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OFFICE OF THE VICE PROVOST -
ACADEMIC PERSONNEL

OFFICE OF THE PRESIDENT
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Oakland, California 94607-5200

December 1, 2016

CHANCELLORS
LABORATORY DIRECTOR WITHERELL
ACADEMIC COUNCIL CHAIR CHALFANT
ANR VICE PRESIDENT HUMISTON

Re: Second 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

Dear Colleagues:

Attached for a second Systemwide Review are proposed revisions to the Academic Personnel Manual as follows:

- Section 278, Health Sciences Clinical Professor Series (APM - 278) and
- Section 210-6, Instructions to Review Committees Which Advise on Actions Concerning the Health Sciences Clinical Professor Series (APM - 210-6).

Review History

Academic Personnel and Programs has been in consultation for nearly three years, informally and formally, with the Academic Senate and campus administrators to develop proposed changes to five policies governing the Health Sciences Clinical Professor and Volunteer Clinical Professor Series:

- APM - 278, Health Sciences Clinical Professor Series;
- APM - 210-6, Instructions to Review Committees Which Advise on Actions Concerning the Health Sciences Clinical Professor Series;
- APM - 279, Volunteer Clinical Professor Series;
- APM - 350, Clinical Associate; and,
- APM – 112, Academic Titles

During Management Consultation (January to March 2016), reviewers expressed general approval of all five proposed draft policies. After incorporating the recommendations we received, new draft policies were circulated for the first Systemwide Review (March to June 2016).

APM - 279, APM - 350, and APM - 112. We received few comments related to APM - 279, APM - 112, and APM - 350; reviewers who submitted comments on these draft policies endorsed the proposed drafts, offering minor revisions to be incorporated in final policies. We are not circulating APM - 279, - 112, or - 350 for additional consideration since both reviews resulted in consensus on new APM policy language.

APM - 278 and APM - 210-6. Substantive feedback related to APM - 278 and APM - 279 was submitted during the first Systemwide Review, thus prompting a second Systemwide Review. Common themes emerging from consultation during the first Systemwide Review are summarized here: there were requests for the policy to describe more fully the context and principles underlying proposed revisions to the policies; there were concerns that the "research and/or creative activity" review criteria would add new responsibilities for Health Sciences Clinical Professor series faculty; and, there were remarks that the "new" criteria are vague and indistinguishable from the criteria for reviewing faculty appointed in the Professor of Clinical (e.g., *Medicine)* series. These common themes are addressed below.

Context for Policy Revisions

The current effort to update this suite of health sciences-related policies is an outgrowth of the work begun in 2001-02 to recast the single Clinical Professor series policy, used then to appoint University faculty *and* volunteers. As a result of the effort that continued from 2001-02 to 2005, three policies were issued: 1) APM - 278, governing faculty appointments, 2) APM - 210-6, defining appointment, advancement, and promotion criteria for faculty appointments, and 3) APM - 279, governing volunteer appointments. The Clinical Professor series was renamed the Health Sciences Clinical Professor series; terms and conditions for appointment were introduced to the policy (APM - 278); and, new policy was created to provide for the Volunteer Clinical Professor series (APM - 279). At the time, campuses developed local guidelines for each of the two title series, transferring appointees to the applicable title series depending on the duties, review criteria, and appointment status of the positions. These three policies have not been reviewed or updated since issuance in 2005.

Campuses have found current APM - 279 language vague and confusing in terms of appointment, advancement, and promotion criteria as well as service expectations for volunteers. Campuses have also found that neither APM - 278 nor APM - 279 provide clear definitions or guidance to determine the appropriate title to use for various types of faculty appointed in the health sciences disciplines. The current revisions were undertaken because both policies need substantive revision to differentiate the titles, supplement definitions, identify responsibilities, specify terms of appointment and reappointment, and clarify review criteria.

In January 2014, a work group composed of senior academic personnel staff from the health sciences campuses and school deans' offices convened to focus on the Volunteer Clinical Professor Series (APM - 279), to standardize campus/school practices, propose streamlined policy language, define the criteria for appointment, review, and promotion; evaluate clinical competence; and establish a standard length of initial appointment and reappointment of volunteers. Proposed revisions to APM - 279 were circulated for Management Consultation in 2014. Reviewers submitted generally favorable comments; however, during the consultation period, the work group recognized that implementing changes to APM - 279 also requires changes to APM - 278 to clearly differentiate policy for University faculty and volunteers.

Subsequently, in January 2015, work began to inventory campus/school practices related to the appointment, advancement, and promotion of faculty appointed in the Health Sciences Clinical Professor series and to propose updated language to define criteria for appointment, review, and promotion in APM - 210-6. Over the course of the next year, work group members representing the six health sciences campuses were asked to consult with faculty and senior administrators on their respective campuses to review proposed concepts, plans, and draft language to update APM - 278 and APM - 210-6. In addition, Academic Personnel and Programs staff shared preliminary drafts with Academic Council officers and systemwide Senate Committees on Faculty Welfare and Academic Personnel. Feedback from all of these consultation efforts informed the drafting process preceding Management Consultation and Systemwide Review.

While the consultative process was underway, the landscape of health care delivery began changing rapidly in response to external pressures, which included implementation of the Affordable Care Act. Many of the UC Medical Centers began expanding into health networks by partnering and affiliating with other physician and hospital organizations to reach a larger population and operate at the scale necessary to sustain an academic health center. The work group recognized the role of policy to maintain the integrity of the faculty under such pressures and the need to clearly define non-faculty appointments for clinicians working with UC Health under new types of partner and affiliate agreements.

Principles Guiding the Policy Revisions

Several principles provide the foundation for revisions to each of the health sciences faculty policies:

- Health sciences faculty are expected to engage in each of the four areas of faculty responsibilities, participating in each area to a varying degree dependent on the series: 1) teaching, 2) professional competence and activity, 3) research or creative work, and 4) University and public service.
- Currently, four areas of activity form the basis of the Ladder-rank, Professor of Clinical (e.g., *Medicine),* Professor in Residence, and the Health Sciences Clinical Professor series policies. The percentage of activity in each of the four areas differentiates each of the series titles.
- Policy for each of the four title series (Ladder-rank, Professor of Clinical (e.g., *Medicine),* Professor in Residence, and the Health Sciences Clinical Professor series) acknowledges that there is a division of effort among the four activities depending on the nature and purpose of the series and the appropriateness of the division to the appointment.
- The 2005 versions of APM - 278 and APM - 210-6 provide campuses with flexibility to interpret and implement the policies, including authority to create guidelines for evaluating the research/ creative activity criteria in the Health Sciences Clinical Professor series. This flexibility and authority is maintained in the proposed revisions to the policies.
- These principles apply to all faculty, whether paid by the University or paid by a formal affiliate, appropriate to the needs of the department and under University agreement with affiliated entities such as or similar to the Veterans Administration Medical Center or the Howard Hughes Medical Institute.

These principles guided the work group in its approach to the health sciences volunteer and staff appointee policies:

- Volunteers with teaching and clinical service responsibilities, without a creative component or service expectation, should be appointed under APM - 279 in the Volunteer Clinical Professor Series; they are not appropriately appointed in the Health Sciences Clinical Professor Series under APM - 278.
- Staff physicians without teaching responsibilities and physicians employed by health networks and hospital organizations under partnership or affiliation with UC Health and with no University responsibilities are not entitled to faculty appointments at UC without undergoing academic review.
- The current Clinical Associate title is recast for staff clinicians and other clinicians employed by health networks and hospital organizations that are partners of or affiliated with UC Health. Individuals appointed as Clinical Associates under new policy (APM - 350) engage only in clinical service. They are not appropriately appointed in the Health Sciences Clinical Professor Series under APM - 278 unless an academic review is conducted.

Additional Consultation Effort Related to "Research and/or Creative Activity"

The nature of the feedback received during Systemwide Review called for an in-depth conversation with Senate leaders and campus academic administrators, specifically, the experts in health sciences disciplines who are knowledgeable about current policy, review criteria, and best practices. A conference call took place on September 30, 2016, when participants discussed the themes that emerged during Systemwide Review. Most importantly, participants discussed how to move forward with revisions to the policies related to the inclusion of "research and/or creative activity" in new drafts for a second Systemwide Review. The Senate leaders and the health sciences campus academic administrators on the call provided recommendations for explicit changes necessary to improve policy language. Participants agreed that it is critical to maintain the Health Sciences Clinical Professor series titles as a meaningful faculty appointment with a scholarly or creative component. Participants recommended that the drafts be revised to eliminate examples of creative activity that may belong more appropriately under teaching criteria. In addition, call participants recommended ways to adjust language to be responsive to the concerns expressed on the call and during the first Systemwide Review. Most agreed that 1) the policy should allow campuses to interpret and to implement the policies, and 2) the term "scholarly or creative activity" should replace "research and/or creative activity."

