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<td>Chair: D Trauner</td>
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<td>Guest Presenters: Edward W Holmes; David N Bailey; Palmer W Taylor; Jerry Schneider</td>
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**Call to Order:**
*Chair Doris Trauner, MD*

- Dr. Trauner called the meeting to order at 5:07 p.m.

**Chair Announcements:**
*Doris Trauner, MD*

- Dr. Trauner reported on the visit of Acting Chancellor Chandler to HSFC in Dec 2003. Dr Chandler stressed the growth of the Health Sciences over past several years and recognized that continuing to grow at the same rate will be difficult, although still a good goal.
- Dr. Trauner reported on the first meeting of all five UC HS/SOM campus Faculty Chairs at UCSD in Dec 2003. Very productive meeting. The Chairs discussed how to speak in a unified voice when dealing with Systemwide. A big topic of the meeting was retirement. All of the Chairs agreed that the current proposals are not acceptable and require a vote of “no change” however it is crucial to be on record that the status quo is unacceptable as well. The Chairs will work together to try to improve this situation, beginning with the drafting of a letter from all five Chairs to UCOP re: retirement.
- Q: What access does the State/Governor have to the retirement fund when attempting to balance the State budget?
- Dr. Trauner reported on the Academic Senate discussion re: possible term limits for Department Chairs. Resolution: because SOM Department Chairs serve a different function than Chairs on main campus, the Senate agreed to separate criteria for campus versus Health Sciences chairs. Dr. Trauner will remain involved in this project going forward.

**Guest Speaker:**
*Edward W Holmes MD, Vice Chancellor Health Sciences and Dean School of Medicine*

- Dr. Holmes’ PowerPoint presentation (attached) provided an overview of the organizational changes in the Health Sciences during the past few years. He spoke on the reorganization of Medical Education, saying it was not “broken”, however improvement is always possible. The current structure reflects input from plans prepared by a faculty task force in 1998. It is a revenue-neutral change taking advantage of consolidation opportunities. The changes are looking

