.edu

cc: April de Stefano, Executive Director, Academic Senate
Marian Olivas, Principal Policy Analyst, Academic Senate
Members of the Committee on Privilege & Tenure

[4] This would directly contradict the Duties and Powers of the Academic Senate as outlined by Regents Bylaws and Standing Orders. Only the Academic Senate may provide consultation directly to the Administration on matters under their authority and responsibility.

[5] See, for example, the Radiation Oncology bylaws, §X.B

UCLA Engineering
HENRY SAMUELI SCHOOL OF
ENGINEERING AND APPLIED SCIENCE

# M E M O R A N D U M

Faculty Executive Committee

TO: Tim Groeling, Chair
Academic Senate

FROM: Irene Chen
Chair, Faculty Executive Committee

DATE: October 19, 2026

RE: School of Engineering Faculty Executive Committee Response, **(Systemwide Senate Review)** Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

To the Executive Board:

The above issue was received on October 1, 2026, for FEC comment due October 20, 2026. The Engineering FEC discussed this issue via email asynchronously due to the abbreviated turnaround.

The Engineering FEC supports the proposed appropriate representation of clinical faculty in the Academic Senate. Unfortunately, the report did not appear to give information on the numerical impact at UCLA, and thus we cannot anticipate the effect size. Given the potential for a large impact, we suggest a progressive and phased implementation approach to prevent rapid or radical changes to faculty representation and accommodate the learning curve for committees and staff affected by the unfunded changes.

Thank you for the opportunity to opine on this issue.



Irene Chen, MD, PhD

Chair, Faculty Executive Committee

Henry Samueli School of Engineering and Applied Science

UCLA Fielding School of Public Health

650 Charles E. Young Dr., South
12-3456 CHS, Box 123456
Los Angeles, CA 90095-1772

October 19, 2026

**To:** UCLA Academic Senate

**From:** Catherine Crespi, Chair, Faculty Executive Committee

**Re:** Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

The Fielding School of Public Health (FSPH) Faculty Executive Committee appreciates the opportunity to comment on the Task Force report. We support the Task Force's underlying principle that faculty who are fully engaged in the comprehensive mission of the University, appointed at 80–100% effort, and have their sole professional commitment to the University and its affiliates should have an appropriate role in formal shared governance through the Academic Senate. We also support efforts to ensure that faculty appointment series are appropriately aligned with the duties they are expected to perform.

Rather than commenting on each recommendation in the report, we focus our remarks on a few issues that emerged as particularly important to FSPH in our discussion.

1. **Frame reclassification pathways as opportunities for series mobility and alignment, rather than as correction of "misclassification"**

We have concerns about the framing and implementation of the proposed reclassification process. In particular, we recommend avoiding the term "misclassification." That term may imply that a prior appointment decision was improper and could create unnecessary grievance concerns, especially when faculty roles and responsibilities may evolve over time. We suggest instead that the University focus on creating more regular, transparent, and structured opportunities for faculty to change series when their duties and responsibilities have come to align with the expectations of another series.

2. **Support for more flexible pathways to change series with clear guidance**

We support more flexible pathways for changes in faculty series. At FSPH, movement from Adjunct Professor to Professor in Residence currently generally requires an open search. Because an open search is designed to fill a position, it may not be the most appropriate mechanism when an existing faculty member is already performing duties consistent with the In-Residence series. We encourage consideration of alternative processes that would permit a change in series following rigorous academic review.

The implementation framework should also clarify how prior service would be treated when a faculty member has been performing duties consistent with another series for an extended period. The report does not specify whether a change in series would be entirely prospective or whether prior service might be recognized in determining rank, step, or future advancement. Clear guidance on this point would be important.

**3. Acknowledge financial and structural constraints**

Finally, we note that procedural pathways alone may not fully address the issue. In settings that rely heavily on soft-money funding, such as FSPH and nonclinical investigators at the David Geffen School of Medicine, faculty may be performing duties consistent with a Senate series but departments may lack the stable funding needed to support appointment in that series. Thus, creating opportunities to change series is useful, but the University should also recognize the financial and structural constraints that may limit their practical effect.

**Overall recommendation**

Overall, the FEC supports the goal of improving alignment between faculty responsibilities and appointment series, and supports providing campuses with flexibility to develop fair and workable pathways for changes in series. We encourage the University to frame these pathways as opportunities for series mobility and alignment, rather than as correction of "misclassification," and to provide clear guidance on standards, process, prior service, and implementation.

UCLA David Geffen School of Medicine

memorandum

Faculty Executive Committee
Center for Health Sciences
Mail code: 172216
https://medschool.ucla.edu/faculty-and-staff/faculty-resources/faculty-executive-committee

October 19, 2026

To: Tim Groeling, Chair
UCLA Academic Senate

From: DGSOM Faculty Executive Committee
David Geffen School of Medicine at UCLA

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Dear Chair Groeling:

The Faculty Executive Committee (FEC) of the David Geffen School of Medicine at UCLA discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations in executive session on October 7, 2026, and approved these comments by email vote on October 19, 2026 (21 in favor, 0 opposed, 1 abstention). The FEC commends the Task Force for clear, actionable recommendations on a long-unresolved question and supports all five. They are especially consequential for DGSOM: UCLA's 20% Clinical X cap is the lowest the report identifies, and many DGSOM clinical faculty practice at VA and county affiliates that the report largely overlooks.

**The FEC's specific comments are as follows:**

**Clinical X Series Cap and Effort (Recommendations 1 and 2):**

The FEC supports lifting the Clinical X cap entirely. The report finds that the cap and full-time requirement push Clinical X-qualified faculty into the HSCP series, and a series whose members must meet all four review criteria should not be capped.

The Chancellor can lift UCLA's quota after divisional Senate review, without awaiting APM revisions, and the FEC urges the Division to begin that review this academic year. The FEC also supports revising APM 275-16-f so that its 1/6 Senate review threshold does not act as a de facto cap.

The FEC supports flexibility in the level of appointment across all faculty series, not only Clinical X, provided the faculty member meets the commitment to the University's mission and the primary responsibilities of the series outlined in the report. The co-chairs' cover letter acknowledges that other Senate series face the same individual exception process, and that the recommendation covers only Clinical X because of the Task Force's charge. Sole commitment should be confirmed through existing outside professional activities reporting, with no new administrative requirements.

**Review Criteria and Committee on Academic Personnel (Recommendation 3):**

The FEC supports this recommendation and asks the Division to (1) issue written guidance on what counts as scholarly, creative, and administrative contributions in the HSCP and Clinical X series, including that trainee evaluation, committee service, and educational leadership roles such as clerkship and site director count toward HSCP promotion; (2) include clinicians from both the HSCP and Senate series on ClinCAP; and (3) ensure that ClinCAP and CAP can review reclassification files promptly. DGSOM asks to be consulted on implementation.

Current guidance is inconsistent. APM 210-6 expects HSCP faculty to show “contributions to scholarly, creative, or administrative activities,” and the report says these “do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice,” yet UCLA’s ClinCAP guidance asks for “evidence distinguishing them from teaching or service and identifying them as scholarship or research.” Faculty report that clerkship and site directors have been told they do not meet promotion criteria because their work produced no attachable products, which puts the medical education mission at risk.

**Reclassification Pathway (Recommendation 4):**

The FEC supports an expedient reclassification process that is uniform, prespecified, and transparent, with clear protections for faculty.

Faculty who believe they are in the wrong series should have a clear, streamlined way to request reclassification, just as departments can initiate it. Such requests would still require approval by the department chair or committee; the FEC’s aim is to ensure faculty who identify a mismatch don't get bogged down in the process of changing series. At UCLA, a move from a non-Senate series (e.g., HSCP or Adjunct) into a Senate series (e.g., Regular, Clinical X, or In-Residence) is treated as an appointment, requiring a dossier and a search and, for moves into the Regular or In-Residence series, extramural letters.

The FEC expects that a substantial number of faculty may need to change series, and reclassification at that scale deserves special logistical consideration. HSCP actions do not currently require extramural review, while Senate-series appointments and promotions do. For faculty whom their department has determined to be misclassified, the FEC asks the Division to consider, during an initial transition period, an internal review process be considered in place of extramural letters, a waiver of the open-search requirement, or returning final review of these actions from the Chancellor to the school. The intent is not to lower the standard for Senate-series appointment, but to make a large volume of reclassifications feasible without undue delay.

Reclassification should be initiated by, or require the consent of, the faculty member, with notice and an opportunity to respond to any review-initiated change. After that transition period, the FEC endorses the Task Force’s proposal that the Chancellor waive open recruitment once a duties review confirms misclassification. The FEC also asks how prior service will count toward rank, step, and service limits, and who will bear any salary costs.

Some faculty may have joined UCLA Health for its clinical mission, not to become academic clinicians. UCLA already has a non-faculty Clinical Associate series for clinicians without formal teaching or research obligations, and the report counts about 2,200 non-faculty staff physicians systemwide. The FEC recommends exploring a voluntary path into that series for HSCP faculty who do not wish to be fully engaged in the non-clinical aspects of the academic mission, offered only at the faculty member’s request and supported by division, department,

and school leadership. Clinical employment should not necessarily hinge on a faculty title. Site assignments, made jointly with faculty and health system leaders, should recognize that primary teaching sites may require faculty because of LCME and ACGME considerations, while non-teaching sites may be well served by Clinical Associates. Clinicians at non-teaching sites who wish to teach should still have that option, and each person's series should reflect the commitment to the academic mission that they and their chair agree is the best fit, so that no one is shoehorned into the wrong title. The FEC asks how the Clinical Associate and HSCP series would be distinguished and how such a transition would work.

**Special Committee of the Academic Council (Recommendation 5):**

The FEC concurs that a special advisory committee for clinical faculty and health affairs, with local counterparts, should be implemented so the Academic Senate appropriately considers clinical affairs. The FEC supports full voting rights for non-Senate members through divisional bylaw amendment rather than case-by-case exception, and clinical faculty representation on Senate committees such as Faculty Welfare, Planning and Budget, and Academic Personnel, at both the systemwide and divisional levels.

The report leaves the local counterpart's membership, selection, and reporting lines undefined, and is inconsistent on whether each campus gets one seat or more; the FEC asks that these be specified, including representation across UCLA's health professional schools. Because DGSOM and UCLA Health leadership, with department chairs, are developing a UCLA Health plan for Health Sciences Clinical faculty, the FEC asks to be consulted so that the local counterpart reflects faculty governance as well as administrative perspectives. UCLA Health leadership should respond to the committee's advice in writing, and the three-year review should use metrics set at launch.

The report does not address faculty in the Volunteer Clinical Professor series (APM 279), who are unsalaried community clinicians outside the Task Force's guiding principle; the FEC asks that this be stated explicitly and that the local counterpart consider how to hear from volunteer faculty on matters affecting clinical teaching.

The report does not say where this committee's resources would come from. Without them, the FEC is concerned it would become a largely symbolic body with no real ability to effect change.

**Affiliate-Based and Without-Salary Faculty:**

The report's largest gap for DGSOM is affiliate-based faculty. About 3,000 HSCP faculty systemwide hold without-salary (WOS) appointments paid by affiliates such as the VA and county hospitals, yet they appear only in a footnote. Faculty at VA Greater Los Angeles, Harbor-UCLA, and Olive View-UCLA are central to DGSOM's clinical and educational mission.

Many affiliate-based faculty already hold Senate titles. The FEC asks whether WOS faculty may serve on and vote for the Special Committee and its local counterpart, and how the reclassification pathway and effort provisions apply to them. The FEC recommends reserving seats on the UCLA local counterpart for affiliate-based faculty.

**Benefits for Non-Senate Faculty:**

Beyond shared governance, the FEC recommends that the University evaluate whether, and to what equitable degree, Senate faculty benefits could be extended to non-Senate faculty, including HSCP and Adjunct. The Mortgage Origination Program, for example, is generally

limited under Regents Policy 5305 to Senate members and equivalent titles, with exceptions approved case by case; the FEC urges exploring broader exceptions in the service of equity.

**Fiscal Impact and Implementation:**

The report lists costs (committee and Senate staffing, reclassification reviews, travel, and possible salary differences) but no funding sources, though its charge asked for them. The FEC asks that funding be identified before implementation, so costs do not fall to departments by default, that resources be allocated transparently, and that any budget reallocation by administrative units include faculty input in the spirit of shared governance. Clinical faculty who serve on these committees should receive protected time or service credit, and lifting the cap and effort restrictions should precede reclassification.

**Conclusion:**

The FEC supports the Task Force's recommendations as meaningful steps toward giving clinical faculty a voice in workplace governance. Before implementation, the FEC requests that the Division and the Office of the President clarify how affiliate-based faculty will be treated, the structure of the UCLA local counterpart, protections in the reclassification process, and funding for each recommendation.

The FEC offers the expertise of its clinical faculty in support of implementation. Thank you for the opportunity to comment.

Sincerely,

**Alice A. Kuo, M.D., Ph.D., M.B.A.**
Professor of Clinical Medicine, Pediatrics, and Health Policy & Management
Chair of the DGSOM Faculty Executive Committee

**Russell G. Buhr, M.D., Ph.D.**
Associate Professor-in-Residence of Medicine and Health Policy & Management
Vice Chair/Chair-Elect of the DGSOM Faculty Executive Committee

**Langston T. Holly, M.D.**
Professor of Neurosurgery
Past Chair of the DGSOM Faculty Executive Committee

cc: Steven M. Dubinett, MD, Dean, David Geffen School of Medicine at UCLA
Joaquín (Quim) Madrenas, MD, PhD, Vice Dean for Faculty, David Geffen School of Medicine at UCLA, Faculty of the DGSOM

UCLA Academic Senate
Committee on Committees

October 19, 2026

To: Tim Groeling, Chair, Academic Senate

From: LaToya Baldwin Clark, Chair, Committee on Committees

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report & Recommendations**

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At its October 15, 2026, meeting, the Committee on Committees (ConC) reviewed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*. According to the Report, the Task Force's recommendations are geared toward creating "governance model(s) [that] provide greater representation for clinical faculty and [are] best suited for the University of California" (p. 1). The Committee offers the following comments (vote: 13 in favor, 0 opposed, 1 abstention).

In particular, we write to comment on the recommendations that would increase the number of faculty eligible to serve on Academic Senate committees and councils appointed by ConC, specifically the proposed revisions and reclassifications of non-Senate clinical faculty (namely, those in the Health Sciences Clinical Faculty series) into Senate faculty (Clinical X series) who would then be eligible to serve on Senate committees. We note that this expansion offers an opportunity to broaden participation in Academic Senate governance and provide a more formal voice for clinical faculty. Given UCLA's unique institutional structure, including its on-campus medical school, expanding the pool of eligible Senate faculty would aid ConC in executing its charge to appoint faculty to serve on Academic Senate committees and councils, as well as ad hoc committees and committees for which University administration seeks faculty participation. In addition, and expansion would inherently introduce additional perspectives into committee deliberations that may not be well represented currently.

However, many ConC members raised concerns about the potential impact on the balance of representation between the College departments and professional schools, especially the Medical School. Currently, ConC draws from a pool of approximately 3,800 Academic Senate faculty, including approximately 850—900 faculty from the College, the largest academic unit at UCLA. If the Senate pool was to include the proposed additional members, it could introduce an imbalance that may not reflect the actual balance of faculty engaged with students full-time in teaching, research, and service. Some members expressed the view that the Medical School, from which the proposed additional faculty would be drawn, is already adequately represented within the Academic Senate (approximately 2,000 members), and some questioned also whether clinical faculty, given their responsibilities, would have sufficient time to participate meaningfully in Senate service.

ConC recommends the Academic Senate carefully evaluate the purpose, structure, authority, and potential consequences of expanding representation. Members agreed that a substantive decision should be deferred until the 45-day hearing process is complete and the results have been reviewed. This will allow the Academic Senate sufficient time to consider the faculty's feedback and determine whether any proposed changes would enhance faculty representation while maintaining the balance and integrity of shared governance.

Thank you for the opportunity to opine. If you have questions, please do not hesitate to contact me at baldwinclark@law.ucla.edu or the Committee analyst, Renee Rouzan-Kay, at rrouzankay@senate.ucla.edu.

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Renee Rouzan-Kay, Senior Policy Analyst, Academic Senate
Members of the Committee on Committees

UCLA Academic Senate
ClinCAP

To: Tim Groeling, Chair, Academic Senate

From: Marilene Wang, Chair, ClinCAP

Date: October 19, 2026

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

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At its meeting on October 14, 2026, ClinCAP discussed the Systemwide Senate Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.

ClinCAP emphasized that UCLA DGSOM was intentionally established as a top-tier research school. While clinical care revenue supports the entire campus, the expanding clinical volume of UCLA Health and DGSOM must not burden, dilute, or displace basic research and traditional scholarship.

**Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.**
ClinCAP supports loosening or modifying the 1/6 cap on the Professor of Clinical X series, but opposes eliminating it entirely. UCLA is more conservative than other campuses in their utilization of this series. Members emphasized that a relaxation of the cap should not result in a relaxation of the scholarly standards required for the Professor of Clinical X series.

ClinCAP did not support granting Academic Senate membership to all Health Sciences Clinical Professors. Doing so would drastically increase Senate numbers and fundamentally alter the character, composition, and balance of the Academic Senate, which may isolate non-clinical schools and departments.

**Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.**
ClinCAP did not opine on Recommendation #2.

**Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.**
Members commented that many departments have extended advisory voting rights to non-Senate faculty. In this way, the "input and support secured from non-Academic Senate clinical faculty" on "advancement and promotion processes for non-Academic Senate clinical faculty" are obtained and reported through the personnel review process.

**Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.**
Reclassification through the existing change in series action is an important mechanism to move qualified individuals who fulfill scholarly expectations into the Professor-in-Residence or Professor of Clinical X series. Members also emphasized that transfers should be equally utilized to move individuals

who are not fulfilling the scholarly expectations of the Health Sciences Clinical Professor series into the Clinical Associate, Volunteer Clinical Professor, or other series. Members emphasized that an increased use of the change in series action should not result in a relaxation of the scholarly standards required for Senate series.

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.** ClinCAP supported creating a Special Committee of the Academic Council comprising both Senate and non-Senate faculty, as it is the most practical and constructive option among the recommendations. This advisory structure provides non-Senate faculty with a formal voice and input on clinical operations and school-specific matters, without conferring full Senate voting rights or overwhelming the Academic Senate on clinical matters. Some members noted that the DGSOM Faculty Executive Committee (FEC) currently has non-Senate faculty serving in an advisory capacity.

Thank you for the opportunity to review and comment. If you have any questions, please do not hesitate to contact me at mbwang@ucla.edu or via the Committee's analyst, Lori Ishimaru, at lishimaru@senate.ucla.edu.

cc: April de Stefano, Executive Director, Academic Senate
Lori Ishimaru, Principal Policy Analyst, Academic Senate
Barbara Knowlton, Vice Chair, Council on Academic Personnel
Lieven Vandenberghe, Chair, Council on Academic Personnel
Members of ClinCAP

To: Tim Groeling, Chair, Academic Senate

From: Jennifer Wagman, Chair, Committee on Rules and Jurisdiction

Date: October 19, 2026

**Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

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Via independent review, the Committee on Rules and Jurisdiction (CR&J) reviewed the Systemwide Senate Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. In reviewing the proposal, members emphasize that their primary role is not to evaluate individual academic personnel criteria, but to scrutinize the proposed structural, jurisdictional, and governance changes that affect Senate membership, voting rights, and representative bodies.

Members criticized Administration for rushing an "enormous proposed structural change" through a compressed review schedule without careful development and deep engagement with the Senate, and advised the Senate to consider a dedicated task force or working group to thoroughly evaluate the long-term impact of these recommendations on shared governance.

**Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.**
Members expressed concern that removing the 1/6 cap could lead to a massive structural transformation of the Academic Senate. Based on the APB Workforce Report, in October 2025, the headcount of clinical faculty (2124) exceeds the headcount of non-clinical ladder and equivalent faculty (2050). Converting significant numbers of clinical faculty into Senate lines risk swamping existing governance structures, resulting in clinical faculty dominating the Senate's representative bodies and elected positions. Members noted that UC Regents Standing Order 105.1, which allows the Senate to exclude professional school faculty from participating in activities relating to the curricula of other schools, applies strictly to curricula and cannot address broader voting, leadership, and governance representation issues.

The original memorial and current APM specifies that the purpose of the cap is to "maintain an appropriate balance in the health sciences schools between research and education and clinical service," implying a concern about maintaining an "appropriate balance" among faculty with different mixes of responsibilities and subject areas. Other Senate series have implicit maximums, such as the Regular Professor series and Professor of Teaching series being limited by General (State) funds, which ensures this balance within these series. The report and recommendations fails to address this concern.

**Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.**
Members view this recommendation as a covert mechanism to facilitate large-scale conversions of non-Senate clinical faculty into Senate titles. Members flag that placing primarily clinical faculty into the

Senate creates a misalignment between their daily expertise and core Senate governance, potentially leading to overrepresentation in certain health-related committees and absence from core academic committees.

**Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series. and Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.**
Members note that Recommendations 3 and 4 deal heavily with individual academic personnel evaluation criteria and reclassifications, which fall largely outside CR&J's direct charge. However, members observe that using reclassification as a broad pathway into the Senate raises broader jurisdictional fairness questions. They highlight the disingenuousness of establishing reclassification pathways for clinical faculty while entirely ignoring other large non-Senate teaching groups, such as Unit 18 Lecturers, thereby marginalizing the core undergraduate and graduate instruction mission.

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.**
Members identified several critical rules and governance issues that require rigorous examination, specifically:

- What legal and legislative authority is required to grant non-Senate clinical faculty voting rights (e.g., whether local Academic Senate bylaw amendments or exceptions are required).
- Whether local counterpart bodies are intended to function as official Senate committees, joint Senate-administration bodies, or an entirely distinct category of governance entity.
- Whether the mechanism, scope, and limitations of non-Senate voting rights are clearly defined.

Members generally favored the concept of parallel governance structures with Senate and non-Senate clinical faculty. A dedicated committee structure affords all clinical faculty a meaningful voice on clinical and operational matters relevant to their work environment without compromising the integrity of the Academic Senate itself, though members note the current proposal remains highly underdeveloped.

Thank you for the opportunity to review and comment. If you have any questions, please do not hesitate to contact me at jennwagman@ucla.edu or via the Committee's analyst, Lori Ishimaru, at lishimaru@senate.ucla.edu.

cc: April de Stefano, Executive Director, Academic Senate
Lori Ishimaru, Principal Policy Analyst, Academic Senate
Members of the Committee on Rules and Jurisdiction

UCLA Academic Senate
Undergraduate Council

October 19, 2026

To: Tim Groeling, Chair, UCLA Academic Senate

From: Luke Yarbrough, Chair, Undergraduate Council

**Re: Systemwide Clinical Faculty Representation in Senate Governance**

At its meeting on October 16, 2026, the Undergraduate Council discussed the report and recommendations of the systemwide Presidential Task Force on Clinical Faculty Representation in Governance.

The Council supports robust Senate faculty representation in shared governance. However, members voiced concerns about efforts to advance changes through an administrative processes that appear to bypass and disregard the voice of the divisions which already voted down the 2025 Memorials to the UC Regents to expand voting rights to faculty in the Health Sciences (HS) Clinical and Adjunct series to the systemwide Academic Senate. Eliminating the one-sixth cap on Clinical X Series appointments could, in combination with the report's other recommendations, substantially shift the balance of representation on Senate committees between health sciences and other academic disciplines.

In particular, we note the potential implications of this shift for undergraduate education. Members acknowledge that clinical faculty may support some undergraduate learning, including by mentoring and supervising students pursuing pre-health pathways and biomedical research. At the same time, increasing the proportion of health sciences faculty in Senate governance may dilute attention to undergraduate education across the University as a whole, to the detriment of students, faculty, and departments that are already experiencing significant fiscal and instructional pressures in our current environment. While we recognize the importance of the health sciences, it is critical to preserve balanced representation in shared governance that reflects the breadth of the University's academic mission and the valuable contributions of its diverse disciplines to human knowledge.

Thank you for the opportunity to opine. With any questions, please contact the Undergraduate Council Analyst.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Julia Nelsen, Principal Policy Analyst, Undergraduate Council
Catherine Sugar, Vice Chair/Chair Elect, UCLA Academic Senate

UCLA Academic Senate
Academic Program Review Committe

October 16, 2026

To: Tim Groeling, Chair, UCLA Academic Senate

From: Michael Cohen, Chair, Academic Program Review Committee

Re: **(Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

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At its meeting on October 9, 2026, the Academic Program Review Committee (APRC) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. Members offered the following comments for the Executive Board's consideration.

Committee members expressed concerns about the first recommendation to eliminate the 1/6 cap on Clinical X Series appointments, as it could alter the composition of the Academic Senate and thus APRC. Members argued that an overrepresentation of clinical faculty could weaken APRC's ability to effectively review academic units. Additionally, members voiced that all academic unit stakeholders, including clinical faculty, engage in shared governance throughout the program review process. Finally, members noted the 2025 Senate membership memorials referenced in the review previously failed to advance. They were concerned that the report's recommendations may attempt to bypass the outcomes of the Senate's memorial votes.

If you have any questions, please contact us at ProgramReview@senate.ucla.edu or via Academic Program Review Committee Analyst, Makenna Cavanaugh, at mcavanaugh@senate.ucla.edu.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair/Chair-Elect, UCLA Academic Senate
Makenna Cavanaugh, Senior Policy Analyst, UCLA Academic Senate

UCLA Academic Senate
Faculty Welfare Committee

October 15, 2026

To: Tim Groeling, Chair, Academic Senate

From: Reza Ahmadi, Chair, Faculty Welfare Committee

**Re: Presidential Task Force on Clinical Faculty Representation in Governance Report & Recommendations**

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At its meeting on October 6, 2026, the Faculty Welfare Committee (FWC) reviewed the Systemwide Senate Review Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations and offers the following comments and recommendations.

FWC recognizes the importance of ensuring meaningful representation for Health Sciences Clinical faculty, a substantial segment of the University's academic workforce. The proposal to transition approximately 3,000+ Health Sciences Clinical faculty into the Clinical X series and eliminate the existing one-sixth cap raises significant questions regarding faculty representation, voting rights, academic advancement, and the composition of the Academic Senate.

FWC supports the principle that clinical faculty should have a voice in shared governance, particularly on matters affecting their appointments, working conditions, and professional advancement. However, expanding Clinical X eligibility and voting participation could substantially alter Senate composition and the balance of perspectives represented in its deliberations. Further examination is necessary to determine the extent to which the Task Force's recommendations address the underlying governance issues that prompted its formation and ensure effective, inclusive faculty representation.

FWC recommends further consideration of the rationale for removing the one-sixth cap; the scale, process, and criteria for faculty reclassification; and the implications for faculty classifications, promotion expectations, and academic review bodies, including the Committee on Academic Personnel (CAP). Differences in clinical practice, teaching, and research responsibilities should also inform the evaluation of voting eligibility and participation within faculty governance.

FWC further recommends examining the implications of the proposed Academic Council Special Committee, divisional Senate, and alternative representative structures, including a dedicated Academic Senate council for Health Sciences Clinical faculty. Consideration should also be given to additional mechanisms for strengthening the engagement of both Senate and non-Senate clinical faculty in governance.