Distinguishing Research or Creative Activity Criteria in the Professor of Clinical (e.g., *Medicine)* Series from the Health Sciences Clinical Professor Series

Across the health sciences professorial series, the evidence required to establish research or creative accomplishment is a continuum based on series expectation, from minimal engagement in the non-Senate Health Sciences Clinical Professor series, where creative activities are subordinate to teaching and clinical service, to the Professor of Clinical (e.g., *Medicine)* series, where intellectual contributions are significant components of a dossier for Senate-series clinician educators, to the ladder-rank Professor and Professor in Residence series, where research or creative activities and achievement are a fundamental component of a balanced dossier for a Senate series appointment.

Changes to the Policy Drafts

The changes that were recommended by reviewers during Systemwide Review and by participants on the September 30, 2016 call are incorporated into revised language and are summarized below.

APM - 278. "Research and/or creative" activity is replaced by "scholarly or creative" activity that supports a faculty member's primary responsibilities in clinical teaching and professional and service activities. Language clarifies that the Dean's or Department Chair's recommendation letter that is placed in the faculty member's dossier and shared with the faculty member serves as documentation of the faculty member's expected balance of activities.

APM - 210-6. "Research and/or creative" activity is revised to "scholarly or creative" activity that supports a faculty member's primary responsibilities in clinical teaching and professional and service activities. Language clarifies that the Dean's or Department Chair's recommendation letter that is placed in the faculty member's dossier and shared with the faculty member serves as documentation of the faculty member's expected balance of activities. Section 210-6-b(3), newly named "Scholarly or Creative Activity," is reformatted and modified to eliminate examples of evidence that may serve to support teaching activity.

Second Systemwide Review

This second systemwide consultation is intended to resolve prior discussions and to answer remaining questions; it is distributed to the Senate, the Chancellors, the Director, Lawrence Berkeley National Laboratory, and the Vice President of Agriculture and Natural Resources requesting that they inform the general University community and affected employees about policy proposals. Employees should be afforded the opportunity to review and comment on the draft policy, available online at http://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/policies-under-review/index.html. Attached is a Model Communication which may be used to inform non-exclusively represented employees about these proposed policy revisions.

The Labor Relations Office at the Office of the President is responsible for informing the bargaining units representing union membership about policy proposals.

We would appreciate receiving your comments by **March 1, 2017.** Please submit your comments to ADV-VPCARLSON-SA@ucop.edu. If you have any questions, please contact Janet Lockwood at Janet.Lockwood@ucop.edu or (510) 987-9499.

Sincerely,

Susan Carlson
Vice Provost
Academic Personnel and Programs

Attachments: Proposed Revised Draft APM - 278, Health Sciences Clinical Professor Series (redline and clean copy)
Proposed Revised Draft APM - 210-6, Instructions to Review Committees Which Advise on the Health Sciences Clinical Professor Series (redline and clean copy)

cc: President Napolitano
Provost and Executive Vice President Dorr
Executive Vice Chancellors/Provosts
Executive Vice President Stobo
Vice President Duckett
Vice Provosts/Vice Chancellors of Academic Personnel/Academic Affairs
Chief of Staff Grossman
Deputy/UCOP Compliance Officer Lane
Health Sciences Deans
Academic Personnel Directors
Deputy General Counsel Woodall
Executive Director Baxter
Interim Executive Director Lee
Director Chester
Chief of Staff and Director Henderson
Director Lockwood
Manager Donnelly
Manager Smith

APM - 278 Work Group Members:

Senior Academic Affairs Analyst Holland (UCR)
Assistant Vice Provost Leathers (UCSF)
Manager Light (UCSF)
Director Morris (UCR)
Academic Affairs Supervisor Musey (UCI)
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Academic Personnel Manager Reevesman (UCD)
Analyst/Supervisor Reyes (UCD)
Assistant Dean Seifert (UCD)
Director Shaevel (UCLA)
Director Shaw (UCLA)
Director Smith (UCI)
Principal Analyst Woolston (UCSD)

~~278-4 **Definition**~~

278-0 **Policy**

a. ~~Faculty in the~~The Health Sciences Clinical Professor series ~~are salaried appointees in the health sciences who teach, participate in patient care, and may participate in University and/or public service and scholarly and/~~is designed to meet the University's mission in ways that are unique to the health sciences disciplines through teaching, scholarly or creative activity, professional activity, and University and public service. Health Sciences Clinical Professor series faculty make substantial contributions to the University through excellence in teaching, clinical expertise, scholarly or creative ~~activities~~achievement, and engagement in service.

278-4 **Definition**

Faculty in the Health Sciences Clinical Professor series teach the application of basic sciences ~~and,~~ the mastery of clinical procedures ~~in all areas concerned with the~~, and other health science topics to students, postdoctoral scholars, fellows, interns, residents, and other clinicians in all academic disciplines concerned with patient care ~~of patients~~, including dentistry, medicine, nursing, optometry, pharmacy, physician assistant studies, psychology, veterinary medicine, the allied health professions, and

other ~~patient care professions.~~health care professions. Health Sciences Clinical Professor series faculty engage in scholarly or creative activities which derive from and support their primary responsibilities in clinical teaching and professional and service activities.

The Health Sciences Clinical Professor series is ~~separate~~distinct from the ~~volunteer~~Volunteer Clinical Professor series~~, which~~ that is governed by ~~APM - 279.~~APM - 279, Volunteer Clinical Professor Series. University-paid staff physicians and staff clinicians and other clinicians and physicians practicing at non-UC-affiliated sites with teaching responsibilities may be appointed to titles in the Volunteer Clinical Professor series under APM - 279. University-paid staff physicians and staff clinicians and other clinicians and physicians practicing at UC-affiliated facilities without teaching responsibilities may be appointed to the Clinical Associate title under APM - 350, Clinical Associate.

278-8 **Types of Appointment**

~~b.~~ Faculty in the Health Sciences Clinical Professor series may serve the University on a full ~~-~~time~~,~~ or part ~~-~~time~~,~~ basis and may be appointed with or without salary.

~~c. Concurrent without salary appointments~~

~~A concurrent without salary~~An appointment ~~in the Health Sciences Clinical Professor series~~without salary at the University may be made for an ~~appointee who is employed by the University as a staff physician or clinician, or for an~~ individual who 1) holds a without salary or salaried clinical appointment ~~paid by~~at an institution with which the University has a formal affiliation agreement~~. The Chancellor, with the advice of the clinical departments, may establish separate review procedures and, within the limits of APM - 210-6, separate criteria for these appointees. For example, the Chancellor may decide that the campus will conduct only promotion reviews for this group.~~ (a UC-affiliated facility), and 2) meets the criteria for appointment in this series as described in section 278-10.

~~When an individual's salaried appointment ends, the without salary appointment in the Health Sciences Clinical Professor series also will end automatically. Without salary appointments in this series are to be distinguished from appointments in the volunteer Clinical Professor series (APM - 279), which are for practitioners from the community and at other non-affiliated sites.~~

~~d. Health Sciences Clinical Professor titles are supported primarily by non-State funds, as defined in APM - 190, Appendix F (footnote 1), although under certain conditions, State funds may be used (see APM - 278-16-a).~~

~~278-8 Types of Appointment~~

~~a.~~ Titles (and ranks) in this series are:

~~(1)~~ Health Sciences Clinical Instructor

(2) Health Sciences Assistant Clinical Professor

(3) Health Sciences Associate Clinical Professor

(4) Health Sciences Clinical Professor

b. An *appointment* (as distinguished from a promotion) ~~occurs when an individual is employed in~~to one of the four ranks listed above~~,~~ occurs if the individual's immediately previous status was:

(1) not in the employ of the University; or

(2) in the employ of the University but not in this series; or

(3) moving from Health Sciences Clinical Instructor to Health Sciences

Assistant Professor.

c. A *change of series* is a type of new appointment for an individual whose last appointment was within the University of California, usually in a faculty title. A change of series may occur because an individual's duties change. A regular academic review is required for this action. A competitive ~~affirmative action~~ search may or may not be required~~,~~ (see APM - 278-16-b).

d. A *promotion* is ~~an~~ advancement within this series from ~~one rank to a higher rank~~Assistant to Associate and Associate to Professor.

e. A *merit increase* is ~~an~~ advancement in salary step or to an above-scale salary rate without a change in rank (see ~~APM - 615~~APM - 610, Salary Increases).

f. A *reappointment* is the renewal of an appointment in this series immediately following the end date of the previous appointment (i.e., without a break in service). A reappointment may or may not be accompanied by a promotion or a merit increase.

