

From: U.C. Academic Senate
To: President of the University of California, for transmission to the Regents
Re: Health Sciences Clinical Faculty Series Academic Senate Membership Memorial to the Regents

The U.C. Academic Senate petitions the University of California Board of Regents to amend Standing Order 105.1.a to add to the Academic Senate each person giving instruction in any curriculum under the control of the Academic Senate whose academic title is Health Sciences Assistant Clinical Professor appointed at more than 50% time; Health Sciences Associate Clinical Professor appointed at more than 50% time; and Health Sciences Clinical Professor appointed at more than 50% time.

History of the Memorial to the Regents

On April 18, 2024, the San Francisco Division of the Academic Senate considered the Memorial at its annual Division meeting.

On October 25, 2024, the UCSF Academic Senate Executive Council held a vote to approve the language of the two Memorials to the Regents. The language of these Memorials were approved.

From November 4 to November 18, 2024 the UCSF Academic Senate held an electronic vote to approve the Memorial. 296 Senate faculty voted to approve, 124 Senate faculty voted to reject, and 9 Senate faculty abstained (420 total yes/no votes). The Memorial was approved with 70.5% of Senate faculty in favor.

If non-Senate faculty are included in the results (Adjunct and Health Sciences Clinical), or total faculty at UCSF, 623 UCSF faculty voted to approve, 132 UCSF faculty voted to reject, and 11 UCSF faculty abstained (755 total yes/no votes). If the ballots of all UCSF faculty are included, this Memorial was approved with 82.5% of UCSF faculty in favor.

If only non-Senate faculty ballots are counted (Adjunct and Health Sciences Clinical), 327 UCSF non-Senate faculty voted to approve, 8 UCSF non-Senate faculty voted to reject, and 2 UCSF non-Senate faculty abstained (335 total yes/no votes). If the ballots of only the UCSF non-Senate faculty are counted, this Memorial was approved with 97.6% of UCSF non-Senate faculty in favor.

Explanation of Provisions

This Memorial asks the UC Regents to add faculty in the Health Sciences Clinical (HSC) series with appointments greater than 50% to the Academic Senate. The request is directed to the Regents because the Regents set the membership of the Academic Senate in Regents Standing Order 105.1.

Senate membership has changed over the history of the University to include faculty from different series as those series were created and integrated into the University. In Residence faculty were added to the Senate in 1968, and Clinical X faculty were added in 1986. The University has a large and growing number of faculty in the HSC series who are not part of the Academic Senate.

Adding faculty in the HSC series to the Academic Senate would allow these faculty to vote on matters ranging from departmental decisions to systemwide questions. It would enable these faculty to serve on Senate committees and represent their campuses and colleagues. Many opportunities to participate in decision-making, develop leadership skills, and strengthen networks are restricted to Senate faculty.

If HSC faculty became members of the Senate, more faculty would have Senate-level protection of their rights and privileges. This includes the ability to bring a grievance to the Senate Privilege and Tenure Committees and a right to a hearing before the Privilege and Tenure Committee in disciplinary matters.

Expanding Senate membership to HSC faculty would not give HSC faculty tenure. That is a separate protection that is limited to faculty in the Ladder Rank series. Faculty in the In Residence and Clinical X series, who are members of the Academic Senate, do not have tenure. Similarly, HSC faculty do not have tenure, and this would not change if these faculty became Senate members.

Expanding Senate membership could give HSC faculty access to benefits that are limited to Senate faculty, but those benefits are typically campus-specific and are not inherent to Senate membership. Each campus would need to address whether benefits that the campus limits to Senate faculty should be extended to HSC faculty.

A systemwide benefit of Senate membership is eligibility for the Mortgage Origination Program. While this is an important Senate benefit and valuable recruitment tool, it impacts a small number of faculty. It is not an entitlement; it is an opportunity to apply for a loan under specific recruitment and retention circumstances. If HSC faculty became eligible for MOP loans, it would not require the university to increase funding for MOP loans. However, the MOP office may need more administrative support if expanding Senate membership increases applications. Regardless of whether Senate membership is expanded, the MOP loan program may need restructuring, given its recent financial challenges.