In addition, clarification is needed regarding the respective roles and commitments of UC Health, the medical centers, and health professional schools in supporting the proposed governance structure, including the institutional resources, staffing, and workload necessary for its effective implementation.

Given the complexity and potential institutional implications of the proposal, FWC recommends postponing a formal position until a comparative analysis of the current and proposed governance structures have been examined to support an informed decision and effective shared governance.

Thank you for the opportunity to opine. If you have questions, please do not hesitate to contact me at reza.ahmadi@anderson.ucla.edu or the Committee analyst, Renee Rouzan-Kay, at rrouzankay@senate.ucla.edu.

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Renee Rouzan-Kay, Senior Policy Analyst, Academic Senate
Members of the Faculty Welfare Committee

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**OFFICE OF THE ACADEMIC SENATE**
Courtenay Monroe, Senate Chair
senatechair@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 North Lake Road
Merced, California 95343

**November 13, 2026**

**To: Susannah Scott, Chair, Academic Council**

**From: UC Merced Divisional Council**

**Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

The Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance were distributed to the UCM Divisional Council and Chairs of School Executive Committees for review.

The following committees offered comments for consideration, which are appended to this memo.

- Committee on Academic Personnel (CAP)
- Committee on Rules and Elections (CRE)
- Committee for Equity, Diversity and Inclusion (EDI)

CAP supports all five recommendations, particularly engaging Academic Senate Committees on Academic Personnel in developing review criteria for different disciplines and faculty series (Recommendation #3), which would help clarify the scholarly activities and expectations of clinical faculty. CAP also supports establishing a special committee of the Academic Council (Recommendation #5) as a mechanism for non-Senate clinical faculty to provide feedback on university policies and participate in shared governance.

CRE recognizes the importance of improving clinical faculty representation and addressing potential misclassification, noting that the issues raised are likely to become increasingly relevant to UC Merced as its Medical Education program grows. CRE raises concerns about the administrative burden of implementing the recommendations. In particular, it cautions that allowing 80-100% appointments in the Clinical X series (Recommendation #2) could create equity issues across faculty series and suggests considering appointment flexibility as part of a broader discussion involving all faculty series. CRE also notes that establishing reclassification pathways (Recommendation #4) and a special Academic Council committee (Recommendation #5) would require additional administrative resources and increase faculty workload. If the special committee is established, CRE recommends provisions for future participation by UC Merced and other campuses not currently included in the proposed structure.

EDI supports greater integration of clinical faculty into existing Academic Senate governance structures. It particularly endorses expeditious reclassification processes for faculty whose current appointments do not reflect their actual duties and responsibilities (Recommendation #4), appropriate

representation on CAP (Recommendation #3), lifting the 1/6 cap on Clinical X faculty (Recommendation #1), and allowing 80-100% professional appointments in the Clinical X series (Recommendation #2). However, EDI questions whether establishing a separate Academic Council committee (Recommendation #5) might create a parallel governance structure that undermines the goal of integrating clinical faculty into existing Senate committees.

The committees share a commitment to improving clinical faculty representation and participation in shared governance, while raising different considerations regarding implementation. They emphasize appropriate faculty classification, meaningful participation in existing Senate structures, and review criteria that reflect the expectations of different faculty series. Their primary difference of perspective concerns Recommendation#5: CAP supports the proposed special committee, CRE sees potential value despite the administrative and workload implications, while EDI questions whether a separate structure would advance the goal of greater integration into existing Senate governance.

DivCo supports the committees' perspectives and the issues they have raised, particularly regarding faculty representation, greater integration into existing Senate governance structures, and the administrative resources and faculty workload associated with implementing the Task Force's recommendations.

Cc: Monica Lin, Executive Director, Systemwide Senate Office
Michael LaBriola, Assistant Director, Systemwide Senate Office
CAP Chair Camfield
CRE Chair Yoshimi
EDI Chair Burke
UCM Senate Office

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ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON ACADEMIC PERSONNEL (CAP)

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

**October 30, 2026**

**To:** Courtenay Monroe, Senate Chair

**From:** Committee on Academic Personnel (CAP)

**Re:** Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

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CAP reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.

We support all five of the Task Force's recommendations and highlight two of them as follows:

**Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.**

CAP particularly appreciates this recommendation, as future evaluations of these academic personnel cases will benefit from clarification on the scholarly activities of clinical faculty.

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.**

CAP agrees with the implementation of this committee as it would give non-Academic Senate clinical faculty a mechanism to provide feedback on University policies and is comprised of broad representation of various stakeholders.

We appreciate the opportunity to opine.

cc: Senate Office

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ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON RULES AND ELECTIONS (CRE)

UNIVERSITY OF CALIFORNIA, MERCED

**October 29, 2026**

**To:** **Courtenay Monroe, Chair, Divisional Council (DivCo)**

**From:** **Committee on Rules and Elections (CRE)**

**Re:** **Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

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The Committee on Rules and Elections (CRE) reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations and offers the following comments.

President Milliken convened the Task Force following the 2025 memorials concerning Senate membership for faculty in the Health Sciences Clinical and Adjunct Professor series, which failed to advance. The aims of the Task Force were not to revisit the 2025 decision, but to explore pathways for improving representation and opportunities to participate in shared governance for all clinical faculty (Senate and non-Senate). Although UC Merced does not currently have any clinical faculty, the growing Medical Education program means these issues are likely to become relevant to our campus in the near future. Moreover, the issues the Task Force report raises in terms of faculty representation and shared governance are broadly relevant to other non-Senate faculty such as the Adjunct Professor series.

Currently, clinical faculty can be appointed to the Ladder-rank, In-Residence, Clinical X, and Professor of Teaching series, which are in the Academic Senate, or to the Health Sciences Clinical Professor (HSCP) or Adjunct Professor series, which are not in the Academic Senate. Systemwide, the majority of clinical faculty are appointed in the HSCP series.

A significant outcome of the Task Force is the establishment of a guiding principle that Senate membership is warranted, “when faculty are required to be fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates” (page 2 of the report). In contrast to Senate faculty (i.e., those in the Ladder-rank, In-Residence, Clinical X, and Professor of Teaching series), faculty in the HSCP series, as defined in APM-210 are primarily evaluated on their teaching and professional competence; their scholarly/creative activity and service contributions do not need to be significant, sustained, or consistent and do not need to be distinct from their clinical teaching or patient care responsibilities. However, the Task Force found that in practice, there is significant heterogeneity in the responsibilities and expectations of HSCP faculty to a degree that suggests some HSCP faculty are very likely misclassified and would qualify as Senate faculty based on their duties and responsibilities and how they are evaluated.

The Task Force report proposes five recommendations primarily aimed at addressing the misclassifications themselves and the potential factors that may impede correct classification. While these

recommendations are well-meaning and likely necessary, CRE believes they nevertheless would represent a significant administrative burden if implemented.

CRE provides specific comments related to individual recommendations listed below:

**Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.** (page 5 of the report)
This recommendation would establish a blanket exception to requiring 100% employment for faculty in the Clinical X series. The report goes on to suggest, "Academic Senate and Chancellors may want to similarly consider a blanket exception for other Senate faculty series," while reiterating that the Task Force was narrowly focused on clinical faculty. If this recommendation were to be implemented "as is," it would immediately create equity issues between Clinical X and other faculty series. While the option to appoint faculty at less than 100% may indeed lead to more family friendly and inclusive work environments, this issue is probably best addressed as a broad discussion that includes all faculty series.

**Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.** (page 6 of the report)
Based on the Task Force findings, these recommendations are likely very necessary, but they do represent additional administrative burdens for each campus.

**Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.** (pages 6-8 of the report)
Again, creating this special committee would be quite the administrative task and would also add to faculty workload. However, this committee would create a venue for non-Senate clinical faculty to participate in shared governance and so may be worth considering. It should be noted that the organizational structure proposed by the Task Force includes representatives from the seven campuses that currently have a "health science enterprise or health science school," which excludes UC Merced and UC Santa Cruz (pages 7–8 of the report). Given that UC Merced's medical education program is growing, implementation of the special committee should include provisions to add campuses in the future as needed.

We thank you for the opportunity to review and comment.

CC: CRE Members
Senate Office

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ACADEMIC SENATE, MERCED DIVISION
COMMITTEE FOR EQUITY, DIVERSITY AND INCLUSION (EDI)

UNIVERSITY OF CALIFORNIA, MERCED

**October 28, 2026**

**To:** **Courtenay Monroe, Chair, Divisional Council (DivCo)**

**From:** **Nancy Burke, Chair, Committee for Equity, Diversity and Inclusion (EDI)**

**Re:** **Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee for Equity, Diversity, and Inclusion (EDI) reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations and offers the following comments.

EDI supports the inclusion of clinical faculty participation in the governance of their workplace through existing Academic Senate structures. In particular, EDI supports the task force recommendation (Recommendation #4) to establish expeditious processes for review to allow for the reclassification of faculty currently misclassified (e.g. Health Sciences Clinical Faculty) to a more appropriate series reflective of their actual work (e.g. Clinical X, In Residence, or Professor of Teaching). This change alone would have a profound impact on the representation and engagement of clinical faculty in the Academic Senate. Ensuring appropriate representation on CAP (Recommendation #3) is necessary to ensure appropriate review across different faculty series. Relatedly, to allow for these transitions, EDI supports the recommendation of lifting the 1/6 cap on Clinical X faculty (Recommendation #1) on each health science campus, which does not seem to be in effect equally across campuses. EDI appreciates the recognition of competing priorities at different life stages informing the requested allowance for 80%-100% professional appointments in the Clinical X series (Recommendation #2).

In relation to the formation of a special committee of the Academic Council (Recommendation #5), EDI wonders if this structure could undermine the engagement fostered by the other changes recommended, which would increase clinical faculty engagement with current Academic Senate committees. The establishment of a parallel structure, requiring staffing and other resources, for the health sciences has the potential to work against integration, rather than fostering it.

We thank you for the opportunity to review and comment.

Cc: EDI Members
Senate Office

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CHAIR, ACADEMIC SENATE
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Kenneth Barish
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November 10, 2026

Susannah Scott, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

**RE: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Dear Susannah,

On November 9, 2026, the Riverside Academic Senate Executive Council discussed the subject report and recommendations along with the comments received from local committees.

Local committees provided diverse feedback including support for expanding clinical representation to foster inclusive shared governance, as well as raising concerns and points for clarification regarding potential alterations to Senate composition, voting rights, and the balance of the University's mission.

Across the report's five central recommendations, committees highlighted critical areas requiring greater clarity and safeguards. There was a stated concern around the potential for Clinical X series to dominate Senate voting. Another concern noted in the local review is the necessity of transparent criteria and protections for faculty reclassification, and the operational hurdles of balancing fixed clinical patient-care responsibilities with governance workload without dedicated protected time and institutional resources.

This summary is not exhaustive, and I encourage review of the full complement of response memos as part of the full systemwide Senate feedback and requests for information and clarification for this review.

Sincerely yours,
Kenneth Barish
Professor of Physics and Astronomy and Chair of the Riverside Division

CC: Monica Lin, Executive Director of the Academic Senate
Michael Labriola, Assistant Director of the Academic Senate (Academic Council)
Cherysa Cortez, Executive Director of the UCR Academic Senate

Enclosure

UC RIVERSIDE Academic Senate

**COMMITTEE ON ACADEMIC PERSONNEL**

November 2, 2026

To: Kenneth Barish, Chair
Riverside Division Academic Senate

From: Shaun Bowler, Chair
Committee on Academic Personnel

**Re: CAP's Response to Presidential Task Force Report and Recommendations on Clinical Faculty Representation in Governance**

At its October 26, 2026, meeting, CAP discussed the five recommendations from the Presidential Task Force on Clinical Faculty Representation in Governance. The Task Force proposed these recommendations as alternative approaches to clinical faculty participation in University governance after the 2025 Senate membership memorials failed to pass divisional voting.

These Task Force recommendations address Clinical X appointments, faculty review and reclassification, and proposed governance structures for non-Senate clinical faculty. While CAP recognizes the important contributions of clinical faculty and the need for their participation in governance structures, it expressed concern that not all of the recommendations address the governance issues that led to the Task Force's formation. The Committee also noted that the recommendations raised additional questions and left several issues unresolved. Members concluded that further information is needed before CAP could reach a position.

Recommendation 1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.
Given that CAP recently supported a five-year extension of the exception to the 1/6 limitation on Professor of Clinical X series appointments at UCR, it would in principle support a change in the cap so the series can grow in step with the needs of clinical programs. However, it is unclear what the new percentage should be or, if the ceiling is permanently removed, what the impact would be on Senate representation and CAP workload.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
This recommendation does not directly address the governance issue at hand, and it raises questions about equity among Senate faculty. CAP asked about the 80% threshold and whether Senate membership should be extended to appointments below 100%. Members also worried that this threshold could continue to drop over time leading to further inequity.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

CAP supports the SOM providing clear and consistent review criteria for senate faculty in the different series to CAP as part of candidates efile. CAP does not support having an advisor from the Schools of Medicine or other associated bodies to advise CAP on the review of individual clinical faculty files, which can lead to bias. CAP does not support the recommendation for CAP to nominate and include non-academic senate faculty members in the review committees for non-academic senate clinical faculty reviews. This is outside the purview of CAP which reviews senate faculty. CAP also does not support the call for CAP to establish a separate clinical CAP to include both academic senate and non-academic senate clinical faculty members.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

CAP suggests that SOMs create timely reclassification pathways with clear criteria and eligibility requirements, so that faculty whose duties do not match their current series can move into another one that fits. CAP suggests that every effort is made to recruit faculty into the appropriate series from the start to avoid problems later on.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

CAP has no comment on this recommendation, as it falls outside the Committee's purview.

**School of Public Policy**
UNIVERSITY OF CALIFORNIA, RIVERSIDE
INTS 4133 | 900 University Ave
Riverside CA, 92521

TO: Ken Barish, Chair
Riverside Division

FR: Kurt Schwabe, Chair
Executive Committee, School of Public Policy

RE: **[Campus Review] Systemwide Review] Report Review: Presidential Task Force on Clinical Faculty**

Date: October 26, 2026

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The Executive Committee of the School of Public Policy has reviewed the **Systemwide Review] Report Review: Presidential Task Force on Clinical Faculty.** We generally support the report's recommendations to expand clinical faculty participation in shared governance. We do feel there can be some further clarity provided, particularly in the following areas:

(1) Faculty reclassification: Clear and transparent criteria are needed to ensure that reclassification maintains academic standards and appropriate Senate oversight. It would also be helpful to understand the potential scale and implications for Senate membership.

(2) Governance and voting rights: The roles and voting rights of non-Senate faculty should be clearly defined, particularly the distinction between advisory participation and formal Senate decision-making authority.

(3) Implementation and resources: The proposed governance structures will require additional faculty time and administrative support. More clarity on institutional commitments and resources would be helpful.

While we understand that Recommendation #5 in the report appears to address some of these issues, but some items remain unclear, and other items rely heavily on bylaw amendments and voting by exception. For example, the Task Force recommends a clinical representative to relevant Academic Senate committees (e.g., Planning and Budget), but does not indicate to what degree these members would have governance and voting rights within committees. Would clinical membership on committees only be ex officio? These are examples to illustrate some additional clarity would be beneficial.

UC RIVERSIDE

College of Humanities, Arts, and Social Sciences
EXECUTIVE COMMITTEE

October 26, 2026

TO: Ken Barish, Chair
Riverside Division of the Academic Senate

FROM: Rachel Wu, Chair
CHASS Executive Committee

RE: Report Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

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The CHASS Faculty Executive Committee reviewed the Report Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. The CHASS FEC endorses the task force's recommendations to strengthen representation and shared governance. Most individuals in the Health Sciences Clinical and Adjunct Professor faculty series are doing work equivalent to those of us with the privilege of participating in shared governance. The recommendations appropriately address the governance issues that led to the Task Force. Although we might not fully understand the implications of increasing the clinical composition and representation in the Academic Senate at UCR, there are campuses that already have no cap (e.g., UCD) and have not provided concerns. We note concerns about the tremendous amount of resources, workload, and staffing needed to implement the recommendations, but we do not think that should prevent UC from providing equitable means for representation. We would like more emphasis on a systemwide approach (Recommendation #5: Implement the Formation of a Special Committee of the Academic Council) as there may continue to be inequities in how the transition, reclassification, and new policies emerge if left up to each campus.

UC RIVERSIDE Academic Senate

**COMMITTEE ON INTERNATIONAL EDUCATION**

November 3, 2026

To: Kenneth Barish, Chair
Riverside Division

From: Igor Barsukov, Chair
Committee on International Education

Re: **[Systemwide Review] Report Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee on International Education reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations at their meeting on October 29, 2026, and asserts that the 45-day review timeline feels rushed and is inadequate for thorough evaluation.

Furthermore, given that Senate faculty have already ruled on this matter, re-opening the review raises significant concerns, particularly regarding the potential downstream impacts on Senate composition and voting rights.

**College of Natural and Agricultural Sciences**
Office of the Dean
Olmsted 2300
900 University Avenue
Riverside, CA 92521-0127

TO: Kenneth Barish, Chair, Academic Senate, UCR Division

FROM: Quinn McFrederick, Chair, Faculty Executive Committee, College of Natural and Agricultural Sciences

RE: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The CNAS executive committee discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations at the October 14, 2026 meeting. The committee had three concerns; all related to how the recommendations would affect the voting membership of the UC senate faculty. 1) How many voting senate members would rescinding the 1/6 rule add? 2) Would this result in a disproportionate weight to UCSF in deciding senate votes? 3) Would this further create a precedence for clinical faculty entering the senate? The committee also wondered about the origin of the 1/6 regulation; it was put into place for a reason but why that reason is no longer valid is not clear.

UC RIVERSIDE Academic Senate

**COMMITTEE ON COMMITTEES**

October 30, 2026

To: Ken Barish, Chair
Riverside Division

From: Anthea Kraut, Chair
Committee on Committees

**Re: [Systemwide Review] (Report Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee on Committees (CoC) reviewed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance at their October 22, 2026 meeting. Some CoC members endorsed the recommendations as a means to provide better representation for clinical faculty. Some felt the recommendations fall outside of CoC's purview. Some sought clarification on how the systemwide Special Committee (Recommendation 5) would interface with Academic Senate governance.

UC RIVERSIDE Academic Senate

**COMMITTEE ON DIVERSITY, EQUITY, & INCLUSION**

November 2, 2026

To: Kenneth Barish, Chair
Riverside Division Academic Senate

From: Michelle Raheja, Chair
Committee on Diversity, Equity, & Inclusion

**Re: [Systemwide Review] (Report Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendation**

The Committee on Diversity, Equity and Inclusion (CODEI) has reviewed the provided report and recommendations listed above. The committee appreciates the effort taken to convene this task force and produce the report and recommendations. Even so, CODEI notes several points to address and additional steps needed regarding the feasibility of the recommendations in the report presented. Please find them as detailed below:

1. **Committee influence:** What is the understanding of the health science faculty committees in their ability to influence decisions? Would these committees be strictly advisory?

   **Request:** Amend the proposed recommendations to require responses to the health committee recommendations.

2. **Reclassification safeguards:** What are the potential downstream impacts of reclassification? What is the possibility of a negative effect on salary or appointment protections due to reclassification?

   **Request:** Clarify potential consequences and provide an appeal process for _____.

3. **Workload:** How will clinical faculty participate in the recommended committee if their professional workload including patient-care responsibilities remain fixed?

   **Request**: Identify protected time and funding for participation

4. **Representation:** How are representatives to be selected by non-Senate clinical faculty. Hat safeguards in place to ensure their contributions are as valued as those of Senate members?

UC RIVERSIDE

Academic Senate

## COMMITTEE ON COURSES

November 2, 2026

To: Ken Barish, Chair
Riverside Division

From: S. Bala Balachander, Chair
Committee on Courses

**Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee on Courses reviewed the proposed the Presidential Task Force on Clinical Faculty Representative in Governance's Report and Recommendations at their October 20, 2026 meeting. The Committee had no concerns with the report and recommendations related to their charge of courses and instruction. However, committee members expressed ambivalence towards the proposal due to concerns that removal of the cap on appointments in the Professor of Clinical X series will lead to such clinical faculty becoming a substantial portion of the Academic Senate. There was also concern about how the reclassification of clinical and non-clinical faculty would be implemented and whether there will be Academic Senate oversight of such reclassifications.

UC RIVERSIDE Academic Senate

**FACULTY WELFARE**

November 2, 2026

To: Kenneth Barish, Chair
Riverside Division Academic Senate

From: Laura Sales, Chair
Committee on Faculty Welfare

**Re: [Systemwide Review] Report Review: *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations***

The Committee on Faculty Welfare (CFW) reviewed the report of the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*. While some CFW members had no comments, other members noted the following:

- The Health Sciences Clinical Professor series has a substantially different merit review criteria than other series (regular faculty, Clinical X and Professor of Teaching series). In particular, their commitment to research or teaching mission is fundamentally different from the rest of the Senate, since their prime responsibility is on clinical teaching and patient care services, distinct from the body of students of the university. While their role in the mission of the university is important and clear, the request for participation in the Academic Senate is not sufficiently justified, as their primary mission is not teaching to students or engaging in scholarly research. It is also important to note that the number of members in this series can become dominant in some UC campuses, which could seriously undermine the role and interests of the Academic Senate.

UC RIVERSIDE

Academic Senate

October 26, 2026

To: Kenneth Barish, Chair
Riverside Division

From: Andrey Bekker, Chair
Committee on Library and Scholarly Communications

Re: 26-27. SR. Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The Library and Scholarly Communications Committee discussed 'Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.' After discussion, the committee largely had no comments but felt that it would have been useful to mention in the recommendation #2 a number of appointments at the whole institution and each campus that would be affected by this change.

UC RIVERSIDE Academic Senate

**PLANNING AND BUDGET**

November 2, 2026

To: Kenneth Barish, Chair
Riverside Division

From: Liz Przybylski, Chair
Committee on Planning and Budget

**Re: [Systemwide Review] Report Review: *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations***

The Committee on Planning and Budget (CPB) reviewed the report of the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*. CPB had the following comments:

- What is considered the financial impact (salary & benefits) of the institution and individual on transitioning a faculty member from a Health Sciences faculty appointment to one in the Clinical X series?

- What is the perceived impact these changes will have on the faculty governance structures regarding planning and fiscal decision making? With no cap on Clinical X, what are the safeguards to ensure that the UC system shared governance model reflects the four pillars of its mission? (For example, healthcare associated faculty currently comprise the second largest group of faculty, but healthcare is only one of its four pillars).

UC RIVERSIDE Academic Senate

**PHYSICAL RESOURCES PLANNING**

November 2, 2026

To: Kenneth Barish, Chair
Academic Senate

From: Brian Siana, Physical Resources Planning Committee Chair



**Re: [Systemwide Review] (Report Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendation**

The Physical Resources Planning Committee (PRP) has reviewed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendation.* While the committee appreciates the efforts made to improve representation for clinical faculty, the Committee is staunchly opposed to the recommendations as they are presented. As the issue of extended clinical faculty representation within the Senate was previously decided in the 2025 Memorial to the Regents, PRP is supportive of an alternative committee to represent Clinical Faculty in campus and systemwide endeavors. Alternatively, the proposed recommendations surrounding reclassification of clinical faculty do not clearly identify the criteria for clinical faculty, costs associated with reclassification, numbers of clinical faculty to be potentially reclassified or eligible for reclassification, or safeguards for the retention of traditional Senate influence on Senate practices in the event of reclassification. These questions are central to determination of a way forward in this matter.

UC RIVERSIDE | School of Education

10/30/2026

**To:** Kenneth Barish, Chair of the Assembly of the Academic Senate
and Cherysa Cortez, Executive Director of the UCR Academic Senate

**From:** Kinnari Atit, Ph.D., Faculty Chair of the School of Education Executive Committee

**Subject:** Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

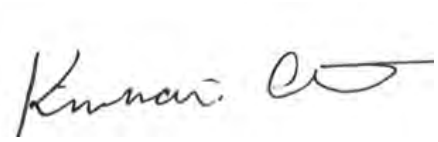
The SOE Executive Committee reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. Comments/feedback were solicited at our executive committee meeting and via email.

The School of Education is generally supportive of the recommendations and of efforts to facilitate meaningful participation in shared governance across faculty types. As SOE does not currently have clinical faculty, most recommendations appear to have limited immediate operational implications for the School.

We request clarification of Recommendation 4, which explicitly includes both clinical and non-clinical faculty. Specifically, does the proposed reclassification pathway apply across all schools and disciplines or only within the health sciences? If its application is broader, clear criteria and appropriate faculty consultation will be important to ensure fair and consistent implementation.

Thank you for the opportunity to provide feedback.

Sincerely,



Kinnari Atit
Chair, Faculty Executive Committee
Associate Professor
School of Education
University of California, Riverside
Email: kinnari.atit@ucr.edu

Docusign Envelope ID: 2462D4B8-09D5-8A7D-80AE-546A140AB841

UC RIVERSIDE | School of Medicine

November 3, 2026

TO: Ken Barish, PhD, Chair, Academic Senate, UCR Division

FROM: Adam Godzik, Ph.D., Chair, Faculty Executive Committee, UCR School of Medicine

SUBJECT: **[Systemwide Review] Report Review: *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations***

Dear Ken,

SOM FEC discussed the ***report on Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*** and would like to state that there were concerns regarding a large number of clinical faculty participating in the Senate, but the committee also agrees that clinical faculty deserve a voice in the Senate matters. A different criterion may be used to evaluate clinical faculty scholarships compared to other campus departments and that education is needed to help broader campus understand various contributions that clinical faculty make.
The Dean of SOM has also requested the clinical faculty to provide their feedback directly to the Academic Senate.

Yours sincerely,

DocuSigned by:
Adam Godzik
F3F7FG0BCE4ADD...

Adam Godzik, Ph.D.
Chair, Faculty Executive Committee School of Medicine

UC RIVERSIDE Academic Senate

## COMMITTEE ON EDUCATIONAL POLICY

October 12, 2026

To: Ken Barish, Chair
Riverside Division

From: Jennifer Nájera, Chair
Committee on Educational Policy

**Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee on Educational Policy (CEP) reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations at their October 9, 2026 meeting. The committee noted that though this report did not directly relate to their charge of undergraduate education, they were generally supportive of extending representation to clinical faculty.

UC RIVERSIDE Academic Senate

## COMMITTEE ON ACADEMIC FREEDOM

October 26, 2026

To: Ken Barish, Chair
Riverside Division Academic Senate

From: Andrew Ridgwell, Chair
Committee on Academic Freedom

**Re: Report and Recommendations of the Presidential Taskforce on Clinical Faculty Representation in Governance**

The Committee on Academic Freedom (CAF) reviewed the Report and Recommendations of the Presidential Taskforce on Clinical Faculty Representation in Governance at their October 14, 2026 meeting.

The Committee recognizes the concerns around the representation of clinical faculty and implications for shared governance.

UC RIVERSIDE

Academic Senate

**Committee on Research**

October 26, 2026

To: Kenneth Barish, Chair
Riverside Division

From: Anupama Dahanukar, Chair
Committee on Research

**Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

The Committee on Research has reviewed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. The committee does not have any comments on the task force's recommendations. The committee's opinion is that implementing the recommendations will strengthen shared governance by inclusion of clinical faculty who are engaged with the academic mission of the University.

UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD

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OFFICE OF THE ACADEMIC SENATE

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November 12, 2026

Professor Susannah Scott
Chair, Academic Senate
University of California
VIA EMAIL

Re: Divisional Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report

Dear Chair Scott,

The report of the Presidential Task Force on Clinical Faculty Representation in Governance was distributed to the standing committees of the San Diego Divisional Senate and discussed at the November 9, 2026, meeting of the Divisional Senate Council.

Senate Council supports the report's goal of using existing governance structures to strengthen clinical faculty representation in matters affecting their professional lives. At the same time, Council concluded that the report's recommendations, while potentially beneficial, are insufficient to address the complex underlying problems that have prompted recent efforts to expand clinical faculty participation in governance.

Faculty have expressed concerns about a perceived shift in UC's priorities away from academic medicine and clinical research toward institutional expansion and direct patient care. Health Sciences faculty – Senate and non-Senate, clinical and non-clinical alike – have had little or no voice in the decisions driving these changes. Clinical faculty have been particularly affected, facing increasing clinical workloads that erode the protected time available for research, creative activity, and service. Meaningful participation in UC's tripartite mission and shared governance requires institutional investment in protected time for these activities. Indeed, it is unclear whether Health Sciences currently provides sufficient support for clinical faculty to assume the additional responsibilities of Senate committee membership or other forms of university service, given the substantial demands and institutional priority placed on their clinical duties.

Implementing the report's recommendations may alleviate some of the symptoms, but addressing the underlying condition will require more fundamental, structural reforms. These should include expanding academic medicine positions and establishing formal faculty representation in UC Health governance at both the systemwide and local levels.

More generally, we should not try to fit the disease to a cure simply because the cure happens to be available**.** We should begin with a careful diagnosis of the underlying problems and then identify the remedies best suited to addressing them. Otherwise, we risk treating the symptoms we know how to treat while leaving the root causes untouched.

In this case, expanding Academic Senate membership through measures to add flexibility to the Professor of Clinical X series and streamlined reclassification pathways may address some legitimate concerns

about recognition and representation without resolving the most pressing problems facing clinical faculty. A careful examination of those problems may point toward a different institutional solution: a system of faculty representation designed around the specific needs, concerns, and protections of Health Sciences faculty. Such a system could operate in parallel with the Academic Senate while maintaining formal connections to it wherever their responsibilities and interests intersect. The ultimate goal should be to establish effective representation that gives Health Sciences faculty a meaningful voice in decisions affecting their professional lives, rather than simply extending the reach of existing governance structures in the name of inclusion.

Council offered the following comments on each of the report's recommendations for consideration.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series
A majority of Council members supports each campus having the autonomy to decide the cap for the Professor of Clinical X series. UC San Diego had a ⅓ cap and that is now raised to ½ for the next two years when the San Diego Division will assess the results and decide whether to recommend raising the cap further or eliminating it altogether.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series
Council supports the recommendation, noting that it may not be equitable to offer this option only for this series and not to other Senate series.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series
Council supports the recommendation as this is already part of the local process at UC San Diego. The San Diego Divisional Senate will review implementation more closely once campuses are provided more direction on next steps after systemwide review is complete.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified
Council supports the recommendation as this is already part of the local process at UC San Diego. The San Diego Divisional Senate will review implementation more closely once campuses are provided more direction on next steps after systemwide review is complete.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council
Council supports forming a special committee to provide an avenue for all clinical faculty to comment on systemwide, academic, operational and clinical affairs. Council did not support mandating their inclusion on specific Senate committees. Council supported individual Divisions determining which committees are appropriate for clinical faculty representation.

The responses from the Divisional Committee on Academic Personnel, Committee on Diversity and Equity, Committee on Faculty Welfare, Committee on Committees, Committee on Rules and Jurisdiction and Health Sciences Faculty Council are attached.

Sincerely,

Akos Rona-Tas Chair
San Diego Divisional Academic Senate

Attachment

cc: Steven Briggs, Vice Chair, San Diego Divisional Academic Senate
Lori Hullings, Executive Director, San Diego Divisional Academic Senate
Monica Lin, Executive Director, UC Systemwide Academic Senate

ACADEMIC SENATE: SAN DIEGO DIVISION, 0002
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October 29, 2026

PROFESSOR AKOS RONA-TAS, Chair
Academic Senate, San Diego Division

SUBJECT: Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Rona-Tas,

At its October 22, 2026 meeting, the Committee on Rules and Jurisdiction (CRJ) reviewed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Except for the removal of the cap on appointments (recommendation #1), CRJ did not find any major concerns with the recommendations as they relate to existing Academic Senate Bylaws and Regulations. Although not related to CRJ's charge, the Committee offered the following additional comments for consideration.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series
APM 275 should explicitly define the underlying logic and rationale behind the original 1/6 cap rather than removing the cap entirely. Providing a uniform principle or standardized framework would allow individual campuses to evaluate and justify their local caps independently based on their unique institutional needs. Completely eliminating the cap removes autonomy from local campuses and may not be in accordance with current campus bylaws, such as those at UC San Diego, particularly given that the 1/6 threshold is not currently being uniformly enforced or adhered to across campuses.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series
An 80% appointment seems to be a minimal concession with marginal practical benefit for faculty workload or work-life balance. Furthermore, providing appointment flexibility to the Clinical X series creates an inconsistent standard within the Academic Senate. If requiring a 100% appointment presents a barrier for faculty with caregiving responsibilities, that logic applies to all Senate series. As full peer members of the Academic Senate, any flexibility in appointment effort should be extended uniformly across all Senate series rather than carved out for a single title.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series
UC San Diego's campus already has a structure that is consistent with this recommendation as CAP's membership regularly includes an appointee from the Prof of Clin X series and the School of Medicine has their own SOMCAP to review files in the clinical series.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified
Establishing an entirely new reclassification pathway seems unnecessary when existing processes for changing an appointment series already exist. Misclassification is primarily an internal School of Medicine issue that should be resolved administratively. The School of Medicine must ensure faculty are correctly appointed from the outset and use established review procedures to correct any misclassifications that have already occurred.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council
CRJ deemed this recommendation as consonant with no further comments.

Sincerely,

Tara Javidi
Chair
Committee on Rules and Jurisdiction

cc: Steven Briggs , Senate Vice Chair
Lori Hullings, Senate Executive Director
Jenna Coomer, Senior Senate Analyst

ACADEMIC SENATE: SAN DIEGO DIVISION, 0002
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October 29, 2026

PROFESSOR AKOS RONA-TAS, Chair
Academic Senate, San Diego Division

SUBJECT: CAP Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Rona-Tas,

At its October 14, 2026, meeting, the Committee on Academic Personnel (CAP) reviewed the report of the Presidential Task Force on Clinical Faculty Representation in Governance. CAP opposes three out of five recommendations made by the task force, with the committee's position noted below for each.

**Recommendation 1: Remove the 1/6 Cap on Professor of Clinical X Appointments**

CAP **opposes** removing the policy limits in APM 275-16.2.f on the proportion of Professor of Clinical X appointments relative to total Academic Senate faculty headcount. CAP is concerned that increasing the number of Professor of Clinical X faculty could weaken UC's standing as a research university and disrupt the balance between research and clinical service that the cap was originally intended to maintain. Removing the cap could shift the system's focus away from education and research toward clinical service and create an imbalance within the Academic Senate.

CAP is also concerned that current appointees in the Professor of Clinical X series face challenges meeting expectations for promotion and advancement, in part because of insufficient understanding of the academic expectations for the series and how they differ from those of the Health Sciences Clinical Professor series. In recent academic years, UC San Diego CAP has noted recurring deficiencies, particularly in teaching, a core expectation of the Professor of Clinical X series. Over the past two academic years, CAP members have been especially concerned about candidates' lack of demonstrated teaching excellence.

Although insufficient evidence of teaching effectiveness is a broader concern across Health Sciences, it is particularly problematic for the Professor of Clinical X series, given its emphasis on teaching. CAP is concerned that removing the cap before these deficiencies are addressed could exacerbate existing challenges. CAP recommends addressing these concerns before expanding the number of appointments in the series.

**Recommendation 2: Allow 80%–100% Effort Appointments in the Professor of Clinical X Series**

CAP **cautiously supports** this recommendation, recognizing that allowing appointments at 80%-100% effort may provide greater flexibility for clinical faculty whose primary and total professional commitment is devoted to UC and its clinical affiliates. However, CAP is concerned that limiting this flexibility to the Professor of Clinical X series could create inequities among faculty in different academic series. CAP recommends considering whether comparable flexibility should be extended to other series to ensure equitable treatment across the faculty.

**Recommendation 3: Engaged Review Criteria & Clinical Representation in Personnel Reviews**

CAP **opposes** the proposed changes to committee structure and membership but offers the following comments and recommendations.

At UC San Diego, departments provide CAP and other campus reviewers with detailed, discipline-specific standards and expectations against which to evaluate candidates. This practice has enabled CAP to evaluate clinical faculty files without requiring additional committee structures or representation from every faculty series. CAP recommends that other campuses ensure that academic personnel reviewers have access to clear, discipline-specific standards and expectations to support informed and consistent evaluations across clinical disciplines and faculty series.

Rather than establishing a separate clinical CAP or adding non-Academic Senate representatives to CAP, campuses should consider including Professors of Clinical X in their regular CAP membership to strengthen clinical expertise within the existing review structure. UC San Diego CAP has included at least one Professor of Clinical X faculty member in its membership for at least the past decade, and CAP has benefited from the expertise these members bring to its deliberations.

At UC San Diego, each school within Health Sciences has an advisory committee that advises the Vice Chancellors by reviewing the clinical achievements of faculty in the Health Sciences Clinical and Professor of Clinical X series. CAP considers this complementary advisory structure sufficient to provide specialized clinical review without establishing a separate Academic Senate committee that duplicates existing functions. CAP members also noted their understanding that many other campuses have similar clinical CAP committees.

**Recommendation 4: Establish Timely Reclassification Pathways for Misclassified Faculty**

CAP **opposes** establishing an additional streamlined mechanism for non-Senate clinical faculty who meet the criteria for the Professor of Clinical X or another faculty series to reclassify, as an abbreviated change-in-series process already exists at UC San Diego. In most cases, this process allows open recruitment to be waived, and for some series changes involving series with similar criteria, external referee letters are not necessary.

CAP supports establishing streamlined reclassification processes at campuses that do not already have an adequate mechanism in place. However, CAP considers the existing process at UC San Diego sufficient to address this recommendation without the need for an additional pathway.

**Recommendation 5: Form a Special Committee of Academic Council & Divisional Counterparts**

CAP **supports** this recommendation.

Sincerely,



Joseph Ciacci
Chair
Committee on Academic Personnel

cc: Steven Briggs, Senate Vice Chair
Lori Hullings, Senate Executive Director
Jenna Coomer, Senior Senate Analyst
Timothy Brady, Vice Chair, Committee on Academic Personnel

ACADEMIC SENATE: SAN DIEGO DIVISION
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November 6, 2026

**AKOS RONA-TAS**
**Academic Senate, San Diego Division**

SUBJECT: Presidential Task Force on Clinical Faculty Report

The Committee on Diversity and Equity reviewed the Presidential Task Force on Clinical Faculty Report. The Committee was generally supportive of the recommendations and saw it as a positive step from an equity perspective. The Committee agrees that removing the Clinical X cap, allowing more flexible appointments, and helping faculty move into the appropriate series could address some longstanding barriers. However, some members of the committee wanted to see more detail on how these recommendations will work in practice. The Committee offers the following comments related to each recommendation area:

Recommendation #1 Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

- The Committee generally supports this recommendation.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

- While most members agreed with the 80% cut off, they all agreed there should be clear justification for the 80% floor.
- Some members felt that allowing 80%–100% appointments is a welcome change, especially for faculty with caregiving responsibilities, but that faculty working below the 80% level may still make substantial academic contributions. They recommended a clear pathway and further exploration of exceptions for otherwise-qualified faculty with lower-effort appointments, including those related to disability, caregiving, or phased retirement.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

- The Committee agreed with these recommendations but suggest that there is more explicit recognition in tenure and promotion processes for Clinical X faculty who participate in this new Special Committee, akin to other university service.
- Some members thought it was important to provide time to participate. They suggest protected time, clinical coverage or adjusted productivity expectations, and administrative support, and that the work counts toward advancement. Otherwise, participation will depend on who has a supportive chair or a department that can afford to cover their time.
    - Other members noted that current Senate faculty are generally not given protected time to do service but may be offered incentives in the form of positive appraisals.

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- Some members note that it is important to consider the availability of service opportunities. Faculty do not all have the same time, mentorship, research support, or access to leadership opportunities, and those factors should be considered when reviewing their records.
- Some members felt that it is important to recognize the work clinical faculty do. While the report already describes a broad range of scholarly contributions, the challenge is making sure reviewers recognize them. Educational innovation, mentorship, community-engaged scholarship, quality improvement, and work to improve access to care should receive appropriate credit. Review committees need relevant expertise and representation from the series being reviewed. Some flexibility across campuses makes sense, but there should still be consistent expectations.
- The report proposes including Senate and non-Senate faculty, but it does not say how many members must be non-Senate, how they will be selected, or whether they can chair the committees. They felt that it is important for faculty to have a say in choosing their representatives, and membership should reflect different professions, ranks, series, and clinical settings. Some members advocated for a clear process for bringing concerns forward and getting a response.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

- The Committee notes the importance of making reclassification fair and transparent. This helps faculty who should have been appointed in a different series in the first place. Since reclassification can go in either direction, the consequences need to be clear. Faculty should know the criteria, timeline, and possible effects on salary, rank, benefits, and academic protections. They should be able to request a review themselves and appeal a decision. There was some concern that faculty are not penalized for appointment or workload decisions made by the institution.
- Some members also note that there should be support for faculty who want to develop the work needed to move into another series.

The Committee also recommends a process to review whether or not these changes improve equity. The report gives headcounts by series but does not examine who has access to Senate appointments or whether some groups face greater barriers. The Committee recommends assessing this at baseline and track reclassification requests, outcomes, processing times, and participation over time. Where feasible and with appropriate privacy protections, this should include differences by gender, race/ethnicity, disability, caregiving responsibilities, rank, profession, appointment percentage, and campus. Faculty should be asked whether they feel they have more influence. The three-year review should be established to look at what has changed for faculty in these series, beyond whether the committees have been established.

Sincerely,

Jennifer Graves, Chair
Committee on Diversity & Equity

cc: J. Coomer

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L. Hullings
A. Rona-Tas

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October 29, 2026

PROFESSOR AKOS RONA-TAS, Chair
Academic Senate, San Diego Division

SUBJECT: Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Rona-Tas,

At its October 28, 2026 meeting, the Committee on Faculty Welfare (CFW) reviewed the report of the Presidential Task Force on Clinical Faculty Representation in Governance. CFW is generally supportive of the five recommendations, noting that it reserves judgment regarding final local adoption. More time is needed for necessary consultation and discussion at the campus level before any implementation steps are taken.

The Committee recognizes that limited time was available for divisional Senate review because of the 45-day systemwide review requirement. However, members noted that additional time would have helped the committee thoroughly consider the potential benefits and impacts of adopting each recommendation. For many on the committee, this is the first time they are discussing matters related to clinical faculty representation. More background and context on the current landscape of academic appointments in Health Sciences (HS), the relationship between schools of medicine and UC Health, and HS connections to general campus would further assist evaluation by CFW. For example, to properly consider the local impacts of Recommendation 3 (review criteria for the different disciplines and faculty series) and Recommendation 4 (a reclassification pathway), data is needed on anticipated workload for CAP and SOMCAP and the number of appointees in HS Clinical and Professor of Clinical X who believe they are misclassified and are considering a series change.

As general comments for further consideration in the systemwide review, CFW offers the following:

- At the conclusion of the systemwide review of this report, it is of paramount importance for UC to clearly state its commitment to academic medicine. As UC Health expands across California, we cannot lose this as part of our institutional identity, and we should acknowledge the contributions of clinical faculty to the UC mission. These contributions are distinct from the direct patient care provided by non-faculty clinicians hired directly by the UC health systems. Members are concerned that as the numbers of non-faculty clinicians grow through UC Health, the core academic medicine mission is being overshadowed by broader administrative and operational priorities.
- CFW is in full support of allowing less than 100% effort in the Professor of Clinical X series (Recommendation 2), particularly because these are 12-month appointments.
- Agreement on what constitutes teaching and scholarly work in clinical settings across disciplines and series is difficult to achieve. To effectively implement Recommendations 3 and 4, the HS departments, clinical academic review committees, and campus CAPs will need to come to some consensus on how to consistently apply the APM criteria.
- Members generally see Recommendation 4 (a reclassification pathway for faculty currently misclassified) as non-controversial but noted that scale is important. The headcount data in Appendix B shows that HS Clinical Professors represent the second highest number of appointees behind ladder-rank faculty. To properly assess the collective impact on Senate membership, it

would be helpful to know how many HS Clinical Professors are being considered for reclassification.

- CFW supports the formation of a Special Committee of the Academic Council, with a local counterpart (Recommendation 5). This will not fully solve the issues surrounding non-Senate clinical faculty representation, but it will provide a codified and predictable pathway for engagement.

Thank you for the opportunity to comment and CFW looks forward to participating in continued discussions on this matter.

Sincerely,

Jeff Bowman
Chair
Committee on Faculty Welfare

cc: Steven Briggs, Senate Vice Chair
Lori Hullings, Senate Executive Director
Jenna Coomer, Senior Senate Analyst
Massimo Franceschetti, Vice Chair, Committee on Faculty Welfare

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October 30, 2026

**AKOS RONA-TAS**
**Academic Senate, San Diego Division**

SUBJECT: Presidential Task Force on Clinical Faculty Representation in Governance Report

At its October 21st, 2026 meeting, the Committee on Committees reviewed the Presidential Task Force on Clinical Faculty Representation in Governance Report.
The Committee generally found the recommendations to be reasonable and supported the proposals that seek to repair issues in assessing and shaping our colleague's work trajectories. The Committee did have further questions about the expectations of service requirements for faculty in these roles and that it would present a challenge to engage this number of additional faculty into currently available service roles. The Committee has appointed several Clinical Faculty who are members of the academic senate to senate committees in the past, and the Committee is careful to balance participation from across campus when we form senate committees each year. There are a limited number of senate committees, many of which have bylaws prescribing the minimum number of members from each division. Further, only a few members rotate off the different committees each year. Increasing the size of the Senate committees is an option to consider in the future, but this also may lead to less effective committee operations.

Sincerely,

John McCartney, Chair
Committee on Committees

cc: S. Briggs
J. Coomer
L. Hullings
A. Rona-Tas

UC San Diego
HEALTH SCIENCES

October 30, 2026

Akos Rona-Tas, PhD
Chair, Academic Senate – UC San Diego Division
UC San Diego
MC 0002

SUBJECT: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Rona-Tas,

On behalf of the Health Sciences Faculty council, I am transmitting the comments to each of the recommendations from the Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance.

- ***Recommendation #1 - Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.***

  We agree with this recommendation.

- ***Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.***

  We agree with this recommendation and identified this need several years ago, particularly for self-supporting faculty facing wellness or financial constraints. This recommendation should be extended to all self-supporting senate faculty (Clinical X and In Residence).

- ***Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.***

  We agree with this recommendation. The majority of Health Sciences faculty members are self-supported by research grants and/or income generated by their clinical activity. Therefore, faculty divide their efforts very differently than general campus faculty, and we agree that stated academic advancement criteria should appropriately match the important missions and efforts of Health Sciences faculty members with varying responsibilities.

- ***Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.***

  We agree with this recommendation, as it could reduce barriers for Health Sciences faculty to change academic series appropriately. Faculty across all series contribute to scholarship, teaching, service, and professional activities, although the nature and emphasis of these contributions vary. Faculty should pursue appointment in another series when their academic portfolio supports the change, although

some choose not to do so, even when review committees recommend the change. Faculty cannot be forced to change series despite their qualifications indicating that they could be considered misclassified.

Salaried Adjunct Professors may warrant particular consideration. At the Associate Professor level, appropriate faculty could transition to the In-Residence series, especially if Recommendation #2 provides sufficient flexibility in effort and funding.

- ***Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.*** This recommendation does not adequately address the lack of voice or inequitable representation of non-Senate Health Sciences faculty. Although representation on relevant Academic Senate committees is a positive step, the proposal does not clarify whether these representatives would have voting rights. We recommend that non-Senate Health Sciences faculty serve as voting members of all relevant Senate committees, ensuring meaningful and equitable participation in shared governance. Their substantial contributions to teaching, scholarship, and service warrant full representation regardless of faculty series.

Sincerely,



Susan Little, MD
Chair, Health Sciences Faculty Council

cc:

John M. Carethers, M.D., Vice Chancellor, Health Sciences
Robert Ross, MD, Senior Assistant Vice Chancellor of Academic Affairs
Maripat Corr, MD, Assistant Vice Chancellor of Academic Affairs
Emily Lukacz, MD, Assistant Vice Chancellor of Academic Affairs

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Errol Lobo, MD, PhD, Chair
Marta Margeta, MD, PhD, Vice Chair
Steven Cheung, MD, Secretary
Spencer Behr, MD, Parliamentarian

November 12, 2026

Susannah Scott
Chair, Academic Council
Systemwide Academic Senate
University of California Office of the President
1111 Franklin St., 12th Floor
Oakland, CA 94607-5200

**Re: UCSF Review of the Clinical Faculty Representation Report & Recommendations**

Dear Chair Scott:

The UCSF Division of the Academic Senate appreciates the opportunity to comment on the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. UCSF Senate committees broadly support the Task Force's goal of expanding meaningful participation by clinical faculty in shared governance and generally support its five recommendations. UCSF has more than a decade of experience with an inclusive local governance model in which eligible Health Sciences Clinical and Adjunct faculty participate alongside Senate faculty. Clinical faculty serve on numerous UCSF Senate committees, participate in academic personnel review, and contribute perspectives on clinical care, education, research, faculty welfare, space, sustainability, and other matters central to the University's mission. This experience demonstrates that including clinical faculty in shared governance can strengthen faculty participation and university decision-making, and several of the Task Force's recommendations reflect practices already operating successfully at UCSF. A large number of the UCSF Senate's standing committees commented on the Task Force's recommendations, including Academic Planning & Budget (APB), Clinical Affairs Committee (CAC), Committee on Academic Personnel (CAP), Committee on Committees (CoC), Committee on Faculty Welfare (CFW), Committee on Research (COR), Committee on Space (ASCOS), Equal Opportunity (EQOP), Rules & Jurisdiction (R&J), the School of Medicine Faculty Council (SOMFC), and Sustainability (SUST).

Recommendation 1: Remove the Cap on Professor of Clinical X Appointments
UCSF supports removing the one-sixth cap on appointments in the Professor of Clinical X series. UCSF already operates without such a cap, and its experience supports allowing faculty to be appointed in the series that appropriately reflects their work and qualifications rather than limiting appointments through an arbitrary numerical restriction. Removing the cap would also expand opportunities for clinical faculty whose scholarly, educational, and clinical contributions satisfy the expectations of the Clinical X series to be appropriately appointed in that Senate series. (CFW, R&J, CAC, CAP, COR, SUST)

Recommendation 2: Allow 80–100 Percent Appointments in the Professor of Clinical X Series
UCSF supports allowing Professor of Clinical X appointments between 80 and 100 percent effort. The current 100 percent requirement can unnecessarily limit access to the series for faculty whose work otherwise meets its expectations, particularly faculty who require reduced effort because of caregiving or other personal circumstances. Greater flexibility would allow these faculty to remain in or enter the appropriate series without being disadvantaged solely because they cannot maintain 100 percent effort. (CFW, R&J, CAC, CAP, SUST)
The University should also consider whether comparable flexibility is appropriate for

other Senate faculty series and whether greater flexibility is appropriate for faculty working below 80 percent effort. (CFW, CAC, EQOP)

Recommendation 3: Engage Clinical Faculty in Academic Personnel Review

UCSF supports meaningful participation by clinical faculty in academic personnel review and in the development and interpretation of review criteria. UCSF's two Committees on Academic Personnel, Blue CAP and Gold CAP, include voting members from the Ladder Rank, Clinical X, and In-Residence series and may each include up to two non-voting members from the Health Sciences Clinical or Adjunct series. UCSF's experience has demonstrated the value of including reviewers who understand clinical faculty roles, responsibilities, and advancement criteria; these perspectives help CAP members understand the review criteria applicable to different faculty series and strengthen the evaluation of faculty whose academic contributions depend substantially on clinical care, clinical teaching, and related scholarly activities. (CFW, R&J, CAC, CAP)

Recommendation 4: Establish Timely and Efficient Reclassification Pathways

UCSF supports establishing timely and efficient pathways for faculty whose appointment series does not appropriately reflect the work they perform. Clinical researchers and educators whose responsibilities and academic contributions align more closely with another faculty series should have a clear and transparent pathway to consideration for reclassification into the appropriate series. (COR) However, current processes for moving between series can be burdensome and may require recruitment and appointment procedures even when a faculty member is already performing work appropriate to another series. More efficient pathways would reduce unnecessary work for faculty, departments, and administrators while better aligning appointment series and advancement criteria with faculty responsibilities. (CFW, R&J, CAC, CAP, COR)

A faculty member may have been placed in an inappropriate series at the time of appointment, may have experienced substantial changes in responsibilities over the course of a career, or may perform work that reasonably fits the criteria of more than one series. Faculty experience also illustrates that moving between series can require substantial faculty and staff effort, may involve a search process, and may offer uncertain benefits or outcomes even when a faculty member's activities appear consistent with another series. Any reclassification should occur with the faculty member's agreement. (CAC)

More broadly, efforts to streamline movement between series should recognize that faculty roles may evolve over the course of a career and should minimize unnecessary administrative barriers when a change in series is appropriate. Reclassification processes should also include education for faculty and departments regarding the criteria and expectations of the different faculty series. (CAP, COR, EQOP) In addition, reclassification processes should preserve applicable departmental faculty voting rights under Academic Senate Bylaw 55 and appropriate review through established academic personnel processes, including CAP review where applicable. UCSF's EQOP therefore requests a formal role, alongside relevant departmental and Senate bodies, in the development and review of any UCSF reclassification process to help ensure equitable and fair academic personnel practices. (EQOP)

Recommendation 5: Establish Local and Systemwide Clinical Faculty Governance Structures

UCSF strongly supports establishing a systemwide structure through which clinical faculty can participate more directly in shared governance. UCSF's Clinical Affairs Committee (CAC) provides an established example of the type of local structure contemplated by the Task Force. CAC brings together Senate and non-Senate clinical faculty from UCSF's four schools and multiple clinical sites and provides a formal avenue for clinical faculty to advise the Academic Senate and UCSF Health on matters affecting clinical faculty and the University's clinical mission. UCSF's experience demonstrates the value of a governance structure specifically focused on clinical faculty, and a systemwide structure connecting clinical faculty across campuses could strengthen communication and provide a formal avenue for clinical faculty perspectives to inform systemwide deliberations. (CFW, R&J, CAC, CAP, SUST)

