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*Chair of the Assembly of the Academic Senate  
Faculty Representative to the Regents  
University of California  
1111 Franklin Street, 12th Floor  
Oakland, California 94607-5200*

June 24, 2016

**SUSAN CARLSON, VICE PROVOST  
ACADEMIC PERSONNEL**

**Re: Systemwide Review of Proposed Revised APM 278, Health Sciences Clinical Professor Series; APM 210-6, Instructions to Review Committees; APM 279, Volunteer Clinical Professor Series; New APM 350, Clinical Associate; and APM 112, Academic Titles**

Dear Susan,

As you requested, I distributed for systemwide Senate review proposed revisions to APM policies defining the duties and responsibilities of the non-Senate Health Sciences Clinical Professor (APM 278) and community-based Volunteer Clinical Professor (APM 279) titles; the appointment and advancement criteria for Health Sciences Clinical Professors (APM 210-6), and a new policy covering non-faculty Clinical Associates (APM 350). Seven Academic Senate divisions (UCB, UCD, UCI, UCLA, UCR, UCSB, UCSF, and UCSD) and four systemwide committees (CCGA, UCORP, UCAADE, and UCFW) submitted comments. These comments were discussed at Academic Council's May 25 and June 22, 2016 meetings.

Our understanding is that the revisions were motivated in part by a need to clarify the differences between the Health Sciences Clinical Professor (HSCP) series and the Volunteer Clinical Professor series so that the titles are used correctly, as the UC medical centers increase their affiliations with providers in non-academic hospitals to grow their networks and compete in the current marketplace. Among these providers are the Clinical Associates – non-faculty academic appointees who perform clinical work at a UC affiliate and the Volunteer Clinical faculty – professional doctors employed by the medical centers who may also teach. The Health Sciences Clinical Professor title is reserved for individuals who perform not only clinical work but also meet the full research and teaching missions of the university and are appraised through the normal process. As such, one change is to add a research scholarship requirement to the Health Sciences Clinical Professor series designation.

The Academic Council has no objection to the new APM 350, which reviewers feel will help define and clarify the role of Clinical Associates; however, Council is unable to support the changes to APM 278 and 279 due to a number of substantial concerns that are summarized below and outlined in more detail in the full set of attached comments.

Although some Senate reviewers expressed support for the proposed changes to APM 278 and 279 to the extent that the changes help clarify the criteria, expectations, and timelines for the evaluation of individuals in the Volunteer Clinical Professor and Health Sciences Clinical Professor series, others expressed concerns about the addition of a “research and/ creative activities” requirement to the criteria for appointment and advancement in APM 278. Several reviewers noted that the terms are vaguely defined. Others, particularly the Davis Division, strongly objected to the addition of these criteria, based Medical Center faculty concerns that the new requirement is inappropriate for Health Sciences Clinical Faculty whose appointments and promotions are currently based only on teaching and clinical work. Reviewers note that the new language departs from current requirements, which meet their needs, and blurs the distinction between the guidelines for the HSCP and for the Clinical “X” series.

Other reviewers focused on the vagueness of the creative activities requirement, noting that if the University wishes to encourage more research, creative activity, and scholarship from individuals in the HSCP title, it should ensure that the criteria are clearly articulated and align with UC standards and expectations. UCI and UCORP both suggest that some of the advancement criteria (APM 210-6) within the Clinical Professor Series under the Research and/or Creative Activity heading would be better placed under the Teaching or Service heading, to avoid degrading the definition of research. UCAADE is also concerned that the lack of clear criteria will burden women and underrepresented minority faculty, who are disproportionately concentrated in the series. UCSF notes that it will be important to establish local guidelines to clarify the implementation of criteria for professional competence, University and public service, and creative work in personnel reviews.

Council is also concerned about the plan to grandfather existing Health Science Clinical Professor faculty into the current APM definitions, while expecting new faculty to work under the revised criteria. Maintaining separate criteria for faculty serving in the same series may burden reviewing committees and be confusing to the faculty themselves.

Other specific concerns relate to the proposed eight-year limitation of service for faculty holding a without-salary Health Sciences series appointment. UCR notes that the rule will make it more difficult for its School of Medicine to find the required number of faculty for these positions every eight years. UCB articulates a related concern about how the proposed rule will affect Optometry faculty who hold a without salary Health Sciences Assistant Clinical Professor appointment at UC and a salaried appointment at an affiliated institution. UCR is also concerned that the revision to APM 278 removes the conditions under which a competitive affirmative action search and Senate review are required when an individual moves to another series. The division also has several specific concerns related to the Terms of Service provisions for the Clinical Professor series in APM 278-17; and the criteria and conditions for appointment and promotion for the Volunteer Clinical Professor series in APM 279-10, 279-17, and 279-20.

Finally, Council members observed that no faculty served on the Work Group that developed these proposed APM changes. We ask that future efforts to refine the APM sections seek input from faculty in the medical centers who understand current practices around these titles and the implications of changes to the appointment and promotion criteria.

Thank you for the opportunity to opine.

Sincerely,



J. Daniel Hare, Chair  
Academic Council

Cc: Policy Manager Lockwood  
Academic Council  
Executive Director Baxter



May 12, 2016

DANIEL HARE  
Chair, Academic Council

*Subject: Proposed revised Academic Personnel Manual sections*

Dear Dan,

On April 25, 2016, the Divisional Council (DIVCO) of the Berkeley Division considered the proposed revisions to the Academic Personnel Manual sections cited in the subject line, informed by commentary of our divisional committees on Budget and Interdepartmental Relations (BIR) and Faculty Welfare (FWEL).

Although no serious objections surfaced during DIVCO's discussion, we note our concern that faculty from the School of Optometry were not consulted or informed of the proposed changes at an earlier stage, despite being part of the UC Health Science Program. As a result, a concern specific to the School emerged in the FWEL discussion, and is reflected in its commentary, which is appended in its entirety.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Powell', with a horizontal line underneath.

Robert Powell  
Chair, Berkeley Division of the Academic Senate  
Professor of Political Science

Cc: R. Jay Wallace, Chair, Committee on Budget and Interdepartmental Relations  
Mark Gergen and Caroline Kane, Co-chairs, Committee on Faculty Welfare  
Aimee Larsen, Manager, Committee on Budget and Interdepartmental Relations  
Anita Ross, Senate Analyst, Committee on Faculty Welfare

April 20, 2016

**TO: Robert Powell, CHAIR  
BERKELEY DIVISION OF THE ACADEMIC SENATE**

**Re: Proposed changes in APM 278 (Health Sciences Clinical Faculty Series)**

Dear Bob:

FWEL has comments on the proposed changes in APM 112-4, 278, 210-6, 279 and new APM 350. The issues do not directly pertain to faculty welfare. A member of the committee who is professor in the School of Optometry brought the issues to our attention. The member brought the proposed changes to the APM to the attention of the Dean and Associate Dean. Apparently this was the first notice they had of the proposed changes, for Optometry was not involved or consulted about the proposed changes. This in itself is an issue. Optometry is part of the UC Health Science Program and should have been included.

Turning to the merits, the member reports most of the proposed changes are satisfactory and in some areas are an improvement over the current guidelines for review and advancement. However, there is one proposed change that will impact Optometry negatively. The change is in APM 278-17 (“Terms of Service”).

The change affects faculty classified as a “Health Sciences Assistant Clinical Professor” under the existing APM. Under existing Section 278-17(b) there generally is an 8-year limit on the time a faculty member may hold this position, unless the Chancellor grants an exception. But this general rule is subject to the following exception: “There is no 8 year limit for an individual who holds a without-salary Health Sciences Assistant Clinical Professor appointment, along with a salaried clinical appointment paid by an affiliated institute, or along with a University staff title, unless the Chancellor establishes an eight-year limit.” (emphasis supplied)

The revised APM eliminates the exception to the general rule, and instead provides: “Faculty holding a without salary Health Sciences Clinical Professor series appointment along with a salaried appointment at an affiliated institution at more than 50 percent time may not exceed eight years of service unless the Chancellor grants an exception to the eight-year limit for these appointees.” (emphasis supplied)

To be clear, this problem is limited to faculty who hold without salary appointments who also hold a salaried appointment at an affiliated institution. The 8-year clock does not run if a faculty member has a position at 50 percent or less time and the faculty member is not otherwise in a university-paid or affiliate paid faculty position. The old APM so provides: “In computing the years of service for a Health Sciences Assistant Clinical Professor, only those quarters or semesters at more than 50 percent time in a UC- paid faculty position will count.” The new APM has similar language, but clarifying the rule not counting half-time or less semesters does not apply to faculty with an affiliate-paid faculty position. The new APM provides: “Only those quarters or

semesters at more than 50 percent time in a University-paid or affiliate-paid faculty position will count toward the eight-year limit.”

The Optometry problem is as follows. Faculty that mentor students at VA's and other externship sites are affiliated with UCB and hold without salary appointments from UCB while being full time salaried at their respective institutions, some of which are considered to be an “affiliated institution.”

Many of the faculty in this position are not interested in being reviewed since there is no financial motive. Still Optometry reviews them at least every 5 years to make sure their teaching and clinical care is of high quality. If so, they get re-appointed at the same level (some faculty are reviewed regularly and get merit "increases" but they are the exception).

The new rule requires that they get promoted to Associate Clinical Professor within 8 years of appointment or be separated from the University. Many of Optometry's current WOS externship faculty would not make it to Associate Clinical Professor in 8 years (if at all). Their main interest is in teaching and patient care and not academic advancement.

As an additional complication, if one of these faculty members is promoted to Associate Clinical Professor, then they are subject to APM 278-17(c), which requires reviews going forward every two or three years through Steps I through VI. Many of the externship faculty have only one student (resident or intern) at a time and it is difficult to get enough information about the primary activity, which is teaching, if there are just a few evaluations available. This usually means that there is a longer time between reviews to make sure Optometry has enough teaching evaluations.

If this new rule goes into effect the Chancellor will have to grant an exception to the eight-year limit for these faculty members. But it might be better to fix the rule.



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June 15, 2016

**Dan Hare**, Chair  
Universitywide Academic Senate

RE: Proposed Changes to APM 210-6 and APM 278 in HSCP Series

Dear Dan:

The Davis Division position is based on inputs received from the Faculty Executive Committee of the School of Medicine, the Council of Chairs of the School of Medicine, and the numerous faculty members in the HSCP series via the Academic Federation (a UC Davis organization that represents academic titles not covered by the Academic Senate, including HSCP titles). Universally there is strong opposition to the proposed changes to APM 210-6 and APM 278 in the HSCP series.

The Faculty Executive Committee of the School of Medicine states that “HSCP faculty who replied to requests for comments were overwhelmingly opposed to the proposed changes, as were the clinical chairs of the School of Medicine. It is unclear why these groups were not consulted while these proposed changes were being prepared.” The Chair of the UC Davis School Of Medicine’s Council of Chairs similarly opposes the proposal and notes that the Chairs “strongly object to the proposed new requirements being placed on the Health Sciences Clinical Professor (HSCP) Series to engage in ‘research and/or creative activities’” and that “it was clear from the beginning that this [HSCP] series was developed for the clinician/educator” and not research/creative activities. Likewise, the Academic Federation notes that proposed APM 278-4 changes requiring HSCP faculty to engage in research and/or creative activities are “a huge departure from the current wording which says HSCP ‘may’ participate in such activities. As many individuals in this title have emphasized in their comments, they chose the HSCP series because of its focus on clinical work and teaching.”