Expanding Senate membership to HSC faculty would add many faculty to the Senate, which would affect proportional representation in the systemwide Academic Assembly. Academic Assembly's membership is set by a Senate Bylaw, not a Regents Standing Order, and could be adjusted by the Senate if needed. Regents Standing Order 105.1 allows for limits on faculties of the professional schools to ensure that other schools and colleges of the University maintain self-governance. The Order states, "Members of the faculties of professional schools offering courses at the graduate level only shall be members also of the Academic Senate, but, in the discretion of the Academic Senate, may be excluded from participation in activities of the Senate that relate to curricula of other schools and colleges of the University." This provision ensures that HSC faculty

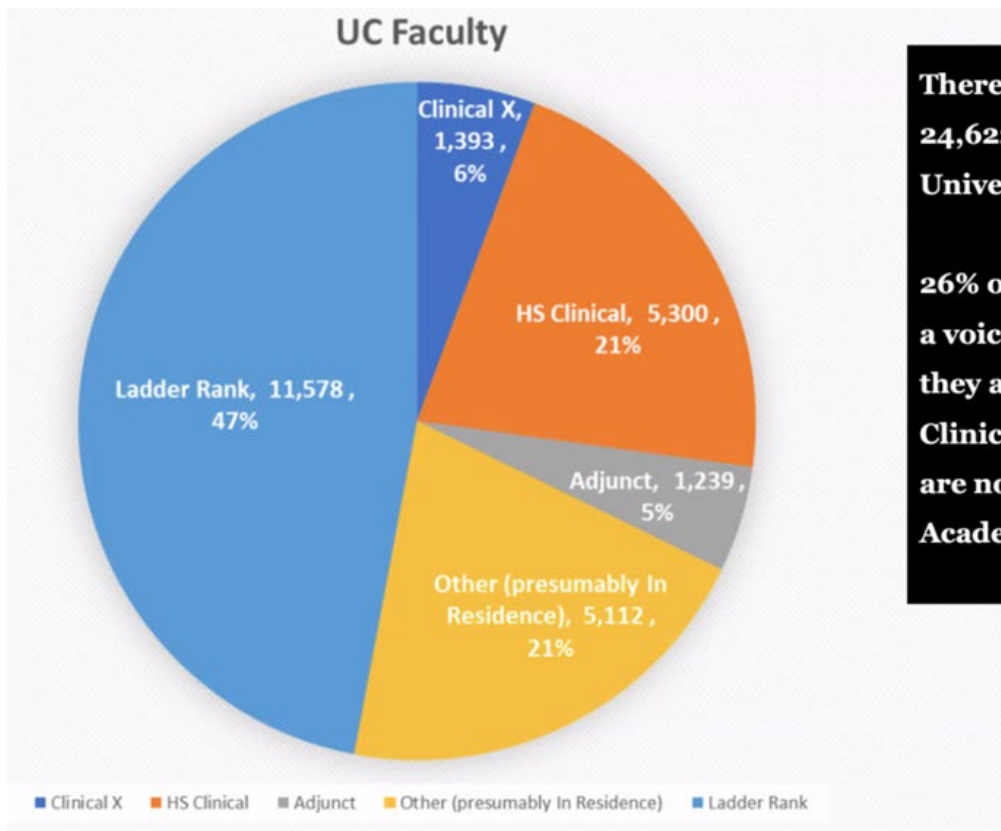
could join the Senate and participate fully in their departments and schools without overwhelming the rest of the shared governance infrastructure.

If approved by the Senate faculty, this Memorial would ask the Regents to add HSC faculty with appointments greater than 50% to the Academic Senate and give them both the rights and responsibilities of Senate membership. If the Memorial is approved and the Regents do add HSC faculty to the Senate, the Senate and its Divisions would have both the need and the authority to adjust their internal rules to best integrate HSC faculty.

Argument in Support of the Memorial (Pros)

All faculty contribute significantly to the university, and all faculty should have a voice in the Senate. A vote in favor of this Memorial recognizes the contributions of HSC faculty and welcomes them into the work of shared governance.

There are approximately 24,622 UC faculty, and 26% of these faculty do not have a voice in governance because they are in the HSC or Adjunct series. They cannot vote on departmental matters. They cannot serve on systemwide committees. Yet, they undergo academic reviews and must demonstrate excellence in research/creative work, teaching, and service just as other faculty members do. These faculty should have a voice and vote in shared governance. Their exclusion diminishes their contributions and their voices.



There are approximately 24,622 faculty at the University of California.

26% of the faculty do not have a voice in governance because they are in the Health Sciences Clinical or Adjunct series, and are not members of the Academic Senate.

UCSF has long had concerns about this, and over a decade ago, UCSF amended its Senate rules to allow faculty in the HSC and Adjunct series to vote on UCSF matters and to serve on UCSF committees. UCSF was rewarded with a more representative Senate, a larger and more diverse pool of volunteers, and a more cohesive faculty that is less concerned with faculty series and more concerned with faculty contributions. The entire University of California could benefit from taking the same step and adding HSC faculty to the Senate.