The local component should be adaptable to existing divisional governance structures. At UCSF, CAC already performs many of the functions envisioned by the Task Force, and an additional local committee would therefore be unnecessary. The purpose, membership, authority, and relationship of any new systemwide structure to existing Senate bodies should be clearly defined. Meaningful representation also requires more than formal eligibility to serve: clinical faculty who undertake governance responsibilities should receive sufficient non-clinical

time and be able to participate meaningfully in committee deliberations and decisions. The University should also clarify the voting rights of non-Senate clinical faculty serving in these governance structures so that their participation provides a meaningful voice in committee deliberations and decisions. (R&J, CAC, CAP, EQOP)

Meaningful clinical faculty participation should extend beyond Senate committee service to opportunities to advise on health system decisions affecting the academic mission, including resource allocation, clinical productivity expectations, and faculty workforce planning. (EQOP) Appropriate safeguards should also ensure that clinical faculty without tenure protections can participate in shared governance and express independent views without fear of adverse consequences. (EQOP)

Clinical faculty representation should also extend to Senate committees addressing issues where clinical perspectives are particularly relevant. Clinical research is a major component of UCSF's research enterprise, and participation by clinical researchers in shared governance helps ensure that decisions concerning research policy, infrastructure, and resources reflect the breadth of the research community. In addition to the committees identified by the Task Force, clinical faculty representation on the University Committee on Research Policy would recognize the substantial role clinical faculty play in clinical and translational research. (CAC, COR)

Clarification, Flexibility, & Safeguards

The review also identified areas in which clarification, flexibility, or additional safeguards would improve implementation:

- Clarifying the definition of faculty who are "misclassified" and ensuring that reclassification processes are voluntary, transparent, equitable, administratively efficient, and consistent with established academic personnel processes. (CAC, CAP, COR, EQOP)
- Allowing divisions flexibility to adapt clinical faculty representation and academic personnel review processes to existing local governance structures and practices. (R&J, CAC, CAP, EQOP)
- Ensuring that clinical faculty have the time, participation rights, and appropriate safeguards necessary to contribute meaningfully and independently to shared governance. (CAC, CAP, EQOP)
- Ensuring that clinical faculty have meaningful opportunities to advise on health system decisions affecting the University's academic and clinical missions. (EQOP)
- Considering the implications of the recommendations for Adjunct faculty and developing appropriate pathways for their participation in shared governance. (ASCOS, CAP, COR, SUST)
- Assessing the equity implications of implementation, including effects on Senate composition, recruitment, advancement, reclassification, and representation across campuses and faculty populations. (EQOP)
- Providing affected faculty with accessible, campus-specific information and meaningful opportunities for consultation regarding governance rights, Senate membership, appointment and advancement pathways, and related consequences. (EQOP)

Adjunct Faculty, Equity, & Faculty Consultation

Several UCSF committees noted that the Task Force's recommendations focus principally on Health Sciences Clinical faculty even though Adjunct faculty also participate in UCSF's inclusive governance structure. UCSF therefore encourages continued consideration of meaningful governance pathways for Adjunct faculty and of the potential downstream effects of creating new opportunities for Health Sciences Clinical faculty without addressing similarly situated Adjunct faculty. More broadly, the Task Force recommendations should be understood as important progress toward greater inclusion rather than necessarily a complete resolution of faculty representation in shared governance. The review also reflects a broader concern that the systemwide governance structure should continue to evolve to ensure that the growing clinical faculty population has an effective voice in University decision-making, including consideration of more comprehensive approaches to faculty inclusion in the Academic Senate. UCSF continues to support the principle that faculty who make significant contributions to the University's academic mission should have meaningful opportunities to participate in decisions affecting that mission and their professional work. (ASCOS, CAP, COR, SUST, CFW, CoC)

The review also raised important questions concerning equity and faculty consultation. Additional analysis would help clarify how the recommendations may affect Senate composition, access to reclassification, recruitment, advancement, and representation across campuses and faculty populations, and implementation should be

monitored for differential effects and to ensure that expanded opportunities do not depend disproportionately on institutional sponsorship or departmental discretion. Faculty most directly affected should also have sufficient information and opportunity to understand and comment on the proposals, including accessible, campus-specific information concerning governance rights, Senate membership, appointment and advancement pathways, and related consequences, so that they can participate meaningfully in implementation decisions. (EQOP)

On the whole, the Task Force's recommendations represent an important opportunity to strengthen clinical faculty representation in the University. They should also be viewed as a step toward addressing the broader question of how UC's governance structures can remain representative as the size and importance of its clinical faculty continue to grow. UCSF therefore encourages the University and the Senate to continue working toward governance structures that recognize the contributions of clinical faculty and provide meaningful avenues for their participation in decisions affecting the University's academic and clinical missions. (CFW, SOMFC, CAC, CoC)

Thank you for the opportunity to provide comments on this important review. If you have any questions, please reach out to me or the UCSF Academic Senate Executive Director, Todd Giedt (todd.giedt@ucsf.edu).

Sincerely,

Errol Lobo, MD, PhD, 2025-27 Chair
UCSF Academic Senate

Enclosures (11)

Cc: Alon Witztum, PhD, Chair, Committee on Faculty Welfare
Anthony Baker, PhD, Chair, Committee on Rules and Jurisdiction
Cynthia Gasper, MD, Chair, School of Medicine Faculty Council
Melike Pekmezci, MD, Chair, Clinical Affairs Committee
Marta Margeta, MD, PhD, Chair, Committee on Committees
Torsten Wittmann, PhD, Chair, Academic Planning & Budget Committee
Susan Lynch, PhD, Chair, Committee on Space
Ashish Raj, PhD, Chair, Committee on Academic Personnel – Blue
Mary Margaretten, MD, Chair, Committee on Academic Personnel – Gold
Jeannie Bailey, PhD, Chair, Committee on Research
William Martinez, PhD, Chair, Committee on Equal Opportunity
Michael Hoff, PhD, Chair, Committee on Sustainability

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# Communication from the Academic Planning & Budget Committee

**Torsten Wittmann, PhD, Chair**

November 9, 2026

TO: Errol Lobo, MD, PhD, Chair, UCSF Academic Senate

FROM: Torsten Wittmann, PhD, Chair, Academic Planning & Budget Committee (APB), UCSF
Jenny Liu, PhD, MPP, MA, UCPB Representative & Vice Chair, APB, UCSF

CC: Alon Witzum, PhD, Chair, Committee on Faculty Welfare, Academic Senate, UCSF
Todd Giedt, Executive Director, Academic Senate, UCSF
Kristie Tappan, Senior Analyst, Committee on Faculty Welfare, Academic Senate, UCSF

RE: APB Support of Committee on Faculty Welfare Communication on the Presidential Task Force Report and Recommendations on Clinical Representation in Governance

Dear Senate Chair Lobo:

The UC San Francisco (UCSF) Academic Planning & Budget Committee reviewed the Presidential Task Force Report and Recommendations on Clinical Representation in Governance. Upon review of other Senate committees and councils' comments, APB has opted to support the Communication authored by the Committee on Faculty Welfare – rather than write its own formal communication.

APB appreciates CFW Chair Witztum and other committee members thoughtful and thorough response to the recommendations.

Thank you for the opportunity to review the task force report. APB Committee supports the implementation of the recommendations and the inclusion of clinical faculty in the governance of the University of California.

Sincerely,



Torsten Wittmann, PhD, Chair
Academic Planning & Budget Committee

UCSF Academic Senate

http://senate.ucsf.edu

**Communication from the Committee on Academic Personnel**
**Ashish Raj, PhD, Chair, Blue CAP**
**Mary Margaretten, MD, Chair, Gold CAP**

November 9, 2026

TO: Errol Lobo, Chair of the UCSF Division of the Academic Senate

FROM: Ashish Raj, Chair, Committee on Academic Personnel – Blue
Mary Margaretten, Chair, Committee on Academic Personnel – Gold

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Lobo:

The UCSF Committee on Academic Personnel (CAP) writes to comment on the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. CAP supports efforts to provide Health Sciences (HS) Clinical faculty with greater opportunities to participate in shared governance across the UC system and generally supports the Task Force's recommendations. CAP feels that some aspects of the recommendations would benefit from additional clarification.

UCSF has long included HS Clinical faculty in shared governance, including in roles on CAP. HS Clinical faculty support UCSF's clinical and educational missions and bring important perspectives to Senate decision-making. CAP believes UCSF exemplifies the positive impacts of incorporating clinical faculty in shared governance. The Task Force's recommendations are a constructive step toward greater inclusion at the systemwide level. CAP therefore endorses the five recommendations of the report and notes that many are already in place at UCSF.

1. CAP supports removing the 1/6 cap on Appointments in the Professor of Clinical X Series. UCSF does not currently have a cap on appointments in any series. CAP feels that faculty should be placed in the series that best reflects the work that they do.

2. CAP believes that faculty career structures should provide appropriate flexibility when individuals are unable to maintain 100% effort. Faculty may need to change their effort levels during their careers because of personal circumstances, and doing so should not unnecessarily disadvantage them. CAP supports allowing 80%-100% full professional efforts in the Clinical X series and providing clear structures for faculty in this series to modify their percent effort as needed.

3. CAP has found that including the perspectives of HS Clinical faculty on the committee has been effective in helping members in other series understand the review criteria for the HS Clinical series. At the same time, CAP recognizes that other UC campuses encompass a broader range of disciplines than UCSF, which may make cross-disciplinary review more challenging. For that reason, CAP acknowledges that UCSF's model may not work for all Divisions. We appreciate that the report provides several options for campuses to incorporate input from HS Clinical faculty

regarding personnel review. CAP supports the flexible recommendation that all Committees on Academic Personnel should engage on the review criteria for each series that they review.

4. CAP strongly supports developing reclassification pathways for faculty who may be in the wrong series. CAP has observed that some misclassifications may result from a lack of understanding of the requirements for each series among faculty and Department leadership. CAP suggests advising in the report that the mechanisms developed for reclassification should include education for faculty and Departments around the parameters for each series.

5. Finally, CAP recognizes that establishing a committee representing clinical faculty at each campus can provide HS Clinical faculty with an important mechanism for having a voice in shared governance. At the same time, this body's purpose and relationship to existing governance structures should be clearly defined. For example, a new committee may not be necessary at UCSF, where HS Clinical faculty already participate in governance and have a voice on clinical matters through the Clinical Affairs Committee. CAP therefore recommends allowing campuses flexibility in determining the most effective structure for providing HS Clinical faculty a meaningful and effective mechanism for participating in shared governance.

   Notably, formal eligibility to participate in governance does not necessarily create a meaningful opportunity to do so. HS Clinical faculty often have substantial clinical responsibilities, leaving limited additional time to participate in shared governance activities. To ensure that expanded representation is effective in practice, HS Clinical faculty who undertake governance responsibilities should be granted sufficient non-clinical time to participate. CAP recommends highlighting this need within the report.

In summary, CAP supports the direction of the Task Force recommendations and believes they represent an important step toward greater inclusion of HS Clinical faculty in University governance. UCSF's experience demonstrates that HS Clinical faculty can participate effectively in shared governance and personnel review.

Finally, CAP members raised concerns that the provided recommendations only consider HS Clinical faculty and do not address the lack of representation for faculty in the Adjunct series. The Task Force was convened following 2025 Senate memorials on representation in governance for faculty in the HS Clinical and Adjunct series. CAP suggests that consideration be given to possible downstream effects for Adjunct faculty if a structure for participation in shared governance is provided only to HS Clinical faculty.

Thank you for the opportunity to comment on this important issue. If you have any questions regarding these comments, please contact us or Academic Senate Analyst Liz Greenwood (liz.greenwood@ucsf.edu).

Sincerely,

Ashish Raj
Chair, UCSF Committee on Academic Personnel, Blue

Mary Margaretten
Chair, UCSF Committee on Academic Personnel, Gold

UCSF Academic Senate

https://senate.ucsf.edu

# Clinical Affairs Committee

**Melike Pekmezci, MD, Chair**

November 9, 2026

Errol Lobo, MD
Division Chair
UCSF Academic Senate

**Re: Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Lobo:

**The Clinical Affairs Committee (CAC) strongly supports the five recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance.**

Clinical faculty are essential to the University's clinical, educational, research, and service missions and should not be excluded from shared governance. Clinical faculty should have meaningful opportunities to participate in university governance and to help shape policies and decisions that affect their work caring for patients, improving care, pioneering research, and training the next generation of health sciences clinicians, researchers, and educators.

The Task Force's recommendations are important steps toward that goal. CAC particularly supports the creation of local clinical affairs committees and a systemwide structure that connects them. UCSF's experience with its own Senate Clinical Affairs Committee demonstrates the value of bringing clinicians together across disciplines and practice sites. CAC would welcome connecting with similar committees across the UC through a systemwide hub.

CAC offers the following comments on the Task Force's five recommendations.

**1. Remove the cap on the Professor of Clinical X series.**

CAC supports removing the one-sixth cap on Clinical X faculty. UCSF previously removed this cap and has benefited from the flexibility to appoint faculty to the series that appropriately reflects their work. Other campuses should have the same flexibility and clinical faculty with meaningful research and teaching roles should not be excluded from Clinical X series.

**2. Allow 80–100% Clinical X appointments.**

CAC supports allowing Clinical X faculty to hold appointments between 80% and 100%. Requiring a 100% appointment can unnecessarily limit the use of the Clinical X series. The proposed flexibility would allow faculty whose work otherwise fits the series to reduce their

appointment without changing series. CAC also agrees with the Presidential Task Force that Chancellors may want to consider a similar blanket exception for other Senate faculty series.

**3. Engage clinical faculty in academic personnel review.**

CAC strongly supports involving non-senate clinical faculty in developing review criteria for evaluation of performance and promotion of clinical faculty. UCSF already includes faculty from different series in its academic personnel review processes. Their experience and understanding of clinical work strengthen those reviews. Faculty who do clinical work should have a meaningful role in evaluating faculty whose advancement depends primarily on clinical work.

**4. Improve the faculty series reclassification process.**

CAC supports establishing a timely and efficient reclassification process but recommends greater clarity about what it means for a faculty member to be "misclassified." The term could encompass faculty who were placed in an inappropriate series when hired (e.g. this might be due to one-sixth cap), faculty whose work has changed over time, or faculty whose work could reasonably fit more than one series.

Any revised reclassification process should preserve faculty choice. A faculty member should not be required to change series merely because an institutional review concludes that another series may better fit their work. Any reclassification should occur with the faculty member's agreement.

Finally, this work may identify unnecessary barriers to faculty-initiated changes in series more generally. If so, UC should consider opportunities to make those processes more efficient as well.

**5. Create local and systemwide "clinical affairs" committees.**

CAC strongly supports establishing divisional committees, similar to our "clinical affairs" committee and a systemwide structure connecting them. UCSF's experience demonstrates the value of having a Senate committee specifically focused on clinical faculty and the clinical mission.

CAC brings together clinical faculty from UCSF's four schools and multiple clinical sites. Members can be from any faculty series, senate and non-senate, and many are from the Health Sciences Clinical series. The committee has brought clinical faculty perspectives to systemwide policy reviews, strengthened communication between frontline faculty, UCSF Academic Senate and UCSF Health leadership, and created opportunities for clinicians to participate more directly in institutional decision-making.

CAC has sought greater systemwide collaboration for years. CAC members and staff participated in the informal Clinical Affairs Advisory Group and the UC Health Special Committee on Health Sciences and Clinical Affairs. These efforts connected clinical faculty across campuses, but they did not provide a permanent connection to the systemwide

Academic Senate. The Task Force's recommendation would create the formal infrastructure that has long been missing.

CAC also fully supports the Task Force recommendation of "*there be a clinical faculty representative (members of the Special Committee and divisional committees) to the relevant Academic Senate committees (e.g., Faculty Welfare, Planning and Budget, Task Force on Investments and Retirement, Health Services Task Force, and Academic Personnel).*" In addition to the committees identified by the Task Force, CAC recommend that a clinical faculty representative also serve on the University Committee on Research Policy (UCORP). Clinical faculty are deeply engaged in clinical and translational research, and a designated clinical perspective would strengthen UCORP's work. Most importantly, whenever clinical faculty serve on systemwide Senate committees, CAC considers it essential that they serve as full members of these committees, including having voting rights, regardless of their faculty series. Asking clinical faculty to contribute their time and expertise without allowing them to participate fully in committee decisions would not provide the meaningful representation this recommendation is intended to achieve.

The Task Force's recommendations offer a meaningful opportunity to improve clinical faculty participation in shared governance. CAC strongly supports their implementation and encourages UC to continue working toward full and meaningful inclusion of clinical faculty in university governance.

Sincerely,

Melike Pekmezci, MD

Clinical Affairs Committee Chair

Cc: Todd Giedt, Senate Executive Director
Joe Sanford, Clinical Affairs Committee Vice Chair

UCSF Academic Senate

https://senate.ucsf.edu

## Committee on Faculty Welfare

**Alon Witztum, PhD, Chair**

November 2, 2026

Errol Lobo, MD
Division Chair
UCSF Academic Senate

**Re: Systemwide Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Lobo:

The Academic Senate's Committee on Faculty Welfare (CFW) writes to comment on the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance that is out for systemwide review. **CFW strongly endorses the Task Force's recommendations**. It is critical for the University of California to engage clinical faculty in the shared governance of this university. The Task Force's five recommendations are a good start.

The Task Force made the following five recommendations.

1. **Recommendation 1:** Remove the 1/6 cap on the Professor of Clinical X series.

2. **Recommendation 2:** Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

3. **Recommendation 3:** Engage campus Committees on Academic Personnel (CAP) on the review criteria for the different clinical disciplines and different faculty series to provide clarity and consistency. Include representation from clinical faculty series on clinical faculty reviews.

4. **Recommendation 4:** Establish a timely and efficient re-classification process at each location for faculty who are currently misclassified in their faculty series appointment.

5. **Recommendation 5:** Implement a systemwide Special Committee and divisional committees/local counterparts that align with local governance structures to provide clinical faculty (Academic Senate and non-Academic Senate) with an avenue for advising Academic Affairs, UC Health, UC medical centers, and other offices on priorities, operations, and policies. A special committee of the Academic Council at the systemwide level should be created to facilitate access to, and participation in, Academic Senate committees, thus establishing a formalized structure to provide advice on systemwide matters.

CFW supports all five recommendations. **Recommendation 1** would remove an unnecessary systemwide restriction on appointments in an existing Academic Senate series. If a faculty member's work and qualifications meet the expectations of the Professor of Clinical X series, an arbitrary numerical cap should not prevent appointment in that series.

**Recommendation 2** would make the Clinical X series more accessible to faculty who need flexibility in their appointment percentage. As the Task Force recognizes, requiring a 100% appointment can create an unnecessary barrier for faculty with caregiving or other responsibilities. CFW strongly supports allowing 80%-100% appointments and agrees with the Task Force that greater flexibility would contribute to a more family-friendly and inclusive work environment. CFW also encourages UC to consider similar flexibility for other Senate faculty series.

**Recommendation 3** reflects practices already in place at UCSF, and our experience with those practices has been positive. Health Sciences Clinical and Adjunct faculty serve on UCSF's Committees on Academic Personnel, where their perspectives and service are helpful and valued. UCSF also engages faculty from these series in faculty review processes at the school and departmental levels. UCSF's experience demonstrates that this approach works well. CFW strongly supports expanding opportunities for faculty who are themselves subject to academic review to participate in the peer review of their colleagues.

**Recommendation 4** addresses a significant practical barrier for faculty who are already performing work appropriate to another faculty series. Reclassification from the Health Sciences Clinical or Adjunct series into a Senate series can require a burdensome recruitment and appointment process rather than a straightforward change in series. One CFW member is currently moving from the Health Sciences Clinical series to the Professor of Clinical X series. Although she is already performing substantial research and scholarly work appropriate to the Clinical X series, she was required to apply and interview for the position she is already performing. She described the process as burdensome for both her and her colleagues. A timely and efficient reclassification process would reduce unnecessary work for faculty, departments, and administrators while allowing faculty members' appointments and advancement criteria to more accurately reflect the work they actually perform. CFW strongly supports this recommendation.

CFW also strongly supports **Recommendation 5**. The growth of UC's clinical enterprise makes it increasingly important that the faculty delivering clinical care and education have meaningful opportunities to participate in decisions affecting their work. A formal systemwide structure that includes both Senate and non-Senate clinical faculty and provides access to Academic Affairs, UC Health, medical centers, and the Academic Senate would be a meaningful improvement over the current structure.

CFW views these recommendations as important steps toward greater inclusion rather than a complete resolution of the underlying governance issue. The Task Force unanimously agreed that “all clinical faculty make significant and important contributions to the University’s academic mission” and should have access to and participate in shared governance processes. CFW strongly agrees.

UCSF has more than a decade of experience including Health Sciences Clinical and Adjunct faculty in its local Senate. UCSF also strongly supported the recent proposed Memorial to the Regents to expand systemwide Academic Senate membership to these faculty. That proposal did not receive sufficient systemwide support to advance, but CFW continues to support the principle underlying it: faculty who make essential contributions to the University's academic mission should have meaningful and equitable opportunities to participate in its governance.

The Task Force's recommendations would make real progress toward that goal, and CFW strongly endorses them. We also encourage the University and Academic Senate to work toward fuller inclusion and meaningful participation of Health Sciences Clinical and Adjunct faculty in shared governance.

Sincerely,

Alon Witztum
Committee on Faculty Welfare Chair

cc: Todd Giedt, Senate Executive Director
Laura Plantinga, Committee on Faculty Welfare Vice Chair
Kristie Tappan, Committee on Faculty Welfare Analyst

UCSF Academic Senate

https://senate.ucsf.edu

## Communication from the Senate Committee on Committees

**Marta Margeta, MD, PhD, Chair**

November 09, 2026

To: Errol Lobo, Chair of the UCSF Division of the Academic Senate

From: Marta Margeta, Chair, UCSF Academic Senate Committee on Committees

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Senate Review of Reports and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Lobo:

The Academic Senate Committee on Committees (CoC) writes in response to the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. The committee supports the recommendations of the Task Force.

The Task Force recommendations are constructive steps toward strengthening clinical faculty representation in shared governance. These recommendations acknowledge the increasingly central role of clinical faculty in UC's academic and clinical missions as well as the need for their voices to be meaningfully represented.

While the committee views these recommendations as important progress, they should be considered an incremental step toward the broader goal of ensuring that Health Sciences Clinical faculty have a direct and meaningful voice in university governance.

Sincerely,



Marta Margeta, MD, PhD, Chair
Committee on Committees

UCSF Academic Senate

http://senate.ucsf.edu

# Communication from the Senate Committee on Research

**Jeannie Bailey, PhD, Chair**

November 9, 2026

TO: Errol Lobo, Chair of the UCSF Division of the Academic Senate

FROM: Jeannie Bailey, Chair, UCSF Academic Senate Committee on Research

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Lobo:

The Academic Senate Committee on Research (COR) writes to comment on the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. COR endorses the report's recommendations.

Clinical research is a major part of UCSF's overall research enterprise. COR would not be able to carry out its charge and mission without the inclusion of clinical researchers. Their participation in governance helps ensure that decisions on research policy, infrastructure, and resources reflect the breadth of UCSF's research community. We recognize that some clinical faculty who are active researchers or educators may have roles that align more closely with another series. Because of the additional privileges conferred to Senate members systemwide, COR is particularly supportive of the report's recommendations that aim to ensure faculty are placed in the most appropriate series. Broadening the ability to move into the Clinical X series will allow for more faculty to be in the appropriate series and will increase representation for clinical faculty.

Although the report is focused on clinical faculty, COR appreciates the suggestion to develop a reclassification pathway for both clinical and non-clinical faculty. This may help Adjunct faculty whose roles and expectations more closely align with a Senate faculty series access an appropriate pathway for reclassification. COR further recommends that the reclassification pathways for both clinical and non-clinical faculty should have clear criteria with a transparent process for faculty to determine if their roles are more aligned with a different series from their current one.

Thank you for the opportunity to comment on this important issue. If you have any questions regarding these comments, please contact me or Academic Senate Analyst Liz Greenwood (liz.greenwood@ucsf.edu).

Sincerely,



Jeannie Bailey, PhD, Chair of the Academic Senate Committee on Research

UCSF Academic Senate

http://senate.ucsf.edu

## Committee on Equal Opportunity
**William Martinez, PhD, Chair**

November 9, 2026

Errol Lobo, MD
Division Chair
UCSF Academic Senate

**Re: Systemwide Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Lobo:

On behalf of the UCSF Academic Senate's Committee on Equal Opportunity (EQOP), we appreciate the opportunity to comment on the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance.

EQOP has historically supported expanding meaningful faculty participation in shared governance, including efforts to extend Academic Senate membership to Health Sciences Clinical and Adjunct Professors. We share the Task Force's objective of improving faculty representation and recognize the potential value of several of the proposed recommendations. However, preliminary faculty feedback has identified important questions about whether the proposed reforms will adequately address the governance problems that the Task Force was established to resolve, and whether they could inadvertently perpetuate or introduce inequities.

Our overarching concern is that insufficient evidence has been provided to assess the anticipated impact of these reforms**.** We do not know how many faculty might qualify for reclassification, how the proposals would change Senate composition across campuses, or what additional influence faculty would gain over decisions affecting their work. Without such information, it is difficult to assess the implications for equitable representation, university resources, or shared governance across the University's teaching, research, and clinical missions. Previous Senate membership memorials were supported at UCSF but did not advance following opposition from other UC Senate divisions. Although the current recommendations differ from those proposals, their potential effects on Senate membership and representation should be explicitly assessed in light of that history.

Our comments on the five recommendations follow.

**Recommendation 1: Removing caps on Professor of Clinical X appointments.**

Expanding access to Senate membership could address existing restrictions at some campuses, although UCSF already operates without such restrictions. We encourage a campus-specific assessment of the anticipated changes in Senate composition and their implications for representation across clinical, research and educations missions.

The objective should be to strengthen inclusive governance while preserving balanced representation of the University's clinical, research, and educational missions, and to assess whether expanded membership translates into meaningful participation and influence. The potential benefits and consequences should be support by data rather than assumed.

**Recommendation 2: Allowing Professor of Clinical X appointments at 80–100% effort.**

We recognize the potential equity benefits of increased appointment flexibility, and encourage consideration of faculty working below 80% effort, particularly for faculty with caregiving responsibilities. However, limiting this flexibility to one Senate series may create or perpetuate inequities. We encourage UC to examine comparable opportunities across all Senate faculty series and clarify how reduced effort would be reflected in teaching and service expectations, merit and promotion reviews, and resource allocation. Appointment-percentage requirements should also be evaluated for potential disparate impacts by gender, career stage, and other relevant characteristics.

**Recommendation 3: Improving academic personnel reviews.**

At UCSF, clinical faculty already participate in academic personnel review processes. Accordingly, we support fair, transparent, and appropriately informed personnel reviews. However, greater clarity is needed regarding the specific deficiencies this recommendation is intended to address and how the proposed changes would improve existing campus arrangements. Any additional structures should demonstrate clear benefit, maintain consistent academic standards, and account for administrative workload and resources.