278-10 **Criteria**

A candidate for appointment or advancement in this series shall be evaluated ~~using~~by the following criteria ~~specified below. The criteria~~, which shall be appropriately weighted ~~to take into account this series'~~according to the primary emphasis on ~~direct~~clinical and clinically-relevant teaching and patient care services and ~~clinical teaching. See APM - 210-6.~~also according to the needs of the campus and the individual's responsibilities in the specific discipline. The Dean's or the Department Chair's recommendation letter placed in the dossier shall document the faculty member's expected balance of activities and shall be shared with the faculty member. The four criteria are:

~~The criteria are:~~

a. Teaching

~~a~~b. Professional competence and activity

~~b. Teaching~~

c. ~~University and public service are desirable and encouraged to the extent required by campus guidelines~~Scholarly or creative activity

d. ~~Research and creative work are desirable and encouraged to the extent required~~ University and public service ~~by campus guidelines~~

These criteria and standards are set forth in ~~APM - 210-6,~~APM - 210-6, *Instructions to Review Committees ~~Which~~That Advise on Actions Concerning the Health Sciences Clinical Professor Series.*

278-16 **Restrictions**

a. Funding

~~(1) For Health Sciences Compensation Plan members, no~~No State funds shall be used for any salary above the ~~rate associated with the faculty member's~~ Scale 0 rate associate with Health Sciences Compensation Plan participant's rank and step on the Fiscal Year Salary Scale. Any compensation above the Fiscal Year Salary Scale 0 shall be funded using Health Sciences Compensation Plan funds and/or other non-State funds in compliance with any relevant fund source restrictions as outlined in ~~APM - 670,~~APM - 670-18, Health Sciences Compensation Plan~~, Section IV-A, B, and C~~.

~~The Chancellor may develop guidelines on the locally appropriate use of State and non-State funds to support appointments in this series, within the restrictions on fund sources stated in the Health Sciences Compensation Plan and the restrictions given below in (2) and (3).~~

~~(2) In a school or equivalent unit where all appointees in this series have appointments of one year or less, funding equivalent to the Fiscal Year Salary Scale rate for the appointee's rank and step may come from State funds or from other sources. The Chancellor shall notify these faculty that the use of State funds for these appointments does not indicate any commitment of tenure or security of employment. For such appointments, which may be renewed, there is no time limit on the use of State funding.~~

~~(3) Limits on State funding for Schools not covered by (2) above.~~

~~In a school or equivalent unit where appointees in this series do not all have appointments of one year or less, the following restrictions apply for any individual who has an appointment at 50 percent time or more. At least 50 percent of funding equivalent to the Fiscal Year Salary Scale rate~~

~~for the rank and step of an appointee shall come from sources other than State funds. However, in exceptional circumstances, the Chancellor is authorized to use State funds for 50 percent or more of an individual's Fiscal Year Salary Scale rate for the specific rank and step for no more than 8 (eight) years. This limit on State funding applies to service for an individual over the course of his or her University career in all ranks in this series combined. Such an exception, in combination with service in any other State-funded appointment in those titles specified in APM - 133-0-b and -c, shall not exceed eight years.~~

~~Appointments in the Health Sciences Clinical Professor series at less than 50 percent time may be supported by State funds with no limit on the duration of the use of State funding.~~

b. Change of series of appointees to other titles

An appointee in the Health Sciences Clinical Professor series may ~~be appointed~~ change to another academic or professorial series following academic review. A competitive ~~to the Professor series, the Professor in Residence series, or the Professor of Clinical (e.g., Medicine) series only after a competitive affirmative action search and review by the appropriate Senate committee. In exceptional~~

~~circumstances, the~~search may or may not be required. The Chancellor may grant ~~an exception to~~a waiver of the search requirement in exceptional circumstances.

c. Appointees at affiliated institutions

~~The Chancellor may approve~~ In the ~~transfer~~case of an appointee in the Health Sciences Clinical Professor series ~~to the Adjunct Professor series with the individual's consent, the recommendation of the department, and a regular academic review.~~who holds an appointment at an affiliated institution, the continuation of the academic appointment is contingent upon the continuation of the faculty member's appointment at the affiliated institution. In the case of an appointee in the Health Sciences Clinical Professor series who is partially paid by the affiliate and UC, the UC appointment may continue if the appointment at the affiliate ends.

278-17 **Terms of Service**

An appointment in the Health Sciences Clinical Professor series shall have a specified ending date. Written notice of the appointment or reappointment shall follow the provisions of ~~APM - 137-17. In addition, the written notice shall include any funding requirements for continuing the appointment and reappointment.~~APM -

137-17, Non-Senate Academic Appointees/Term Appointment. Typically, the effective date of an appointment will coincide with the University's fiscal year (July 1 through June 30). See APM - 220, Professor Series for general academic personnel policy regarding appointment and promotion.

~~a.~~ Health Sciences Clinical Instructor

At this rank, an initial appointment is limited to ~~a~~ one ~~-~~year ~~term but may be for a shorter term.~~ or less. Total ~~University~~ service as a Health Sciences Clinical Instructor paid by the University or paid by an affiliated institution may not exceed two years. The Chancellor may grant an exception to the two- year limit.

~~b.~~ Health Sciences Assistant Clinical Professor

Each appointment and reappointment at this rank is limited to ~~a maximum term of~~one year or less. The normal period of service is two years ~~but may be for a shorter term.~~ at each step. Total University service at more than 50 percent time in this title, combined with service at more than 50 percent time in any of those titles listed in ~~APM 133-0-b~~

~~and -c~~APM - 133-0-b and -c, Limitation on Total Period of Service with Certain Academic Titles, may not exceed eight years of service. ~~The Chancellor may grant an exception to the eight-year limit.~~

~~In computing the years of service for a Health Sciences Assistant Clinical Professor, only~~Only those quarters or semesters at more than 50 percent time in a ~~UC~~ University-paid or affiliate-paid faculty position will count toward the eight-year limit. 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.

There is no eight-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~~individuals holding an appointment at 50 percent or less time, whether salaried or without salary, unless the Chancellor establishes ~~an eight-year~~such a limit.

~~c.~~ Health Sciences Associate Clinical Professor and Health Sciences Clinical Professor

~~For~~Each appointment and reappointment at this rank is limited to a term of one year or less until the faculty member reaches Step VI. The normal period of service is two years at each step for a Health Sciences Associate Clinical Professor (Steps I, II, and III)~~, each appointment~~. The normal period ~~is limited to a maximum of two~~of service is three years~~. For~~ at each step for a Health Sciences Associate Clinical Professor (Steps IV and V) and for a Health Sciences Clinical Professor~~, each appointment period is limited to a maximum of three years. An individual may be reappointed for successive terms, for example, as Associate Professor Step V, but each reappointment period is limited to a maximum of three years. These appointments may be made for a shorter term.~~

~~Normally, the effective date of an appointment will coincide with the University's fiscal year (July 1 through June 30). Normally, a promotion~~. Service at Step V or higher may be of indefinite duration. Advancement from Step VI to Step VII, from Step VII to Step VIII, and from Step VIII to Step IX will only be granted on evidence of continuing achievement at the level required for advancement to Step VI and usually will not occur after less than three years of service at the lower step. Except in rare and compelling cases, ~~merit increase is effective July 1. See APM - 220 for general academic personnel policy regarding appointment and promotion.~~advancement to Above Scale status will not occur before at least four years of service at Step IX.

278-18 **Salary**

a. The ~~academic salary scales~~Fiscal Year Salary Scale for the ~~regular~~ Professor series shall apply, subject to the terms of special salary scales or the Health Sciences Compensation Plan Salary Scales. Salary provisions for Health Sciences Compensation Plan members are outlined in ~~APM - 670,~~APM - 670-18, Health Sciences Compensation Plan~~, Section IV-A, B, C.~~ .

~~b.~~ Normal periods of service at each step in this series coincide with those of the Professor series as described in ~~APM - 220-18-b~~APM - 220-18-b.

b. Typically, a promotion or merit increase is effective July 1.

278-20 **Conditions of Employment**

a. Appointees in this series are not members of the Academic Senate.

~~b.~~a. Neither tenure nor security of employment is acquired by appointment to a title in this series, regardless of percentage of State funding.