[HSC faculty fulfill the tripartite mission of the University and should be part of shared governance.](#)

HSC faculty do high-quality academic work, just as Senate faculty do. As required by APM 210, all faculty, including Health Sciences Clinical faculty, work to attain “superior intellectual attainment” in “(1) teaching, (2)

research and other creative work, (3) professional activity, and (4) University and public service”. The table below shows the evaluation criteria. All faculty are expected to achieve high standards that are not only worthy of employment and advancement, but also a voice in shared governance.

Characteristics of Academic Professor Series and MSP

	Ladder Rank APM 220	In Residence APM 270	Clinical X APM 275	Health Sciences Clinical APM 278	Adjunct APM 280	Management & Senior Professional
Senate Academic Review: CAP using APM 210	Yes	Yes	Yes	Yes	Yes	No
Research / Creative Work	Yes	Yes	Yes: Dissemination	Yes: Creative Activity	Varies	No
Teaching / Mentoring	Yes	Yes	Yes	Yes	Varies	No
Professional Competence	Yes	Yes	Yes	Yes	Varies	Yes
University / Public Service	Yes	Yes	Yes	Yes	Varies	No
Eligible for Tenure	Yes	No	No	No	No	No
Senate Membership	Yes	Yes	Yes	No	No	No
Percent Time	100%	100%	100%	0-100%	0-100%	0-100%
Primary Source of Comp	State FTE + Grants	Grants + Clinical	Clinical + Grants	Clinical	Varies	Varies
Appointment Length	Open-ended	Open-ended	Termed	Termed	Termed	Termed

Adapted from the *UCSF Faculty Handbook*.

The Memorial does not seek to add Management and Senior Professionals to the Academic Senate.

The Memorial does not seek to add UC employees who only do clinical work to the Senate. UC employees fully engaged in clinical care are hired under job titles such as Management and Senior Professionals (MSPs) and do not go through academic reviews. Clinicians hired as MSPs make important contributions, but they are not engaged in the academic work of the University like faculty. The proposed Memorial asks the Regents to add faculty to the Senate, not MSPs.

Adding HSC faculty to the Senate would help the Senate engage with the University’s growing health system.

Adding HSC faculty to the Senate would enable the Senate to be more engaged in health sciences issues and UC’s growing clinical enterprise, which affects the operational, administrative, and fiscal health of the entire university. HSC faculty who prioritize education and research/creative work alongside their clinical work are steeped in the challenge of balancing clinical care with academic work. HSC faculty are, arguably, the people who are most invested in making sure that UC and its health centers are faithful to UC's academic mission.

They chose careers in academic health, prioritizing their passion for advancing the health of Californians through research, education, and clinical care over profit in private practice. They should be a part of the Senate, so they can partner with the administration in finding the right balance systemwide.

Health sciences work would not replace the work of the existing Senate if HSC faculty were added to the Senate. Instead, the Senate could do more. Currently, the systemwide Health Care Task Force (HCTF) is the only Senate committee focused on health sciences and clinical care. The HCTF is charged to

- (1) review and analyze UC employee health plans;*
- (2) advise on issues of faculty welfare in academic, research, and clinical settings at UC Health Systems; and*
- (3) advise on the management of the UCOP Division of UC Health, and of UC Health Systems.*

This is a large charge that could easily be distributed to multiple committees, staffed, in part, by HSC faculty whose welfare is a subject of the HCTF's charge, but who have no voice in shared governance.

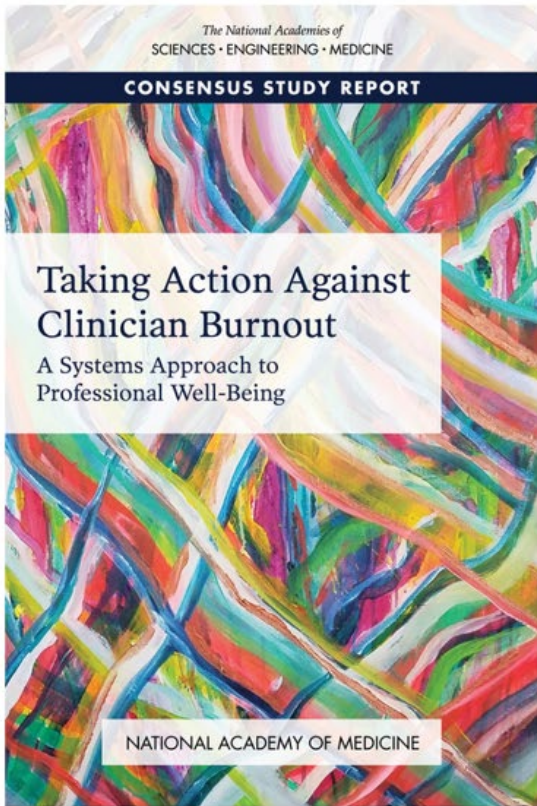
Work related to clinical care and health sciences should supplement, not replace, the existing work of the Senate. [Regents Standing Order 105.1](#) provides,