**Recommendation 4: Establishing reclassification pathways.**

We strongly support the principle that faculty appointments should accurately reflect their responsibilities and academic contributions. However, faculty have raised valid questions about the proposed reclassification pathways (i.e., who would be eligible, will processes be transparent, will there be equitable access, and whether transitions will be voluntary).
In particular, the possibility of Chancellor-approved waivers of open recruitment requires careful scrutiny. UC should clarify how such processes would preserve equitable hiring opportunities, departmental recruitment priorities, independent academic review, and faculty voting rights under Academic Senate Bylaw 55.
Reclassification should also not disadvantage those who prefer to remain in their current series. For example, potential implications for collective bargaining eligibility should also be clarified.

Additionally, implementation of reclassification should also be monitored for differential effects on historically underrepresented faculty and other groups that may have less access to institutional sponsorship or mentorship. Reclassification and appointment decisions should not depend disproportionately on informal advocacy or departmental discretion, and aggregate outcomes should be assessed for disparities across relevant demographic groups.

Finally, we also encourage explicit consideration of research-focused Adjunct Professors, particularly at UCSF, where many hold substantial appointments and contribute significantly through independent research, grants, publications, teaching, and mentorship. Academic contributions should be assessed on their merits rather than assumptions associated with

appointment series or percentage effort. Faculty whose responsibilities may warrant appointment in another series should have transparent and equitable access to review, rather than relying primarily on informal sponsorship or departmental advocacy. Funding expectations, including those affecting transitions to In-Residence appointments, warrant examination in the current research funding environment.

If Recommendation 4 advances, EQOP requests formal involvement, alongside relevant departmental and Academic Senate bodies, in developing and reviewing any UCSF reclassification pathway, consistent with its responsibilities concerning equity and fair academic personnel practices.

**Recommendation 5: Establishing a Special Committee of the Academic Council.**

A new, dedicated clinical faculty committee may expand opportunities for clinical faculty participation in governance, particularly for non-Senate faculty. However, its effectiveness within existing arrangements remains unclear and will depend on whether it can meaningfully influence decisions affecting faculty.
The proposed structure would not confer full Senate membership. We therefore encourage clarification about what additional representation and influence this committee would provide, its membership, authority, and/or relationship with existing governance structures, and potential mechanisms for engagement with UC Health leadership.
We believe that meaningful governance should extend beyond participation in academic committees to consultation on UC Health decisions affecting the academic mission, including resource allocation, clinical productivity expectations, and faculty workforce planning. Appropriate safeguards are also needed to ensure that faculty without tenure protections can express independent views without fear of adverse consequences.

**Faculty Consultation and Understanding**

Finally, EQOP wishes to highlight a concern about the consultation process. Preliminary departmental outreach suggests that some faculty, including Health Sciences Clinical Professors, do not feel sufficiently informed about Academic Senate governance or the proposed changes to assess their implications.
This raises an important equity question about whether the faculty most directly affected have had adequate opportunities for informed participation. This is particularly concerning given the differences in existing governance rights and appointment practices across UC campuses. We encourage additional, accessible, campus-specific consultation before implementation decisions are finalized.
Before adoption, we would recommend that UC provide accessible, campus-specific explanations of how each recommendation would affect faculty governance rights, Senate membership, appointment and advancement pathways, and eligibility for benefits. Additional consultation with affected Senate and non-Senate faculty is essential.

**Conclusion**
EQOP remains committed to expanding meaningful and equitable faculty participation in governance. However, we believe further clarification and refinement are warranted before endorsing the proposed package as a whole.

We therefore, recommend further analysis, faculty consultation, and clarification of the proposed governance and recruitment safeguards before the recommendations are adopted in their current form.

We appreciate the Task Force's work and encourage continued consideration of these important issues to ensure any reforms strengthen equitable representation and the University's academic mission.

Sincerely,



William Martinez, PhD
Chair, Committee on Equal Opportunity 2026-2027

cc: Kirstin McRae, UCSF Senate Senior Analyst
Todd Giedt, UCSF Senate Executive Director

UCSF Academic Senate

https://senate.ucsf.edu

# Committee on Rules and Jurisdiction
# Anthony Baker, PhD, Chair

November 5, 2026

Errol Lobo, MD, PhD
Division Chair
UCSF Academic Senate

**RE: Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Lobo:

The Committee on Rules and Jurisdiction (R&J) reviewed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance and supports the Task Force's five recommendations.

UCSF has substantial experience incorporating clinical faculty into shared governance. From R&J's perspective, this inclusive approach has strengthened shared governance without creating organizational, jurisdictional, or procedural problems.

**Lifting the Clinical X Cap and Allowing Appointments between 80% and 100%:** UCSF's experience is particularly relevant to several of the Task Force's recommendations. UCSF does not impose a cap on appointments in the Professor of Clinical X series, and R&J supports the Task Force's recommendation to remove such caps throughout the University. R&J also supports allowing 80%-100% full professional effort appointments in the Clinical X series. Faculty should not be required to change series solely because they reduce their professional effort below 100% when their work otherwise remains appropriate for their existing series.

**Academic Personnel Review:** UCSF's experience also supports the Task Force's recommendation regarding clinical faculty participation in academic personnel review. At UCSF, the Senate's Committee on Academic Personnel (CAP) includes faculty from the Health Sciences Clinical and Adjunct series and reviews academic personnel files from faculty in those series. This structure ensures that the perspectives of faculty familiar with clinical faculty roles and expectations are represented in the academic personnel review process.

**Simplifying Changes in Series:** R&J also supports establishing timely and efficient processes for faculty to move between faculty series when another series more appropriately reflects their work or circumstances. UCSF faculty do move between series, and the process can be burdensome. R&J therefore supports the Task Force's recommendation concerning reclassification and encourages consideration of processes that facilitate appropriate movement

between faculty series more broadly, rather than limiting improvements only to circumstances formally characterized as “misclassification.”

**Clinical Committees:** Finally, UCSF's Clinical Affairs Committee (CAC) provides a successful example of the type of local governance structure contemplated by the Task Force's fifth recommendation. CAC includes faculty from all five faculty series and provides a formal avenue for clinical faculty to advise the Academic Senate and UCSF Health on matters affecting clinical faculty and the University's clinical mission. Its recent work has included advocacy to improve medical directorships, advocacy to increase access to and awareness of UCSF Health's governance and organizational structure, and advising on hospital integrations and expansions, clinical space planning, physician experience, and other issues affecting frontline clinicians. CAC also regularly comments on systemwide reviews from the perspective of clinical faculty. R&J strongly supports establishing analogous local structures where appropriate and a systemwide Special Committee that would provide clinical faculty with a formal avenue for participation in systemwide shared governance.

UCSF's experience demonstrates that meaningful participation by non-Senate clinical faculty is compatible with effective Academic Senate governance. Eligible Health Sciences Clinical and Adjunct faculty participate in UCSF governance alongside Senate faculty, including through service and leadership on most UCSF Division committees and through voting on local governance matters. These practices have not generated the types of organizational or jurisdictional disputes that might reasonably concern R&J. To the contrary, R&J believes that including clinical faculty brings valuable perspectives and a broader pool of faculty into shared governance.

R&J recognizes that the recommendations may have different effects across the Divisions given differences in their faculty composition and governance structures, but, from R&J's perspective, integrating clinical faculty into UCSF's Academic Senate has improved shared governance. R&J therefore strongly supports all five recommendations of the Presidential Task Force and encourages their implementation.

Sincerely,

Anthony Baker, PhD
Committee on Rules and Jurisdiction Chair

cc Todd Giedt, UCSF Academic Senate Executive Director
Kristie Tappan, UCSF Academic Senate Senior Public Policy Analyst
Allen Ye, MD, PhD, UCSF Academic Senate Rules and Jurisdiction Committee Vice Chair

UCSF Academic Senate

https://senate.ucsf.edu

## School of Medicine Faculty Council

**Cynthia Gasper, MD, Chair**

November 5, 2026

Errol Lobo, M.D.
Division Chair
UCSF Academic Senate

**Re: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Lobo:

The School of Medicine Faculty Council (SOMFC) writes to endorse the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. The SOMFC strongly supports efforts to increase the participation of clinical faculty in shared governance and supports all five recommendations in the report.

UCSF has significant experience with many of the practices recommended by the Task Force. Health Sciences Clinical and Adjunct faculty participate in UCSF's local Academic Senate, UCSF has eliminated the cap on appointments in the Professor of Clinical X series, and clinical faculty participate in our academic personnel review process. These practices have strengthened shared governance by bringing the perspectives of a broader range of faculty into university decision-making. We encourage the University to expand similar opportunities across the UC system.

The SOMFC particularly appreciates the Task Force's recognition that clinical faculty need meaningful avenues to participate in governance at both the campus and systemwide levels. Clinical faculty make essential contributions to the University's missions, and their experience and expertise should inform the decisions that affect faculty and the University. The SOMFC supports the Task Force's recommendations and encourages their implementation.

Sincerely,
Cynthia Gasper, MD
School of Medicine Faculty Council Chair

cc: Todd Giedt, UCSF Academic Senate Executive Director
Kristie Tappan, UCSF Academic Senate Analyst
Kevin McGill, UCSF School of Medicine Faculty Council Vice Chair

UCSF Academic Senate

http://senate.ucsf.edu

# Communication from the Academic Senate Committee on Space

**Susan Lynch, PhD, Chair**

November 9, 2026

TO: Errol Lobo, Chair of the UCSF Division of the Academic Senate

FROM: Susan Lynch, Chair, UCSF Academic Senate Committee on Space

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Lobo:

The Academic Senate Committee on Space (ASCOS) writes to comment on the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. ASCOS strongly endorses efforts to provide clinical faculty with opportunities to participate in shared governance across the UC system.

At UCSF, faculty from all series serve on Senate committees and vote on local matters. Of the 13 current ASCOS members, 3 are in the Health Sciences (HS) Clinical series. These members provide valuable perspectives on how clinical faculty interact with physical space at UCSF and whether their needs are met. For example, their perspectives will be invaluable as ASCOS evaluates possible plans to develop a clinical faculty hub at UCSF that would provide shared office space in lieu of individual offices for these faculty. Including HS Clinical faculty in shared governance at UCSF has only enhanced the Senate's ability to understand and represent the needs of faculty.

ASCOS believes that UC would likewise benefit from providing clinical faculty with a voice in shared governance. Thus, ASCOS endorses the recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance, which will increase opportunities for clinical faculty engaging in sustained scholarly activities to switch the Clinical X series and will provide a formal structure for HS Clinical faculty to participate in systemwide shared governance. ASCOS notes that many of the recommendations are already in place at UCSF without issue.

ASCOS highlights that the Task Force was convened following 2025 Senate memorials on representation in governance for faculty in the HS Clinical and Adjunct series. However, the provided recommendations only concern HS Clinical faculty and do not address representation in governance for Adjunct faculty. As Adjunct faculty are also included within shared governance at UCSF, the committee would be remiss in not advocating for similar pathways for the inclusion of Adjunct faculty in shared governance across the UC system.

Finally, in light of pending decisions regarding representation of HS Clinical Faculty, HS Clinical Faculty should be provided with the choice of whether they join the Union or remain with Senate eligibility.

Thank you for the opportunity to comment on this important issue. If you have any questions regarding these comments, please contact me or Academic Senate Analyst Liz Greenwood (liz.greenwood@ucsf.edu).

Sincerely,



Susan Lynch, PhD, Chair of the Academic Senate Committee on Space

UCSF Academic Senate

http://senate.ucsf.edu

# Communication from the Senate Committee on Sustainability

**Michael Hoff, PhD, Chair**

November 9, 2026

TO: Errol Lobo, Chair of the UCSF Division of the Academic Senate

FROM: Michael Hoff, Chair, UCSF Academic Senate Committee on Sustainability

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Lobo:

The Academic Senate Committee on Sustainability (SUST) writes to comment on the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. SUST supports this effort to provide clinical faculty with greater opportunities to participate in shared governance across the UC system.

Many Senate committees at UCSF include faculty from all five academic series. Of the 14 current SUST members, 2 are in the Health Sciences (HS) Clinical series, and 1 is in the Adjunct series. The committee also includes 6 members in the Clinical X series. Because many sustainability initiatives at UCSF involve reducing waste and emissions in a clinical setting, the perspectives and experiences of clinical faculty are invaluable to the committee's efforts. Clinical faculty also provide expertise on the health impacts of climate change, which is crucial to sustainability advocacy. As these examples illustrate, including HS Clinical faculty in shared governance at UCSF enhances the Senate's ability to understand and represent faculty's needs.

SUST therefore endorses the Report and Recommendations of the Task Force on Clinical Faculty Representation in Governance. Several of the recommendations are already in place at UCSF and are supported by faculty. These include removing the 1/6 cap on Clinical X faculty, engaging with the Committee on Academic Personnel on the review criteria for disciplines and faculty series, and establishing a committee to represent clinical faculty (i.e., UCSF's Clinical Affairs Committee). SUST enthusiastically supports the recommendation to allow 80-100% appointments in the Clinical X series. Many clinical faculty with strong scholarly productivity do not consider the Clinical X series because they need the flexibility of a part-time appointment for family or other personal reasons.

Finally, SUST notes that Adjunct faculty are also included within UCSF's shared governance structure. In support of inclusivity, the committee therefore also recommends that similar pathways be developed for the inclusion of non-clinical Adjunct faculty in shared governance across the UC system, in addition to the clinical Adjunct faculty addressed by the Task Force.

Thank you for the opportunity to comment on this important issue. If you have any questions regarding these comments, please contact me or Academic Senate Analyst Liz Greenwood (liz.greenwood@ucsf.edu).

Sincerely,



Michael Hoff, PhD, Chair of the Academic Senate Committee on Sustainability

UC SANTA BARBARA

Academic Senate
Rita Raley, Chair
Shasta Delp, Executive Director

1233 Girvetz Hall
Santa Barbara, CA 93106-3050
**http://www.senate.ucsb.edu**

November 12, 2026

To: Susannah Scott, Chair
Academic Senate

From: Rita Raley, Divisional Chair
Academic Senate

Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The Santa Barbara Division distributed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations* to the Council on Faculty Welfare, Academic Freedom, and Awards (CFW), the Council on Planning and Budget (CPB), Committee on Diversity and Equity (CDE), and the Committee on Academic Personnel (CAP). CPB elected not to opine. The comments from CFW, CDE, and CAP are summarized below; we suggest that the attached responses be reviewed in full.

UC Santa Barbara does not have a school of health sciences, and the Division's comments come from that vantage point. Two considerations nonetheless give the Division standing to comment. Changes in the composition of the Academic Senate at the health sciences campuses alter Senate representation systemwide. And the recommendations are not in every instance confined to clinical series: as CAP and CFW both observe, they invite a broader reading. The recommendations would also reach this campus directly in the event it establishes a health science unit.

The committees reviewed the report independently and arrived at similar conclusions: the report does not supply what a reader needs to evaluate it. Missing, variously, were background on the memorials and the concerns that shaped the 2025 divisional votes, the criteria and processes contemplated for reclassification, the parameters of 80–100% appointments, and an operational account of the proposed Special Committee. What the committees repeatedly asked, in one form or another, was how the recommendations answer the concerns that defeated the memorials. Some responses are accordingly provisional in character—CDE, for example, reports having had to speculate about what teaching means for clinical faculty.

The committees also converged on the recommendations' combined effect. What looks modest on individual consideration—the cap's removal, an 80–100% appointment option, a reclassification pathway—could, together and over time, substantially change the composition of the Senate, perhaps approaching, by a different route and without a comparable Senate vote, the result the memorials sought to achieve. CFW develops this point in its memo and

asks that the recommendations be evaluated together rather than one by one, with the likely scale of reclassification and Clinical X growth estimated campus by campus; CDE notes, along the same lines, that nothing in the recommendations limits the number of reclassifications. The Division shares that caution.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.
On Recommendation 1, the committees ask for the rationale behind the 1986 cap. The report does document the current landscape — no cap at UC Davis and UCSF, none specified at UC Irvine and UC Riverside, a ceiling raised from 33.3% to 50% at UCSD as of this year, 20% at UCLA — and CDE observes that a cap applied so unevenly across the system is difficult to evaluate in the abstract: what does a 1/6 cap even mean if it is not uniformly applied? The effect of removing it cannot be judged without the background CDE asks for, and CFW's request for campus-by-campus estimates of Clinical X growth, made in connection with the combined effect described above, bears directly on this recommendation.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
Recommendation 2 drew the fullest discussion in CFW, whose memo reflects a genuine internal division: some members favored greater flexibility, but most preferred to keep the individual exception process rather than replace it with a blanket exception, since a rule meant to accommodate caregiving could also be used to advertise 80% positions as a matter of course. CFW recommends a set of safeguards—among them that reductions be initiated by the faculty member rather than set by the hiring unit, and that positions not be advertised below 100%—and asks that the parameters of reduced appointments (expectations, review, salary, benefits) be spelled out. The Council also records strong support for extending caregiving-based reductions to every Senate series, provided it proceeds by individual exception rather than blanket rule.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.
Recommendation 3 as worded speaks to review criteria for "different disciplines and different faculty series," though its operative text concludes by scoping itself to non-Academic Senate clinical faculty reviews. CAP's proposed rewording would resolve the ambiguity by confining the recommendation to the clinical faculty series; the Division endorses the proposed language and suggests revision accordingly.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.
The report leaves Recommendation 4's principal questions to campus discretion: what process would govern, what criteria would establish that a faculty member is misclassified, how consistency would be maintained across campuses, and how many faculty might be reclassified. The report does specify that the Chancellor may waive the open-recruitment requirement that currently governs reclassification at most campuses, and it concedes that

salary costs may follow reclassification, but process and criteria are left to each campus with guidance from the Office of the President. CFW asks that both be defined, with a clear role for the divisional Committees on Academic Personnel, before campuses create new pathways; CDE notes that nothing in the recommendation limits the number of reclassifications, an omission that bears on the composition concern described above.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

The report names the participating campuses, specifies that non-Senate members would serve with full voting rights "by exception or through divisional Academic Senate bylaw amendments," and sets a three-year review — but it does not explain how the committee would coordinate with the Senate committees it is meant to feed, how conflicting advice would be resolved, or how the review's success would be measured. CFW raises these operational questions in its memo and asks for a clearer account of how the Clinical X and Health Sciences Clinical Professor series differ in practice with respect to duties, research expectations, and outside commitments.

We appreciate the opportunity to comment.

**UNIVERSITY OF CALIFORNIA**
**ACADEMIC SENATE**
**SANTA BARBARA DIVISION**
**Council on Faculty Welfare, Academic Freedom & Awards**

November 9, 2026

To: Rita Raley, Divisional Chair
Academic Senate

From: Jiaying Liu, Chair
Council on Faculty Welfare, Academic Freedom and Awards

**Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation**

The Council on Faculty Welfare, Academic Freedom, and Awards (CFW) discussed the Task Force report at its meeting on November 4, 2026. UCSB does not have a health sciences school, so our direct stake in these recommendations is limited. Several of them, however, bear on faculty welfare and on the composition of the Senate as a whole, and we appreciate the Academic Council's invitation to comment even where an issue falls partly outside a committee's charge.

Overall, the Council appreciates the Task Force's careful work on a difficult issue and shares its goal of giving clinical faculty a meaningful voice in University governance. Members saw merit in several of the recommendations, particularly the attention to caregiving and to faculty who may be appointed in the wrong series. At the same time, members raised some concerns, described below, and the Council encourages a cautious approach. In particular, we do not support a blanket exception for reduced appointments without clear safeguards.

**The combined effect of the recommendations**

Taken one at a time, several of the recommendations look modest. Removing the 1/6 cap on the Professor of Clinical X series (Recommendation 1) is largely a campus decision, and several campuses already operate without an effective cap. A reclassification pathway (Recommendation 4) and an 80-100% appointment option (Recommendation 2) may each seem reasonable on their own.

Members were concerned, however, about what these changes would do together. Removing the cap, easing reclassification into the Clinical X series, and broadening the terms of Clinical X appointments could, over time, bring a large number of faculty now in the Health Sciences Clinical Professor series (6,331 systemwide) into the Senate. On campuses with large health sciences schools, this could substantially change the composition of the Senate and its committees. Some members also noted that the concerns of clinical faculty and those of research-focused Senate faculty, for example, around tenure

and research expectations, differ in important ways, which makes the question of representation especially consequential.

The Council notes the statement in the cover letter that the recommendations are not intended to circumvent or revisit the outcome of the 2025 memorial votes, and we take that statement in good faith. Still, the cumulative effect could approach the result the memorials sought, through a different route and without a comparable Senate vote. We therefore ask that, before any of these recommendations is adopted, the likely scale of reclassification and of Clinical X growth on each campus be estimated, and that the recommendations be evaluated together rather than one by one.

**Recommendation 2: 80-100% appointments**

This recommendation drew the most discussion, since it touches directly on caregiving, a long-standing concern of this Council. Some members supported greater flexibility, noting that the University should be able to recruit and retain the best people, including those who can work only at a reduced percentage for family or other reasons. Most members, however, preferred to keep the individual exception process rather than replace it with a blanket exception. Their concerns were the following.

1. **Who initiates the reduction?** The recommendation does not say whether a reduced appointment would be requested by the faculty member or set by the hiring unit. A blanket exception meant to help faculty with caregiving needs could also be used to post 80% positions instead of full-time ones. The Council recommends that any reduction be initiated by the faculty member.
2. **The purpose is not stated in the recommendation.** The cover letter explains the change in terms of caregiving, but the recommendation itself is not limited to caregiving or other documented needs. The report also treats 80-100% effort as part of its guiding principle for Senate membership, which suggests that reduced appointments would become a general standard rather than an accommodation.
3. **Expectations and review.** The report does not explain how expectations for teaching, research, service, and clinical work, or merit review, would be adjusted for an appointment below 100%, or how salary and benefits would be affected.
4. **Scale.** The report does not say how many Clinical X faculty currently hold, or have requested, appointments below 100%. That information would help campuses evaluate the proposal.

The Council appreciates that the recommendation keeps the requirement that the faculty member's sole professional commitment be to the University and its affiliates, verified through annual reporting of outside professional activities. If the University moves forward, the Council recommends these additional safeguards: reduced appointments should be requested by the faculty member; positions should not be advertised at less than 100%; the purpose, such as caregiving, should be stated in policy; and the effect on workload expectations, review, salary and benefits should be specified.

**Extending flexibility to other Senate series**

The Task Force co-chairs' cover letter notes that chancellors may want to consider a similar blanket exception for other Senate series. The Council strongly supports making it easier for faculty in every

series to reduce their appointments for caregiving. Faculty should not have to move to a non-Senate series in order to find a workable schedule. Members also questioned why caregiving should be recognized for one series and not for others.

At the same time, several members warned that a blanket exception for all Senate series could make fractional appointments routine, which would weaken the full-time model on which Senate faculty positions are built. The Council's preferred approach is an individual exception process that is simple, timely, and supportive, and that is equally available to faculty in all series, rather than a blanket exception.

**Recommendation 4**

On reclassification (Recommendation 4), the report does not describe the review process or the criteria that would be used to determine that a faculty member is misclassified, or how consistency would be maintained across campuses. Although the report's examples come mainly from the health sciences, the recommendation applies to "clinical and non-clinical" faculty, including those in the Adjunct Professor series who may belong in the Professor of Teaching series. It could therefore affect campuses without health sciences schools as well. The Council asks that the process and criteria be defined, with a clear role for the Senate (for example, through the campus Committees on Academic Personnel), before campuses create new pathways. We also ask for an estimate of how many faculty might be reclassified.

**Recommendation 5**

On the Special Committee (Recommendation 5), some members saw a separate body as a sensible way for non-Senate clinical faculty to advise on the issues that matter most to them. The report proposes that the committee coordinate with relevant Senate committees and send clinical faculty representatives to them, including committees on faculty welfare. The Council asks that the proposal explain more concretely how this would work in practice, so that the Special Committee does not become a parallel body doing the same work; how conflicting advice would be resolved; and what specific measures would be used at the proposed three-year review.

Members also asked for a clearer description of how faculty in the Clinical X and Health Sciences Clinical Professor series differ in practice, including their duties, research expectations, and outside commitments. Several members noted that the report did not clearly explain these differences, which are directly relevant to the questions raised above.

The Council takes no position on Recommendation 3, which concerns the work of the Committees on Academic Personnel.

Thank you for the opportunity to comment.

CC: Shasta Delp, Executive Director, Academic Senate

**Academic Senate**
**Santa Barbara Division**

November 5, 2026

To: Rita Raley, Divisional Chair
Academic Senate

From: Ben Hardekopf, Chair
Committee on Diversity & Equity

**Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

At its meeting of November 2, 2026, CDE reviewed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance, and has the following comments.

The general sentiment is that the recommendations are too vague and unconstrained. If the ⅙ cap for the Clinical X series is removed (Recommendation #1) and non-Senate faculty members are reclassified into that series (Recommendation #4), what kind of criteria will be used for reclassification? How many faculty will be reclassified? It sounds like this is left to the discretion of individual campuses, beyond the stated "at least 80% appointment" criterion. One of the concerns raised in the memorials was the number of new Senate faculty, and these recommendations do not limit the number of reclassifications or set a specific bar for reclassification. The consensus is that the recommendations are not specific or detailed enough about these matters.

The committee also felt that the report did not contain sufficient background information on the memorials and the reasons that divisions voted against them, nor discuss how the recommendations address those concerns. As one example, members are unfamiliar with what teaching actually means for clinical faculty. Do clinical faculty give lectures and spend time in the classroom? Or does teaching mean something different for them? The committee was left to speculate in the absence of this information, and so took a conservative stance. Later access to the original materials for the memorials shows that their teaching may not, in fact, refer to classroom teaching, and that this was a point of contention in those memorials.

The report raised other questions about the ⅙ cap on the Clinical X series that we feel should be answered before acting on these recommendations. Why was the ⅙ cap created in the first place? Also, according to the report there are apparently a number of campuses where the cap is *not* ⅙, it is higher, or lower, or there is no cap at all; what does the ⅙ cap even mean if it is not uniformly applied?

The Committee discussed how clinical faculty could be involved in Senate matters without being actual members of the Academic Senate. There is already precedent for doing this. For example, at UCSB, lecturers serve on various Senate councils and committees as Non-Senate Academic Representatives. They do not have formal voting rights, but are allowed a voice in matters. Clinical faculty members could be given a similar arrangement.

Overall, the Committee recommends a cautious approach for clinical faculty representation in governance. Academic Senate members already voted to not allow clinical faculty into the Senate due to

concerns that it would “open the floodgates” and shift the focus of the Senate. This report does not adequately address that concern.

CC: Shasta Delp, Executive Director, Academic Senate

UC **SANTA BARBARA**
Academic Senate

DATE: November 9, 2026

TO: Rita Raley, Chair of the Academic Senate - UC Santa Barbara Division

FROM: Committee on Academic Personnel

RE: CAP Response to the Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

The Committee on Academic Personnel (CAP) has reviewed the Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Currently, UCSB does not have any clinical faculty appointments and.the report and recommendations do not directly apply to UCSB at this time if interpreted within the scope of clinical faculty series. However, CAP members agreed that some of the recommendations in the report could be interpreted broadly. The committee suggested that recommendations be better defined to warrant consideration.