~~Unless not required for the position, appointees in the Health Sciences Clinical Professor series must possess and maintain an appropriate valid license and active membership as a Medical Staff member, or equivalent. Loss of license~~

c. Prior to appointment each candidate's clinical competence shall be reviewed and approved by the Department Chair and/or the Dean as appropriate to the position and to the School. Evidence of clinical competence may be determined by campus ~~or active Medical Staff~~ guidelines appropriate to the specific discipline. At the discretion of the department, loss of professional license, credentialing, board certification, and/or active medical staff privileges ~~will~~may result in~~, at department discretion,~~ reassignment of duties or termination of appointment for cause under ~~APM - 150.d~~APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal.

~~c.~~b. Expiration of an appointment, layoff, and termination~~:~~

(1) ~~APM - 137,~~APM - 137, Non-Senate Academic Appointees/Term Appointment, applies to this series.

(2) A Health Sciences Assistant Clinical Professor who, because of ~~an~~the eight-year limitation of service, is not reappointed as a result of a personnel review, may request a written statement of the reasons for non-reappointment. The written request must be made within 30 (thirty)

calendar days of the notice of non-reappointment, and a written response shall be made within 60 (sixty) calendar days of the request. The written notice of non-reappointment shall be given to the individual before the specified ending date, whenever possible. However, the appointment will expire on the specified ending date, regardless of whether the notice was provided before the specified ending date.

~~(3)~~ Termination of an appointment prior to the specified ending date shall be only for good cause, and in accordance with the provisions of ~~Section~~The Regents Standing Order 103.9. ~~103.9 of the Standing Orders of The Regents.~~ When the reason for termination is based on budgetary reasons, lack of work, or programmatic needs, the procedures described in ~~APM - 145,~~APM - 145, Non-Senate Academic Appointees/Layoff and Involuntary Reduction in Time, shall apply. When the reason for termination is for cause, such as misconduct, unsatisfactory work performance, dereliction of duty, or violation of University policy, the procedures described in ~~APM - 150,~~APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal, shall apply.

e. An appointee with a title in this series is eligible for leave with pay under ~~APM - 758~~APM - 758, Leaves of Absence/Other Leaves with Pay, when the leave is in the interest of the University and to the extent allowable by the fund source(s)

from which the salary is paid. ~~When an appointee's base salary is supported wholly or partially by State funds, the leave will be proportionately supported by State funds.~~

f. Appointees with a title in this series are not eligible for sabbatical leave (~~APM - 740).~~APM - 740, Leaves of Absence/Sabbatical Leaves).

g. The Faculty Code of Conduct (~~APM - 015~~APM - 015) applies to all appointees with titles in this series. ~~The Chancellor may develop procedures for the application of the Faculty Code of Conduct.~~

h. The provisions of ~~APM - 140~~APM - 140, Non-Senate Academic Appointees/Grievances concerning grievances of non-Senate academic appointees shall apply to appointees with titles in this series.

i. The provisions of ~~APM - 145~~APM - 145, Non-Senate Academic Appointees/Layoff and Involuntary reduction in Time concerning layoff and involuntary reduction in time shall apply to appointees with titles in this series.

j. The provisions of ~~APM - 150~~APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal concerning corrective action and dismissal shall apply to appointees with titles in this series.

278-24 **Authority**

The Chancellor has authority to approve academic personnel actions (e.g., appointments, reappointments, merit increases, promotions, and terminations) in this series in accordance with this and other applicable academic personnel policies.

The Chancellor has authority to approve above-scale base salaries up to and including the ~~Regental compensation threshold. For salaries beyond the Regental compensation threshold, authority rests with The Regents on recommendation of the President,~~Indexed Compensation Level threshold. Authority rests with the Provost and Executive Vice President for Academic Affairs to approve base salaries above the

~~after appropriate review and as prescribed in Section 101.2(a)(1) of the Standing Orders of The Regents.~~ Indexed Compensation Level threshold (see APM - 600-4-g).

278-80 **Review Procedures**

The general provisions of ~~APM - 220-80~~APM - 220-80, Professor Series, apply to ~~appointees~~ faculty appointed in the Health Sciences Clinical Professor series. The Chancellor, with the advice of the Academic Senate and clinical departments or other units as appropriate, shall develop local review procedures for this series and for all academic personnel actions (e.g., appointment, reappointment, ~~promotion~~advancement, and termination). Such procedures shall be developed within the guidelines described in APM - 210-6, *Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series.*

278-0 **Policy**

The Health Sciences Clinical Professor series is designed to meet the University's mission in ways that are unique to the health sciences disciplines through teaching, scholarly or creative activity, professional activity, and University and public service. Health Sciences Clinical Professor series faculty make substantial contributions to the University through excellence in teaching, clinical expertise, scholarly or creative achievement, and engagement in service.

278-4 **Definition**

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, postdoctoral scholars, fellows, interns, residents, and other clinicians in all academic disciplines concerned with patient care, including dentistry, medicine, nursing, optometry, pharmacy, physician assistant studies, psychology, veterinary medicine, the allied health professions, and other health care professions. Health Sciences Clinical Professor series faculty engage in scholarly or creative activities which derive from and support their primary responsibilities in clinical teaching and professional and service activities.

The Health Sciences Clinical Professor series is distinct from the Volunteer Clinical Professor series that is governed by APM - 279, Volunteer Clinical Professor Series. University-paid staff physicians and staff clinicians and other clinicians and physicians practicing at non-UC-affiliated sites with teaching responsibilities may be appointed to titles in the Volunteer Clinical Professor series under APM - 279. University-paid staff physicians and staff clinicians and other clinicians and physicians practicing at UC-affiliated facilities without teaching responsibilities may be appointed to the Clinical Associate title under APM - 350, Clinical Associate.

278-8 **Types of Appointment**

Faculty in the Health Sciences Clinical Professor series may serve the University on a full-time or part-time basis and may be appointed with or without salary. An appointment without salary at the University may be made for an individual who 1) holds a without salary or salaried clinical appointment at an institution with which the University has a formal affiliation agreement (a UC-affiliated facility), and 2) meets the criteria for appointment in this series as described in section 278-10.

a. Titles (and ranks) in this series are:

(1) Health Sciences Clinical Instructor

(2) Health Sciences Assistant Clinical Professor

(3) Health Sciences Associate Clinical Professor

(4) Health Sciences Clinical Professor

b. An *appointment* (as distinguished from a promotion) to one of the four ranks listed above occurs if the individual's immediately previous status was:

(1) not in the employ of the University; or

(2) in the employ of the University but not in this series; or

(3) moving from Health Sciences Clinical Instructor to Health Sciences Assistant Professor.

c. A *change of series* is a type of new appointment for an individual whose last appointment was within the University of California, usually in a faculty title. A change of series may occur because an individual's duties change. A regular academic review is required for this action. A competitive search may or may not be required (see APM - 278-16-b).

d. A *promotion* is advancement within this series from Assistant to Associate and Associate to Professor.

e. A *merit increase* is advancement in salary step or to an above-scale salary rate without a change in rank (see APM - 610, Salary Increases).

f. A *reappointment* is the renewal of an appointment in this series immediately following the end date of the previous appointment (i.e., without a break in service). A reappointment may or may not be accompanied by a promotion or a merit increase.

278-10 **Criteria**

A candidate for appointment or advancement in this series shall be evaluated by the following criteria, which shall be appropriately weighted according to the primary emphasis on clinical and clinically-relevant teaching and patient care services and also according to the needs of the campus and the individual's responsibilities in the specific discipline. The Dean's or the Department Chair's recommendation letter placed in the dossier shall document the faculty member's expected balance of activities and shall be shared with the faculty member. The four criteria are:

a. Teaching

b. Professional competence and activity

c. Scholarly or creative activity

d. University and public service

These criteria and standards are set forth in APM - 210-6, *Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series.*

278-16 **Restrictions**

a. Funding

No State funds shall be used for any salary above the Scale 0 rate associate with Health Sciences Compensation Plan participant's rank and step on the Fiscal Year Salary Scale. Any compensation above the Fiscal Year Salary Scale 0 shall be funded using Health Sciences Compensation Plan funds and/or other non-State funds in compliance with any relevant fund source restrictions as outlined in APM - 670-18, Health Sciences Compensation Plan.

b. Change of series of appointees to other titles

An appointee in the Health Sciences Clinical Professor series may change to another academic or professorial series following academic review. A competitive search may or may not be required. The Chancellor may grant a waiver of the search requirement in exceptional circumstances.

c. Appointees at affiliated institutions

In the case of an appointee in the Health Sciences Clinical Professor series who holds an appointment at an affiliated institution, the continuation of the academic appointment is contingent upon the continuation of the faculty member's appointment at the affiliated institution. In the case of an appointee in the Health Sciences Clinical Professor series who is partially paid by the affiliate and UC, the UC appointment may continue if the appointment at the affiliate ends.