The Davis Division does not support the proposed APM changes.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Knoesen".

André Knoesen



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Chair, Academic Senate

Professor: Electrical and Computer Engineering

Attachments: 1. FEC of School of Medicine Response  
2. Council of Chairs Response  
3. Academic Federation Response

c: Martha O'Donnell, Chair, Faculty Executive Committee of the School of Medicine  
Nathan Kuppermann, Chair, Council of Chairs  
John Hess, Chair, Academic Federation  
Maureen Stanton, Vice Provost, Academic Affairs



## **Attachment 1**

**TO: Senate Chair André Knoesen**

**FROM: Faculty Executive Committee, School of Medicine**

Re: Proposed Changes to APM 210-6 and APM-278

The Faculty Executive Committee (FEC) of the School of Medicine has reviewed the proposed changes to APM-210-6 and APM-278 regarding faculty in the Health Sciences Clinical Professor (HSCP) series. The FEC also sought input from both the Council of Chairs and the Academic Federation.

HSCP faculty are critical to the clinical mission of the university and also play important roles in both medical education and university service. As currently written, the APM states that conducting research is “desirable and encouraged” for advancement in this series, but conducting research is not required. This wording gives highly desirable flexibility to faculty in the series (e.g., HSCP faculty can spend significant time providing patient care as well as teaching students and residents and still receive regular merits and promotions). The proposed changes to the criteria for advancement to include a requirement for research or creative works makes this series nearly identical to the Academic Senate series “Professor of Clinical X”, yet still denies Senate membership to HSCP faculty. HSCP faculty who replied to requests for comments were overwhelmingly opposed to the proposed changes, as were the clinical chairs of the School of Medicine. It is unclear why these groups were not consulted while these proposed changes were being prepared.

After review, the FEC voted unanimously not to support the proposed changes to the HSCP series.



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UC DAVIS MEDICAL CENTER  
SACRAMENTO, CA 95817

May 15<sup>th</sup>, 2016

Edward J. Callahan, PhD  
Associate Vice Chancellor for Academic Personnel  
Schools of Human Health Sciences

Martha E. O'Donnell, PhD  
Professor of Physiology and Membrane Biology  
Chair, Faculty Executive Committee  
University of California, Davis

*Subject: Change in APM Policies pertaining to Health Sciences Clinical Professor Series*

Dear Drs. Callahan and O'Donnell,

I am writing in my capacity as Chair of the Council of Chairs, the organizational unit that includes all 25 department Chairs in the School of Medicine. We recently met and discussed the proposed changes to APM-210-6 and APM-278. Although apparently subtle, the Chairs strongly object to the proposed new requirements being placed on the Health Sciences Clinical Professor (HSCP) Series to engage in "research and/or creative activities." Our objections are in several areas.

1. Our campus and school already require participation in creative activities for individuals in the HSCP series, and this has been working well for our school. Our HSCP faculty members are active in creative endeavors, including as mentors to trainees on clinical research activity, and participate as clinical collaborators with research-intensive faculty on large team-based projects. They are active in research on health care delivery, quality improvement, and educational scholarship. They have also taken on leadership roles in our Health System, as Division Chiefs, Medical Directors of patient care units, Residency and Fellowship Program Directors, and Department Chairs, all of which are critical to our success. However, HSCP series faculty members spend the great majority of their time devoted to clinical care and teaching trainees. Their performance in these two areas is the primary basis for their merit reviews and promotions. The current policy and description of the HSCP series has therefore been working well for our school.
2. The extended description of research participation in the newly proposed policy for HSCP faculty too closely resembles the guidelines for faculty members in the Clinical "X" series. We are concerned that this proposed change will lead to significant blurring of the two series and could create confusion, leading to problems with academic advancement and retention for HSCP faculty who are critical to our clinical workforce and mission. Blurring of the series could also create difficulties in recruitment and retention because most other medical schools nationwide, including top tier schools like ours, have professorial series for clinician-educator medical faculty that do not require the same level of participation in creative work as outlined in the proposed policy. A predictable consequence may be resultant delays in merits and promotions for these faculty members, and a disadvantage in the Step Plus system, affecting the basis for retirement benefits.

3. Our HSCP faculty members work clinically at all hours of the day and night, on weekends and holidays. They help keep the medical enterprise of the Health System strong and sustainable. Faculty members in this series were not hired with an understanding that a significant commitment to research activities was required. They have limited time available for this type of creative work, and financial constraints prevent departments from guaranteeing protected time. The proposed changes may inadvertently create an increased level of expectation for research that these individuals cannot fulfill. And the series still comes without Academic Senate membership, therefore these faculty cannot vote on Senate faculty merits and promotions, nor serve as Chairs on important committees.
4. Applying new criteria to these physicians who provide the substantial portion of clinical care in our Health System risks losing them to competing non-academic health systems or to becoming MSP physicians without any teaching or supervision responsibilities. As it is, HSCP faculty members are difficult to retain because these physicians are offered positions at competing healthcare facilities that offer higher pay. Although they typically enjoy the academic atmosphere of the Health System, this group of physicians is at great risk of leaving the Health System if other requirements are added to their positions. The loss of these physicians could jeopardize the academic and clinical enterprise of our Health System.

Simply stated, HSCP physicians serve as the core group of faculty members who deliver medical care in the Health System, while they participate in educational, other creative work and leadership positions. A number of us were here at the School of Medicine when the HSCP series was created, and it was clear from the beginning that this series was developed for the clinician/educator and that his/her promotion would be based on these activities. I have listed the School of Medicine Chairs below. They all have been consulted and support this letter.

Please let me know if you require additional information.

Sincerely,



Nathan Kuppermann, MD, MPH  
 Chair, Emergency Medicine  
 Chair, Council of Chairs

Timothy Albertson, MD, MPH, PhD  
*Chair, Internal Medicine*

Richard Applegate, MD  
*Chair, Anesthesiology and Pain Medicine*

Donald Bers, PhD  
*Chair, Pharmacology*

Klea Bertakis, MD, MPH  
*Chair, Family and Community Medicine*

James Boggan, MD  
*Chair, Neurological Surgery*

Hilary Brodie, MD, PhD  
*Chair, Otolaryngology Head and Neck Surgery*

Kevin Coulter, MD  
*Interim Chair, Pediatrics*

Satya Dandekar, PhD  
*Chair, Medical Microbiology and Immunology*

Raymond Dougherty, MD  
*Chair, Radiology*

Christopher Evans, MD, FACS  
*Chair, Urology*

Diana Farmer, MD, FACS, FRCS  
*Chair, Surgery*

Paul Fitzgerald, PhD  
*Chair, Cell Biology and Human Anatomy*

Fredric Gorin, MD, PhD  
*Chair, Neurology*

Robert E. Hales, MD, MBA  
*Chair, Psychiatry and Behavioral Sciences*

Lydia Howell, MD  
*Chair, Pathology and Laboratory Medicine*  
*Vice Chair, Council of Chairs*

Kit Lam, MD, PhD  
*Chair, Biochemistry and Molecular Medicine*

Mark Mannis, MD  
*Chair, Ophthalmology and Vision Science*

Craig McDonald, MD  
*Chair, Physical Medicine and Rehabilitation*

Fernando Santana, PhD  
*Chair, Physiology and Membrane Biology*

Samuel Hwang, MD  
*Chair, Dermatology*

Gary Leiserowitz, MD  
*Chair, Obstetrics and Gynecology*

Richard Marder, MD  
*Chair, Orthopaedic Surgery*

Brad Pollock, MPH, PhD  
*Chair, Public Health Sciences*

Richard Valicenti, MD, MA  
*Chair, Radiation Oncology*

May 20, 2016

**SANDY GLITHERO**

Case and Policy Coordinator, Academic Affairs

RE: Proposed APM 278, 210-6, 279, 350, and 112 changes

Dear Sandy,

This letter is a response to the request for comments on proposed revisions to APMs 278, 210-6, 279, 350 and 112. These proposals, namely APMs 278 and 210-6, include impactful changes for individuals in the Health Sciences Clinical Professor series (HSCP). As members of the HSCP title are represented by the Academic Federation (AF), I have received many comments and concerns from them about these changes.

The overwhelming concern I have received is regarding research and creative activities. The proposed changes in APM 278-4 state that HSCP faculty “engage in research and/or creative activities which derive from their primary responsibilities in clinical teaching and professional and service activities”. This is a huge departure from the current wording which says HSCP “may” participate in such activities.

As many individuals in this title have emphasized in their comments, they chose the HSCP series because of its focus on clinical work and teaching. These duties take up almost all of an HSCP individual’s salaried time, with little to no time left for research or creative activities. The proposed changes mandate research and creative activities with poorly defined expectations “which derive from their primary responsibilities in clinical teaching and professional and service activities”. Furthermore, the proposed APM changes do not address release or protected time for the additional duties. As APM 210-6 expounds, much of the criteria for creative activities revolves around writings and publications. With the limited time that HSCP faculty have, there are fears that such work would be of low quality and reflect poorly on the university if required. Finally, concerns were voiced that the proposed changes make HSCP (Academic Federation) and Clin-X (Academic Senate) faculty nearly identical, blurring the lines between the 2 positions instead of providing clarity.

Other concerns include changes to the review period for Associate Clinical Professor from two years to three years. There are questions about the need and justification for this change.

Enclosed here is a letter from HSCP faculty in the Department of Anesthesiology and Pain Medicine, and a collection of comments from many other UCD HSCP individuals, whose names and identifying information have been redacted. Nearly all of the comments received stand in opposition to these changes for the aforementioned reasons.

Thank you for the opportunity to comment. The Academic Federation hopes that this feedback is carefully considered and that the review process adjusts these revisions to address the concerns of HSCP individuals.

Sincerely,

John F. Hess

A handwritten signature in blue ink, appearing to read "John F. Hess", is positioned below the typed name.

Chair, Academic Federation

cc: Maureen Stanton, Vice Provost Academic Affairs  
Edward Callahan, Associate Dean for Academic Personnel  
Debra Long, Chair, Committee on Academic Oversight



Please Reply to:

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SCHOOL OF MEDICINE  
DAVIS, CALIFORNIA 95616

May 3 2016

John F. Hess,  
Chair,  
Academic Federation  
UC Davis

Dear Dr Hess,

Re proposed changes to Appointment and Promotion Health Sciences Clinical Professor Series

We speak for many faculty in the HSCP series in the Department of Anesthesiology and Pain Medicine.

Thank you for the opportunity to comment on the proposed changes to the appointment and promotion for the Health Sciences Clinical professor series. We have a number of serious concerns.

1. There is a change from the emphasis on teaching and patient care and *may* (my italics) participate in public service and creative activities to teaching, professional competence and activity *and* (my italics) research and/or creative activity *and* (my italics) University and public service.
2. The Dean or Department Chair documents the expected balance of activities and shares this with the faculty
3. Any potential discretion for the use of State or non-State funds to support this position is removed.
4. The review period for steps Associate Clinical Professor IV and V are increased from 2 years to 3 years.