In its review, CAP focused on "Recommendation #3," which states "There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series," and includes specific suggestions such as "designating an advisor who is in the particular faculty series under review to advise on the review," having "non-Academic Senate faculty members in the review committees," and establishing a separate Committee on Academic Personnel. While these recommendations might be suitable for clinical faculty series at other UC campuses, they do not align with UCSB's Senate Faculty Series and academic personnel review process for the Teaching Professor Series or Professor Series. Addressing the general question of how to manage academic personnel review processes for "different faculty series" would require a broader discussion taking into account existing practices and unique characteristics of each professor series, which CAP believes was not the goal of this task force.

CAP recommends rewording of the full title of "Recommendation #3" as "Recommendation #3: There should be engagement with the Academic Senate Committee on Academic Personnel on the review criteria for the clinical faculty series" since the recommendations do not pertain simply to "different disciplines and different faculty series," but a very specific series. Further, the first sentence of this section should should be rewritten to state "each campus Academic Senate Committee on Academic Personnel (CAP) should (1) be sensitive to and continue to be familiar with the different review criteria for the different clinical disciplines and should designate an advisor who is in the clinical faculty series under review to advise on the review, …" CAP recommends better scoping of the task force's recommendations and clarifying that these recommendations are specifically focusing on the question of academic personnel review process for clinical faculty series.

For the Committee,



Tevfik Bultan, Chair

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

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November 12, 2026

SUSANNAH SCOTT
Chair, Academic Council

**RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Susannah,

The Santa Cruz Division of the Academic Senate has conducted a review of the Report and Recommendations issued by the Presidential Task Force on Clinical Faculty Representation in Governance. In evaluating these materials, our divisional committees—including the Senate Executive Committee, Academic Freedom (CAF), Diversity, Equity, and Inclusion (CODEI), Faculty Welfare (CFW), Planning and Budget (CPB), Privilege and Tenure (CPT), Teaching (COT), and Rules, Jurisdiction, and Elections (CRJE)—have examined the proposed governance frameworks, academic personnel implications, and broader institutional impacts.

Overall, while the Division strongly supports expanding meaningful institutional representation and transparent personnel processes for clinical faculty, we urge the Academic Council to carefully weigh the structural, legal, and operational consequences of the proposed mechanisms before moving forward with policy implementation.

## Procedural Timeline, Contextual Factors, and Shared Governance Tensions

*Compressed Review Window and Consultation Constraints*

A broadly shared concern across our divisional committees relates to the expedited 45-day review timeline established for this systemwide consultation. As previously noted in divisional responses regarding urgent systemwide reviews, conducting a comprehensive evaluation of fundamental governance structures within a compressed timeframe severely strains divisional committee workflows and limits broader faculty deliberation. While acknowledging the administrative effort to secure a 45-day window, our Division emphasizes that structural changes to shared governance require deliberative, iterative consultation to ensure long-term stability and institutional alignment.

*Relationship to the 2025 Senate Membership Memorials*

Reviewers consistently emphasized the importance of contextualizing the Task Force's work against the outcome of the 2025 Senate membership memorials. Those memorials, originating from the San Francisco Division, proposed extending Academic Senate membership to Health Sciences Clinical Professors and Adjunct Professors appointed at greater than 50% time. Following systemwide divisional voting in March 2025, the memorials were overwhelmingly rejected across all nine participating campus divisions. Divisional reviewers appreciate the Task Force's explicit statement that its recommendations are not intended to revisit or circumvent these formal voting outcomes. However, several reviewers cautioned that certain recommendations—specifically mass reclassification pathways—could inadvertently replicate the demographic shift contemplated by the failed memorials without the requisite Senate Bylaw amendments.

*Unstated External Context and Labor Dynamics*

A significant point raised during committee deliberations—though absent from the official Task Force Report—is the broader external labor climate and institutional priorities within the University of California health system. Specifically, reviewers noted the ongoing organizing campaign by UC Doctors United (backed by the Service Employees International Union) representing nearly 10,000 attending physicians across UC medical centers, including UCLA Health and UCSF. Physicians involved in this campaign cite growing labor burdens, hospital boarding crises, and unaddressed operational concerns by health system leadership.

Divisional committees expressed varied, yet complementary views regarding this context. Some reviewers suggested that the administrative urgency surrounding the Task Force report may serve as an institutional hedge to address clinical faculty dissatisfaction and preempt unionization efforts through governance restructuring. Other reviewers pointed out that Academic Senate membership or Senate-adjacent committees cannot resolve primary clinical grievances regarding hospital staffing, patient care throughput, or operational management, as the Academic Senate holds no administrative authority over health enterprise budgets or clinical operations.

Furthermore, there are critical concerns regarding salary disparities and the potential inflation or distortion of Senate priorities. Clinical faculty generally earn significantly higher compensation than traditional ladder-rank faculty. A mass influx of clinical faculty into Senate ranks risks altering internal advocacy, potentially deprioritizing core Senate welfare concerns such as general ladder-rank salary equity, regional housing affordability, and foundational healthcare access.

## Institutional Identity, Core Educational Mission, and Representation Scale

*Demographic Composition and Scale Impact*

The most widely shared concern across divisional committees involves the sheer scale of potential faculty reclassification and its impact on the composition of the Academic Senate. Systemwide personnel data indicate that paid Health Sciences Clinical Professors (~6,331 FTE) represent a clinical workforce nearly four times larger than the Professor of Clinical X series (~1,667 FTE) and more than half the size of the entire Ladder-Rank Professor series (~10,484 FTE).

Committees noted that unmanaged or wholesale reclassification of Health Sciences Clinical faculty into Senate series (such as Clinical X) would fundamentally alter the demographic balance of the Academic Senate. For instance, at campuses with large health enterprises like UCSF, where

the Health Sciences Clinical series has expanded by over 264% since 2014 compared to a 19% growth in Senate ranks, mass reclassification would double local Senate rosters. This would grant health sciences faculty dominant voting power in divisional assemblies and systemwide representation, despite representing a very small fraction of the university's student body.

Committees emphasized that this proposal also highlights the continued exclusion of Lecturers, whose duties are even more directly connected to the teaching mission of the university, from potential Senate membership. Regarding housing and financial assistance programs, a sudden expansion of Senate eligibility to higher-earning clinical faculty could increase competition for Mortgage Origination Program (MOP) loans and further destabilize housing assistance resources. To mitigate these pressures, reviewers suggested that reclassification pathways or eligibility for certain welfare-related Senate benefits could be means-tested to prioritize non-clinical and lower-salaried faculty.

*Safeguarding the Core Higher Education Mission*

Divisional reviewers strongly affirmed that the Academic Senate's primary charge under Regents Bylaw 40.1 is the authorization, supervision, and stewardship of courses, curricula, degree requirements, and academic freedom across the University. By contrast, the University of California's operating budget reflects a massive healthcare enterprise where medical center revenues far exceed state educational appropriations and extramural research grants combined. Committees were deeply concerned by what appears to be a fundamental shift away from the core priorities of the Academic Senate and, by extension, the University.

Reviewers observed that the proposed reclassification would increase Clinical Faculty representation to at least 40% of Senators, even though those faculty only teach approximately 2% of the overall student body. Reviewers expressed concerns that those changes might minimize and even devalue activities that are at the core of the mission of both the University's mission and the Academic Senate: notably, curriculum, pedagogy, admissions, and student welfare.

While recognizing the vital role of clinical practice in health sciences education, committees expressed widespread concern that expanding Senate membership or establishing health-centric governance bodies without clear safeguards could subjugate UC's core higher education and research mission to healthcare-driven commercial and operational agendas. Reviewers reiterated that Academic Senate membership must remain tied to faculty series that require independent, sustained scholarly and creative contributions, alongside teaching and university service.

The proposal may create campus-specific healthcare disparities and conflicts of interest within Senate oversight structures. Campuses lacking associated medical centers, such as UC Santa Cruz, face markedly different local healthcare access and affordability challenges compared to campuses with integrated health centers. Adding a large cohort of clinical faculty from health-center campuses could diminish the advocacy weight given to campuses with limited local healthcare options. Additionally, committee members highlighted potential conflicts of interest if clinical faculty serve on systemwide oversight bodies (such as the University Committee on Faculty Welfare or the Health Care Task Force) while simultaneously functioning as providers affiliated with healthcare plans (e.g., UC Care) governed or reviewed by the Academic Senate.

## Evaluation of Task Force Recommendations #1 and #2: Clinical X Appointments

*Recommendation #1: Removing the 1/6 Cap on Clinical X Appointments*

Divisional committees broadly support Recommendation #1, which calls for removing or standardizing the policy cap (APM 275-16.f) on appointments in the Professor of Clinical X series.

Reviewers agree that limiting Clinical X appointments via a numerical ceiling is unnecessary, provided appointees meet the rigorous four-fold evaluation criteria established in APM 210-2 (teaching excellence, professional competence/clinical activity, university/public service, and significant, sustained scholarly/creative activity). At the same time, committees noted that existing policy caps are inconsistently applied across campuses—UC Davis and UCSF maintain no cap, UCLA enforces a 20% limit, and UC San Diego recently raised its cap to 50%. Standardizing or removing the cap systemwide provides needed flexibility, provided that appointment standards are rigorously maintained by campus Committees on Academic Personnel (CAP).

*Recommendation #2: Allowing 80%–100% Full Effort Appointments*

Divisional feedback is unanimously favorable regarding Recommendation #2, which advocates for blanket Chancellor exceptions allowing 80%–100% effort appointments in the Clinical X series for faculty whose sole professional commitment is to the University and its affiliates.

Reviewers highlighted that requiring individual exception requests for part-time Clinical X appointments creates unnecessary administrative friction and disincentivizes faculty with caregiving responsibilities. Establishing a blanket policy aligns with UC's commitment to equity, diversity, and family-friendly work environments. Committee feedback noted that Academic Year ladder-rank faculty appointments are structured on a 75% effort (9-month) basis; thus, allowing 80%–100% appointments for Clinical X faculty with sole institutional commitment is both equitable and practical.

*Evaluation of Task Force Recommendation #3: Personnel Criteria and Workload Distinctions*

Divisional committees emphasized the critical necessity of preserving clear analytical distinctions between faculty series under APM 210:

- Professor of Clinical X Series (APM 275 / APM 210-2): Requires exemplary performance across all academic areas, with mandatory, independent, significant, and sustained scholarly or creative achievements that are evaluated separately from clinical service.
- Health Sciences Clinical Professor Series (APM 278 / APM 210-6): Focuses primarily on clinical teaching and patient care, where creative and scholarly activities are derived from and subordinate to clinical duties, without requiring independent or sustained published research.

Reviewers warned against diluting these distinct standards during academic reviews, emphasizing that clear criteria are essential to maintaining academic rigor and equity across all faculty series.

*Administrative Workload and Committee Capacity*

A major concern raised by both CAP and the Committee on Planning and Budget involves the administrative workload implications of Recommendation #3. Campus CAPs are already

operating at peak capacity. Expanding CAP oversight to cover non-Senate clinical reviews or integrating non-Senate advisors into existing CAP workflows would create severe administrative bottlenecks and strain committee resources.

*Tandem Health Sciences CAP (HSCAP)*

To mitigate workload expansion while ensuring rigorous and informed peer review, a specific committee recommendation emerged: Establishment of a Tandem HSCAP.

Committees advised that rather than overburdening central campus CAPs, campuses with health enterprises should establish a dedicated Health Sciences Committee on Academic Personnel (HSCAP). Operating under a distinct APM section, HSCAP would comprise both Senate and non-Senate clinical faculty to evaluate non-Senate clinical personnel actions, preserving central CAP capacity for Senate-wide reviews.

**Evaluation of Task Force Recommendation #4: Reclassification Pathways and Hiring Rigor**

The Division supports Recommendation #4 in principle, agreeing that faculty who are misclassified—specifically those currently in non-Senate series who are required to perform the full range of duties expected of Clinical X or In-Residence series—should have access to a transparent, timely reclassification pathway.

*Concerns Regarding Hiring Integrity and Open Searches*

While supporting reclassification for legitimately misclassified individuals, divisional committees expressed strong reservations regarding the proposal to waive open search requirements:

- Equity and Diversity Risks: Open recruitments are a fundamental tool for ensuring broad, competitive candidate pools, advancing faculty diversity, and maintaining rigorous appointment standards. Bypassing open searches for mass reclassifications risks institutionalizing historical hiring inequities and conducting cursory reviews.
- Prevention of Wholesale Reclassification: Reviewers cautioned that reclassification must remain a rigorous remote peer-review process based on documented duty requirements, rather than a blanket administrative transfer mechanism.
- Shared Governance: Committees also issued a strong reminder that CODEI must be consulted in cases involving waivers of recruitment (per UCSC's CAPM).

*Standardized Reclassification Task Force*

Divisional reviewers strongly recommend that UCOP and the Academic Senate establish a joint systemwide task force to develop explicit, standardized criteria and mapping guidelines for reclassification. This process must require formal CAP/HSCAP review of full dossier documentation before any reclassification title change is approved.

**Evaluation of Task Force Recommendation #5: Governance Structure Alternatives**

*Analysis of the Proposed Special Committee Model*

Recommendation #5 proposes forming a systemwide Special Committee of the Academic Council, complemented by divisional counterpart committees, to serve as an advisory body for all health sciences faculty (Senate and non-Senate).

Committees acknowledged that a Special Committee provides a structured vehicle for non-Senate clinical faculty to voice feedback on systemwide policies and clinical operations. However, significant skepticism was expressed regarding whether this body effectively addresses the underlying governance and workplace issues that appear to have motivated this proposal.

Committee feedback pointed out that Academic Senate committees possess no authority over health system capital investments, clinical staffing ratios, or hospital executive decisions. Consequently, embedding clinical advisory bodies within Senate structures may create false expectations regarding their ability to remediate operational clinical grievances.

*Integrated Senate Representation vs. Parallel UC Health Governance*

Divisional deliberations revealed a fundamental difference of opinion regarding the long-term governance structure for clinical faculty:

Proponents argue that expanding clinical faculty participation through Senate special committees and subcommittees fosters institutional cohesion and integrates clinical educators into the university's broader academic culture.

Opponents of Senate integration—including several divisional reviewers—advocate for creating a completely parallel shared governance structure specifically for UC Health enterprise operations.

*Parallel Health Sciences Senate and Systemwide Committee*

The Division recommends establishment of a parallel UC Health Shared Governance Structure (Health Sciences Senate) that directly advises medical center CEOs, health system leadership, and Chancellors on clinical workplace matters, operational policies, and healthcare delivery. The Division further recommends concurrently establishing a Systemwide Committee on Health Sciences (CCHS) within the Academic Senate, with the Chair sitting as a representative on the Academic Council. This dual structure would provide robust, direct administrative consultation for clinical operations while safeguarding the Academic Senate's core focus on academic standards and degree-granting programs.

**Summary of Divisional Recommendations**

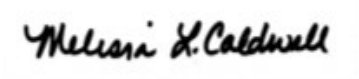
In summary, the Santa Cruz Division recommends that the Academic Council incorporate the following priorities into its final response to the President:

1. Standardize Clinical X Appointment Caps: Proceed with removing or raising the 1/6 cap on Clinical X series appointments (Recommendation #1) and adopting blanket 80%–100% effort exceptions (Recommendation #2), while reinforcing strict CAP adherence to APM 275 scholarly requirements.

2. Establish Tandem Health Sciences CAPs (HSCAP): Address CAP workload concerns by creating dedicated divisional HSCAPs to oversee non-Senate clinical personnel reviews rather than expanding central CAP mandates.
3. Enforce Rigorous, Individualized Reclassification: Require explicit systemwide criteria and individual CAP/HSCAP dossier reviews for any faculty reclassification under Recommendation #4, preserving open search requirements whenever possible to uphold diversity and hiring rigor.
4. Implement a Dual-Track Parallel Governance Model: Pursue Recommendation #5 by creating a parallel UC Health Shared Governance body to address clinical operational concerns directly with health system CEOs, paired with a Systemwide Academic Senate Committee on Health Sciences to maintain formal Senate consultation.
5. Re-evaluate Timeline and Resource Requirements: Request a comprehensive fiscal and staffing impact analysis from UCOP regarding the administrative overhead, CAP support, and Senate staffing required to implement these recommendations effectively.

On behalf of the Santa Cruz Division, I thank you for the opportunity to contribute to this vital systemwide review.

Yours Sincerely,



Melissa L. Caldwell, Chair
Academic Senate, Santa Cruz Division

Encl: Committee Response Bundle

cc: Heather Shearer, Chair, Committee on Academic Freedom
Phoebe Lam, Chair, Committee on Academic Personnel
Dev Bose, Chair, Committee on Diversity, Equity, and Inclusion
Grant McGuire, Chair, Committee on Faculty Welfare
Dongwook Lee, Chair, Graduate Council
Raphael Kudela, Chair, Committee on Planning and Budget
Ruth Murray-Clay, Committee on Privilege and Tenure
Edward Shanken, Chair, Committee on Rules, Jurisdiction and Elections
Matthew Mednick, Executive Director, Academic Senate

November 6, 2026

MELISSA CALDWELL, Chair
Academic Senate, Santa Cruz Division

**Re: Clinical Faculty in Shared Governance**

Dear Melissa,

The Committee on Academic Freedom (CAF) reviewed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. While CAF did not identify immediate concerns regarding academic freedom, members recommend considering how the proposed change could affect the Senate's composition and its representation of the range of academic disciplines, interests, and responsibilities across the University.

We also offer broader observations. CAF found the report and its recommendations to be lacking. The materials provided for review did not clarify why the task force was established, something that must be made clear in light of the "no" vote on the 2024 UCSF-initiated memorial regarding Senate membership for Health Sciences Clinical Professors. The report did not explain what problems needed to be solved and/or how Senate membership would solve those problems. The report is suspect in that it stayed mum on the issue of possible unionization of health sciences faculty, something that needs to be addressed whether or not unionization is a factor in the creation of the task force. Moreover, the top-down nature of the task force (especially in light of the 2024 vote) seems like an attempt to bully the Senate into submitting to a change it clearly does not want.

Sincerely,

Heather Shearer

Heather Shearer, Chair
Committee on Academic Freedom

cc: Phoebe Lam, Chair, Committee on Academic Personnel
Grant McGuire, Chair, Committee on Faculty Welfare
Dongwook Lee, Chair, Graduate Council
Raphael Kudela, Chair, Committee on Planning and Budget
Ruth Murray-Clay, Chair, Committee on Privilege and Tenure
Edward Shanken, Chair, Committee on Rules, Jurisdiction, and Elections

November 10, 2026

MELISSA CALDWELL
Chair, Academic Senate

**Re: Systemwide Review – Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Lissa,

During its meeting of October 22, 2026, the Committee on Faculty Welfare (CFW) discussed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. CFW strongly supports the questions and concerns raised by the Committee on Planning and Budget (CPB)[1], particularly the recommendation for a separate UC Health Senate as the best resolution to the very serious concerns regarding promotion and workload and offers the following additional comments.

CFW would like to emphasize potential distortions a massive reclassification would engender. Clinical faculty are paid on different salary scales, generally earning larger salaries than their ladder rank counterparts. A sudden influx of well-compensated faculty with very different material concerns compared to those of ladder rank faculty could be very disruptive for the Academic Senate; potentially deprioritizing the most pressing concerns among current Senate faculty, such as salary equity, housing affordability, and access to healthcare.

Most of these issues are financial in nature. Appropriate compensation for our labor is a perennial issue that requires constant attention. Currently, the UC system theoretically treats all campuses the same in terms of salary scales, and the UCSC Academic Senate has fought to maintain parity with the other campuses, including maintaining the Special Salary Practice (SSP) and working to ensure that all across the board salary increases include off-scale amounts. A sudden, substantial influx of well-compensated faculty would not only create a dichotic system at those institutions with health centers, but also make it more likely that UCSC's concerns would be downgraded. While appropriate breakdowns of salary reporting would show how different faculty classifications are compensated, these reports are necessarily and inevitably flattened into summary statistics in presentations to the regents and legislators. Given how challenging getting relatively small, inflation-related increases has been, maintaining parity with health center salaries is highly unlikely.

In the realm of housing, Santa Cruz is one of the most expensive housing markets in the country. System-wide programs such as the Mortgage Origination Program (MOP) loans are a fundamental, and crucial way faculty have been able to afford housing. It was recently paused, then restarted due to financial limitations. Given its already precarious financial footing, a sudden increase in Senate faculty, and

[1] CPB Chair Kudela to Senate Chair Caldwell, 10/26/26, Re: Systemwide Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

resultant increased demand, would further destabilize it. At the very least, if reclassifications were to happen, eligibility for the MOP should perhaps be means tested so as to exclude the wealthier faculty.

UC campuses with health centers have very different relationships to healthcare access and affordability compared to those without. Here at UCSC, ensuring adequate access to the limited healthcare options is a constant source of stress and concern. This is far less of an issue at campuses with health centers. In fact, those campuses are often prioritized in health care discussions as they also provide demand and funding for those health centers. Further, the Health Care Task Force (HCTF) has had to create a special subcommittee focusing on campuses without health centers due to this disparity. Adding more faculty from campuses that already have excellent access to high quality health care, could further depreciate campuses without such access in these discussions. Further, if clinical faculty were to participate on systemwide committees - such as the University Committee on Faculty Welfare and the HCTF - and the HCTF, a conflict of interest would be seen by adding the clinical providers supported by the healthcare plans ( UC Care) that an expanded Academic Senate would oversee.

For all the reasons noted above, CFW does not support the recommendation to reclassify clinical faculty as Academic Senate faculty. Instead, we support alternative paths for those faculty, such as a separate UC Health Senate, that would more clearly meet their needs.

Sincerely,

Grant McGuire, Chair
Committee on Faculty Welfare

cc: Heather Shearer, Chair, Committee on Academic Freedom
Phoebe Lam, Chair, Committee on Academic Personnel
Dev Bose, Chair, Committee on Diversity, Equity, and Inclusion
Jay Reti, Chair, Committee on Teaching
Raphael Kudela, Chair, Committee on Planning and Budget
Ruth Murray-Clay, Chair, Committee on Privilege and Tenure
Edward Shanken, Committee on Rules, Jurisdiction, and Elections
Dongwook Lee, Chair, Graduate Council
Senate Executive Committee

November 4, 2026

MELISSA CALDWELL
Chair, Academic Senate

**Re: Systemwide Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Dear Lissa,

The Committee on Diversity, Equity, and Inclusion (CODEI) has reviewed the Presidential Task Force on Clinical Faculty Representation in Governance report and recommendations. As was adjudicated in the Senate memorials that failed in 2025, CODEI agrees with CPB's stance that clinical faculty should not have opportunities to join the Academic Senate.[1] CODEI is extremely concerned about the dilution of teaching and research faculty power in the shared governance of our academic mission, which we believe to be the inevitable outcome of these recommendations. Moreover, reclassification through Chancellorial waivers has the potential to bypass department/ division hiring priorities and to reduce the usefulness of student:faculty ratio data. The implications for Bylaw 55 rights are also not articulated in the proposal.

If the task force's recommendation #4—that each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified—ultimately moves forward in spite of the memorial votes and this systemwide review, CODEI insists on being involved in the local processes for development of a reclassification pathway. Indeed, the Campus Academic Personnel Manual (CAPM) requires CODEI review of waivers of open recruitment, and CODEI's charge specifies that we confer with the Chancellor on policies bearing on fair hiring, equity, and diversity for academic personnel.

Sincerely,

Dev Bose, Chair
Committee on Diversity, Equity, & Inclusion

cc: Raphe Kudela, Chair, Committee on Planning and Budget
Phoebe Lam, Chair, Committee on Academic Personnel
Dongwook Lee, Chair, Graduate Council
Grant McGuire, Chair, Committee on Faculty Welfare
Ruth Murray-Clay, Chair, Committee on Privilege & Tenure
Edward Shanken, Chair, Committee on Rules, Jurisdiction & Elections
Heather Shearer, Chair, Committee on Academic Freedom
Senate Executive Committee
Matthew Mednick, Executive Director, Academic Senate

[1] CPB to Academic Senate Chair Caldwell, Re: Systemwide Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations, 10/26/26.

November 10, 2026

MELISSA CALDWELL, Chair
Academic Senate, Santa Cruz Division

**Re: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Chair Caldwell,

The Committee on Teaching (COT) has reviewed the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. COT is clearly aligned with the principles of shared governance and we note that issues concerning shared governance and the structure of our shared governance system are an important part of COT's charge. Clinical Faculty are currently well-represented in the Academic Senate with their percentage representation (about 20%) far outweighing their teaching responsibilities (UCSF teaches 0% of the UC undergraduate student body). COT finds both the opaque purpose of the Presidential Task Force report and its implications for teaching across the UC system problematic. Below are five points of concern that we would like to elevate for discussion.

1. The short review period for this report is not true Senate consultation. For policy that would dramatically change representation within the Senate, far more review time is necessary. The short review makes consultation feel disingenuous.

2. In March 2025 all nine divisions of the UC system voted to reject an extremely similar proposal.[1] The Presidential Task Force report does not clearly articulate a reason for Clinical X Faculty inclusion in the Academic Senate and does not significantly differ from the previously defeated proposal. The result is a report that appears to be a moot point in the face of previous voting results.

3. The Presidential Task Force clearly states that "...the Task Force noted that faculty in the…Clinical X…series are required to engage substantively in all areas of the academic mission and are evaluated separately on their teaching, research/scholarly/creative activities, University and public service, and professional competence and activity" (p. 1-2).[2] COT remains unclear as to what constitutes "teaching" among Clinical X faculty and would like clarity about the metrics by which Clinical X professors will be evaluated for their teaching, the percentage time that they commit to teaching, the number of students that they teach, and course content and review. Given the plenary authority of the Academic Senate over curriculum, the Presidential Task Force report does not define teaching in clinical

[1] https://senate.universityofcalifornia.edu/_files/reports/senate-divisions-membership-memorial-vote-outcome-march-2025.pdf

[2] https://senate.universityofcalifornia.edu/_files/underreview/systemwide-senate-review-tf-on-clinical-faculty-representation-9-30-26.pdf

settings and does not address how courses will be developed and approved by the Academic Senate.

4. The proposed changes to Academic Senate membership would increase Clinical representation to at least 40% of the senators. This means that 40% of the Senate representation would teach just 2% of the overall student body in the UC system. COT worries that diluting the voting body will make undergraduate needs, teaching needs, and pedagogical issues a lesser priority and harm the teaching mission across the UC system.

5. Given the opacity of the proposal shared, and the lack of explanation of how it differs from the previous proposal the Senate soundly rejected, we remain unclear about the problems this proposal solves. Further, we can't help but observe that a much larger class of employees who sustain the teaching mission of the UC, lecturers, are also excluded from the Senate. The same defining characteristics that the Presidential Task Force uses to justify Clinical X adjunct faculty as Senate members can also be directly applied to lecturers across the UC system.