“Members of the faculties of professional schools offering courses at the graduate level only shall be members also of the Academic Senate, but, in the discretion of the Academic Senate, may be excluded from participation in activities of the Senate that relate to curricula of other schools and colleges of the University.”

This existing rule should give faculty outside the health sciences confidence that the Senate will be able to maintain its focus on issues that affect the general faculty and undergraduates if HSC faculty join.

[Welcoming HSC Faculty to the Senate Could Help Alleviate Lack of Involvement in Decision-Making that Correlates with Burnout.](#)

Expanding Senate membership to include HSC faculty could help alleviate the high levels of burnout among health sciences faculty. Feeling unable to participate in decision-making contributes to burnout. Senate membership would give HSC faculty a pathway for engagement with leaders that could lead to improved dialogue, working conditions, and job satisfaction.



Job Control, Flexibility, and Autonomy

Job control (also referred to as job decision latitude), flexibility, and autonomy are associated with clinician burnout. For this discussion, autonomy can be defined as the amount of freedom an individual has to control and plan his or her work activities and the input that an individual has in decisions that affects the work (Maslach and Leiter, 2008).

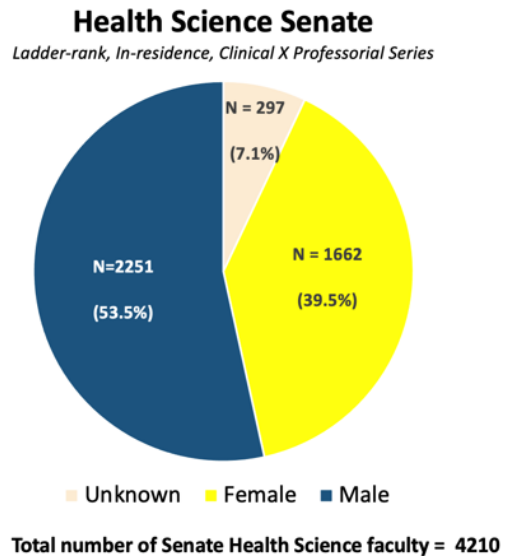
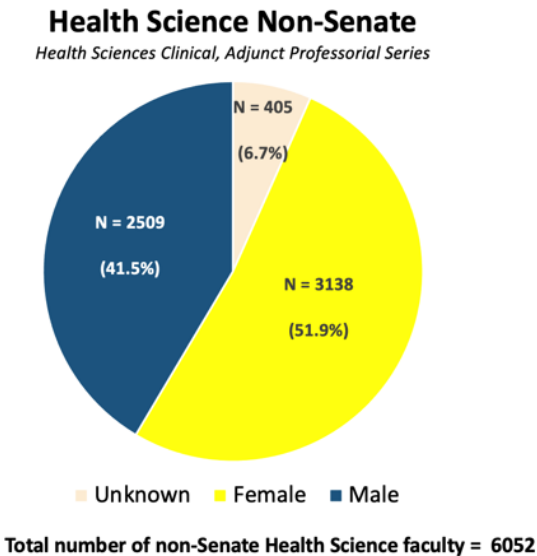
Physicians

Several cross-sectional studies of physicians have reported a low sense of control over the practice environment, little autonomy, and lack of involvement in decision making correlate with burnout (Campbell et al., 2001; Gabbe et al., 2002; Gregory and Menser, 2015; Linzer et al., 2009; Oskrochi et al., 2016). For example, in a study of chairs of obstetrics and gynecology, low perceived control over professional life was independently associated with burnout after controlling for work-life integration, partner support, and current work-related stressors (Gabbe et al., 2002). A small longitudinal study of primary care physicians indicated that job control played a central role in physicians' experience of burnout and emphasized the need for physicians to be involved in practice-related decisions as a key strategy for reducing burnout (Gregory and Menser, 2015).

Expanding Senate membership will help the Senate reflect the diversity of the faculty.