These potential changes have a number of serious adverse consequences for faculty in the HSCP Series. Research without publication is useless, thus research and publication are synonymous. This is entirely new as a necessary category for promotion. Creative activities are not defined in APM 210-6 and thus the committee and the faculty can come to different conclusion of what it means. Creative activities are defined in APM 210-1-d-(2) and basically revolve around publication, so publication becomes a necessary part of promotion for HSCP Series and not an option.

The HSCP series are for now appointed mainly for teaching and clinical work. There is NO protected time for any other activities, and while some departments may carve out a little, many cannot. Also removing any option for funding other than clinical monies ensure that time will never be available for this series since very few clinical departments have clinical monies for research and creative activities. Thus the University will be mandating activities that will be impossible for many if not most HSCP faculty to accomplish.

Additionally, the Dean or Chair will have to document the faculty's expected balance of these activities. This is new, onerous and will be a cause of internal strife if the balance does not allow time for the faculty to do research, creative activities and University and public service.

There is no justification for increasing the review period for some steps and at the same time significantly making achievement of criteria for promotion significantly more difficult.

It is difficult to see much difference in the proposed criteria for promotion for HSCP faculty and Professor of Clinical (eg Medicine) Series APM 210-2. Their criteria are teaching *and* professional competence and activity *and* creative work *and* University and public service. This is the same as the proposed HSCP criteria. The Professor of Clinical \_ Series is in the Academic Senate. HSCP Series remain in the Academic Federation. This raises the important issue of fairness. Changing the HSCP Series criteria for promotion to essentially that of the Professor of Clinical \_ Series without admitting HSCP faculty to the Academic Senate would be a serious discriminatory move.

Looking at the Models for Review Process, it should be based on the concept of peer review, that is peers review other peers. Academic Senate faculty reviewing HSCP Series faculty with only advisory input from HSCP peers would not fulfill this criteria. It would be the same as HSCP faculty reviewing Professor of Clinical \_ Series for promotion with advisory input from other Professor of Clinical \_ Series faculty. Thus Model 3 is the only fair option as long as the HSCP faculty on the subcommittee make the decision with input from Academic Senate members.

These proposed changes will be akin to changing the rules in the middle of the game for many in the HSCP series. There are many faculty who signed up to work here on different terms, have done very well in meeting or even exceeding those expectations for 5,10, 15 or even 20 years and now will be told to agree to different terms or leave. That doesn't sound fair or even legitimate. And let us not forget that no health system can survive for long without the services of excellent clinicians.

Thank you again for the opportunity to comment.

Sincerely

Jeffrey Uppington MD  
Clinical Vice Chairman  
Department of Anesthesiology and Pain Medicine  
UCDavis Medical Center  
PSSB, Suite 1200  
4150 V Street  
Sacramento, CA 95817  
916 734 7420

Amrik Singh, MD  
Health Sciences Clinical professor  
Department of Anesthesiology and Pain Medicine



## Comments re: APM changes for HSCP

From

The predominant role for HSCP faculty in the school of Medicine has always been in the clinical care of patients and teaching. These roles were expected to account for 90-100% of our salaried time. Never has original research or defined creative activity been an expectation, even though many faculty do participate in creative activities. Also community service has been an expectation for the HSCP series. Currently, faculty in this series are not offered any protected time to be able to do research or creative activities when hired.

The current state of the SOM is that the HSCP series have become the backbone and majority of the faculty who perform ever increasing role for education for all of our medical students and residents. With medical education evolving to have the students exposed to clinical faculty beginning in the first weeks of medical school, this need has already greatly increased the educational responsibilities for many faculty. Not only have the contact hours with students increased, the need for the governance and committee work for these educational endeavors has increased with again the burden falling greatly on the HSCP physicians.

Additionally, clinical responsibilities continue to increase for most faculty, but most specifically the HSCP physicians. As physicians, we are expected to be a revenue generating entity onto ourselves, i.e we need to cover our salary. With the change in reimbursement in medicine (which is decreasing) this has required most faculty to do more clinical work each year. Given the increasing burdens of both educational and clinical realms, there is already a significant work-life unbalance for many physicians in our series and ever increasing job dissatisfaction.

A third component that is not often fully appreciated by many people outside the medical field is the needs of a hospital which is a dynamic entity that is constantly changing. There exists a huge need for development of new programs, improving quality of existing care, meeting regulatory requirements by numerous accrediting agencies, improving the patient experience. All of this is additional needs of the health system that is outside the clinical care and education mission. Again the HSCP faculty are intimately involved in these tasks. These tasks are not compensated often with either protected time or money to offset lost clinical revenue but faculty continue to support these critical missions to the hospital. While this is part of community service, it is often a significant commitment of personal time that is not appreciated by most. Without this dedication, the lost revenue to the health system is in order of millions of dollars, which will greatly impact the undergraduate campus as well as the medical campus.

Given all of this to add an expectation of creative work and research to create a job description that is no different than the job description for Professor in Clinical X (APM 275) is completely unacceptable. To do research and creative activities faculty should be afforded both time, money and resources to accomplish these. The individual departments in the school of medicine do not have the resources to be able to allocate these resources to HSCP faculty nor should they be expected to do so. Also many of the HSCP faculty are not interested in research nor do they have the skill set to do research. To now force them into performing such tasks for very unclear and hardly transparent reasons is completely short sighted on behalf of the Academic Senate. My concern is that this will only frustrate many HSCP faculty to point that many will leave the university, leaving a huge void in the education of our medical students, create a leadership void in many departments as many of the midlevel HSCP faculty which are the potential future leaders, and certainly will further make the recruitment of young faculty into this series difficult.

From:

The proposed change really eliminates any effective differences between Clin X and HSCP, and therefore negates the need for both tracks. This is a critical mistake. My understanding has always been that HSCP is intended for those who will carry a much heavier teaching burden, clinical load, and university service commitment – and for those who really have a special passion and talent for teaching. The types of people who are attracted to teaching and want to dedicate themselves to teaching and patient care have precious little time to add research to the workload, just as those who are on Clin X track must spend more time focusing on research activities and may have less time to devote to clinical care or teaching.

By making the proposed change, HSCP faculty will likely find themselves to be spread too thin – this produces a culture of faculty who are performing at merely an acceptable level for all requirements, but not at an exceptional level for anything, i.e. Mediocre teachers, mediocre researchers, and mediocre clinicians rather than outstanding teachers, outstanding researchers, and outstanding clinicians. I think we can all accept the fact that no one can “do it all” in the time allotted.

With the ever-present cuts in reimbursement, clinics are increasingly volume-driven to retain revenue, and as such, there is tremendous pressure to move patients and build volume, and less value placed on non-reimbursed aspects of the job such as teaching. For those who are currently on Clin X track, there is also a pressure to see more patients, and research time already suffers. The proposed change exacerbates time demands that are already pushing faculty to the brink.

While I think all faculty who practice in an academic setting can appreciate the need for and value of research, not all possess the talent and skill to produce high quality research or publications – yet some of these people are extremely talented instructors and educators. The addition of a research requirement will no doubt deter many such prospective faculty from coming to the institution and sway some current faculty members to leave UC Davis. As a result, everyone will suffer, especially students and trainees.

On a personal note, I can tell you that I certainly had doubts about my future at UC Davis upon reading about the proposed changes, and I'm not alone in this as an HSCP faculty member. For the past three years, I have devoted over 150 hours/year to university service committee work, on top of a full clinical load, serving as an IOR, medical student and resident mentoring, and resident and clinical fellow teaching burdens. I do this on 70% time here at UCD and also serve in the teaching capacity in my 30% time at the VA. While I have supported the research activities of department colleagues in the past, I really cannot imagine how I would produce any research, let alone high quality research, with my current schedule. This is only one example, and there are most assuredly other HSCP faculty who do a lot more than I and also cannot fathom how a research requirement would be fulfilled over and above everything else that we do.

Frankly, the proposed change is rather insulting to those who are HSCP, as it implies that a faculty member who is not required to do research is a faculty member who has limited value. There are many HSCP faculty who do conduct research, and this should be left as an option for those who can carve out the time and who do have a talent in this area – it should by no means be a requirement for advancement.

From:

Given the already heavy work load of clinical and teaching responsibilities, adding on research as a requirement and not just an option, would put tremendous strain on the precious little personal time we have in our lives. In the HSCP series, we do not have protected research time - if that were to become possible, then I can see us engaging in meaningful, productive research. We usually engage in some form of creative work/research on a optional basis. However, making it mandatory for promotions would make for a very stressful life, without protected research time.

From:

I am against this change. Current time allowance of 0.10 FTE for Clin X makes it a huge challenge to produce valuable research. This would be impossible in HSCP with 90% clinical time.

From:

First of all, thank you for pushing us to look at this more carefully. I'm terrible with these rules/policies and procedures, but I read and interpreted the changes differently than you did in your below email. You said, "what is being proposed is a change to REQUIRE research." Actually, what it says is, "engage in research and/or creative activities..." From what I could find the site you linked us to below, it seems like "creative activities" related to our disciplines primarily involved in clinical care and education has pretty wide latitude:

Activities in items (3) and (4) are desirable and encouraged to the extent required by campus guidelines. See derived from their primary responsibilities in clinical teaching and professional service activities (see APM - 278-4 and -10) and thus shall be appropriately weighted and broadly defined to take into account the primary emphasis on clinical teaching and patient care services.

So I'm feeling like it's us being to required to be involved in one or the other (research or creative activities) or both (research and creative activities.)

Am I misinterpreting these changes? Please correct me if I am.

Once again, thanks, John, for pushing us to carefully review and comment on these proposed changes.

From:

As several others responded, I initially read the research and/ or creative activities as essentially the same as the current requirements. The new statement makes one or the other required which is a significant change from both listed as "encouraged" but not required. Not every good clinician and teacher has time to produce creative work or conduct research. I think that additional academic requirements for promotion in a time when faculty are receiving more pressure to increase clinical productivity, devalues the important contribution of HSCP faculty to the clinical and teaching mission of the university.

From:

I echo the concerns already stated. In addition, the requirement here is so vague that it seems like it could only be used punitively. "Creative activities" could mean very different things to different people.

From:

I would like to ditto all of Dr. X's elegant comments plus add a few of my own.

1. Some departments mandate a % time off to participate in research for their clin-X series. This automatically reduces income. At least in our department we occasionally struggle to compete with Kaiser; thus, mandated "creative activities" or "research" (one in the same per X's reference) means reduced income and potentially more difficult to recruit good clinicians. We compete in a very difficult market and can't ignore that.
2. We NEED pure clinicians. All department do, and those of us in the Clinical series are well aware that we work extra clinical time for those who need time for their research. That system is fair, balanced and how we attract good candidates for both. Expectations are clear.
3. The new system would change the rules in the middle of the game for those who've been here a long time.
4. I want to emphasize another's remark about current administrative trends. We are getting overwhelmed with government and hospital mandated documentation and other requirements that cost a lot of time each day, on the order of an hour or more on some days
5. What's the need? Whose driving this and why? It is suspect and not necessary. As X stated, it's effective peer review that makes the difference. Perhaps clarifying the peer review process would help.
6. Expanding the time it takes for a promotion (if I understood it properly) does nothing but potentially reduce future pension liabilities if the average rank at retirement is lower. Was that the intent?