*View attached PowerPoint presentation:*
*Chair_Announce_Jan_13_04.ppt*

*A: None, these are protected funds*

*View attached PowerPoint presentation:*
*HS_Organization_Overview_Jan_13_04.ppt*
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| Guest Speaker: David Bailey MD, Deputy Vice Chancellor and Dean for Faculty and Student Matters | • Dr. Bailey was asked to provide information about the Organized Research Unit or ORU. He explained this is a formal unit, requiring a formal review process for creation. Research must be at the core of any ORU. The steps to creation of an ORU can be seen in Dr. Bailey’s attached PowerPoint presentation. ORUs no longer require Systemwide approval. The process can be completed locally on the campus. By contrast with ORUs, “Centers” and “Programs” may be started quite informally.  
• Q: Do ORUs have FTEs assigned?  
• Q: Please explain the review process.  
• “Project” is the title given as the first step toward becoming an ORU on main campus. Although this is not used currently in the Health Sciences it may be something to remember if you wish to develop into an ORU. | View attached PowerPoint presentation: ORU_Overview_Jan_13_04.ppt |
| Speaker: Palmer W Taylor, MD, Dean, School of Pharmacy and Pharmaceutical Sciences (SPPS) | • Dr. Taylor provided an overview of the progress made to date by the SPPS.  
• The initial 25 students are progressing through the system. SPPS received 1050 applications and will interview 300 students for 25 to 30 placements for next year. He praised Drs. Adler and Mannoguerra for their dedication and commitment.  
• SPPS broke ground for their new facility. The State and UC contributed funds. There was a delay due to increased material costs (fires, etc.) since the original building budget was approved. This is being resolved and construction work has started. However this $4M cost overrun will be covered by indirect cost recovery. | A. No, an ORU cannot make an appointment and all FTEs must be assigned to a Department. An institutional (or Type II, see presentation) ORU may have space assigned.  
A. ORUs are reviewed every five to seven years. They are also subject to Sunset reviews, which must question whether the ORU should continue to exist at all. Thus far, all Sunset reviews have ultimately be favorable, although there was a recent vote NOT to continue an ORU. To close an ORU would have far-reaching effects! |
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| and that has implications in the faculty SPPS plans to hire. This delay also means the building will not be finished by fall 2005 when SPPS will increase to 60 new students per year. SPPS will be looking for temporary space to at that time.  
  • SPPS made the choice to delay recruitment of permanent faculty until more of the school is in place. It has been gratifying to see how much the temporary faculty have put into their work. Dr. Taylor believes SPPS’s decision to develop their faculty without departments, which requires working closely with existing Departments, may well be the way Health Sciences will develop in the future.  
  • Q: Are there any State-funded FTEs dedicated to this effort?  
  • There was praise from the audience for the quality of SPPS personnel and the terrific opportunities for interaction across Health Sciences borders. |  
| Speaker: **Jerry Schneider, MD, Dean for Academic Affairs** |  
  • Dr. Schneider was asked to provide an Overview on Advancement and Promotions Criteria (PowerPoint attached) because there is a widespread lack of full understanding about what the criteria are, how the process works and what the Committee on Academic Personnel (CAP) does.  
  • Dr. Schneider stressed this would be an overview because the topic is very complex and asked faculty to bear with him through the basics.  
  • He provided a handout describing the structure of his department and introduced Gloria Bradford, the Interim Director of Academic Affairs.  
  • The following notes are intended for use with Dr. Schneider’s attached PowerPoint presentation.  
  • **FTE** is the only series with State funding behind it.  
  • **In Residence** series meets the same criteria as the FTE series however it is not funded by the State; most often used for VA faculty.  
  • **Clinical X** are members of the Academic Senate, must |  
| A: Yes, 38.5. This number may or may not be sustained over time, although SPPS is planning that it will. These FTEs are tied to enrollment and are available one year prior to matriculation. Therefore, most will become available between 2005 and 2010. |  
| View attached PowerPoint presentation: [Advancmt_Promotn_1_13_2004.ppt](#) |  
| View Academic Affairs structure and personnel: [Academic_Affairs_Office_Contacts_Jan_04.doc](#) |
be outstanding clinicians and teachers and must have very significant creative activity, although bench research is not required.

- **Adjunct** faculty do not have to excel in all spheres. Their teaching requirements are less than FTE or In Residence faculty. They usually excel in research. Before the Clinical X series was started in 1987, the Adjunct faculty often included the type of faculty who are in the Clinical X series.

- **Salaried Clinical** faculty are focused mainly in clinical and teaching activities. There is a movement currently to require some type of creative work, but this is not required at this time.

- **Research Scientists** perform no teaching. Their focus is in serious, independently funded research.

- **Project Scientists** are vital in our labs; they are not intended to be independently funded. Until recently this series was only in use at UCSD.

- **Non-salaried Clinical** faculty receive some salary from UC that is not related to their faculty title.

- **Voluntary** faculty receive no pay from any UC-source. They may be employed by HMOs such as Kaiser, the Navy or are in private practice.

- **CAP and HS/CAP** are the Campus-wide Committee on Academic Personnel and the Health Sciences CAP. HS/CAP reviews clinicians and CAP reviews most other faculty.

- Dr. Schneider addressed the Assistant, Associate and Full Professor levels in general as they are similar enough to provide some insight into the various series. Please see slides.

- He has been trying to convince CAP not to require a teaching plan as part of the initial appointment but this is currently a requirement.

- Appraisals are intended to show if the faculty member will be ready to move into the Associate level on time. These tend to be very critical.

- The Associate level is a major step in all series. In the FTE series this step means tenure. The next major step is to Full Professor.
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- Simply being eligible for Step advancement does not mean you will be promoted. Major reviews are to Associate Professor, Full Professor, Full Professor Step VI and Professor Above Scale.

- The requirements for promotion depend on your series and (except for Project Scientists and Research Scientists) teaching is always important, even it is not a major focus of your series.

- When scheduled for a major review, select five of your papers published since your previous major review and write a short explanation of why these papers are important and what your role was in the research/publication. Reviewers will base their decision on a study of the quality of these five papers. He stressed that science requires so much cooperation now that your Chair must be prepared to “sell” your contribution(s) to your selected papers.