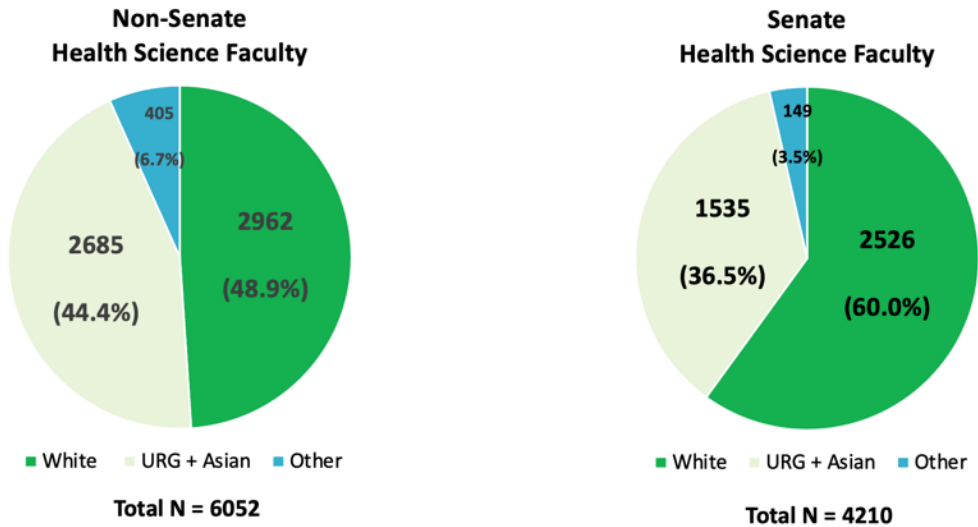
The excluded HSC faculty are disproportionately female and young. By expanding Senate membership to HSC faculty, the university would break a structural barrier that unintentionally excludes women and younger faculty from governance, and it would allow the Senate to better reflect the full faculty.

Health Science Faculty by Senate Status and Gender



SOURCE: UC Path, September 5, 2023

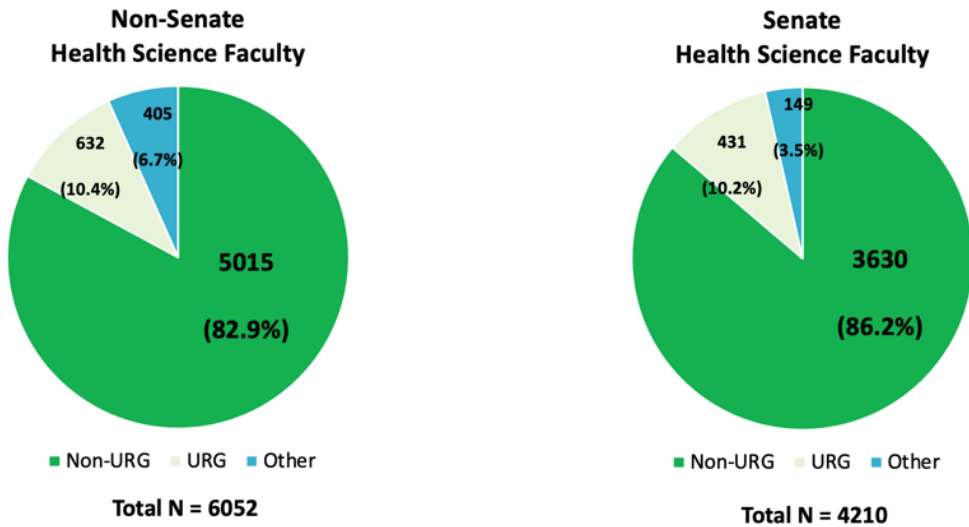
Senate Inclusion by Health Science Faculty's Identified Race



Health Science Faculty included are HS Clinical, Adjunct, Clinical X, In-residence, Ladder-rank (not Unit 18).
 URG = Under-represented Groups, which include Hispanic/Latinx, American Indian or Alaska Native, Black or African American, Native Hawaiian or other Pacific Islander
 Other = Multiple and unknown races