From:

Thank you for the invitation to provide feedback.

I do not like the proposal to require research. As clinicians we face increasing pressure to "make our RVUs." Clinical documentation takes longer than it used to, dictation is now being billed to us directly. I already do clinic four days a week in addition to covering an inpatient service 50% of the year including weekends. When I am on service I am often charting until 10 or 11 at night. I get no formal support for research in the way odd coordinators to help with the paper work and logistics. If research became a required part of my job, I would consider leaving my current position, because I would not be able to meet that requirement without abandoning some of my clinical duties. I am at a point in my career where transitioning to a new job would not be difficult, and I worry that other junior HSCP faculty may feel the same way.

From:

I am against these changes in the APM, especially if it applies to existing appointments. I have a 90% clinical appointment that translates to seeing primary care cases in the Veterinary Teaching Hospital while concurrently teaching veterinary students (clinical teaching) five days each week, year round. The only time off I have is for vacation or CE, or on occasion, teaching in

lectures, small group discussions and laboratories. I am expected to generate enough income to pay for my own salary as well as cover service expenses since my position is not funded by the state. I was hired specifically because of my background as an educator and veterinary practitioner--there was no research expectation when I was hired, nor do I have formal training as a researcher.

The Senate faculty have significantly more time off from clinical duty (typically they range from 25 to 50% clinical appointment) to provide them with adequate research time. It is unrealistic and could feel punitive if the Clinical faculty (AF) had their expectations changed after they had been performing a job for years and excelling in their positions.

From:

I am also very against the proposed change specifically for the reasons cited by Dr X points out. Many HSCP's are not in the position to engage in research as a requirement and the creative activity is vague and frankly already in the previous description.

From:

I strongly oppose the change in job title. It devalues those of us who spend most of our time here providing excellent clinical care and teaching. We were hired under that premise. The proposed change would require increased commitments under already restrictive time constraints (significant clinical, teaching, and administrative duties). This would require dedicated time for research for which many of us were not given.

I believe it is a bad idea and the change should NOT be done.

From:

I also am strongly against the proposed changes for reasons stated below.  
+15

From:

In my experience as a research fellow, resident and as faculty at UCD there are great clinicians, great researchers, and great teachers. Not everyone is great, nor has the time to do all things to a level that they and the university would be proud of. There are only so many hours in the day. Adding a requirement to physicians to do something they are not good at and have no time to do will inevitably lead to a decline in the areas where they excel. Take it from someone trying to do it all... they will burn out, especially if they are not given some sort of time or financial compensation for their extra efforts. Most of the physicians I have worked with love being a part of UCD and are motivated to contribute their strengths to the UCD community because they enjoy what they do. As a physician on the HSCP track, I love to teach and to work with residents. Teaching is an art and a skill that continues to develop over time and unfortunately is not easily quantified or qualified. There are no grants to measure,

papers to count... a good teacher just leaves a lasting impact on the student that they will carry through the rest of their medical career. Lasts longer than a huge grant, molds the physicians of the future.

I know that several universities (including UCSF) have a task force to advocate for educators and to help quantify teaching. Maybe instead of trying to quantify clinical and teaching physicians by their research productivity, the university can try to better understand what makes us good educators.

From:

I agree with the prior sentiments.

Just want to add: We are currently struggling to hire new faculty in an increasingly competitive market with a shortage of qualified candidates who are willing to take a substantial salary-hit to be dedicated to academic life.

We are telling candidates that in our section, we will have later and later shift coverage (to cover ED and inpatient Radiology). That is, on one hand, we are mandated to fill increasingly heavy workloads (without compensation) that leave even less time for family life; and on the other hand, leadership may not be fully aware of this research mandate. Future potential hires may back-out when they read the fine-print.

Not to be cynical-but it is my observation that we already have a revolving-door of previously-energetic junior physicians who find out they have much less support than promised to fulfill current required mandates. Some who are still at UCD have become less and less engaged, looking/waiting for career opportunities to open up elsewhere (at Kaiser, Sutter, another UC, etc). It used to be the opposite, but they may have better work-life balance elsewhere, going part-time for same pay.

*We cannot compete in the current market, at least not sustainably.* (Many of the faculty on this list are well-established, but there may be a tipping point after being chronically understaffed for so long... eventually even longstanding dedicated faculty will disengage in some way or another, with programs having to be pulled, resident/fellow education suffering, etc...leading to further faculty disengagement due to less time for fulfilling current academic missions). Eventually something has to give when adding "unfunded mandates."

From:

If a change must be made how about:

"Health Sciences Clinical Professor series faculty engage in creative activities (possibly including research) which derive from their primary responsibilities in clinical teaching and professional and service activities."

From:

I am also in complete agreement with the unanimous position taken by those who have responded thus far. I have dabbled in some research activities on the side these past couple of years because I enjoy the interaction with my

colleagues. However, like many others, I chose the HS tract so that I did not have a requirement to do them nor did I have a timeline that I had to adhere to. And given my clinical caseload I have found that the only way I can have any research activities come to fruition in this position without compromising my clinical duties and responsibilities to clinical teaching is to work on them entirely on my days off, including holidays and vacation time. This is neither acceptable nor sustainable if it were to become a requirement in a position that is completely devoted to clinical work.

From:

I have been in this series for 14+ years and have had pretty good success moving up because I've attempted to work on all the possible options we have as academic physicians in an academic center. This includes patient care, public service, teaching, publishing, and even a tad of research. However...

It is clear that departments that are heavily staffed with HSCP physicians often lack the infrastructure required to produce appropriate research (that would reflect well on UCD) and to continue to recruit and retain physicians that also give excellent patient care. Obtaining this support will take time and money. Is UCD willing to offer this?

In addition, comparing "research" with "creative activity" is comparing apples and oranges. Unless, of course, the research is of poor quality and not of the rigor that can attract other good research physicians. So the University must clearly delineate what is meant by those 2 proposed requirements. They are 2 very different things, in my opinion.

From:

Thank you all for your input to this important issue. I would like to add some thoughts as well.

There has been a robust discussion about the proposed changes in the APM regarding the expectations for HSCP faculty. The School of Nursing hires a disproportionate number of HSCP faculty in order to support the increased demands involved in clinical teaching. And although we expect all of our faculty to engage in scholarly endeavors, we do not expect them to engage in research. This is an expectation of our ladder rank faculty and our ClinX faculty. For faculty who have an expectation of engagement in research, especially externally-funded research, we provide different teaching assignments in order to give them time to be productive and successful in all of the university's missions (i.e., teaching, research and service). If we gave our ladder rank faculty similar teaching assignments that we give to our HSCP faculty, it would be difficult for them to be successful in any of the mission areas.

Similarly, our HSCP faculty have a disproportionately high teaching assignment because the demands of clinical education are different from other degree



education. Students in our clinical programs are required to engage in clinical education that is supervised by our faculty. The ratio of faculty-to-student in clinical is determined by our accrediting bodies and are designed to ensure patient safety when new learners are engage in delivering clinical care. If we increase the expectations for HSCP faculty to also engage in research I am concerned that clinical education may suffer. And if our faculty manage to preserve the quality of clinical education, then they are left to either diminish the quality of their research or the research and teaching comes at the cost of work/life balance. None of these choices are sustainable. The other alternatives are to hire more faculty which will result in increases in tuition—again, not sustainable.

There were good reasons to create the HSCP series so that clinically talented faculty can be recruited to ensure that our clinical programs are of the highest quality. They do this while not reaping the benefits of tenure or the time to engage in research. They do it because they are highly committed to educating the next generation of well-qualified clinicians. I believe that the university and the UC system has an obligation to steward this precious resource in ways that are sustainable.

From:

Thank you for discussing the proposed HSCP APM changes. I am adamantly against a change requiring research or creative activities. When I was hired, it was made clear to me that by choosing the HSCP track I was to take on a higher clinical burden with no protected time for research or creative activities. If I had wanted research or creative activity time, I would have chosen the Clin X track. Unless my clinical time will be accordingly adjusted to account for the new research requirement, I do not feel this is an acceptable change. Thank you!

From:

I also join my colleagues in opposing the the changes. I started out here as Clinical X, which was sold to me when I signed, to be a "clinical series with some research". But as each year went by, the research requirements became more stringent and feedback on each advancement on my research productivity became more critical. So under the recommendation of my Chair and Dean Callahan, I switched to the HSCP series. It seems that the University is trying to do the same thing to the HSCP series as what they did to Clinical X. So what does the University propose to do for faculty that don't engage in "creative activities" or research? Push those HSCP faculty into the Volunteer series?? It seems ludicrous.

From:

Thank you John for soliciting our comments.  
Your proposed change to APM is an improvement, but I am concerned about the ambiguity of "creative activities".

In my case, I was given a choice of Clinical X or HSCP when joining UC Davis. The very core reason for choosing HSCP over Clinical X was the focus on service, clinical work, and teaching WITHOUT the requirement for research for promotion.

Why is there a push to change the APM language at all? If specifically requiring research for HSCP is important, why not get rid of HSCP all together, and move all HSCP faculty to Clinical X (with our 20% protected time for required research).

From:

When I first reviewed this change, I did not see any verbiage that suggested that research would now be required of the HSCP series. The way this is worded, it strongly appears that the University is expecting research on top of heavy clinical work load.

It should be obvious from the unanimous dissent that trying to force HSCP faculty to do research in addition to heavy clinical workload is NOT acceptable.

For those of us that moved out of the Clinical X series to avoid a research requirement to our caseload, this is clearly a step in the reverse.

From:

I agree with Jeff Uppington and the letter sent on behalf of the department of anesthesiology, as well as many of the respondents who have concern with this change. I believe it is best to explicitly state standards, if they are intended to be added, or not add them at all. In this case, I do not see a compelling reason to add or modify anything, since this is a track designed for clinical productivity.

From:

I am adding my voice to the chorus of those opposed to adding a research requirement to the Health Sciences Clinical Professor series. I am an example of a person in this series for whom successful completion of a research project could only be accomplished by compromising my clinical patient care and teaching responsibilities. I am on primary clinic duty as a veterinary anesthesiologist 46 weeks a year. The nature of my specialty is such that I must be physically present on the clinic floor prior to our first induction and remain there until after the final recovery, including at times assisting the after hours staff with late cases and emergencies. All other work related duties must be fit in around this demanding and exhausting clinical schedule.

My understanding is that the intended purpose of this series is to ensure high quality clinical care and clinical training of professional students and house officers by folks whose energy and interest were not diluted by the need to fulfill research requirements for survival. Distinctly different from the purpose of I and R faculty and the Clinical Professor "X" series.

From:

Unless the time for research is going to be considered within the 90%, as someone who is trying to participate in academic projects as an HSCP faculty, it is nearly impossible without protected time. I do not support these changes unless it is optional and/or we are given protected time. Otherwise, the clinical and research work will be subpar as both require significant effort on the part of the faculty member.

From:

I agree with your concern about changing the wording – it does now sound like research or the vague “creative activities” will be required. I am against this change, as it may fundamentally alter the HSCP series to more closely resemble the Clin X series. I feel this would unduly compromise the faculty who focus on providing clinical care and teaching. The HSCP faculty spend additional time in clinics teaching fellows, residents and med students, frequently leading to spending additional hours after work to finish documentation and other patient communication, chart review, etc that is postponed in order to teach during clinical hours. In addition, HSCP faculty take limited administrative/professional development time as well as weekends and evenings to prepare and update lectures, journal club, workshops for the fellows residents and medical students.