278-17 **Terms of Service**

An appointment in the Health Sciences Clinical Professor series shall have a specified ending date. Written notice of the appointment or reappointment shall follow the provisions of APM - 137-17, Non-Senate Academic Appointees/Term

Appointment. Typically, the effective date of an appointment will coincide with the University's fiscal year (July 1 through June 30). See APM - 220, Professor Series for general academic personnel policy regarding appointment and promotion.

a. Health Sciences Clinical Instructor

At this rank, an initial appointment is limited to one year or less. Total service as a Health Sciences Clinical Instructor paid by the University or paid by an affiliated institution may not exceed two years. The Chancellor may grant an exception to the two-year limit.

b. Health Sciences Assistant Clinical Professor

Each appointment and reappointment at this rank is limited to one year or less. The normal period of service is two years at each step. Total University service at more than 50 percent time in this title, combined with service at more than 50 percent time in any of those titles listed in APM - 133-0-b and -c, Limitation on Total Period of Service with Certain Academic Titles, may not exceed eight years of service.

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.

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.

There is no eight-year limit for individuals holding an appointment at 50 percent or less time, whether salaried or without salary, unless the Chancellor establishes such a limit.

c. Health Sciences Associate Clinical Professor and Health Sciences Clinical Professor

Each appointment and reappointment at this rank is limited to a term of one year or less until the faculty member reaches Step VI. The normal period of service is two years at each step for a Health Sciences Associate Clinical Professor (Steps I, II, and III). The normal period of service is three years at each step for a Health Sciences Associate Clinical Professor (Steps IV and V) and for a Health Sciences Clinical Professor. Service at Step V or higher may be of indefinite duration. Advancement from Step VI to Step VII, from Step VII to Step VIII, and from Step VIII to Step IX will only be granted on evidence of continuing achievement at the level required for advancement to Step VI and usually will not occur after less than three years of service at the lower step. Except in rare and compelling cases,

advancement to Above Scale status will not occur before at least four years of service at Step IX.

278-18 **Salary**

a. The Fiscal Year Salary Scale for the Professor series shall apply, subject to the terms of special salary scales or the Health Sciences Compensation Plan Salary Scales. Salary provisions for Health Sciences Compensation Plan members are outlined in APM - 670-18, Health Sciences Compensation Plan.

b. Normal periods of service at each step in this series coincide with those of the Professor series as described in APM - 220-18-b.

c. Typically, a promotion or merit increase is effective July 1.

278-20 **Conditions of Employment**

a. Appointees in this series are not members of the Academic Senate.

b. Neither tenure nor security of employment is acquired by appointment to a title in this series, regardless of percentage of State funding.

c. Prior to appointment each candidate's clinical competence shall be reviewed and approved by the Department Chair and/or the Dean as appropriate to the position and to the School. Evidence of clinical competence may be determined by campus guidelines appropriate to the specific discipline. At the discretion of the department, loss of professional license, credentialing, board certification, and/or active medical staff privileges may result in reassignment of duties or termination of appointment for cause under APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal.

d. Expiration of an appointment, layoff, and termination

(1) APM - 137, Non-Senate Academic Appointees/Term Appointment, applies to this series.

(2) A Health Sciences Assistant Clinical Professor who, because of the eight- year limitation of service, is not reappointed as a result of a personnel review, may request a written statement of the reasons for non- reappointment. The written request must be made within 30 (thirty) calendar days of the notice of non-reappointment, and a written response shall be made within 60 (sixty) calendar days of the request. The written notice of non-reappointment shall be given to the individual before the specified ending date, whenever possible. However, the appointment will expire on the specified ending date, regardless of whether the notice was provided before the specified ending date.

(2) Termination of an appointment prior to the specified ending date shall be only for good cause, and in accordance with the provisions of The Regents Standing Order 103.9. When the reason for termination is based on budgetary reasons, lack of work, or programmatic needs, the procedures described in APM - 145, Non-Senate Academic Appointees/Layoff and Involuntary Reduction in Time, shall apply. When the reason for termination is for cause, such as misconduct, unsatisfactory work performance, dereliction of duty, or violation of University policy, the procedures described in APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal, shall apply.

e. An appointee with a title in this series is eligible for leave with pay under APM - 758, Leaves of Absence/Other Leaves with Pay, when the leave is in the interest of the University and to the extent allowable by the fund source(s) from which the salary is paid.

f. Appointees with a title in this series are not eligible for sabbatical leave (APM - 740, Leaves of Absence/Sabbatical Leaves).

g. The Faculty Code of Conduct (APM - 015) applies to all appointees with titles in this series.

h. The provisions of APM - 140, Non-Senate Academic Appointees/Grievances concerning grievances of non-Senate academic appointees shall apply to appointees with titles in this series.

i. The provisions of APM - 145, Non-Senate Academic Appointees/Layoff and Involuntary reduction in Time concerning layoff and involuntary reduction in time shall apply to appointees with titles in this series.

j. The provisions of APM - 150, Non-Senate Academic Appointees/Corrective Action and Dismissal concerning corrective action and dismissal shall apply to appointees with titles in this series.

278-24 **Authority**

The Chancellor has authority to approve academic personnel actions (e.g., appointments, reappointments, merit increases, promotions, and terminations) in this series in accordance with this and other applicable academic personnel policies. The Chancellor has authority to approve above-scale base salaries up to and including the Indexed Compensation Level threshold. Authority rests with the Provost and Executive Vice President for Academic Affairs to approve base salaries above the Indexed Compensation Level threshold (see APM - 600-4-g).

278-80 **Review Procedures**

The general provisions of APM - 220-80, Professor Series, apply to faculty appointed in the Health Sciences Clinical Professor series. The Chancellor, with the advice of the Academic Senate and clinical departments or other units as appropriate, shall develop local review procedures for this series and for all academic personnel actions (e.g., appointment, reappointment, advancement, and termination). Such procedures shall be developed within the guidelines described in APM - 210-6, *Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series.*

210-6 **Instructions to Review Committees ~~Which~~That Advise on Actions Concerning the Health Sciences Clinical Professor Series**

a. The policies and procedures set forth in APM - 210-1-a, -b, -c, and -e shall govern the committee in the confidential conduct of its review and in the preparation of its report. The instructions below apply to review committees for actions concerning appointees in the Health Sciences Clinical Professor series. The committee should refer to APM - 278 for ~~policies~~policy on the Health Sciences Clinical Professor series.

b. The review committee shall evaluate the candidate with respect to proposed rank and duties, considering the record of the candidate's performance in (1) teaching, (2) professional competence and activity~~, (2) teaching,~~ (3) scholarly or creative activity, and (4) University and public service~~, and (4) research and creative work.~~. 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. Candidates for promotion should demonstrate substantial growth and accomplishment in their area of expertise. ~~See APM - 278-10-c and -d.~~

~~For appointments, the chair shall provide a description of the proposed allocation of the candidate's time in the areas of activity. For advancement, the chair shall document~~The Dean or Department Chair is responsible for documenting the faculty member's ~~allocation~~division of effort among the four areas of activity; this written recommendation letter shall be placed in the dossier and shall be shared with the faculty member. The ~~chair~~Chair should also indicate the appropriateness of this ~~allocation~~ division to the position that the individual ~~holds~~fills in the department, school, or clinical teaching faculty.

Appointees in the Health Sciences Clinical Professor series shall be evaluated in relation to the nature and ~~the allocation of~~ time commitments of their University assignments. Faculty with part-time appointments are expected to show the same quality of performance as full-time appointees, but the amount of activity may be less.

Clinical teaching, professional activity, and scholarly or creative activity may differ from standard professorial activities in the University, and may therefore be evaluated on the basis of professional competence, intellectual contribution, and originality.

c. Letters of evaluation from internal reviewers are required for health care professionals in the Health Sciences Clinical Professor series being considered for appointment or promotion to the Associate Professor or Professor ranks, as well as for advancement to Step VI or to Above Scale status. Although letters of evaluation from external reviewers may not be required for

faculty in the Health Sciences Clinical Professor series who are being considered for appointment or promotion to the Associate Professor or Professor ranks, they may be useful to document other health care professionals' recognition of the candidate's achievement in professional competence and activity. Letters of evaluation are required from external reviewers and from advanced clinical students and former students now in academic positions or clinical practice for appointment or advancement to Step VI and to Above Scale status for all faculty in the Health Sciences Clinical Professor series. If adequate information is not included in the materials sent forward by the Department Chair, it is the review committee's responsibility to request such information through the Chancellor.