SOURCE: UC Path, September 5, 2023

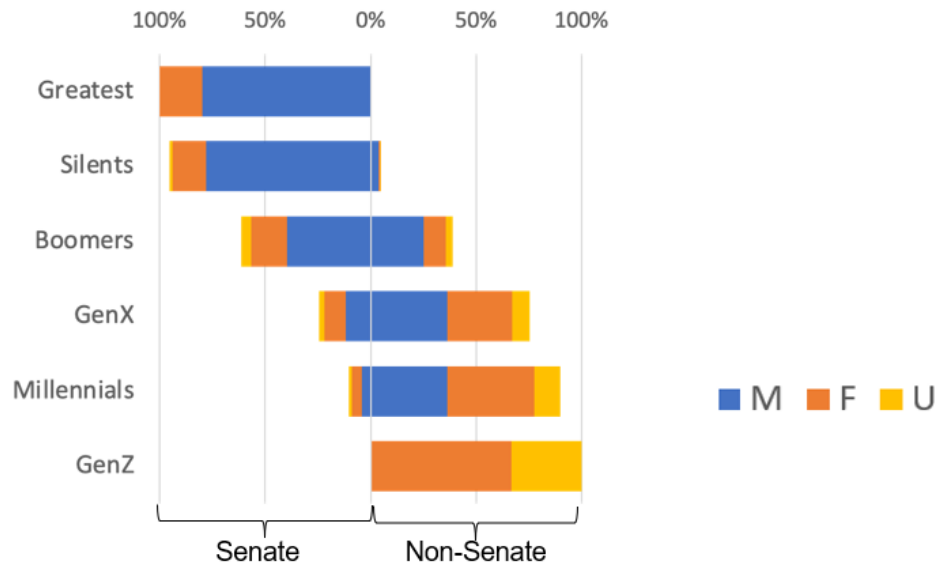
Senate Inclusion by Health Science Faculty's Identified Race



Health Science Faculty included are HS Clinical, Adjunct, Clinical X, In-residence, Ladder-rank (not Unit 18).
 URG = Under-represented Groups, which include Hispanic/Latinx, American Indian or Alaska Native, Black or African American, Native Hawaiian or other Pacific Islander
 Other = Multiple and unknown races

SOURCE: UC Path, September 5, 2023

2023 Gender Representation in Academic Senate by Generation: David Geffen SOM at UCLA



Conclusion

A vote in favor of the Memorial is a vote in favor of creating a more inclusive Senate that will represent the larger, more diverse faculty the University already has. This larger and more inclusive Senate will have the potential to be a more powerful partner in shared governance, especially in the health sciences where UC's growing health system needs a strong faculty voice. We urge you to vote in favor of the Memorial.

Rebuttal to Argument in Support of the Memorial to the Regents

“HSC Professors fulfill the tripartite mission of the University, and do the same high-quality work as teachers, researchers, and clinicians as other faculty”

This is inaccurate. The requirements at UCSF for research/creative work state, “This work can be internal and does not need to be disseminated.” It [specifies](#) a range of qualifying activities that differ substantially from the scholarly and creative activities required of other series. Many HSC faculty have less than full time commitments to the University, which we believe by itself should limit their involvement and participation in shared governance. No HSC employee has been denied promotion for lack of scholarly or creative activity. ([UCSF](#)) That is, there is no meaningful review of HSC according to standard academic criteria.

“Grant funding rates for the HSC faculty series are outpacing Senate faculty.”

The growth in funding for HSC faculty lags far below their growth in numbers, and percent growth is always larger when starting from a small number. Growth in total funding to the Ladder Rank faculty has occurred even as [their numbers have dwindled](#). And per person (pp), HSC faculty lag far behind the other series at \$8,000pp vs. \$35,000pp (ClinX), \$224,000pp (In-Res), and \$460,000pp (Ladder Rank).

“Retaining the status quo disenfranchises HSCs.”

We understand, but believe there are valid reasons for this as we explain in depth in our Con statements: primarily, the possibilities for reduced commitments to the core (i.e., tripartite) missions of the university, the possibilities for less than a full-time commitment, the fact that growing numbers are stationed at clinical outposts that are increasingly far-flung intellectually and geographically from the University Campuses in San Francisco, and the lack of meaningful academic review in the series.

“Enlarging Senate membership will improve gender equity within the Senate.”

HSC faculty do not receive the same protections as ladder-rank and in residence faculty and are generally not given the same (or necessarily any) resources to support their scholarship. **Meaningful improvements in faculty equity at UC will require UC to hire and invest in permanently-appointed and well-resourced URM and female faculty**, not merely reclassify a group of poorly supported employees.

According to UCSF surveys on faculty climate, at least half of HSC faculty (far more than for other series) do not intend to spend their entire careers at UCSF. Satisfaction rates are considerably higher than for faculty in other series. Among those who leave, pay, the cost of living, and lack of administrative support are the top 3 reasons cited for leaving. We doubt that a lack of voting in the Senate contributes to any of this turnover, or is responsible for a poor campus climate for this group of clinicians.

“Change in Series (CIS) actions are administratively burdensome, and not always possible.”

CIS’s are not more burdensome than the usual reviews associated with promotions or accelerated advancements, which already entail multiple levels of review, including by the Committee on Academic Personnel. If a department is unable to fully resource a faculty position in the senate series, it should not be offering less well supported appointments for equivalent work outside the Senate.