If a research or additional “creative activities” are added as described in the proposed changes to the APM 278 description, it will certainly add to the faculty responsibilities without allowing for protected additional time to do the research. As a physician in an academic medical center, I feel that teaching the trainees is as important to our mission as adding to medical knowledge by doing research. Not everyone is suited to both endeavors and it is an institutional strength to allow faculty to excel in the areas where they are most gifted and inclined, without requiring them to be saddled with what some, though not all, would consider an undesirable burden of adding a research requirement for promotion in the HSCP series.

Those are my two cents on the matter, for what it's worth.

From:

I echo the sentiments expressed in my colleague Dr X's email to you that she has also shared with me.

Given the already heavy work load of clinical and teaching responsibilities, adding on research as a requirement and not just an option, would put tremendous strain on the precious little personal time we have in our lives. In the HSCP series, we do not have protected research time - if that were to become possible, then I can see us engaging in meaningful, productive research. We usually engage in some form of creative work/research on a optional basis. However, making it mandatory for promotions would make for a very stressful life, without protected research time.

From:

Thank you for highlighting this issue. I think it would be helpful to have a better understanding of what would qualify as a “creative activity” so there is more clarity about what the new language would require. My personal feeling is that adding a requirement for research and publications that goes along with that onto this track would be excessive, and would not substantially differentiate it from the Clin X, as I think you are aware with the language you also gave us on that description. If creative activities include things like reporting on quality improvement projects within the institution that are directly related to our clinical work and are a part of on-going board certification for my specialty (and I presume others), then that would be manageable, but needing to publish and present outside the institution would be challenging.

From:

I wanted to share with you that I have my serious concerns about this proposed changes for HSCP track. I am full time Clinician (doing 4 outpatient clinics, dialysis rounds for 85 dialysis patients, inpatient service, E-consult) , Educator, Medical Director for Nephrology Clinic. So with the given amount of Clinical work, administrative responsibilities and teaching time, it will be very hard to do committed research requirements. I feel if this change happens then it will tremendously affect our promotions , affect our income to make our salaries and affect our teaching time. We will have to do research or creative activities on weekends and in the nights. Please help us not getting this change happen.

From:

Thank you for pointing this out. This is a BIG deal. I strongly oppose this since we have no protected time for this. While we all try to do creative activities, it cannot be a requirement given that we are 90% clinical. No one can reasonably be expected to produce significant creative work with 10% time. It sounds NO different from Clin X to me.

Thanks again for pointing this out and soliticiting opinions.

From:

I agree with you.

It is hard to tell HSP from Clin X this way. Maybe if they just switched creative activities and research in the text for HSP it would sit better. However it is not

what we are hired for nor is it the usual source of income.

From:

I was on the Faculty Executive Committee when the current HSCP guidelines were written. At the time, I was a Clin X but have subsequently changed to HSCP because my clinical demands increased. It was our intention then, as it should be now, that HSCP should be involved in scholarly activities. This could be research, case reports, clinical trials, or anything else that shows scholarly activity. The question is how the currently guidelines will be interpreted by CAP? Does engaging in research mean helping to recruit patients for clinical trails or does it mean getting an RO1? What are creative activities? The problem is CAP tends to interpret this along the lines of the requirement for In Residence Series with little understanding of the other series. For the change to be acceptable, "engaging in research" and "creative activities" will need to be detailed for CAP.

From

Thanks for the quick response. If no additional explanation has been provided, I would then say I have serious concerns about this change in wording. I'm an HSCP member who enjoys and promotes research, and I have worked on a number of research projects when time allows. That said, I also know that there are many faculty who have been hired into the HSCP track who have not undertaken their own hypothesis-driven research for a long time if ever, and would be uncomfortable doing more than collaborating once in awhile with others (which is of course hit or miss, since it's largely dependent on the productivity and interest of other people). We could have significant attrition in our medical school faculty ranks if the research requirements became more onerous for promotion in HSCP, so I think we would have to be aware of that possibility and be prepared for it. Having recently concluded the chairing of a faculty search for our department, I will say that it was very grueling to find two new faculty members, and we already had many candidates decline our offers of employment because we couldn't pay more. It likely would have been even more difficult to recruit if I had to tell them that they were expected to initiate their own research, too – our two new recruits elected to be on the HSCP track and aren't research enthusiasts. I had been under the impression that most academic centers like ours were moving away from the traditional expectation that medical faculty excel on the three fronts of patient care, teaching, and research, with the realization that this "triad" is often unrealistic to achieve.

From

In general, John, I disagree with the proposed changes regarding expectation of research and creative activity in that there is no detail regarding this. It also seems unfsir to change a track on people that signed onto a track with another

understanding.

From

Thanks for your email about this. I would not be in favor of a research requirement for HSCP. Many of us spend significant time teach and coming up with innovative ways to engage trainees. I think that is time well spent, and it should be valued in the same way as research is by the university.

Thanks!

From

I do have the concern that the proposed change as highlighted in your email could be used to deny merit increases within a series or promotion to another rank. As a faculty member of an under-staffed clinical program, I have not had the time or the opportunity to engage in scholarly work or research in a meaningful way to fulfill the implied expectation in the proposed change. I propose the inclusion of “may engage in research and/or creative activities” as stated in the original document.

From

I probably missed this before, but who was it that proposed this change in wording? What was the intent, do we know? It sounds a lot like a movement to make HSCP more like Clinical X (without having some of the protections offered by the Academic Senate), and I suppose I’m trying to understand the reasoning for that. I know that a lot of departments in the medical center give very limited time off for research and encourage all of their faculty to select the HSCP track for that reason – so we can mainly provide patient care and teach. Some departments require a reduction in salary for anyone who gets protected time for research (with grant funding being the only one way to make up for the lost salary). I think requiring a lot more in the way of research productivity of the HSCP series will create some chaos and frustration on the behalf of both faculty and administration, but perhaps I’m missing some key information that explains it all....?

Thanks for prodding us to respond!

From

I appreciate you request for additional comments. I am opposed to the proposed

changes since this is not what I was recruited to do when I came to UC Davis a year and half ago. It was my understanding research was not required. I do wonder the HSCP series would then be differentiated from the Clin X series?

Many of us in the HSCP series see ourselves as clinical educators, adding research responsibilities would be a significant burden and would distract from our focus on teaching. I strongly oppose the proposed change and would consider leaving the university if such a change was made.

Thanks again for reaching out,

And a second email:

I sent you an email last night stating my strong opposition to this change. After talking to some of my colleagues I have decided to support the change. It is my understanding that the proposed change would not require research for the HSCP track but would give credit to those that are doing research. Giving credit for work that is already being done is something I can support. I would be opposed to requiring research as part of the HSCP series in general

From

I would be interested in there being clear definitions/expectations related to what is expected. Furthermore, what is the intent/purpose of these changes? Without a better understanding, I would be strongly opposed to changes at this time.

From

As a physician on this tract, who engages rigorously in clinical teaching and came to UC Davis with over \$100K salary cut from private practice to engage in teaching activities, mandating research would be a prompt to reevaluate my decision. Frankly, if I desired research as a required component, I would have applied for a Clin X job or been a PhD. The rigors of clinical practice are already significant and constantly compounded with patient demands, societal demands, charting and insurance demands, & constantly improving clinical practice by learning and keeping up with the newest innovations in each of our chosen fields. This is not the practice of our later generations. Even at 90% FTE, I work at least 7:30 am-6 pm 4 days a week, 36 extra hours a month of call, and at least 20 hours extra a month communicating with patients via EMR messaging or phone regarding labs or plans. I still put in more hours to design lectures and simulations for resident education and the students who come to my clinical practice to learn the trade because I want a strong next generation of physicians. My question would be, in what area do the people suggesting mandatory research plan for my commitment to be reduced. Without provided "untouchable" time to dedicate to research - which in itself will be a struggle to design for me

and write since my interest in those pursuits are minimal- how will this get done? Will my patient visits be cut short? Will someone else respond to the 15-20 emails I get daily that the nurses cannot answer? Will someone else perform my medical responsibilities so I have time for research?

Since the answer to the above questions have to be no, since non- MD/DO employees do not have the training or license to practice medicine- my answer to mandated research must also be no. Physician burn out and career opt out are at an all time high, precisely because of the constant adding more to the plate of the physician with no compensatory measure (ie: increased pay or increased time allotted to non clinical duties). We are already our own secretaries, scribes, planners in EMR (with significant savings to the health care system), and in some cases nurses/ MAs when we must room our patients to make the day go efficiently. I simply could not add more to my work plate without killing the joy I have for what I do, or taking away further from my home life, which I refuse to do.

From

I would be against this change. This mainly stems from how clinical hours are assigned in our department. HSCP faculty work many more clinical hours than Clin X faculty based on the notion that the researchers have to have time to write grants. In return, research is not expected of the HSCP faculty.

If research were mandated from the HSCP faculty without a requisite reduction in clinical hours, I believe that would place an unfair burden on the HSCP faculty.

Personally, as it is, I believe most of the HSCP faculty have significant administrative or educational commitments, both at UC Davis and nationally, that are not given equivalent buy-down to our Clin X colleagues.

From

The proposed change seems to blur the distinction between Clin X and HSCP and I think may be overly burdensome for a number of HSCP faculty engaged in clinical work and teaching.

From

I am very concerned about this proposed change to the Health Sciences Clinical Professor series. I was originally in the Clin X series, and felt forced to change to the HSCP series because of the demand for research productivity in the Clin X. Despite the description below for Clin X, where the wording makes it sound like minimal requirement for creative efforts, when faculty are coming up for promotions in that series, we were told that we had to publish 3 papers a year. With the busy clinical and teaching workload I was carrying, this was not going to happen. I did it for many years, and managed to be promoted to Professor in the Clin X series, but it was at the expense of many nights and weekends of writing because I could not fit this into my regular work day.



The HSCP series was described as only requiring active involvement in teaching and patient care, and dissemination of information – essentially teaching; no requirements for publication in order to be promoted. With my heavy clinical and teaching workload, it seemed that the only way I can advance would be to transfer to this series. In the process, I sacrificed a voice in the Academic Senate, as well as the ability to return as Professor Emeritus after retirement – at least, these were the pros and cons that I understood at the time. Transferring to this series has taken the pressure of “publish or perish” off , and allowed me to do what I love best and what I excel in – teaching and clinical medicine. This proposal would prevent me from being successful in this series – I am sure the wording of engage in research and/or creative activities will be translated yet again to required publications, or program development of some sort. In this current climate, we cannot all be engaged in research and program development. Who is left to do the actual hands-on work that needs to be done? There would not be time to take care of patients and teach the next generation of physicians.

I have been with UC Davis since 1996, and have seen the evolution of medicine in the 29 years since graduation from medical school. The amount of administrative paperwork now required for both patient care and teaching, the extent of clinical supervision required (we have to see each patient and essentially repeat the history and physical exam, in addition to teaching, in order to bill for that encounter), the amount of time we have to spend taking care of the patient independent of trainee involvement because of the work hours restrictions imposed by ACGME (national oversight committee for post graduate medical training), have crippled our ability to spend time doing research and creative activities. When I am being told every few months that I am not making my salary with clinical income, and have to put in more hours to accomplish this, how am I going to carve out time for research and creative activities. If this proposal goes through, there will likely be a large number of HSCP faculty who will not be promoted, and will result in a mass exodus of the faculty who are keeping the medical center running through direct patient care, and who are bearing the brunt of educating the next generation of physicians.