If, in assessing all evidence obtained, the candidate fails to meet the criteria set forth below, the committee should recommend accordingly. If, on the other hand there is evidence of unusual achievement and exceptional promise of continued growth, the committee should not hesitate to endorse a recommendation for accelerated advancement.

The criteria set forth below are intended to serve as guidelines for the review committee in judging the candidate, not as boundaries for the elements of performance that may be considered. See section 210-6-d below for more details on reviews for advancement to Health Sciences Clinical Professor Step VI and for Above Scale status.

~~**Professional Competence and Activity**~~

~~The evaluation of professional competence and activity generally focuses~~

~~on the quality of patient care.~~

~~A demonstrated distinction in the special competencies appropriate to the field and its characteristic activities should be recognized as a criterion for appointment or promotion. The candidate's professional activities should be reviewed for evidence of achievement, leadership, or demonstrated progress in the development or utilization of new approaches and techniques for the solution of professional problems.~~

a. ~~Professional Practice~~

~~For an initial appointment to the rank of Health Sciences Assistant Clinical Professor, the committee should ascertain the present capabilities of the candidate and the likelihood that the candidate will be a competent teacher and develop an excellent professional practice.~~

~~In addition to proven competence in teaching, a candidate for appointment or promotion to the rank of Health Sciences Associate Clinical Professor or Health Sciences Clinical Professor in this series should show evidence of excellence in professional practice. Such evidence may include, but is not limited to, evaluations that demonstrate:~~

- ~~provision of high-quality patient care;~~
- ~~a high level of competence in a clinical specialty;~~
- ~~expanded breadth of clinical responsibilities;~~

- significant participation in the activities of clinical and/or professional groups;
- effective development, expansion, or administration of a clinical service; or
- recognition or certification by a professional group.

The review committee should judge the significance and quantity of clinical achievement and contribution to the profession. In many cases, evidence of clinical achievement will be testimonial in nature.

(b) Professional Activity

An individual's role in the organization of training programs for health professionals and the supervision of health care facilities and operations may provide evidence of exemplary professional activity. In decisions bearing on academic advancement, these activities should be recognized as important contributions to the mission of the University.

(2) Teaching

Teaching is a required duty of ~~clinical~~Health Sciences Clinical Professor series faculty. Before making an initial appointment to this series, the review committee should evaluate the candidate's potential to be an effective teacher and mentor. Evidence of excellence in clinical or clinically-relevant teaching is essential for advancement in this series. Teaching ~~may involve~~must include registered University of California students~~, housestaff~~ and/or University interns, residents, fellows, and postdoctoral scholars. Normally teaching in the clinical setting comprises intensive tutorial instruction, carried on amid the demands of patient care and usually characterized by multiple demands on the teacher to cope with unpredictably varied problems, patient needs, and the necessity of preparing the students to exercise judgment and/or take action. Nevertheless, the criteria suggested for evaluating teaching in the ~~regular~~ Professor series are applicable to Health Sciences Clinical Professor series faculty:

> In judging the effectiveness of a candidate's teaching, the committee should consider such points as the following: the candidate's command of the subject; continuous growth in the subject field; ability to organize material and to present it with force and logic; ~~. . .~~capacity to awaken in students an awareness of the relationship of the subject to other fields of knowledge; fostering of student independence and capability to reason; spirit and enthusiasm

which vitalize the candidate's learning and teaching; ability to arouse curiosity in beginning students, to encourage high standards, and to stimulate advanced students to creative work; personal attributes as they affect teaching and students; extent and skill of the candidate's participation in the general guidance, mentoring, and advising of students; effectiveness in creating an academic environment that is open and encouraging to all students~~. (~~, including development of particularly effective strategies for the educational advancement of students in various underrepresented groups. (For the full statement on criteria for evaluating teaching in the Professor series, see APM - 210-1-d(1).)

In addition, the clinical teacher should be successful in applying knowledge of basic health science and clinical procedures to the diagnosis, treatment, and care of a patient that will ~~not only~~ assure the best educational opportunity for the student, ~~but~~and will also provide the highest quality care for the patient.

Dossiers for advancement and promotion normally will include evaluations and comments solicited from students and trainees.

For initial appointment to the Health Sciences Assistant Clinical Professor title, the candidate may have a record of active teaching of health sciences professional students, graduate students, residents, postdoctoral scholars, fellows, and/or continuing education students. Appointments may also be made based on the promise of teaching excellence when appropriate.

For appointment or promotion to the Health Sciences Associate Clinical Professor title, demonstrated excellence in teaching and mentoring is essential. Evidence typically includes teaching evaluations or the receipt of teaching awards. Other evidence may include invitations to present Grand Rounds, seminars, lectures, or courses at the University of California or at other institutions, by participation in residency review committees, programs sponsored by professional organizations, recertification courses or workshops, peer evaluation, or by documentation of activity as a role model or mentor.

For appointment or promotion to the Health Sciences Clinical Professor title, the appointee should be recognized by sustained or continued excellence as a clinical teacher and/or mentor. Evidence typically includes teaching evaluations or the receipt of teaching awards. Other evidence may include invitations to present Grand Rounds, seminars, lectures, or courses at the University of California or at other institutions, by participation in residency review committees, programs sponsored by professional

programs, recertification courses or workshops, peer evaluation, or documentation of activity as a role model or mentor.

(2) Professional Competence and Activity

The evaluation of professional competence and activity generally focuses on clinical expertise or achievement and the quality of patient care. A demonstrated distinction in the special competencies appropriate to the field and its characteristic activities should be recognized as a criterion for appointment or promotion. The candidate's professional activities should be reviewed for evidence of achievement, leadership, and/or demonstrated progress in the development or utilization of new approaches and techniques for the solution of professional problems. The review committee should judge the significance and quantity of clinical achievement and contribution to the profession. In many cases, evidence of clinical achievement will be testimonial in nature. An individual's role in the organization or direction of training programs for health professionals and the supervision of health care facilities and operations may provide evidence of exemplary professional activity; in decisions bearing on academic advancement, these activities should be recognized as important contributions to the mission of the University.

For an initial appointment to the rank of Health Sciences Assistant Clinical Professor, the committee should ascertain the present capabilities of the candidate, as well as the likelihood that the candidate will be a competent teacher, develop an excellent professional practice, and have the potential to make contributions to the clinical activities of the academic department and to the mission of the University.

In addition to proven excellence in teaching and/or mentoring, creative contributions, and meritorious service, a candidate for appointment or promotion to the rank of Health Sciences Associate Clinical Professor or Health Sciences Clinical Professor in this series should show evidence of distinguished clinical and professional expertise. Such evidence may include, but is not limited to, evaluations that demonstrate:

- provision of high-quality patient care
- a high level of competence in a clinical specialty
- expanded breadth of clinical responsibilities
- significant participation in the activities of clinical and/or professional groups
- reputation as an outstanding referral health-care provider
- effective development, expansion, or administration of a clinical service; or
- recognition or certification by a professional group.

(3) **Scholarly or Creative Activity**

The review committee should evaluate scholarly or creative activity from the perspective that these activities are generally derived from clinical teaching and professional service activities. Evidence of scholarly or creative activity should be evaluated in the context of the candidate's academic responsibilities and the time available for creative activity. Candidates in this series may be involved in clinical research programs; many may demonstrate a creative or scholarly agenda in other ways that are related to the specific discipline and clinical duties. Campus guidelines may include separate requirements or expectations for various schools or departments.

In order to be appointed or promoted to the Associate Professor or Professor rank in this series, the individual's record must demonstrate contributions to scholarly, creative, or administrative activities. Evidence may include, but is not limited to, the following examples of such activity: participation in platform or poster presentations at local, regional, or national meetings; development of or contributions to educational curricula; development of or contributions to administration of a teaching program; participation in the advancement of professional education; publication of case reports or clinical reviews; development of or contributions to administration (supervision) of a clinical service or health care facility; development of or contributions to clinical guidelines or pathways; development of or contributions to quality improvement programs; development of or contributions to medical or other disciplinary information systems; participation in the advancement of university professional practice programs;

development of or contributions to community-oriented programs; or development of or contributions to community outreach or informational programs.