Sincerely,



Jay Reti, Chair
Committee on Teaching

cc: Heather Shearer, Chair, Committee on Academic Freedom
Phoebe Lam, Chair, Committee on Academic Personnel
Grant McGuire, Chair, Committee on Faculty Welfare
Dongwook Lee, Chair, Graduate Council
Raphael Kudela, Chair, Committee on Planning and Budget
Ruth Murray-Clay, Chair, Committee on Privilege and Tenure
Edward Shanken, Chair, Committee on Rules, Jurisdiction, and Elections

October 26, 2026

MELISSA CALDWELL
Chair, Academic Senate

**Re: Systemwide Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Dear Lissa,

At its regular October 15, 2026 meeting, the Committee on Planning and Budget (CPB) discussed the Presidential Task Force on Clinical Faculty Representation in Governance report and recommendations. President Milliken convened the Task Force following the two failed 2025 membership memorials originating from UCSF that would have extended Academic Senate membership to faculty working at 50% time or more in both the Health Sciences (HS) Clinical and Adjunct Professor series. The memorials received strong support among the UCSF faculty[1]; they both failed under systemwide review.[2]

The Presidential Task Force report arrived on an accelerated review timeline, close on the heels of a resounding spring 2025 Academic Senate rejection of the UCSF memorials, which begs the question: why the top-down approach with such exigency? UC Doctors United is engaged in a major effort to unionize doctors at UC medical centers.[3] Neither UCOP nor Academic Council transmitted this critical context to campuses with the review request. This committee believes external labor-relations pressure explains the urgency. The report recommends Academic Senate membership as *the* pathway to provide clinical faculty with more systematic personnel review and grievance processes and a greater stake in the shared-governance of their medical centers. Recommendation #4 specifically requests that each campus develop criteria for reclassification of HS Clinical Professors to the Clinical X Professor series. CPB believes this is a deliberate effort to carve off as many "full-time" (>80%) HS Clinical Faculty prior to unionization. CPB recognizes the issues facing UC physicians, which are exacerbated by their lack of shared governance in medical center decision-making. However, we do not believe Academic Senate membership is a valid union-avoidance tactic. Instead, **we strongly advocate for the creation of a separate shared governance structure for UC Health**, as we outline below.

## Existential Threat to the Academic Senate Identity, Sustainability, and Mission

**Identity:** The Assembly of the Academic Council has 40 members allocated in proportion to the number of Senators on each campus. With the information provided, it is not feasible to accurately estimate the demographic shift in the Assembly if all eligible HS Clinical Faculty elect to reclassify. The Task Force report should have included these numbers. In the limiting

[1] https://senate.ucsf.edu/voting-rights
[2] https://senate.universityofcalifornia.edu/_files/reports/senate-divisions-membership-memorial-vote-outcome-march-2025.pdf
[3] https://dailybruin.com/2026/08/21/uc-physicians-lead-unionization-push-cite-degraded-work-patient-care-conditions

case, if all 2035 UCSF HS Clinical Faculty[4] reclassified, the Senate roster of that division would swell from 1862 to 3897—a factor of 2.1x. Put another way, reclassification would increase the UCSF Senate roster alone by ~3 UCSC Senates. For Santa Cruz and other campuses that do not currently have a medical enterprise, the real threat is losing Assembly Representatives; UCSC would likely lose two, leaving only the Divisional Chair to represent us. If implemented, an en masse reclassification represents a colossal gerrymander that threatens the identity of the systemwide Academic Senate. As this review returns to the Academic Council, the divisional chairs should demand a full analysis of the scale of potential demographic change based on current Senate rosters and the number of reclassification-eligible HS Clinical Professors. Moreover, the number of HS Clinical Professors at UCSF has grown by 234% since 2014.[5] Over a similar period, the Sacramento Bee reports that Ladder Rank faculty across the entire UC has grown only 19%, from 9,000 to 11,000.[6] If this trend continues, the Academic Senate would no longer represent the "academic side of the house" in a few years' time should HS Clinical faculty join our Senate.

**2025 UCSF Faculty Roster[7]**

| | Dentistry | Medicine | Nursing | Pharmacy | Total | Reclassified |
|---|---|---|---|---|---|---|
| Ladder-Rank | 27 | 221 | 33 | 41 | 322 | 322 |
| In Residence | 4 | 631 | 4 | 5 | 644 | 644 |
| Clinical X | 8 | 867 | 2 | 19 | 896 | 2931 |
| **Total Current Senate** | **39** | **1719** | **39** | **65** | **1862** | **3897** |
| | | | | | | |
| HS Clinical | 76 | 1908 | 43 | 8 | 2035 | 0 |
| Adjunct | 5 | 361 | 51 | 15 | 432 | 432 |
| **Total Non-senate** | **81** | **2269** | **94** | **23** | **2467** | **432** |
| | | | | | | |
| **Total** | **120** | **3988** | **133** | **88** | **4329** | **4329** |
| % Senate | 32.5% | 43.1% | 29.3% | 73.9% | **43.0%** | **90.0%** |
| % HS Clinical | 63.3% | 47.8% | 32.3% | 9.1% | 47.0% | 0.0% |
| HS Clinical:Senate Ratio | 1.95 | 1.11 | 1.10 | 0.12 | 1.09 | 0.00 |

**Sustainability**: Regarding shared governance, it is unclear whether the Academic Senate plays

[4] https://facultyacademicaffairs.ucsf.edu/quick-links/faculty-demographic-data/UCSF-Annual-Faculty-Headcount-and-Demographics
[5] https://senate.ucsf.edu/voting-rights/opposition
[6] https://www.sacbee.com/news/local/education/article317418449.html
[7] https://facultyacademicaffairs.ucsf.edu/quick-links/faculty-demographic-data/UCSF-Annual-Faculty-Headcount-and-Demographics

any role in governing the UC medical centers. This raises the question: will Senate membership actually improve the labor-relations conditions that led UC Doctors United to pursue unionization? If not, recently reclassified HS Clinical Professors may still vote to unionize after admission into the Academic Senate. If a majority of clinical faculty vote to unionize, a partially-unionized Senate will inexorably alter the nature of shared governance systemwide and may lead to accretion of the remaining Senate members. Thus, beyond the threat to the Senate's "identity," unionization may threaten the very foundations of shared governance. CPB is aware of the UC Faculty Association's effort to unionize current Academic Senate faculty. Any unionization effort among the Academic Senate should come from a well-reasoned analysis of the benefits and risks the unionization poses to shared governance. In other words, unionization should be an organic, grassroots, endogenous process rather than an exogenous one.

**Mission:** The University of California's 2025 budget was $65B, with most revenue coming from the medical centers rather than state funds for higher education, student tuition, or extramural grants. It is time for the University to reckon with its mission: Are we the world's premier public higher education system with a tandem healthcare system? Or are we a healthcare system with a subordinate higher education mission? If implemented, these recommendations would subjugate the higher education mission.

Two Regental rules that distinguish medical centers and their employees from ladder-rank and teaching professors provide important context:

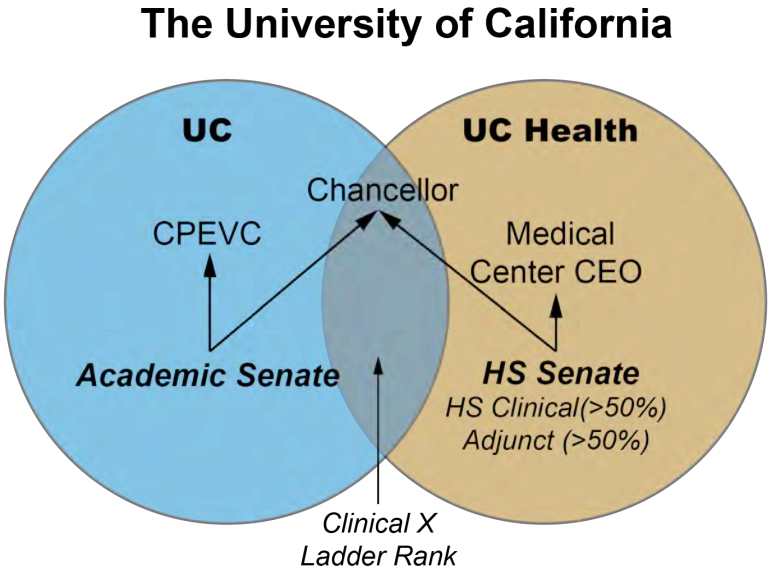
- **Regents Bylaw 40.1**: The Academic Senate shall authorize and supervise all courses and curricula, except in the Hastings College of the Law, in professional schools offering work at the graduate level only, and over non-degree courses in the University Extension.
- **Regents Policy 7402**: **Policy on Funding of Regular Ranks Faculty Appointments**
    3. Except as noted in 4., following, an appointment to the Professor Series shall not be made unless the full amount of the regular salary for the position (on the academic-year or fiscal-year academic salary scale, whichever is appropriate) is available and assigned to the position from General Funds, Educational Fees, and/or Professional School Fees.
    4. The following exceptions to the provision stated in 3. may be permitted upon recommendation of the Chancellor and approval by the President….
        - Appointments in certain of the faculties of the health sciences, in conformity with Regentally approved salary scales or compensation plans in which a part of the total compensation of the appointee may be derived from fees collected for patient care services and from extramural contract and grant funds.

The first bylaw indicates that the Academic Senate has no authority over the academic activities in UC medical centers. Yet, the Academic Senate is being asked to grant reclassified HS Clinical Faculty authority over curricular activities on "academic" campuses. The second policy requires Academic Senate member salary lines to come from state general funds, tuition, or professional school fees. HS Clinical Faculty derive compensation from patient care services. While exceptions exist, the source of salary revenue suggests a different hiring motive for HS faculty (i.e., revenue generation). Therefore, CPB finds that Senate membership for reclassified HS Clinical is both asymmetric in terms of authority and mission, and inconsistent with Regents' policy. CPB fully acknowledges that many HS Clinical faculty are engaged in teaching, research,

and service; these professors should be able to reclassify in a streamlined, systematic manner. However, reclassification eligibility cannot be solely based on one's professor series and percent commitment to the UC.

**A UC Health Senate Addresses the Underlying Problem**

Finally, Academic Senate membership is unlikely to give clinical faculty shared governance over clinical operations at UC medical centers, which appears to be at the heart of the ongoing labor conflicts. Our committee sympathizes with medical center faculty members' desire for systematic personnel and grievance processes and an advisory role with medical center and campus administration. However, CPB argues that the Academic Senate is not designed to give them an advisory role with medical center administration. CPB suggests that a parallel shared-governance structure—Health Sciences (HS) Senate—within the UC medical centers would give HS Clinical Faculty the seat at the table they deserve. The HS Senate could impanel HS committees on Academic Personnel (HSCAP) for merit and promotion review, Privilege (HSCP) for grievance, and Planning and Budget (HSCPB), among others. Furthermore, the HS Senate could grant membership to Adjunct and HS Clinical Faculty with only 50% time commitments, as requested in the UCSF memorials, should they so choose.




CPB does not oppose recommendation #5, to form a special Academic Council committee, and we believe this suggestion aligns well with our HS Senate proposal. A so-called Committee on Health Sciences (CHS) could include Clinical X, Ladder-Rank, and In Residence series professors from campuses with medical schools, and the CHS Chair could be a permanent member of the Academic Council. This would ensure that the Academic and HS Senates are not siloed, and provide opportunities for collaboration and both informal and formal consultation.

CPB encourages our divisional Senate to stridently oppose widespread reclassification of HS Clinical Faculty as a way of granting them Academic Senate membership. This is a Trojan horse that threatens the foundations of shared governance over the UC higher-education mission. The committee finds the Presidential Task Force report lacks transparency because it omits the unionization context, and lacks nuance because it offers no alternative framework for improving

HS faculty working conditions. The reclassification framework would radically alter demographics of the Academic Senate as we know it (and that has already failed as a memorial). We have offered up an alternative structure that should give HS Clinical Faculty a role in shared governance of the medical centers, which they desperately need. We urge the Academic Council to seriously consider this alternative and reject the Task Force's recommendations outright.

Sincerely,



Raphael Kudela, Chair
Committee on Planning and Budget

cc: Dev Bose, Chair, Committee on Diversity, Equity, and Inclusion
Phoebe Lam, Chair, Committee on Academic Personnel
Dongwook Lee, Chair, Graduate Council
Grant McGuire, Chair, Committee on Faculty Welfare
Ruth Murray-Clay, Chair, Committee on Privilege & Tenure
Edward Shanken, Chair, Committee on Rules, Jurisdiction & Elections
Heather Shearer, Chair, Committee on Academic Freedom
Senate Executive Committee
Matthew Mednick, Executive Director, Academic Senate

October 28, 2026

MELISSA CALDWELL
Chair, Academic Senate

**RE: Systemwide Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

Dear Lissa,

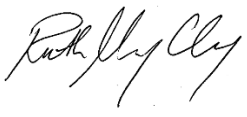
The Committee on Privilege on Tenure (CPT) discussed the Presidential Task Force on Clinical Faculty Representation in Governance report at its meeting on October 21, 2026.

The committee highlights that SB 335 allows that "any non-Senate academic appointee with academic freedom rights may grieve to the Committee that those rights have been violated." CPT considers it appropriate to hear academic freedom grievances from Clinical Faculty, and given SB 335, membership in the Faculty Senate is not required to file such grievances.

The committee considers it important for all university employees, including Clinical Faculty, to have access to appropriate grievances processes. Because UCSC does not have clinical faculty, CPT cannot comment on their concerns. However, beyond academic freedom rights, many of the rights and responsibilities of Senate faculty members typically adjudicated by CPT are related to classroom instruction, interactions with students, and research, none of which are part of the core responsibilities listed for Clinical Faculty. Thus, in the committee's opinion, the non-academic-freedom concerns of clinical faculty are likely distinct enough that a specialized grievance process separate from that provided by the UC Privilege and Tenure committees would be appropriate.

Finally, CPT comments that UCSC's Unit 18 Lecturers are not members of the Faculty Senate though the requirements of their jobs are more closely aligned with the responsibilities of current Senate members than the requirements of Clinical Faculty. Including Clinical Faculty, many of whom have fixed-term appointments, in the Senate would raise the question of why UCSC's Unit 18 Lecturers are not likewise included.

Sincerely,



Ruth Murray-Clay, Chair
Committee on Privilege and Tenure

cc: Heather Shearer, Chair, Committee on Academic Freedom
Phoebe Lam, Chair, Committee on Academic Personnel

Dev Bose, Chair, Committee on Diversity, Equity, and Inclusion (W,S)
Grant McGuire, Chair, Committee on Faculty Welfare
Dongwook Lee, Chair, Graduate Council
Raphael Kudela, Chair, Committee on Planning and Budget
Edward Shanken, Chair, Committee on Rules, Jurisdiction and Elections
Matthew Mednick, Executive Director, Academic Senate

November 9, 2026

MELISSA CALDWELL, Chair
Academic Senate, Santa Cruz Division

**Re: Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance**

Dear Lissa,

The Committee on Rules Jurisdiction, and elections (CRJE) has had the opportunity to review and discuss the Presidential Task Force's Report and Recommendations (Report) as well as the comments provided by the Committees on Planning and Budget (CPB)[1] and Diversity Equity and Inclusion (CoDEI).[2] We concur with and support the CPB analysis of the potential impacts of the Report, and the affirmation of that analysis by CoDEI. We share the concern that this issue was presented in 2025 and was not approved and yet, appears again. We are particularly concerned with the lack of clarity around the following issues:

- What is the problem that the Report is supposed to solve?
- Is this a shared governance issue?
- What is at stake?
- What is the motivation and justification for such a dramatic change, what CPB referred to as "a colossal gerrymander that threatens the identity of the systemwide Academic Senate."[3]

In addition, we encourage the Office of the President to include Senate Faculty in future discussions of Reports and Recommendations that could dilute governance by research and teaching faculty. To that end, we echo CoDEI's comment that any discussions that would seek to "develop a pathway for faculty (clinical and non-clinical) who are currently misclassified", should require divisional Senate consultation, particularly those committees with subject matter expertise on the issues that would arise with such a proposal.[4]

Sincerely

Edward Shanken

Edward Shanken, Chair
Committee on Rules, Jurisdiction and Elections

cc: Heather Shearer, Chair, Committee on Academic Freedom
Phoebe Lam, Chair, Committee on Academic Personnel
Grant McGuire, Chair, Committee on Faculty Welfare
Dongwook Lee, Chair, Graduate Council
Raphael Kudela, Chair, Committee on Planning and Budget
Ruth Murray-Clay, Chair, Committee on Privilege and Tenure

[1] CPB_ASCCaldwell_ClinicalFacultyGovernanceRecs_20261026
[2] CODEI_ASCCaldwell_ClinicalFacultyGovernanceRecs_20261104
[3] See above at P2.
[4] We, along with those copied above, would be an appropriate starting point.

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UNIVERSITY COMMITTEE ON RESEARCH POLICY (UCORP)
James Weatherall, Chair
Email: james.owen.weatherall@uci.edu

November 12, 2026

SUSANNAH SCOTT
CHAIR, ACADEMIC COUNCIL

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Scott,

UCORP discussed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance at its October 19th meeting. Members expressed a range of views and also shared reports on the discussions at their local Councils. Two things became clear from this discussion. The first was that the campus Councils on Research are engaged in robust discussions that will lead to valuable feedback. The second was that the significance and impact of the Task Force's recommendations will vary greatly from campus to campus, and that the best role for this systemwide Committee is just to emphasize how much local context matters for these issues. We strongly recommend that policy changes enacted at the systemwide level in response to these recommendations be sensitive to those differences, and, to the extent possible, that they delegate both policy and implementation decisions to the individual campuses.

Sincerely,

James Weatherall
Chair, University Committee on Research Policy

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UNIVERSITY COMMITTEE ON ACADEMIC FREEDOM
Andrea Hasenstaub, Chair
Andrea.Hasenstaub@ucsf.edu

November 13, 2026

Susannah Scott
Academic Council Chair

Dear Chair Scott,

At its meeting on October 28, 2026, the University Committee on Academic Freedom (UCAF) reviewed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Members considered the extent to which the makeup of the academic senate and the core identity of the university might shift, were the taskforce recommendations to be implemented, and the potential implications in terms of academic freedom.

The main thrust of the taskforce recommendations is to facilitate appointments to the Professor of Clinical X series and transitions of existing Health Sciences Clinical Professors into that series. Given the large number of clinical faculty, and their potential further increase as UC expands its healthcare enterprise, the concern was raised that the composition of the academic senate may be dramatically shifted towards medical faculty who have a different understanding of, and investment in, the scholarly enterprise and the university's mission.

Two main considerations were proposed to potentially assuage the concern about the shift in senate composition. The taskforce does not recommend bestowing senate membership upon Health Sciences Clinical Professors. The shift would thus solely come from an increase in the ranks of Professors of Clinical X, who are already senate members, and who are expected to engage in creative activity and service. Arguably, only Health Sciences Clinical Professors who meet the criteria for Clinical X would seek to transition and would successfully do so. This offers two reassurances:

that the magnitude of the shift in Senate composition would be limited, and that new Senate members legitimately belong.

However, important uncertainties remain about the strength of these reassurances in practice. First, one argument in favor of the facilitated transition to the X series is that many Health Sciences Clinical Professors already effectively meet the X series criteria by virtue of their existing activities. The actual number is unknown, but the 2010 Task Force on Senate Membership anticipated that many faculty could qualify for reclassification. Second, concerns were raised that much depends on how stringently the requirements specific to the Clinical X series are applied, in practice, in reclassification and merit/promotion reviews; this concern is enhanced by the substantial overlap between the criteria for the two series (as pointed out by the 2010 Taskforce). The taskforce recommendations lack specificity in this regard.

Regarding academic freedom specifically, it was noted that neither HS Clinical nor Clinical X Professors have tenure. Their employment is contingent on income that usually comes, at least in part, from their clinical activity. Because tenure is a core protection of academic freedom, this could conceivably contribute to differences in how ladder-rank and clinical faculty view and are invested in academic freedom. This may have adverse consequences not just in terms of how much attention academic freedom receives from the senate, but also in terms of how, e.g., disciplinary cases are adjudicated by Committees on Privilege and Tenure. Notably, however, academic freedom is no less relevant to the medical domain than to other scholarly domains. Interactions on this topic between faculty with different experiences and perspectives may be mutually beneficial and advance the greater cause of academic freedom.

Finally, questions about the process by which the taskforce recommendations came about call for caution as to whether their potential consequences have been sufficiently evaluated. Specifically, although the recommendations are not as extensive as those in the UCSF memorial rejected in 2025, the overall goal is largely similar. The push for senate representation comes across as revisiting a question that has already received a clear answer, and as being a suboptimal substitute for representation mechanisms specific to clinical faculty. Finally, the expedited nature of the review -- which meant multiple committee members had not had a chance to gather feedback from their respective campuses -- is particularly unfortunate given the complexity of this topic and the uncertainties about the impact of recommendations that could reshape the University.

The committee appreciates the opportunity to comment on this issue.

Sincerely,



Andrea Hasenstaub
Chair, UCAF

cc: Academic Senate Vice Chair Nuru-Jeter
Academic Senate Executive Director Lin
Academic Senate Assistant Director LaBriola
UCAF Members

UNIVERSITY OF CALIFORNIA

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UNIVERSITY COMMITTEEON DIVERSITY AND EQUITY
Gareth Funning, Chair
gareth@ucr.edu

November 12, 2026

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Susannah Scott
Chair, Academic Council

RE: Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Susannah,

The University Committee on Diversity and Equity (UCoDE) discussed this report at its October meeting and held a follow up special meeting on November 5th to map out the committee's thoughts on this important issue.

An overarching theme of our discussion was that many committee members feel there is not enough data provided in the report to adequately evaluate the proposed recommendations. For example, it is not clear how many of the over 6,000 Health Sciences Clinical Faculty across the UC system could be eligible for reclassification under the proposals, and on which campuses. Without knowing this, how could we estimate the potential budget impact of such changes in advance, or the potential impact they could have on the Senate?

With this important caveat in mind, our responses to the recommendations made in the report are as follows:

There was broad, but not unanimous, support among the committee for Recommendation 1, the proposed lifting of the 16% cap for hiring faculty in the Professor of Clinical X Series. Position classifications should be based upon duties and expectations, not on artificial restrictions. On multiple

campuses, this cap has already been lifted to higher percentages or abolished completely. Opposing voices highlighted the potential dilution of the influence of teaching and research faculty in Senate decision making if a large number of clinical faculty were admitted.

Recommendation 2, proposing that blanket exceptions be made to hires in the Professor of Clinical X Series to potentially allow reduced effort (in the range 80–100%) elicited a wide range of opinions, both for and against. Some members suggested that singling out one full-time faculty job classification for such additional flexibility was inherently inequitable, by providing it only to one faculty group, and not all faculty (e.g. faculty in the Professor and Professor of Teaching Series, or in the Adjunct Professor Series), and did not support the recommendation on that basis. On the other hand, some members recognized that such a change could lead to improved working conditions for some faculty members whose life circumstances as carers or parents would benefit from the additional flexibility. In other words, an equity case could be made for broadly making such a change, but the report did not explicitly make it.

Committee members also expressed concerns about the logistics of such a change, when it comes to faculty teaching and service responsibilities, which would not be easily reduced by round percentages, and how merit and promotion evaluations would take reduced effort equitably into account.

Overall, our sense is that the committee would be supportive of this recommendation if the option of having reduced effort positions were available to all Senate faculty members. This, of course, would be a much broader change than the scope of the proposal before us.

Recommendation 3, on engagement with CAPs on each campus, was thought by most committee members to be redundant. CAPs already have to account for wide disparities in performance indicators between disciplines on each campus (e.g. between Arts faculty and STEM faculty), or even between subdisciplines within fields. The composition of the CAP on each campus already has to span the breadth of faculty disciplines. Again, many members felt that not enough information was provided on how/whether the different campuses already have structures to assess performance of clinical faculty (e.g. UCLA's MediCAP, in the medical school, and ClinCAP, a standing committee of CAP). Perhaps some best practices could be identified from a survey of campus solution such as these?

Recommendation 4, on developing reclassification pathways on each campus had broad support. Committee members affirmed that clinical

faculty should be classified by the work and duties that they perform, not the title they were hired with. But the committee noted that the impact of this change, as already mentioned above, is impossible to assess with the information provided. Some kind of audit, in which Health Sciences Clinical faculty's efforts in research and scholarly output were assessed formally, would be essential for identifying the faculty who could potentially be affected, and allow for a more informed assessment of the consequences of implementing this recommendation.

There was a plurality of support among committee members for Recommendation 5, the establishment of a Special Committee of the Academic Council to provide clinical faculty with a voice in the Academic Senate, if adopted in isolation. It seems clear that clinical faculty lack effective representation in many aspects of their work, both in terms of their contributions to curriculum and teaching (which fall under the Senate's purview) and in terms of their working conditions (which may or may not fall under the Senate's purview). While such a special committee may not provide clinical faculty all of the representation they might need or desire, it could be viewed as an important first step towards that. Some committee members questioned whether such a committee might be partially redundant if Recommendations 1 and 4 were implemented and more clinical faculty were admitted to the Senate through those actions.

Questions were also raised about the administrative cost of such a committee – could it be borne by UC Health? Discussion amongst committee members ranged from whether clinical professors would better have equity from unionization, to whether the implementation of a Health Sciences Academic Senate dedicated to matters related specifically to clinical professors would undergo formal Senate processes.

Finally, some committee members questioned whether the urgency of this report and of the requested response was driven by outside concerns (e.g. a preemptive response to calls for unionization or industrial action)? It does not seem possible to have a full and deep deliberation under such constraints.

Sincerely,



Gareth Funning
Chair, UCODE

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UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL
Angela Gelli, Chair
acgelli@ucdavis.edu

November 13, 2026

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Susannah Scott
Chair, Academic Council

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Scott,

The University Committee on Academic Personnel (UCAP) has discussed the Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance, and while most members SUPPORT the recommendations and their intent, we note the following for clarification prior to formal endorsement or adoption.

**Recommendation 1: Remove the 1/6 cap on Professor of Clinical X appointments**

- **Rationale and potential benefit.** Clinical X faculty contribute to teaching, service, and scholarly activity and the cap is an unusual restriction on an Academic Senate series. Experience at campuses without a cap was cited as suggesting that removal does not necessarily trigger a large influx of Health Sciences Clinical Professor faculty into Clinical X.
- **Concern about scale and Senate composition.** Longstanding concerns that expanded Clinical X appointments could change the composition of the Senate and could affect the balance of perspectives and the university's broader teaching mission remain.

- **Fit with faculty needs.** It is unclear whether Senate membership would address the morale concerns of Health Sciences Clinical Professor faculty. Clinical X may involve stronger expectations for teaching, curriculum development, and scholarly contributions than some faculty seek or have time to undertake.
- **Financial incentives.** Appointment decisions may be influenced by campus financial constraints and the relative cost or funding arrangements of different series. These incentives could encourage placement in Clinical X for reasons other than fit with the role.

**Recommendation 2: Allow 80%–100% full professional effort appointments in Clinical X**

- **Flexibility and equity.** A range of 80%–100% effort was viewed as potentially more inclusive and family-friendly, including for faculty with caregiving responsibilities, while retaining a sole professional commitment to UC and its affiliates.
- **Protected time and workload.** Participants emphasized that clinical faculty often have little or no protected time for teaching, research/scholarly work, service, or shared governance. A formal appointment range alone may not create the time needed to meet expectations or participate meaningfully.
- **Implementation clarity.** Transparent, consistent guidance on how effort is allocated, how protected time is determined, and who decides access to it are needed. Individually negotiated arrangements that are unclear or inconsistent can raise equity concerns and complicate personnel review.