From

I agree with you that research responsibility for HSCP track should be optional as we already are heavily involved in teaching and content delivery. Perhaps, the language in the document should indicate that research is optional, though it could be a bonus point if any faculty is involving in research and/or creative work.

The last paragraph under definition seems contradictory. If the appointment is a paid appointment, then it should not be named as Volunteer. I am having trouble following the logic.

From

I agree that it is concerning that there is now a research/creative activity component that is not (at least here at the SVM) a component of our current HSCP positions. Most of us have at or near 90% clinical appointments making routine scholarly research improbable within our current structure. If the proposal is that research/creative activity COULD be a component of the HSCP series dependent on the wording of the specific position description/appointment than the proposal should be reworded to reflect that.

From

Requiring research in the HSCP series reflects a fundamental change in the series that amounts to a bait-and-switch. If the university seeks to encourage (force?) research, then that should be enacted at a departmental level by shunting people into those respective series (e.g. Clin-X.) The nuances of these series should also be made abundantly clear at the time of interview/hire, and specific expectations should be explicitly defined at that time -- not midstream or even mid-career. If research is to be mandated via a fundamental retooling of the HSCP series, are there also plans to provide money/funding/support/mentoring?

From .

I'm not sure what the point of redefining the HSCP track is. My understanding is that the proposed changes to the HSCP track merely mirror those of the clin x pathway. If a stronger emphasis on research is proposed, then why not simply hire individuals on the clin x track?

Also, how is research and creative activity defined?? It's such a loose definition and this needs to be clarified.

From

The proposed changes seem more appropriate and better describe the actual HSCP positions.  
I agree with the changes.

From

Page 1 278-4, bottom of page. Recommend add to research and/or creative activities which derive from their primary responsibilities in clinical teaching and professional service activities something that specifically refers to teaching scholarship, to be clear of the value of that vs research specifically towards patient care/disease.

From

Re APM 278, it's worth noting that the HSCP series now includes faculty in the school of nursing. And unlike medical school faculty, the vast majority of whom have clinical practices, nursing faculty are only just beginning to be in academic appointments that combine both teaching and clinical practice. So we have HSCP faculty (and I am one) who do not teach either basic sciences or clinical practice.

So in section 278-4 Definition, first sentence, I would suggest "Faculty in the Health Sciences Clinical Professor series teach the application of basic sciences, the mastery of clinical procedures, and other health science topics to students..."

For the same reason, the fourth line in section 278-10 Criteria says that HSCP faculty are primarily clinical teachers, and again, this is not always the case in the school of nursing. Is it too picky to say "clinically –relevant teaching" instead of "clinical teaching" in line 4?

Also in section 278-4 Definition, further on in that first sentence. The Nursing Science and Health care Leadership graduate group oversees 5 programs in the School of Nursing, including our Physician Assistant program, to whose graduates they grant a masters degree. I would suggest that we name that program specifically. So the line would read "... including dentistry, medicine, nursing, optometry, pharmacy, physician assistant studies, psychology, veterinary medicine, the allied health professions, and other..."

On page 17m section 278-80 Review procedures, line 3. Since units other than clinical departments of the medical school (ie the school of nursing, which has its own FPC), how about saying "with the advice of the Academic Senate, and clinical departments or other units as appropriate, shall..."

From

I too agree with what has been said by others---adding research requirements to an already full clinical load without protected time is not realistic.

From

Agree with previous posts. However, many of us do engage in creative activities or research, not because we are required to do so but because we want to do so. If the ruling were changed back to "may engage in creative/ or research activities" it would be OK. If there were also a specified allocation of time resources to the requirement it may be OK. As it stands, it is an "unfunded mandate."

From

I would not support the proposed changes. If we wanted to be clinical x, we would be in that series. Making our track more like Clinical x makes no sense. What is the rationale for making it more rigorous? Why would we need two tracks when they will become similar. Where will faculty go if they are not promoted? There would be no less rigorous track, and the faculty would have to be MSP. HSCP is for clinician-educators. Note that the educator is second, but also that clinician is first. It is hard enough as it is to do quality teaching with a high clinical volume. I say leave the HSCP as it is.

From

Hi all. I agree with everything that has been said. However, I would caution us from buying into the concept that HSCP is "less rigorous". Each and every one of us contributes to the mission of UCD in our own way. I am sure that all of us would agree that we work just as hard as our colleagues in other academic series.

Have a wonderful weekend.

From

All, I agree strongly with [above comment]. I think most of us probably do scholarly work as part of our teaching and clinical duties, and that we contribute greatly to the missions of the school. I agree that we should not be required to do "research," but if the goal is scholarship (posters, presentations) I think it could be good to distinguish us from VCF, etc. However, I would also then insist that we would be part of the Academic Senate. It would be very unfair otherwise.

From

This post has traveled around several times with an apparent unanimous recommendation that the HSCP series remains a TEACHING AND SERVICE track as opposed to the Clinical X series which values publications as much or more than clinical services. This appears to be the desired status quo based upon the posts.

For those HSCP that would like to continue doing research you may be rewarded with 1.5 or 2.0 steps - but this will ONLY OCCUR if faculty promotion (from ALL FACULTY) RECOGNIZES the huge impact HSCP faculty have on teaching and ultimately directing our residents and fellows accordingly.

I fear that some look at the HSCP as less-than full professor. This is no further from the truth as is possible. However, this campus still has not learned to grasp this idea. Until this changes, as faculty we will continue to languish while the ClinX series thrives merely out of ignorance.

Close the vote, already..... And educate!

BAD

From

I could not agree more, that HSCP faculty at UC Davis Medical Center are thought of as “children of a lesser god”. While I can understand the historic rationale for having these different series in departments outside of the school of medicine, this distinction as it currently stands in the school of medicine in the era of “changing health care” is probably flawed. At the end of the day, we are all physicians who underwent the same training as our peers and then to bring us into the faculty and place us into two tiers which air differences in “superiority” is simply arbitrary. Yes, this is utterly true....I have been made to feel at times that as an HSCP, I do not equate with my erstwhile colleagues in the senate...even though I have contributed to all three missions of the academic center in similar or greater measure than several colleagues in the Clin X. I think all faculty at UCD, regardless of series should share equally in the clinical and educational missions. The former is still our key mission as physicians. In actuality, the system as it currently stands sends a negative message to HSCP faculty who may be interested in scholarly activity....which is: “even if you do research there is no guarantee of acceleration” and or “research is not needed in your series”.

Finally, faculty engaging in research should be strongly encouraged and supported with the time and appropriate resources to do so and rewarded for this by acceleration in academic ranks. I therefore appeal to our leaders to rethink about this archaic system and “tear down the wall” between the HSCP and Clinical X. All we need is for our promotion system to look at the candidate’s dossier and decide their eligibility for promotion (be it rapid or static).



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(949) 824-2215 FAX

May 19, 2016

Dan Hare, Academic Council  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200

**RE: Review of Revised APM Policy Sections 278,210-6, 279, 112, and new APM 350**

Dear Dan,

At its meeting of May 17, 2016, the Irvine Division Senate Cabinet reviewed the proposed revisions to APM Policy Sections 278, 210-6, 279, 112, and the new APM 350. The Council on Faculty Welfare initially reviewed the proposed revisions and new APM and identified some concerns. The concerns identified in their review of the policy and supported by the Cabinet include:

- The first bullet in the criteria for advancement listed under Research/Creative Activity for Health Sciences Clinical Professors in APM 278 and 210-6 seems more appropriate to list under teaching.
- There is a general concern about the proliferation of professorial series in the Health Sciences and their possible negative impact on tenure-track positions in these fields. These concerns emerge largely as a result of the lack of articulation of equivalence/distinction between Senate and non-Senate titles, and the seemingly significant overlap of duties associated with the professional and ladder-rank series.

The Irvine Division appreciates the opportunity to comment.

Sincerely,

A handwritten signature in cursive script that reads "Alan Terricciano".

Alan Terricciano  
Irvine Division Senate Chair

Enclosures: CFW Memo

C: Hilary Baxter, Executive Director, Academic Senate  
Natalie Schonfeld, Executive Director, Academic Senate, Irvine Division

May 12, 2016

**ALAN TERRICCIANO, CHAIR**  
**ACADEMIC SENATE – IRVINE DIVISION**

**Re: Systemwide Review of Proposed Revised APM Section 278, Health Sciences Clinical Professor Series; 210-6, Instructions to Review Committees Which Advise on Actions Concerning the Health Sciences Clinical Professor Series; 279, Clinical Professor Series, Volunteer Series; New Section 350, Clinical Associate; and 112, Academic Titles**

At its meeting on April 12, 2016, the Council on Faculty Welfare, Diversity and Academic Freedom (CFW) reviewed the proposed revisions to APM's 278, 210-6, 279, 112 and new section 350 for the Health Sciences Clinical faculty. The revisions update the APM and rules related to the appointment and advancement for Health Science Clinical Professor series, clarify the definition and modify the language of the Volunteer Clinical Professors and introduce a new role, the Clinical Associate.

Given the lack of familiarity of most CFW members with the Health Sciences area, the Council deferred to its School of Medicine representative who identified major concerns in the criteria for advancement and expressed some concerns about the proliferation of the professional series. Some of the criteria for advancement within the Health Science Clinical Professor Series under the heading (3) Research and/or Creative Activity would actually be better related to the heading (1) Teaching. In particular, to the criteria "development of or contributions to original materials in handouts or lectures" (pg. 15 of the doc) and "lectures, original educational materials, or teaching files" (pg. 16 of the document). While these are valid criteria to consider, they seem to belong to "Teaching" rather than to "Research and Creative Activity."

Additionally, the proliferation of a professorial series in the Health Science / SOM may be a cause for concern. While there may be a need to standardize the various professional figures that may become part of the UC system even when their primary appointment is as an associated/affiliated clinical entity and not essentially with a UC-based health service, a more general clarification of the principles that (should) regulate ALL the different professorial series, tenure and non-tenure, with and without Senate privileges would be most welcome. More specifically the document does not make any reference to nor does it consider the need for any comments about the equivalence in ranks between Senate and non-Senate titles.

If, as appears clear from even a cursive reading of the definitions and criteria for appointment/advancements in the Health Science Clinical Professor series, the duties of these professional figures are essentially overlapping with those of the Ladder Rank series, what are the distinctions between the two "groups" of professorial series within SOM? It would seem that the interest and desire to revise the criteria for only non-tenure / non-senate faculty figures of SOM and without any comment about the relationship of these figures with the tenured equivalent series (or semi / non-tenured, like the In Residence professorial series) is a signal that the latter will progressively disappear in favor of more non-tenure positions. A common characteristic of these Professorial series is the absence of any tenure or security of employment. Is this the new trend in SOM? If this

is the case, the Senate should be cautioned to expect a progressive imbalance between the representation of Senate and non-Senate titles in SOM.