(~~3~~4) **University and Public Service**

The review committee should evaluate both the amount and the quality of service by the candidate to the department, the school, the campus, the University, and the public ~~to the extent required by campus guidelines.~~ , with particular attention paid to service which is directly related to the candidate's professional expertise and achievement. There may be overlap between guidelines for service and other criteria for evaluation (professional activity and scholarly or creative activity). However, the review committee should assess the evidence from the perspective of the candidate's unique contributions to the discipline and assign the evidence to the appropriate category. Campus guidelines may include separate requirements or expectations for various schools or departments.

~~(4) Research and Creative Work~~

Evidence of achievement in this area is demonstrated by participation in University, campus, school, department, and hospital or clinic committees; election to office or other service to professional, scholarly, scientific, educational, and governmental agencies and organizations, and service to the community and general public which relates to the candidate's professional expertise in health, education, scholarly or creative activity, and practice.

~~The review committee should evaluate research and creative work, to the extent required by campus guidelines. Campus guidelines may include separate requirements or expectations for different schools or departments.~~

For initial appointment to the Health Sciences Assistant Clinical Professor rank, the candidate should be evaluated for the likelihood of participation in department activities and the potential for service to the University.

~~Comparison of the individual with peers at the University of California and elsewhere should form part of the evidence provided. As a general rule, for appointment and promotion at the level of Health Sciences Associate Clinical Professor, faculty may demonstrate local or regional recognition for their clinical~~ For appointment or promotion to the Health Sciences Associate Clinical Professor rank, University and public service may be demonstrated by active participation on committees or task forces within the program, department, school, campus, or University; or by service to local, regional, state, national, or international organizations through education, consultation, or other roles.

~~and teaching activities. For advancement to the Health Sciences Clinical Professor rank, faculty may demonstrate a regional or national reputation and should demonstrate highly distinguished clinical expertise, highly meritorious service, and excellence in teaching.~~

For appointment or promotion to the Health Sciences Clinical Professor rank, service may be demonstrated by awards from the University, or local, regional, national, or international organizations; or appointment to administrative positions within the University such as program director, residency director, or chair of a committee. Service as officer or committee chair in professional and scientific organizations or on editorial boards of professional or scientific organizations is also considered.

d. Advancement to Health Sciences Clinical Professor, Step VI and Above Scale Status

(1) Advancement to Step VI

The normal period of service is three years in each of the first four steps. Service at Step V may be of indefinite duration. Advancement to Step VI usually will not occur before at least three years of service at Step V; it involves an overall career review and may be granted on evidence of sustained and continuing excellence in the following categories: (1) teaching, (2) professional competence and activity, (3) scholarly or creative achievement, and (4) service. Above and beyond that, great distinction in academic health sciences, recognized at least regionally, will be required in teaching and professional competence and activity. Service at Step V or higher may be of indefinite duration. Advancement from Step VI to Step VII, from Step VII to Step VIII, and from Step VIII to Step IX usually will not occur before at least three years of

service at the lower step, and will only be granted on evidence of continuing achievement at the level for advancement to Step VI.

(2) Advancement to Above Scale Status

~~Extramural referee letters may be requested for new appointments and promotions if required by campus procedures. For reviews at Health Sciences Clinical Professor, Step VI, and for above-scale salaries, the chair should request letters from authorities and should also seek evaluations from advanced clinical students and former students now in academic positions or clinical practice. If adequate information is not included in the materials sent forward by the chair, it is the review committee's responsibility to request such information through the Chancellor.~~

Advancement to Above Scale status involves an overall career review and is reserved only for the most highly distinguished faculty (1) whose work of sustained and continuing excellence has attained at least national recognition and broad acclaim reflective of its significant impact; (2) whose University teaching performance is excellent; and (3) whose service is highly meritorious. Except in rare and compelling cases, advancement will not occur after less than four years at Step IX. Moreover, mere length of service and continued good performance at Step IX is not justification for further salary advancement. There must be demonstration of additional merit and distinction beyond the performance on which advancement to Step IX was based. A further merit increase in salary for a faculty member already serving at an Above Scale salary level must be justified by new evidence of merit and distinction. Intervals

between such salary increases may be indefinite, and only in the most superior cases where there is strong and compelling evidence will increases at shorter intervals be approved.

210-24 **Authority**

The responsibility to nominate and the authority to appoint review committees shall be in accordance with the stipulations set forth in the Academic Personnel Manual Sections concerning the respective title series.

210-6 **Instructions to Review Committees That Advise on Actions Concerning the Health Sciences Clinical Professor Series**

a. The policies and procedures set forth in APM - 210-1-a, -b, -c, and -e shall govern the committee in the confidential conduct of its review and in the preparation of its report. The instructions below apply to review committees for actions concerning appointees in the Health Sciences Clinical Professor series. The committee should refer to APM - 278 for policy on the Health Sciences Clinical Professor series.

b. The review committee shall evaluate the candidate with respect to proposed rank and duties, considering the record of the candidate's performance in (1) teaching (2) professional competence and activity (3) scholarly or creative activity, and (4) University and public service. Activities in items (3) and (4) are 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. Candidates for promotion should demonstrate substantial growth and accomplishment in their area of expertise.

The Dean or Department Chair is responsible for documenting the faculty member's division of effort among the four areas of activity; this written recommendation letter shall be placed in the dossier and shall be shared with the faculty member. The Chair should also indicate the appropriateness of this division to the position that the individual fills in the department, school, or clinical teaching faculty.

Appointees in the Health Sciences Clinical Professor series shall be evaluated in relation to the nature and time commitments of their University assignments. Faculty with part-time appointments are expected to show the same quality of performance as full-time appointees, but the amount of activity may be less.

Clinical teaching, professional activity, and scholarly or creative activity may differ from standard professorial activities in the University, and may therefore be evaluated on the basis of professional competence, intellectual contribution, and originality.

c. Letters of evaluation from internal reviewers are required for health care professionals in the Health Sciences Clinical Professor series being considered for appointment or promotion to the Associate Professor or Professor ranks, as well as for advancement to Step VI or to Above Scale status. Although letters of evaluation from external reviewers may not be required for faculty in the Health Sciences Clinical Professor series who are being considered for appointment or

promotion to the Associate Professor or Professor ranks, they may be useful to document other health care professionals' recognition of the candidate's achievement in professional competence and activity. Letters of evaluation are required from external reviewers and from advanced clinical students and former students now in academic positions or clinical practice for appointment or advancement to Step VI and to Above Scale status for all faculty in the Health Sciences Clinical Professor series. If adequate information is not included in the materials sent forward by the Department Chair, it is the review committee's responsibility to request such information through the Chancellor.

If, in assessing all evidence obtained, the candidate fails to meet the criteria set forth below, the committee should recommend accordingly. If, on the other hand there is evidence of unusual achievement and exceptional promise of continued growth, the committee should not hesitate to endorse a recommendation for accelerated advancement.

The criteria set forth below are intended to serve as guidelines for the review committee in judging the candidate, not as boundaries for the elements of performance that may be considered. See section 210-6-d below for more details on reviews for advancement to Health Sciences Clinical Professor Step VI and for Above Scale status.

(1) **Teaching**

Teaching is a required duty of Health Sciences Clinical Professor series faculty. Before making an initial appointment to this series, the review committee should evaluate the candidate's potential to be an effective teacher and mentor. Evidence of excellence in clinical or clinically-relevant teaching is essential for advancement in this series. Teaching must include registered University of California students and/or University interns, residents, fellows, and postdoctoral scholars. Normally teaching in the clinical setting comprises intensive tutorial instruction, carried on amid the demands of patient care and usually characterized by multiple demands on the teacher to cope with unpredictably varied problems, patient needs, and the necessity of preparing the students to exercise judgment and/or take action. Nevertheless, the criteria suggested for evaluating teaching in the Professor series are applicable to Health Sciences Clinical Professor series faculty:

> In judging the effectiveness of a candidate's teaching, the committee should consider such points as the following: the candidate's command of the subject; continuous growth in the subject field; ability to organize material and to present it with force and logic; capacity to awaken in students an awareness

of the relationship of the subject to other fields of knowledge; fostering of student independence and capability to reason; spirit and enthusiasm which vitalize the candidate's learning and teaching; ability to arouse curiosity in beginning students, to encourage high standards, and to stimulate advanced students to creative work; personal attributes as they affect teaching and students; extent and skill of the candidate's participation in the general guidance, mentoring, and advising of students; effectiveness in creating an academic environment that is open and encouraging to all students, including development of particularly effective strategies for the educational advancement of students in various underrepresented groups. (For the full statement on criteria for evaluating teaching in the Professor series, see APM - 210-1-d (1).)