**Recommendation 3: Engage Committees on Academic Personnel (CAP) on review criteria**

- **Clarify expectations across series and disciplines.** There was STRONG support for clearer guidance for CAPs, departments, and faculty about the criteria for each series. Guidance should be broadly usable while accounting for disciplinary and subdisciplinary cultures, expectations, and opportunities.
- **Evaluate scholarship in context.** Participants stressed that scholarly or creative activity for Health Sciences Clinical Professor faculty can include clinically grounded work such as clinical trials, protocols, and other contributions, and should not automatically be judged by the standards of hypothesis-driven research. Evaluation should reflect the applicable APM criteria and the time available for scholarly activity.

- **Teaching expectations and documentation.** Members described uneven expectations for teaching and inconsistent documentation of teaching effectiveness as barriers to advancement, including in Clinical X. Faculty may be incorrectly advised that research or creative activity is sufficient, without understanding the series' substantive teaching expectations, which may include classroom teaching as well as bedside instruction.
- **Protected time as review context.** CAPs use information about protected research or other nonclinical time to contextualize expectations. Members noted that such information can be confusing or inconsistent, and requested clearer rules about its calculation, allocation, and availability.

**Recommendation 4: Establish a timely reclassification pathway for misclassified faculty**

- **Support for a more efficient process.** Members supported a clear and timely route for clinical and nonclinical faculty whose assigned series does not match their actual duties. Current processes that require open recruitment can be slow and may not effectively correct misclassification.
- **Clear distinctions among series.** Members described cases in which new clinical faculty may be directed into the Health Sciences Clinical Professor series when Clinical X or another series might better fit their duties. Clearer descriptions of the roles and expectations of each series would help faculty and administrators make informed appointments.
- **Practical limits and institutional incentives.** Financial resources and administrative incentives may constrain hiring and movement between series. A reclassification process should therefore address not only policy eligibility but also practical implementation, while ensuring that changes reflect the faculty member's actual duties and applicable requirements.

**Recommendation 5: Establish a systemwide Academic Council Special Committee and local counterparts**

- **Potential value.** Members described the proposed committee as a means for non-Senate clinical faculty to have a clear voice in governance, workplace decisions, and communication with medical-center and departmental leadership. Its remit should be broader than promotion review and could include major operational and policy matters affecting faculty.
- **Define purpose, authority, and outcomes.** Members asked what the committee would be empowered to do, how its advice would inform decisions, and how it would address the particular morale concerns of

Health Sciences Clinical Professor faculty. The committee should be more than an additional venue for discussion; its practical value and relationship to existing governance structures should be clear.

- **Workload and meaningful participation.** Clinical faculty may have limited time to participate in additional committees. The design should consider workload, resources, staffing, and ways to make participation feasible and consequential.
- **Build on campus experience.** Participants suggested identifying existing campus models for clinical faculty participation in governance and sharing effective practices systemwide. Local counterparts should fit campus governance structures and respond to local needs.

**Other Comments**

- **Address the underlying concerns.** Members cautioned that Senate membership or reclassification may not resolve all of the concerns motivating requests for greater representation, including morale and workplace issues. The review should distinguish governance concerns from other employment or professional concerns and assess whether the proposed remedies address them.
- **Recognize diversity among clinical faculty.** Clinical faculty roles and interests vary substantially. Some may want fuller participation in the comprehensive academic mission; others focus primarily on patient care or have different priorities. The approach should not assume that all Health Sciences Clinical Professor faculty want to move into Clinical X or that a single pathway will meet everyone's needs.
- **Consider compensation and funding structures.** The discussion raised concerns about faculty whose compensation depends on grants, philanthropy, or Health Sciences Compensation Plan arrangements, and about how funding sources and changes in funding availability affect effort commitments. The report was noted to be silent on the complexities of compensation-plan categories, covered compensation, and pension implications.
- **Assess systemwide and campus-specific effects.** Participants requested attention to possible changes in Senate composition and effects on campuses without medical schools, while also recognizing that local circumstances differ.
- **Ensure resources match expectations.** Meaningful teaching, scholarship, service, and shared governance require time and institutional support. Members emphasized that expectations should be aligned with protected time, workload, and available resources, rather than adding responsibilities without support.

Thank you for your leadership in this controversial but important issue. Please let me know if additional commentary would be appreciated.

Sincerely,

/s/

Angela Gelli, UCAP Chair

Cc: UCAP
Amani Nuru-Jeter, Academic Council Vice Chair
Monica Lin, Academic Senate Executive Director

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UNIVERSITY COMMITTEE ON FACULTY WELFARE
Alexander (Sasha) Sher, Chair

November 16, 2026

Susannah Scott
Chair, Academic Council

RE: The Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Chair Scott,

UCFW has discussed the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance, and we have many comments. UCFW was not able to reach a consensus recommendation on all points. At the same time, there was a consensus that further Senate deliberation and consultation is necessary before any of the changes are made. The review period for the Report has been shorter than usual, and the committee believes that this has been detrimental to the proper review of this important topic that affects Senate membership: the subject that is in direct preview of the Academic Senate. Several themes emerged during the review process, including the opportunity to be stronger together as faculty. Additionally, UCFW members are mindful of the potential significant change to the senate composition, the resources needed to fulfill proposed changes , whether existing mechanisms are adequate to redress the articulated concerns, and what precedents these decisions set for other non-clinical faculty. We address each recommendation in turn below.

1. Remove the 1/6 cap on appointments in the Professor of Clinical X series

Arguments in support:

- The cap creates an unnecessary barrier to Academic Senate membership for clinical faculty who otherwise meet the requirements of the Clinical X series.
- Clinical X faculty are expected to contribute to teaching, scholarship, University and public service, and professional competence, with their contributions evaluated separately. There is therefore no apparent academic justification for limiting their numbers relative to other Senate faculty series.
- Removing the cap would help ensure that faculty performing the work and meeting the expectations of Clinical X appointments are appropriately classified and represented.
- The cap may have contributed to historical misclassification, particularly where otherwise qualified faculty were appointed in the Health Sciences Clinical Professor (HSCP) series instead.

Arguments against or concerns:

- The discussion questioned whether a systemwide recommendation is necessary when existing Academic Personnel Manual (APM) provisions already give Chancellors authority, in consultation with the Senate, to remove or modify campus caps.
- Some participants questioned whether removing the cap would result in a substantial increase in Senate membership and whether that could affect the composition and priorities of the Senate.
- Concerns were raised about the potential consequences of adding faculty with substantially different compensation structures and professional responsibilities to the Senate, particularly when considering faculty compensation and other systemwide issues.
- There was also a question about whether clinical faculty's connection to undergraduate education and the broader University mission would be adequately reflected in Senate deliberations.

Areas of agreement:

- Faculty who meet the academic qualifications of the Clinical X series should not be prevented from appropriate classification because of an arbitrary numerical limit.
- The existing Senate and campus consultation processes should be respected.
- The discussion generally favored resolving the underlying policy issue rather than retaining an unnecessary restriction.

Further investigation and data needed:

- Clarification of what the recommendation actually requires beyond the authority Chancellors already possess under the APM. The

recommendation mentions unspecified changes to APM that can be made afterwards. This needs to be clarified.

- Current and projected Clinical X appointments by campus, including the number of faculty who might seek reclassification.
- An assessment of the potential effects on Senate composition, committee representation, and workload.
- An explanation of whether the cap has actually prevented qualified appointments at locations with the cap still in place and, if so, the extent of that effect.

2. Allow 80%–100% full professional effort appointments in the Professor of Clinical X series

Arguments in support:

- The current requirement for a 100% appointment, subject to an individual exception process, creates an administrative barrier to Clinical X appointments.
- Allowing 80%–100% appointments would provide greater flexibility for faculty balancing professional and personal responsibilities, including caregiving.
- Clinical faculty face distinctive clinical workload pressures and productivity expectations. Some would prefer to reduce their appointment and compensation to protect time for scholarship, teaching, and other academic responsibilities. As those roles may not have associated funding sources, faculty may be required to reduce clinical FTE in those circumstances.
- The flexibility could improve recruitment and retention, particularly for junior faculty and those balancing family responsibilities.
- The current exception process is cumbersome and may discourage faculty who otherwise qualify for Clinical X appointments from pursuing that series.

Arguments against or concerns:

- The report emphasizes childcare and caregiving as justifications, but participants questioned whether there is evidence that Clinical X faculty have a greater need for this flexibility than other Senate faculty.
- The recommendation raises an equity question: if Clinical X faculty are permitted to hold 80% appointments without individual exceptions, why should other Senate faculty be subject to different requirements?
- Some participants argued that changes to appointment requirements should be considered through the Academic Senate's normal processes rather than being made specifically for one faculty series.

- There was concern that the recommendation does not adequately explain the financial and administrative implications of different appointment arrangements.
- The discussion also raised the possibility that faculty in other clinical Senate series, including In-Residence and Ladder-rank faculty with clinical practices, might benefit from comparable flexibility.

Areas of agreement:

- The existing exception process is burdensome and merits examination.
- Flexibility in appointments can be an important recruitment and retention tool.
- Clinical faculty have distinctive workload and compensation arrangements that need to be considered when evaluating appointment requirements.
- The rationale for the recommendation should be explained more fully, rather than relying primarily on caregiving considerations.

Further investigation and data needed:

- Number of Clinical X faculty currently holding appointments below 100%.
- Number of faculty who have requested reduced appointments and the reasons for those requests.
- Number of HSCP faculty who might qualify for Clinical X but remain in HSCP because of the existing appointment requirements.
- Data on recruitment, retention, and promotion outcomes associated with appointment flexibility.
- Clarification of the distinction between reducing an appointment and negotiating reduced compensation while retaining a 100% appointment.
- Analysis of whether comparable flexibility should be considered for other Senate faculty series.
- Evaluation of the financial and benefits implications of reduced appointments.

Overall assessment: The discussion identified a potentially significant benefit to appointment flexibility, particularly for clinical faculty facing demanding patient-care responsibilities. However, the original report does not adequately articulate all the reasons for the proposal or provide sufficient supporting data. The question of equitable treatment across Senate faculty series also remains unresolved.

3. Engage Committees on Academic Personnel (CAP) in reviewing criteria

for different disciplines and faculty series

Note: To ensure that campus CAP committees understand and appropriately apply the different evaluation criteria for clinical disciplines and faculty series, the report proposes several possible approaches:

- Designating an advisor from the faculty series under review.
- Including non-Senate clinical faculty on review committees for non-Senate clinical faculty.
- Establishing separate clinical CAP committees that include both Senate and non-Senate clinical faculty.

Each division would determine the approach best suited to its circumstances, with systemwide guidance from the Office of the President.

Arguments in support:

- Different faculty series have different expectations for teaching, research, scholarship, professional competence, and service. These distinctions need to be understood and consistently applied.
- There may be misunderstandings about what constitutes scholarly or creative activity in different clinical disciplines.
- Clinical faculty should have a voice in evaluating colleagues whose responsibilities and professional contributions they understand.
- Better familiarity with the different criteria could reduce inappropriate classification and improve fairness in advancement and promotion.
- Including clinical faculty in the review process would help ensure that clinical teaching, professional practice, and related scholarly contributions are appropriately recognized.

Arguments against or concerns:

- The discussion identified relatively little opposition to the underlying principle.
- One concern was that CAP committees should already understand and apply the appropriate criteria. Participants questioned whether a Presidential Task Force recommendation is necessary to remind them of their existing responsibilities.
- There was also a question about whether the proposed arrangements would create additional administrative complexity or require separate committees where existing processes could be improved.

Areas of agreement:

- The different faculty series must be evaluated according to their respective APM criteria.

- CAP committees should understand the distinctions between Clinical X and HS Clinical appointments.
- Clinical expertise should be incorporated into the evaluation of clinical faculty.
- Campuses should have flexibility to develop arrangements appropriate to their organizational structures.

Further investigation and data needed:

- Identify campuses where CAP committees have experienced difficulties applying the criteria for clinical faculty.
- Determine whether the problem is primarily a lack of understanding of the criteria, insufficient clinical expertise on review committees, or inconsistent departmental practices.
- Evaluate the advantages and disadvantages of the three proposed approaches.
- Determine whether additional staffing or administrative support would be needed for separate clinical CAP committees.
- Clarify the role and authority of clinical faculty advisors and non-Senate participants in personnel reviews.

Overall assessment: Participants generally agreed that clinical faculty should be evaluated according to the appropriate criteria and that clinical expertise should inform the process. The main question is how best to implement the recommendation without creating unnecessary administrative structures.

4. Establish a reclassification pathway for faculty who are currently misclassified

Arguments in support:

- Some HS Clinical faculty may actually be performing the duties and meeting the academic expectations of Clinical X, or In-Residence appointments.
- Conversely, some faculty may be classified in a series whose requirements exceed their actual responsibilities.
- Historical restrictions, including appointment caps and the 100% appointment requirement, may have resulted in qualified faculty being placed in the wrong series.
- Requiring an existing faculty member to participate in an open recruitment process to change series can be cumbersome and discouraging, particularly when that individual has already served in an academic capacity for many years.

- A formal pathway would help correct historical misclassification and ensure that faculty appointments reflect actual responsibilities.

Arguments against or concerns:

This recommendation generated substantial discussion and some of the strongest reservations.

- Participants questioned whether there should be a special reclassification process for clinical faculty when comparable situations arise in other faculty series.
- The discussion noted that lecturers may perform duties associated with Professor of Teaching appointments, just as some HS Clinical faculty may perform duties associated with Clinical X appointments. A consistent University-wide approach to misclassification may therefore be preferable.
- Existing mechanisms, including open recruitment and Target of Excellence appointments, already provide ways to address some of these situations.
- There was concern that waiving open recruitment could create a broad pathway for placing individuals into Senate faculty series without the same competitive standards applied to other faculty.
- Participants emphasized that being qualified for a faculty series is not necessarily the same as having demonstrated the qualifications and achievements expected for appointment through the established process.
- There was also concern about who should make the determination that an individual is misclassified. CAP committees evaluate academic qualifications, but departments and appropriate academic administrators have responsibilities in determining appointments and series.

An important distinction emerged between two circumstances:

1. Correction of an established misclassification: A faculty member has been performing the duties of another series for years but was placed in the wrong series because of historical or administrative barriers.
2. Seeking a new appointment in another series: A faculty member may qualify for another series but has not previously been appointed or evaluated under its requirements.

Participants were more receptive to correcting the first situation than creating a broad alternative pathway for the second.

Areas of agreement:

- Genuine cases of misclassification should be corrected.
- Faculty should be classified according to the work they are actually required to perform.
- Existing administrative barriers should not perpetuate historical errors.

- Reclassification procedures should be transparent, fair, and consistent with the academic standards of the relevant faculty series.
- The process should not be limited to clinical faculty if similar problems exist elsewhere in the University.

Further investigation and data needed:

- How many faculty members are potentially misclassified at each campus?
- How many HS Clinical faculty are performing duties consistent with Clinical X or In-Residence appointments?
- How many faculty have been denied reclassification or required to undergo open recruitment despite having performed the duties of another series for many years?
- What are the specific reasons for misclassification: numerical caps, appointment percentage requirements, recruitment practices, departmental decisions, or other factors?
- What proportion of proposed reclassifications would involve correcting an established error versus granting a new appointment in another series?
- What criteria would justify waiving open recruitment?
- What safeguards would ensure that reclassification does not bypass the academic qualifications and review standards applicable to Senate appointments?
- What are the possible salary and benefits implications of reclassification?
- Would this change prevent future misclassifications?

Overall assessment: There was agreement that genuine misclassification should be corrected, but substantial concern about the breadth and implementation of the proposed pathway. A carefully defined, case-by-case process with clear standards and safeguards appears more consistent with the discussion than a general mechanism for transferring faculty into another series.

5. Establish a Special Committee of the Academic Council and local campus counterparts

Recommendation: Establish a systemwide Special Committee of the Academic Council, with corresponding campus-level committees or other local governance structures, to provide clinical faculty—including those outside the Academic Senate—with a formal mechanism for participating in discussions of academic, operational, and clinical matters.

The proposed systemwide committee would include clinical faculty

representatives from each campus, with participation by relevant Academic Affairs, UC Health, Medical Center, and other administrators. Non-Senate clinical faculty could serve with voting rights by exception or through divisional bylaw amendments. The committee would be reviewed after three years.

Arguments in support:

- The majority of clinical faculty are in the HS Clinical series and are not members of the Academic Senate. Nevertheless, their work is significantly affected by University policies and decisions.
- There is currently no established systemwide structure through which non-Senate clinical faculty can consolidate their views and provide input on University policies.
- The proposed committee would give these faculty a formal voice in matters affecting their employment, professional environment, clinical operations, and academic responsibilities.
- The committee would use existing Senate infrastructure and procedures for disseminating information, gathering feedback, and communicating faculty perspectives.
- The proposal would allow clinical faculty to contribute their expertise to Senate committees such as Faculty Welfare, Planning and Budget, Academic Personnel, and other relevant committees.
- The structure could strengthen academic medicine by ensuring that clinical faculty remain integrated into the University's teaching, research, and public service missions.
- It would recognize that clinical faculty are part of the broader University faculty community, even when they do not meet the requirements for Senate membership.

Arguments against or concerns:

- The discussion raised questions about whether providing non-Senate faculty with access to Senate committee structures creates a precedent for other non-Senate groups, particularly Unit 18 lecturers.
- Participants questioned the distinction between clinical faculty seeking committee participation and lecturers seeking representation on committees concerned with undergraduate education.
- There was concern about how voting rights would work, particularly whether non-Senate members would have the same voting privileges as Senate members.
- The discussion emphasized that the Senate must retain authority to determine whether non-Senate participants may vote on particular matters.

- Questions were raised about whether the proposal might conflict with collective bargaining arrangements, particularly given ongoing unionization discussions involving HS Clinical faculty.
- Participants also noted that the Task Force's composition and deliberations may not have included sufficient input from campus Senate faculty, making broader consultation important before implementation.
- The report acknowledges that the new committees will require faculty time, staff support, and additional resources.

Areas of agreement:

- Participants generally agreed that non-Senate clinical faculty should have a meaningful opportunity to participate in discussions affecting their work.
- There was broad support for using existing Senate structures rather than creating an entirely separate governance system.
- There was agreement that voting rights and the precise scope of participation require clarification.
- The proposed three-year review was viewed as a reasonable way to assess whether the structure is effective and useful.

A particularly important point was that the proposed representation does not necessarily reserve a committee seat exclusively for a non-Senate clinical faculty member. A representative could also be a Senate member with a health sciences affiliation.

Further investigation and data needed:

- What specific responsibilities and authority would the Special Committee have?
- Which campus committees would have clinical faculty representatives, and how would those representatives be selected?
- Would non-Senate clinical faculty have voting rights, advisory rights, or different rights depending on the committee?
- How would the Senate retain control over voting and deliberations on matters outside the jurisdiction of clinical faculty?
- How would the proposed structure interact with collective bargaining arrangements?
- What staffing, administrative support, faculty time, and travel resources would be required?
- How would the effectiveness of the committee be evaluated after three years?
- What mechanisms would ensure that clinical faculty views are actually incorporated into systemwide decisions?

Overall assessment: This was viewed as a constructive and relatively uncontroversial way to improve clinical faculty participation in shared governance. The central unresolved issue is not whether clinical faculty should have a voice, but how that voice should be structured, particularly with respect to voting rights, Senate authority, collective bargaining, and the resources required.

**Cross-Cutting Themes and Overall Areas of Agreement**

1. Recognition of the contribution of clinical faculty

There was broad recognition that clinical faculty make important contributions to UC's academic mission, including professional education, teaching, research, clinical practice, and service.

One particularly important argument was that the University should strengthen its commitment to academic medicine rather than allow the growth of the health system to become increasingly disconnected from the University's academic mission.

The discussion emphasized the importance of retaining faculty who are responsible for professional education, collaborative research, and connections with other academic disciplines.

This was one of the strongest areas of agreement.

2. The need for broader Senate consultation

Several participants emphasized that changes affecting Senate membership, appointment requirements, and governance should be considered through the Academic Senate's established processes.

This was particularly important for Recommendations 1 and 2, where the discussion questioned whether the Task Force should make recommendations affecting one Senate faculty series without broader consideration of the implications for other Senate faculty.

There was also concern that regular Senate faculty needed a fuller opportunity to understand the clinical faculty appointment structures and their implications.

3. Equity across faculty series

The discussion raised several questions about whether proposed changes should apply more broadly.

Examples include:

- Whether the 80%–100% appointment flexibility should be considered for other Senate faculty series.

- Whether reclassification procedures should apply equally to faculty in other series, including lecturers and Professor of Teaching appointments.
- Whether clinical faculty should have access to the same governance processes as other faculty whose work is affected by University policies.
- Whether compensation differences among faculty series could affect the Senate's ability to represent faculty interests equitably.

These questions suggest that the recommendations should be considered in the broader context of faculty governance and academic personnel policy.

4. Need for more information before implementation

The discussion repeatedly returned to the problem of insufficient systemwide data. In particular, the participants did not have enough information to determine the potential number of affected faculty, the likely consequences of reclassification, or the financial and governance implications of the proposals.

The report itself identifies the need for additional resources, including staff support, faculty time, and potential costs associated with reclassification.

**Concluding observation:**

The discussion suggests that the five recommendations should not be treated as a single package requiring uniform acceptance or rejection.

Recommendations 3 and 5 appear to have the strongest support in principle. Both address the need to recognize clinical faculty expertise and improve their participation in University governance without changing Academic Senate membership or current Senate rules.

Recommendations 1 and 2 address barriers to appropriate Senate appointments, but require clarification of existing campus authority, the rationale for different treatment of clinical faculty, and the broader implications for Senate membership and faculty equity.

Recommendation 4 raises the most substantial questions about implementation and academic standards. There is agreement that genuine and historically unfair misclassification should be corrected, but the process must be sufficiently rigorous to preserve the integrity of academic appointments.

The overarching opportunity is to strengthen the integration of clinical faculty into UC's academic mission and shared governance while preserving the University's established principles of academic appointment, evaluation, and Senate authority. The discussion supports moving forward with that objective, but also makes clear that the

recommendations need more precise definitions, broader consultation, and additional data before any implementation.

Thank you for your attention to this important matter.

Sincerely,

/s/

Alexander (Sasha) Sher
Chair, UCFW

Cc: UCFW Members
Amani Nuru-Jeter, Vice Chair, Academic Council
Monica Lin, Executive Director, Systemwide Academic Senate

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November 9, 2026

Susannah Scott
Chair, Academic Council

RE: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation

Dear Chair Scott,

The University Committee on Planning and Budget (UCPB) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report. We first offer general commentary, followed by commentary on the report's specific recommendations.

**General Comments**

UCPB recognizes the importance of meaningful participation by clinical faculty in shared governance. The Task Force was convened in response to the 2025 Academic Senate votes against extending membership to clinical faculty. According to the report, the Task Force members agreed that clinical faculty who are fully engaged in the comprehensive mission of the University and its affiliates should have a role in shared governance through the Academic Senate.

The Task Force's report, however, leaves largely unaddressed a related and perhaps a more important question: what role should faculty have in the governance of UC Health? Clinical faculty are most knowledgeable about, and are most affected by, decisions made not only in their academic units but also across the UC Health enterprise. Expanding their participation in Senate governance will be most meaningful if the Senate also has opportunities to advise UC Health on decisions that affect faculty and the

University's academic mission. Should the Senate take on such a role, the expertise of Clinical X faculty would be especially valuable to those deliberations.

The Academic Senate participates in shared governance with the academic units at both the divisional and systemwide levels, but there is very little comparable engagement between the Senate and UC Health. For example, UCPB and divisional Senate planning and budget committees generally do not review or advise on UC Health financial and planning decisions, such as budget models and fund flows, relative value unit (RVU) determinations, property acquisitions, negotiated reimbursement rates, and faculty hiring and growth in the clinical series. These decisions can have significant consequences for faculty work and for the resources available to support education, research, and clinical care.

Clinical X faculty also lack the protections of tenure available to ladder-rank faculty. This difference may make them much more vulnerable to administrative pressure when expressing unpopular viewpoints in governance settings. Meaningful participation in shared governance therefore requires both appropriate protections for faculty who engage in shared governance and a commitment by UC Health leadership to seek and consider Senate advice in good faith.

UCPB recommends that the University develop formal mechanisms for Senate consultation on UC Health planning and budget decisions that affect faculty and the academic mission. Such mechanisms would complement efforts to expand clinical faculty participation in the Senate and help ensure that their voices can influence decisions central to their work.

**TF Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.**

UCPB has concerns about removing this cap without further consideration of its implications for Senate representation and the balance of the University's missions. The cap was established to "maintain an appropriate balance in the health sciences schools between research and education and clinical service." Because Clinical X faculty numbers are currently increasing much more rapidly than ladder-rank faculty, removing the cap could substantially change the composition of the Academic Senate. Clinical X faculty bring important expertise to the Senate, but their professional responsibilities and experience can differ from those of ladder-rank faculty. A substantial shift in representation could affect the Senate's capacity to advise and make decisions across its full range of present responsibilities.

At the same time, consideration of the cap should recognize the contributions of Clinical X faculty across the University's missions. Clinical X faculty could bring valuable expertise to decisions affecting both the health enterprise and the University's academic mission. For a compelling argument to remove the cap, the University should extend shared governance to UC Health, where the system will most benefit from the voice of Clinical X faculty.

The apparent unevenness in adherence to the current cap also warrants attention. Before removing it, the University should assess current appointments and growth trends across campuses, the extent to which the cap is being followed, the justification for applying a cap to one series and not others, and the potential consequences of its removal for Senate representation and the balance among the University's missions. As noted above, increasing Clinical X representation in the Senate would not by itself address the Senate's limited role in advising UC Health.

**TF Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.**

It is unclear from the available information whether there are any budgetary concerns about this recommendation. UCPB members were generally supportive of this recommendation.

**TF Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.**

UCPB supports engagement with the Academic Senate Committees on Academic Personnel on this issue. Practices and expectations regarding Clinical X faculty may vary across divisions, and UCAP would be a logical starting point for identifying differences, sharing best practices, and considering whether greater consistency is needed.

**TF Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.**

Reclassification pathways already exist at some of the divisions, and the University could draw on those divisions' experiences in developing or refining processes elsewhere. Any corrective process should account for applicable limits on the relative fraction of Clinical X faculty appointments and should recognize the responsibilities of the units that made the original appointments. Reclassification, especially if it is done for a large number of faculty, will also require significant resources in terms of time and effort from divisional CAPs as well as Senate and administrative staff. The University should assess these needs and provide appropriate support for

the review process.

**TF Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.**

UCPB encourages clarification of the proposed committee's charge, composition, and relationship to existing divisional and systemwide governance bodies. At some divisions, Faculty Executive Committees (FECs) for the units with clinical faculty may already include both Senate and non-Senate faculty. UC Davis's Academic Federation plays a similar role. These FECs are the most local level of shared governance, and participation in the FECs could ensure the voices of clinical faculty are represented on unit, divisional and systemwide issues. As noted above, however, representation alone does not ensure meaningful share governance. Academic and UC Health leadership must also engage in faculty governance bodies in good faith and seek formal advisement of the Academic Senate on relevant budgetary and planning matters.

Sincerely,



Alyssa Brewer
Chair, UCPB

Cc: UCPB