The only references to these issues are meagerly summarized on page 107 of the documents under the heading “Context for Recommendation”: while there is surely a general agreement about the complexity of the existing array of (clinical) faculty appointments, the lack of contextualization within the document is a worrisome indication that there may not be a clear vision of these complexities beyond the requested revision for criteria and rules that do not address the heart of the problem. Finally, we note that these concerns were also raised at the systemwide level a few years ago.

CFW appreciates the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Saphores', with a long horizontal line extending to the left and a vertical line extending downwards from the center.

Jean-Daniel Saphores, Chair  
Council on Faculty Welfare, Diversity, and Academic Freedom

c: William Parker, Chair-Elect  
Academic Senate

Natalie Schonfeld, Executive Director  
Academic Senate



May 17, 2016

Daniel Hare  
Chair, Academic Council

**Re: Revised APM Policy Sections 278, 210-6, 279, 112 and New APM – 350**

Dear Dan,

The Executive Board of the UCLA Academic Senate discussed the proposed revisions to Academic Personnel Manual (APM) Sections 278, 210-6, 279, 112, and New APM – 350, at its meeting on May 12, 2016. The Executive Board solicited comments from the standing committees of the Senate, as well as the Faculty Executive Committees, to maximize faculty feedback.

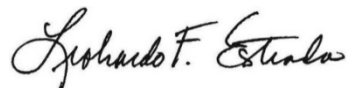
The Executive Board appreciates the opportunity to opine and has no additional suggestions. However, members requested clarification of whom the teaching includes in APM 210, (1) Teaching.

*From redline version, page 27:*

Teaching ~~may involve~~ **must include** registered University of California students, ~~housestaff~~ **and/or University interns, residents**, fellows, and postdoctoral scholars.

Please feel free to contact me should have any questions.

Cordially,



Leobardo F. Estrada  
Chair, Academic Senate  
Los Angeles Division

cc: Hilary Baxter, Executive Director, Systemwide Academic Senate  
Jim Chalfant, Vice Chair, Academic Council  
Michael LaBriola, Principal Policy Analyst, Systemwide Academic Senate  
Linda Mohr, Chief Administrative Officer, UCLA Academic Senate  
UCLA Academic Senate Executive Board Members



CHAIR, ACADEMIC SENATE  
RIVERSIDE DIVISION  
UNIVERSITY OFFICE BUILDING, RM 225

JOSE WUDKA  
PROFESSOR OF PHYSICS AND ASTRONOMY  
RIVERSIDE, CA 92521-0217  
TEL: (951) 827-5538  
EMAIL: JOSE.WUDKA@UCR.EDU

May 18, 2016

Dan Hare, Chair, Academic Council  
1111 Franklin Street, 12th Floor  
Oakland, CA 94607-5200

**RE: Proposed Revisions re APM Policy Sections 278, 210-6, 279, 112 and New APM - 350**

Dear Dan,

During the May 9 meeting, Executive Council discussed the proposed changes to APM 278, 210-6, 279 and 122, as well as, the new APM 350.

Council appreciates the effort of the Work Group that generated these changes and additions, as well as, the need for these types of revisions. However, there were several points in the proposal that we believe should be addressed. I will provide below a short summary and refer you to the memoranda from our Committee on Rules and Jurisdiction and the School of Medicine Executive Committee, for full details.

The proposed 8-year limitation of service for faculty holding a without-salary Health Sciences Compensation Plan (HSCP) series appointment would negatively impact UCR School of Medicine and is of great concern. We are in the process of building long-term community partnerships, and this constraint would affect many of our faculty; it would be very difficult for the School to find the required number of faculty for these positions every 8 years. This requirement would force the School to avoid this track in favor of the Volunteer Clinical faculty track.

The revised **278-16 b.** removes the conditions under which a competitive affirmative-action search and Senate review are required when changing to another series. The proposed language may be interpreted as allowing change to, say, the Professor series, without meeting these conditions; requiring “academic review” is too vague to avoid misinterpretation. The language in this section should be revised to avoid such ambiguities.

In addition, we have several specific recommendations:

**278-17 c.** It is unclear who will determine whether the appointment should be extended.

**278-17 b.** It is unclear whether the limitations apply to a single step or the entire series.

**279-10 a.** This section appears inconsistent with APM 279-0, we propose the following modification:

“If the individual has participated in professional organizations, University and community service, and/or research, a description of these activities may be included in the appointee’s personnel file as part of the review material and the individual should be considered for re-appointment in the Health Sciences Clinical Professor series.”

We also suggest the last sentence in the second paragraph be modified by adding “in consultation with the clinical schools and departments” so that it would read

“The Chancellor, in consultation with the clinical schools and departments, shall establish campus guidelines that specify the minimum number of required hours per year; the number of minimum hours may vary in different schools or departments.”

**279-17 c.** Since clinical faculty appointments, reappointments, and/or promotions are usually reviewed and approved by the committee on Volunteer Clinical appointments and promotions we propose the modification:

“Prior to appointment, reappointment, and/or promotion, each candidate’s clinical competence shall be reviewed and approved by Volunteer Clinical appointments committee, the Department Chair and/or the Dean, as appropriate to the School.”

**279-20 a.** It is unclear whether a competitive search is necessary for re-appointment of Volunteer Clinical Professor at Health Science Clinical Professor if the individual participated in professional organizations, University and community service, and/or research. We propose the modification:

“Transfer of a Volunteer Clinical Professor to another University title requires academic review. Appointment to another University title may be made after a competitive search, provided that the individual meets the appointment criteria associated with that title.”

**279-20 c.** It is not clear what “the opinion” is. This should be better specified.

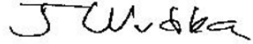
**279-20 d.** If the appointment is terminated as a result of “the opinion of the Dean”, there appears to be a conflict of interest with the statement “An appointee may present a written complaint about his or her appointment or early termination of the appointment to the Dean for administrative review.”

**350-18** It is unclear whether the Clinical Associate series can be used for UC employed and paid physicians working in UC owned and operated clinical settings (which we would support). The remuneration restrictions in 350-18, however would prevent us from using this series for one of the groups it seems to have been intended for. The new School at UCR anticipates using this category on occasion for UCR-employed physicians at a UC-owned and operated clinics, providing, for example, clinical care but not involved in teaching. For this reason, we propose the following modification to 350-18:

"Individuals appointed to the title of Clinical Associate may be with or without salary."

Finally, 278-8 (c), APM-279-20.a and 350-20.c should clarify what happens if, for example a Clinical Associate takes on some research on occasion.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J Wudka". The signature is written in a cursive, slightly slanted style.

Jose Wudka  
Professor of Physics & Astronomy and Chair of the Riverside Division

CC: Hilary Baxter, Executive Director of the Academic Senate  
Cherysa Cortez, Executive Director of UCR Academic Senate Office

# UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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<http://www.senate.ucsb.edu>

Kum-Kum Bhavnani, Chair  
Deborah Karoff, Executive Director

May 13, 2016

Dan Hare, Chair  
Academic Council

## Re: Academic Personnel Manual (APM) – Clinical Series

Dear Dan:

The Santa Barbara Division distributed the proposed revisions to the Academic Personnel Manual (APM) Sections 278 (Health Sciences Clinical Professor Series), 210-6 (Instructions to Review Committees), 279 (Volunteer Clinical Professor Series), 112 (Academic Titles, Clinical Associate) and New APM – 350 (Clinical Associate) to the Council on Faculty Issues and Awards (CFIA). CFIA considered the proposed revisions and has opted not to opine on this issue.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads "Kum-Kum Bhavnani".

Kum-Kum Bhavnani, Chair, Academic Senate  
Santa Barbara Division



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May 18, 2016

Professor Dan Hare  
Chair, Academic Senate  
University of California  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, California 94607-5200

SUBJECT: Response to Proposed Revisions to APM 278, 210-6, 279, 112, and 350

Dear Dan:

The revisions to APM 278, 210-6, 279, 112, and 350 were circulated to San Diego Divisional Senate standing committees for review, and the San Diego Divisional Senate Council discussed the revisions at their meeting on May 16, 2016. The Divisional Senate Council has no objections to the proposed revisions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Continetti".

Robert Continetti, Chair  
Academic Senate, San Diego Division

cc: K. Roy  
R. Rodriguez  
H. Baxter  
M. LaBriola

May 19, 2016

J. Daniel Hare, Ph.D.  
Academic Council  
Systemwide Academic Senate  
University of California Office of the President  
1111 Franklin Street, 12th Floor  
Oakland, CA 94607-52000

Re: Revisions to APMs 278, 210-6, 279, 112 and New APM 350

Dear Dan:

UCSF's Committee on Academic Personnel (CAP) and the Clinical Affairs Committee (CAC) has reviewed the revisions to APMs 278, 278, 210-6, 279, 112, as well as the drafting of the new APM 350. On the whole, the San Francisco Division feels that the clarifications to the review criteria for both the Health Sciences Clinical series (APM 278) and the Volunteer Clinical Professor series (APM 279), as well as the creation of a new APM 350, which defines the Clinical Associate role, are appropriate and needed. That said, it will be important to establish local guidelines to clarify these personnel review criteria. Besides the establishment of the Clinical Associate, we observe that the most significant change is the inclusion of professional competence, University and public service, and creative work as mandatory personnel review criteria for faculty members in the Health Sciences Clinical series. Towards that end, both CAP and CAC lay out the following considerations associated with these amendments:

1. APM 278: Both CAP and CAC note that local guidelines need to specify what qualifies in professional competence, University and public service, and creative work as adequate for advancement or promotion for Health Sciences Clinical faculty. In addition, these criteria could differ by department or school, which can create confusion in the personnel review process. CAP adds that the implementation of these review criteria may have unanticipated impacts on established clinical revenue expectations and commitments, and therefore may threaten a healthy work-life balance for these faculty members.
2. APM 279: CAC remarks that the revised APM 279 clearly places clinical practice and clinical teaching as key review criteria for this series, with creative activity being an optional component that may be included in a faculty member's portfolio. Likewise, the local guidelines should clarify the consideration of the creative activity criteria for the Volunteer Clinical faculty series.

In reviewing these APMs, the San Francisco Division notes that there may be considerable movement between series, given the changes to these personnel evaluation criteria. This may result in increased workload for both CAP members, who review the Health Sciences Clinical series, as well as academic personnel staff more generally.

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Ruth Greenblatt, MD, Chair  
David Teitel, MD, Vice Chair  
Arthur Miller, PhD, Secretary  
Jae Woo Lee, MD, Parliamentarian

Thank you for the opportunity to review the proposed revisions to these APMs. If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth Greenblatt". The signature is fluid and cursive, with the first name "Ruth" and last name "Greenblatt" clearly distinguishable.

Ruth Greenblatt, MD, 2015-17 Chair  
UCSF Academic Senate

CC: Systemwide Academic Senate Executive Director Hilary Baxter

Encl. (2)



May 11, 2016

Ruth Greenblatt, MD  
UCSF Academic Senate  
500 Parnassus Ave, MUE 231  
San Francisco, CA 94143

Re: Committee on Academic Personnel Position on Proposed Health Sciences APM Revisions

Dear Senate Chair Greenblatt:

Thank you for requesting feedback from UCSF Senate Standing Committees on the proposed Academic Personnel Manual (APM) Revisions that will impact Health Sciences faculty at UCSF.