“Increases the pool of faculty eligible to serve in the Senate.”

We do not share any concern that Senate membership today (N = 1,730 at UCSF, 14,477 systemwide) is too small to ensure its adequate functioning.

Argument in Opposition to the Memorial to the Regents

UCSF educates just 3,100 (or 1.3%) of the University of California's ~296,000 students, and none (or 0.0%) of its ~233,000 undergraduates. Nevertheless, with these Senate Memorials, it is demanding a nearly 20% and constantly growing share of the vote in the Senate. Large numbers of strictly clinical faculty would also stream in from UCLA, UCSD, UCD and UCI, leading to significant imbalances in representation by discipline and degree type. This is plainly anti-democratic and illogical in the extent to which a limited number of graduate clinical specialties would come to dominate the entire University Senate – with its many and diverse disciplines, academic missions, and academically diverse student and faculty populations.

UCSF's faculty of 4,057 is the second largest of the entire UC System, outnumbers its own student body, and is larger than the faculties of UCSB, UCR, UCSC, and UCM combined. Moreover, the clinical programs and health science concerns are already well represented within the academic Senate series. A majority of UCSF Senate faculty today possess clinical degrees and maintain active clinical practices, ensuring adequate representation of clinical concerns under the status quo.

The HSC series contributes to similar imbalances at UCSF. Of the 1,860 HSC faculty, only 9 (or 0.5%) are in the School of Pharmacy, 63 (or 3.3%) in the School of Nursing and 86 (or 4.6%) in the School of Dentistry. The fact that 92% of the HSC faculty are from a single school contributes to the over-representation of the SOM in our Senate. Similarly, the Ph.D. holding faculty across all four Schools whose main activity is research would be outnumbered further by a clinical faculty whose concerns are driven as much by revenue as by the pursuit and dissemination of new knowledge.

In just the last decade, the UCSF faculty has exploded in size from 2,431 to the current 4,057 (or 167% growth; with more than 3 new faculty entering the system every week, on average). This growth has been driven by a more than doubling of the HSC ranks (by an astonishing 234% since 2014), while the Ladder Rank series has actually shrunk by -5%. Little of this growth has been determined by the programmatic or academic needs of the University, as the student and trainee populations have remained constant; rather, it has been driven almost entirely by the expansionist, corporate interests and staffing needs of UCSF Health. UCSF and the wider University of California risk becoming little more than HR service providers for UC Health, which is for-profit in all but name.

Importantly, we are not making judgements on the worth, importance, or significance of the work performed by faculty in the various series; instead we are distinguishing work that is primarily healthcare versus work that is primarily academic or scholarly. We take it as a given that all UC faculty, staff, students, trainees and affiliates are excellent and dedicated in the work they do, and that all of it is valuable and worthwhile. Indeed, most would agree that the life-saving work of the nurses, dentists, doctors and pharmacists at UCSF is more noble and important than much of the work performed in the academic cloisters of the Campus. But there are real differences in the duties and types of work performed by the HSC faculty and the standards and manner in which they are evaluated for appointment and promotion. HSC faculty are hired without performing an open search for the most qualified (or diverse) candidates. This generally privileges internal hires and limits the benefits to us of diverse outside perspectives and experiences. It is generally agreed this leads to uniformity of thought and reduces quality over time. Because academic positions are so few in relation to the number of advanced degree holders we produce, an aspect of good academic citizenship is in extending equal opportunity to all qualified candidates from throughout the nation and the world.

For those who seek a change of series into the Senate, the University routinely flouts its own [policies](#) that **require** open searches in most cases. In defiance of the Regents (Bylaw 40.3(c)) and the President (APM133), UCSF ignores the eight-year rule for HSC Assistant Professors. Finally, the requirements for teaching and creative/scholarly work are minimal. True, some HSC faculty perform superbly in these aspects, but the point is they are not required to do so and their advancement does not depend on it. [Academic](#) Affairs states variously that “<1%” of HSC have been denied promotion to date and that “No SOM faculty have been denied on-time advancement for lack of creative work since the specific requirement was added to the APM.” This is not the sign of a healthy, functioning, and rigorous advancement and promotion review process.

The vast majority of recent additions to the HSC series have entered the faculty simply because they were employed at a facility that UCSF Health purchased, and a surprising number have wanted nothing to do with an academic appointment at UCSF. Moreover the pace and volume with which they have entered the faculty has curtailed any meaningful and thorough academic review. A second CAP has been established, and even then the volume of files for review is so large that reviews are cursory, and have become increasingly capricious and arbitrary even for the Senate series. This raises significant concerns of fairness and equity across the series, and the rigor and quality of academic review.