In addition, the clinical teacher should be successful in applying knowledge of basic health science and clinical procedures to the diagnosis, treatment, and care of a patient that will assure the best educational opportunity for the student, and will also provide the highest quality care for the patient. Dossiers for advancement and promotion normally will include evaluations and comments solicited from students and trainees.

For initial appointment to the Health Sciences Assistant Clinical Professor title, the candidate may have a record of active teaching of health sciences professional students, graduate students, residents, postdoctoral scholars, fellows, and/or continuing education students. Appointments may also be made based on the promise of teaching excellence when appropriate.

For appointment or promotion to the Health Sciences Associate Clinical Professor title, demonstrated excellence in teaching and mentoring is essential. Evidence typically includes teaching evaluations or the receipt of teaching awards. Other evidence may include invitations to present Grand Rounds, seminars, lectures, or courses at the University of California or at other institutions, by participation in residency review committees, programs sponsored by professional organizations, recertification courses or workshops, peer evaluation, or by documentation of activity as a role model or mentor.

For appointment or promotion to the Health Sciences Clinical Professor title, the appointee should be recognized by sustained or continued excellence as a clinical teacher and/or mentor. Evidence typically includes teaching evaluations or the receipt of teaching awards. Other evidence may include invitations to present Grand Rounds, seminars, lectures, or courses at the University of California or at other institutions, by participation in residency review committees, programs sponsored by professional

programs, recertification courses or workshops, peer evaluation, or documentation of activity as a role model or mentor.

(2) **Professional Competence and Activity**

The evaluation of professional competence and activity generally focuses on clinical expertise or achievement and the quality of patient care. A demonstrated distinction in the special competencies appropriate to the field and its characteristic activities should be recognized as a criterion for appointment or promotion. The candidate's professional activities should be reviewed for evidence of achievement, leadership, and/or demonstrated progress in the development or utilization of new approaches and techniques for the solution of professional problems. The review committee should judge the significance and quantity of clinical achievement and contribution to the profession. In many cases, evidence of clinical achievement will be testimonial in nature. An individual's role in the organization or direction of training programs for health professionals and the supervision of health care facilities and operations may provide evidence of exemplary professional activity; in decisions bearing on academic advancement, these activities should be recognized as important contributions to the mission of the University.

For an initial appointment to the rank of Health Sciences Assistant Clinical Professor, the committee should ascertain the present capabilities of the candidate, as well as the likelihood that the candidate will be a competent teacher, develop an excellent professional practice, and have the potential to make contributions to the clinical activities of the academic department and to the mission of the University.

In addition to proven excellence in teaching and/or mentoring, creative contributions, and meritorious service, a candidate for appointment or promotion to the rank of Health Sciences Associate Clinical Professor or Health Sciences Clinical Professor in this series should show evidence of distinguished clinical and professional expertise. Such evidence may include, but is not limited to, evaluations that demonstrate:

- provision of high-quality patient care
- a high level of competence in a clinical specialty
- expanded breadth of clinical responsibilities
- significant participation in the activities of clinical and/or professional groups
- reputation as an outstanding referral health-care provider
- effective development, expansion, or administration of a clinical service; or

- recognition or certification by a professional group.

(3) **Scholarly or Creative Activity**

The review committee should evaluate scholarly or creative activity from the perspective that these activities are generally derived from clinical teaching and professional service activities. Evidence of scholarly or creative activity should be evaluated in the context of the candidate's academic responsibilities and the time available for creative activity. Candidates in this series may be involved in clinical research programs; many may demonstrate a creative or scholarly agenda in other ways that are related to the specific discipline and clinical duties. Campus guidelines may include separate requirements or expectations for various schools or departments.

In order to be appointed or promoted to the Associate Professor or Professor rank in this series, the individual's record must demonstrate contributions to scholarly, creative, or administrative activities. Evidence may include, but is not limited to, the following examples of such activity: participation in platform or poster presentations at local, regional, or national meetings; development of or contributions to educational curricula; development of or contributions to administration of a teaching program; participation in the advancement of professional education; publication of case reports or

clinical reviews; development of or contributions to administration (supervision) of a clinical service or health care facility; development of or contributions to clinical guidelines or pathways; development of or contributions to quality improvement programs; development of or contributions to medical or other disciplinary information systems; participation in the advancement of university professional practice programs; development of or contributions to community-oriented programs; or development of or contributions to community outreach or informational programs.

(4) **University and Public Service**

The review committee should evaluate both the amount and the quality of service by the candidate to the department, the school, the campus, the University, and the public, with particular attention paid to service which is directly related to the candidate's professional expertise and achievement. There may be overlap between guidelines for service and other criteria for evaluation (professional activity and scholarly or creative activity). However, the review committee should assess the evidence from the perspective of the candidate's unique contributions to the discipline and assign the evidence to the appropriate category. Campus guidelines may include separate requirements or expectations for various schools or departments.

Evidence of achievement in this area is demonstrated by participation in University, campus, school, department, and hospital or clinic committees; election to office or other service to professional, scholarly, scientific, educational, and governmental agencies and organizations, and service to the community and general public which relates to the candidate's professional expertise in health, education, scholarly or creative activity, and practice.

For initial appointment to the Health Sciences Assistant Clinical Professor rank, the candidate should be evaluated for the likelihood of participation in department activities and the potential for service to the University.

For appointment or promotion to the Health Sciences Associate Clinical Professor rank, University and public service may be demonstrated by active participation on committees or task forces within the program, department, school, campus, or University; or by service to local, regional, state, national, or international organizations through education, consultation, or other roles.

For appointment or promotion to the Health Sciences Clinical Professor rank, service may be demonstrated by awards from the University, or local, regional, national, or international organizations; or appointment to administrative positions within the University such as program director,

residency director, or chair of a committee. Service as officer or committee chair in professional and scientific organizations or on editorial boards of professional or scientific organizations is also considered.

d. Advancement to Health Sciences Clinical Professor, Step VI and Above Scale Status

(1) Advancement to Step VI

The normal period of service is three years in each of the first four steps. Service at Step V may be of indefinite duration. Advancement to Step VI usually will not occur before at least three years of service at Step V; it involves an overall career review and may be granted on evidence of sustained and continuing excellence in the following categories: (1) teaching, (2) professional competence and activity, (3) scholarly or creative achievement, and (4) service. Above and beyond that, great distinction in academic health sciences, recognized at least regionally, will be required in teaching and professional competence and activity. Service at Step V or higher may be of indefinite duration. Advancement from Step VI to Step VII, from Step VII to Step VIII, and from Step VIII to Step IX usually will not occur before at least three years of service at the lower step, and will only be granted on evidence of continuing achievement at the level for advancement to Step VI.

(2) Advancement to Above Scale Status

Advancement to Above Scale status involves an overall career review and is reserved only for the most highly distinguished faculty (1) whose work of sustained and continuing excellence has attained at least national recognition and broad acclaim reflective of its significant impact; (2) whose University teaching performance is excellent; and (3) whose service is highly meritorious. Except in rare and compelling cases, advancement will not occur after less than four years at Step IX. Moreover, mere length of service and continued good performance at Step IX is not justification for further salary advancement. There must be demonstration of additional merit and distinction beyond the performance on which advancement to Step IX was based. A further merit increase in salary for a faculty member already serving at an Above Scale salary level must be justified by new evidence of merit and distinction. Intervals between such salary increases may be indefinite, and only in the most superior cases where there is strong and compelling evidence will increases at shorter intervals be approved.

210-24 **Authority**

The responsibility to nominate and the authority to appoint review committees shall

be in accordance with the stipulations set forth in the Academic Personnel Manual Sections concerning the respective title series.

Previous Davis Division Response

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DAVIS DIVISION OF THE ACADEMIC SENATE
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academicsenate.ucdavis.edu

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,

André Knoesen

UNIVERSITY OF CALIFORNIA, DAVIS

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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.

Attachment 2

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SCHOOL OF MEDICINE
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May 15th, 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

Samuel Hwang, MD
Chair, Dermatology

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

Gary Leiserowitz, MD
Chair, Obstetrics and Gynecology

Mark Mannis, MD
Chair, Ophthalmology and Vision Science

Richard Marder, MD
Chair, Orthopaedic Surgery

Craig McDonald, MD
Chair, Physical Medicine and Rehabilitation

Brad Pollock, MPH, PhD
Chair, Public Health Sciences

Fernando Santana, PhD
Chair, Physiology and Membrane Biology

Richard Valicenti, MD, MA
Chair, Radiation Oncology

Attachment 3

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

Chair, Academic Federation

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

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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-Sate 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 criterial 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 accreditating agenicies, 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 sited 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 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 saddle 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 <u>not</u> 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 UCDavis 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 Medial 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).