The Committee on Academic Personnel (CAP) reviewed the proposed revisions. They appreciate the thought put into these revisions by the systemwide Task Force and have the following two points in reference to revisions to APM 278 on Health Sciences Clinical Series:

1. With professional competence, University and public service, and creative work no longer being optional for faculty in this series, UCSF CAP would support development of standardized guidelines to determine what qualifies in each category as adequate for advancement or promotion.

As these elements could differ by department or school—which can create confusion in the personnel review process—CAP members seek some uniform understanding of what constitutes creative output for faculty in the HS Clinical Series, especially in this transition period.

2. CAP members wanted it highlighted that faculty in the HS Clinical Series have revenue expectations within their clinics and Departments. The adding on new requirements in the advancement and promotion process could interfere with those clinical commitments, creating a balance issue for such faculty.

Further, while UCSF CAP has reviewed the method by which the Systemwide Task Force developed these proposed revisions and commends them for being thorough in their comparison with sister institutions, it's unclear if the rationale behind these changes to APM 278 included economic and work-life balance considerations.

Sincerely,

**Committee on Academic Personnel**

Jeffrey Lotz, PhD, Chair  
Kirsten Fleischmann, MD, Vice Chair  
Jeffrey Critchfield, MD  
Pamela Den Besten, DDS  
Patrick Finley, PharmD  
Jacqueline Leung, MD  
Jacquelyn Maher, MD  
Robert Nissenson, PhD  
Robert Rushakoff, MD, MS, Guest  
Catherine Waters, RN, PhD, FAAN

## **Communication from the Chair of the Clinical Affairs Committee (CAC) Hope S. Rugo, MD.**

May 17, 2016

Ruth Greenblatt, MD  
Chair, UCSF Academic Senate  
500 Parnassus Ave. MUE 231  
San Francisco, CA 94143

RE: CAC response to UC system wide revisions to Academic Personnel Manual (APM) sections 278, 279, 210-6 and 350

Dear Senate Chair Greenblatt,

Thank you for the opportunity to comment on these important revisions impacting clinical faculty at UCSF. Members of the Clinical Affairs Committee reviewed the report and recommendations from the UC Work Group charged with revising sections 278, 279, 350 and 210-6 of the APM, and sought clarification on these revisions from the Vice Provost of Academic Affairs, Brian Alldredge.

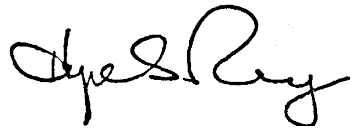
CAC members wanted to bring up concerns with two issues surrounding the revisions to these APMs:

1. APM 278 (Health Sciences Clinical Professor): With the inclusion of professional competence, teaching, University and public service, and creative work as mandatory review criteria for HS Clinical professors, there is concern about how these mandatory requirements will play out in the actual assessment of clinical faculty.. CAC members note that previously, professional competence, University and public service, and creative work were optional review criteria for faculty in this series. Towards that end, CAC advises that significant care be put into the drafting of local campus guidelines for the respective Committees on Academic Personnel (CAPs) to ensure appropriate review of faculty members already in this series as well as placement and review of new faculty. Indeed, review criteria in these areas may differ by Schools and departments; guidelines should serve to smooth out these differences as well as faculty expectations.
2. APM 279 (Volunteer Clinical Professor): The revised APM 279 clearly places clinical practice and clinical teaching as key review criteria for this series, with creative activity being an optional component that may be included in a faculty member's portfolio. Likewise, the local guidelines should clarify how the creative activity criteria will be implemented and considered for new volunteer clinical appointees and the personnel review of existing volunteer clinical faculty members.

Therefore, CAC supports an opportunity to address the appropriate implementation of these review criteria through the inclusion of Senate review of local APM 210-6 implementation polices.

Once again, thank you for the opportunity to review these important APMs.

Respectfully,

A handwritten signature in black ink, appearing to read "Hope S. Rugo". The signature is fluid and cursive, with the first name "Hope" and last name "Rugo" clearly distinguishable.

Hope S. Rugo, MD.  
Professor of Medicine  
Director, Breast Oncology and Clinical Trials Education  
Helen Diller Family Comprehensive Cancer Center  
University of California, San Francisco



COORDINATING COMMITTEE ON GRADUATE AFFAIRS (CCGA)

Valerie Leppert, Chair  
[vleppert@ucmerced.edu](mailto: vleppert@ucmerced.edu)

ACADEMIC SENATE

University of California  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, California 94607-5200

April 27, 2016

**ACADEMIC COUNCIL CHAIR DAN HARE**

**RE: Revised APM Policy Sections 278, 210-6, 279, 112 and New APM – 350**

Dear Dan:

CCGA has reviewed the proposed updates to policies, including the recommendation for creation of a new series for "clinical associates" (clinical practitioners who practice at University-managed clinics or healthcare facilities). Most of the changes appear relatively modest but they may add some clarity for evaluation of the clinical series; in particular, having some guidelines about balance between teaching, research, clinic, and service is helpful.

The new series (APM-350) seems useful. For example, it could be appropriate in the case of a clinical psychologist who practices in a university clinic setting, and has considerable informal interaction with medical students and residents, as they rotate through the clinic, but for whom a regular academic appointment would probably not be appropriate (even a clinical faculty one). A VCF appointment would also not be appropriate, since the position is not a "volunteer" appointment, nor is the person's interaction primarily educational, as would be the case for a VCF. The Clinical Associate would recognize that the role is more than strictly a "staff" role.

This perspective is offered with input from CCGA members with experience in several medical schools over the years.

Sincerely,

A handwritten signature in blue ink that reads "Valerie Leppert".

Valerie Leppert, Ph.D.  
Chair, CCGA

cc: Jim Chalfant, Academic Council Vice Chair  
CCGA Members  
Hilary Baxter, Academic Senate Executive Director  
Michael LaBriola, Academic Council Analyst



UNIVERSITY COMMITTEE ON AFFIRMATIVE ACTION, DIVERSITY AND EQUITY  
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Oakland, California 94607-5200

June 15, 2016

**DAN HARE**  
**ACADEMIC COUNCIL CHAIR**

Dear Dan:

I am writing regarding the document entitled, "Systemwide Review of the Proposed Revised Academic Personnel Manual (APM) Section 278, Health Sciences Clinical Professor Series." UCAADE is weighing in on this issue because women and underrepresented minorities are concentrated in the HSCP faculty series in the health sciences and will be especially impacted by the proposed changes. It is my understanding the goal of the modifications was to clearly define criteria for the volunteer clinical series and the HSCP so that there is a clear distinction between the "faculty" series and clinical series when making appointments. It seems that in the past these appointments have been often conflated and so incorrect appointments have been made regularly. The goal of the proposed APM changes is to clarify where each of these titles belongs.

However, without clear guidelines for what constitutes "research, creative activity and scholarship" for this series, HSCP faculty will only be more confused and additionally burdened, HSCP faculty will have less motivation to submit packets and the review of the academic actions would be extremely confusing. If the faculty already in HSCP are grandfathered by the old criteria, then two different sets of review criteria for the same faculty series would be required. Moreover, if campuses are left to individually decide what constitutes "research, creative activity and scholarship" for HSCP, then the goal - to clarify criteria for series - will not be met.

Finally, I would like to point out the most concerning point, which is that there were no faculty on the working group that proposed these changes, which is unfortunate since they would likely have raised these issues.

Best regards,

A handwritten signature in blue ink, appearing to read "Colleen Clancy".

Colleen E. Clancy, Ph.D.  
Chair, UCAADE

cc: Jim Chalfant, Academic Council Vice Chair  
Hilary Baxter, Academic Senate Executive Director  
UCAADE Members  
Joanne Miller, Senate Analyst



UNIVERSITY COMMITTEE ON RESEARCH POLICY (UCORP)  
Judith Habicht Mauche, Chair  
Email: judith@ucsc.edu

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Academic Senate  
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Oakland, California 94607-5200

May 16, 2016

DAN HARE, CHAIR  
ACADEMIC COUNCIL

**Re: Systemwide Review of Proposed Revised Academic Personnel Manual (APM) Section 278, Health Sciences Clinical Professor Series; Section 210-6, Instructions to Review Committees Which Advise on Actions Concerning the Health Sciences Clinical Professor Series; Section 279, Clinical Professor Series, Volunteer Series; New Section 350, Clinical Associate; and Section 112, Academic Titles**

Dear Chair Hare:

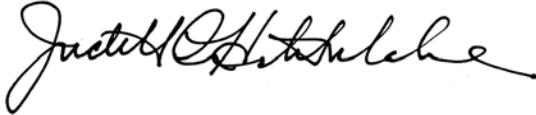
UCORP reviewed the proposed changes to APM Sections 278 (Health Sciences Clinical Professor Series), 210-6 (Instructions to Review Committees), 279 (Volunteer Clinical Professor Series), 112 (Academic Titles) and New APM 350 (Clinical Associate) at our April 11, 2016 meeting.

Overall, UCORP found that the proposed changes establish a more uniform approach to the appointments of faculty with principally clinical responsibilities. In reference to APM-278 and APM-210, we note that Health Science Clinical Professors will now be expected to engage in research/creative activities in the context of their clinical duties. This change institutes a new requirement, or at least more strongly emphasized criteria for advancement, for employees in the HSCP series. A question arose about whether this change would apply to both existing as well as new employees in the series, and if so, whether existing employees could be grandfathered or phased in to this requirement, so as to not be negatively impacted by this change.

Some concern was also expressed that the examples of research/creative activities listed in APM 210-6.3 (pages 9, 10, and 11 in Rev. 3/14/16) seem somewhat arbitrary and many would not be considered research/creative activities appropriate for evaluation of employees holding other academic titles. For example, "development of or contributions to educational curricula" or "administration of a teaching program," sound more like teaching or service responsibilities rather than research or creative activities as usually defined. Other examples listed, such as supervising a clinical service or health care facility, appear to be largely administrative in focus. We worry that use of these criteria weakens and potentially degrades

the definition of research in academic appointments. While we support a capacious definition of research/creative activities, especially for employees whose principle contributions are clinical in nature, we nevertheless feel strongly that these definitions should show coherency across academic series and titles.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith A. Habicht Mauche". The signature is fluid and cursive, with the first name "Judith" being the most prominent.

Judith A. Habicht Mauche  
UCORP Chair

cc: Academic Council Vice Chair Jim Chalfant  
Academic Senate Executive Director Hilary Baxter  
UCORP members



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)  
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May 17, 2016

**DAN HARE, CHAIR  
ACADEMIC COUNCIL**

**RE: Proposed Revisions to APM sections 278, 210.6, 279, 112 and new APM 350 (Clinicians)**

Dear Dan,

The University Committee on Faculty Welfare has met and discussed the proposed revisions to APM sections 278, 210.6, 279, 112 and new APM 350 (Clinicians). UCFW recognizes the role volunteers and associates play in the clinical enterprise and the rigor with which they are evaluated. Thus, UCFW welcomes these revisions that clarify the review expectations, funding sources, and advancement time lines.

Thank you for the opportunity to comment on this important issue.

Sincerely,

Calvin Moore, UCFW Chair

Copy: UCFW  
Hilary Baxter, Executive Director, Academic Senate