- The PowerPoint presentation includes slides detailing the major review points and the three different routes an Academic File can take through the review system.

- Dr. Schneider stressed the importance of having your file ready and clean the first time it goes to CAP. He said once CAP begins to question a file it is very difficulty to win approval. There is turnover in the membership of CAP each year so there is no way to predict outcomes.

- Dr. Schneider then addressed “other items”, please see slide.

- **Off Scale** is seldom used in HS because our compensation package provides opportunities for professors to earn more in other ways.

- **Accelerated Advancement** is very difficult to do in the HS. It is used more on main Campus where they have no other option (HS compensation is structured with more options). If a Chair decides to request Accelerated Advancement, the Chair must be prepared to show “what would normally be required and that there is proof that this person has contributed twice as much.”

- **Career Equity Review** is new. It was suggested by the Gender Equity Task Force however it can be used by anyone who believes they, for example, where hired in

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A: We are aware of the problem and Dr David Bailey has been working on it. There is a mechanism being
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<td>• Q: What are we doing for Children’s faculty? We hired a terrific faculty member almost 18 months ago and he still has no academic appointment because UCSD doesn’t know where to put him.</td>
<td>discussed that we hope will solve this.</td>
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<td>• Q: If a faculty member’s Academic File is sent to an ad hoc committee, will the faculty member know this? And will the faculty member know who composed the ad hoc committee?</td>
<td>A: You may learn that an ad hoc committee has been formed to review their file, however it is never appropriate for you to know the members of that committee.</td>
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<td>• Q: Is it possible to switch between series? And how important is the correct series?</td>
<td>A: Being in the correct series is very important and Academic Affairs works hard to insure initial appointments are in the right series. Faculty members can and do switch series and CAP permits this under the right circumstances.</td>
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<td>• Q: Would the Career Equity Review be appropriate for someone who felt they should have been in Clinical X and were not?</td>
<td>A: That is not what Career Equity Review was set up to do.</td>
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<td>• Dr. Trauner spoke about her time on CAP. It requires a day per week commitment but it is a “real eye opener” and very interesting work. Her experience showed CAP members to be a fair, impartial and hardworking group who take their work seriously. One problem was poorly put together files. Yes, the Department is responsible for preparing your file, but you must assume ultimate responsibility. Review your file and, if you see a problem, get it fixed. Once it is correct, you can have your file sent back to CAP the next year (or even the same year).</td>
<td>A: For the most part the system works well. Of course there is the chance that any committee may get a bad member, but the system has been self-correcting in most instances. There is also the argument that if you are promoted through a different method it could result in your being seen as</td>
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<td>• Drs. Trauner and Schneider made a request for HS faculty, especially clinical faculty, to serve on CAP.</td>
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<td>• There was discussion of the role of HS faculty on CAP. HS compensation is different and more complex than on main campus. HS Faculty serving on CAP have two charges: 1&lt;sup&gt;st&lt;/sup&gt;) To serve fairly and impartially and to commit the necessary time and energy to do a good job. 2&lt;sup&gt;nd&lt;/sup&gt;) To act as an appropriate advocate for all deserving candidates.</td>
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<td>• Q: There could be a “clash of cultures” between CAP and HS. What about the idea of severing the HS from CAP?</td>
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**Q:** There is a need for criteria for advancement for the Clinical X series, as well as for acceleration. HS/CAP was asked to work on this but it is very difficult.
- Dr. Trauner closed with another request that HS personnel join campus-wide committees, including the rigorous ones. It is very difficult to get HS faculty to serve and we really need our faculty in a position to educate the balance of campus about the complexities of our system. Serving is interesting, not least due to the people you meet.

**Adjournment**
- Dr. Trauner asked for new business. There being no new business, the meeting was adjourned at 6:54 p.m.

**NEXT MEETING**
- Planned for late April or early May, 2004

second class. This is where the appropriate advocacy of the HS members on CAP is vital!
A: COILS has been charged with developing the Clinical X criteria. It is a large project but they are starting it this year.

Details will be posted at the website by February 10, 2004