Rebuttal to Argument in Opposition to the Memorial to the Regents

“UCSF educates a small percentage of UC’s students but has a large faculty.”

UC students have a Student Regent to represent their interests on the Board of Regents. This proposal is to enlarge the Senate so that it is representative of the faculty. If the fastest-growing group of the faculty is excluded from shared governance, the Senate will become less and less representative of the faculty, thereby undermining its authority and relevance in a changing university.

“This is plainly anti-democratic and illogical in the extent to which a limited number of graduate clinical specialties would come to dominate the entire University Senate – with its many and diverse disciplines, academic missions, and academically diverse student and faculty populations.”

Democracy in our nation involves such cherished concepts as one person one vote and no taxation without representation. These ideals should also be reflected in the shared governance of our public university. Because most of the growth of UC is in health sciences, excluding HSC from shared governance is anti-democratic. These faculty serve the core missions of the University and account for an increasingly large percentage of the teaching and financial resources on which the University depends. To exclude the health sciences today would be analogous to excluding the natural sciences in 1868 or the engineering sciences in 1968; the University’s governance needs to reflect the actual composition of its faculty, which evolves over time.

Regents Standing Order 105.1 already protects against any graduate specialty dominating the Senate. The Order provides, “Members of the faculties of professional schools offering courses at the graduate level only shall be members also of the Academic Senate, but, in the discretion of the Academic Senate, may be excluded from participation in activities of the Senate that relate to curricula of other schools and colleges of the University.”

Completely excluding HSC faculty from the Senate prevents them from participating at all levels of shared governance, including their departments and schools that have a clear impact on their lives and careers. If there are instances when HSC faculty should be excluded from participating in matters outside of their schools and colleges, that is already expressly allowed.

This proposal is not a trojan horse for a health sciences takeover of the Senate. Adding HSC faculty to the Senate would give the Senate greater capacity to engage in health sciences issues. That should not come at the expense of the work the Senate already does. A bigger and more inclusive Senate should draw from its many new members to better engage with, monitor, and challenge UC’s health system to align with UC’s academic mission. It is neither anti-democratic nor illogical to allow HSC faculty to have a voice and a vote in this work, nor is it anti-democratic or illogical to give the Senate greater capacity to do health sciences work.

“Importantly, we are not making judgements on the worth, importance, or significance of the work performed by faculty in the various series; instead we are distinguishing work that is primarily healthcare versus work that is primarily academic or scholarly. We take it as a given that all UC faculty, staff, students, trainees and affiliates are excellent and dedicated in the work they do, and that all of it is valuable and worthwhile. Indeed, most would agree that the life-saving work of the nurses, dentists, doctors and pharmacists at UCSF is more noble and important than much of the work performed in the academic cloisters of the Campus.”

All HSC faculty are engaged in academic and scholarly work, and much of that work is done simultaneously with healthcare work. Medical, nursing, pharmacy, and dental students, residents, and fellows are taught by HSC faculty on the job. It is often impossible to separate the teaching, research, and clinical work that HSC faculty do because so much of it is done concurrently. If an HSC faculty member is demonstrating a procedure for a medical resident while they both care for a cancer patient in a clinical trial that is part of the faculty member’s research, is that “healthcare work” or “primarily academic or scholarly”? HSC faculty should be members of the Academic Senate because they are faculty, do academic work, and are subject to academic reviews. The fact that their academic work is entwined with their clinical Health Sciences Clinical Memorial

work should not keep them from having a voice and a vote.

“The vast majority of recent additions to the HSC series have entered the faculty simply because they were employed at a facility that UCSF Health purchased, and a surprising number have wanted nothing to do with an academic appointment at UCSF.”

In the recent purchase of St. Francis and St. Mary’s hospitals by UCSF Health (which is most analogous to purchases by other UC health systems around the state), fewer than a dozen health care providers at these hospitals have sought appointment into the academic HSC series because they expect to educate trainees. The other 1,000+ health care providers at St. Francis and St. Mary’s have no academic appointment and are distributed between various non-faculty roles such as Management and Senior Professional (MSP) to serve as staff physicians without teaching, research, or service responsibilities. The purchase of Oakland Children’s Hospital several years ago involved a research institute as well as a clinical staff, and thus the makeup of job descriptions involved more academic roles. As teaching is a core function of the University, inclusion of HSC professors in the Senate ensures Senate oversight of teaching at increasingly diverse locations as our health systems grow.