

UCSF Academic Senate Membership Survey Results

February 10, 2013

Currently, UCSF faculty in the Health Science Clinical and Adjunct series are not members of the UC Academic Senate and must petition for access to certain rights and privileges automatically afforded to full-time Ladder Rank, In Residence and Clinical X faculty.

In Spring 2012 the UCSF Academic Senate formally asked the UC Systemwide Senate Academic Council to expand Senate membership to include full-time HS Clinical and Adjunct faculty at the Associate level and above, but this request was denied.

The UCSF Academic Senate is now working to make changes to our campus practices that will remedy many of the disparities in rights and privileges among the faculty series. This brief survey is intended to learn more about your thoughts on the importance of each of the issues listed here. The survey will take less than 3 minutes of your time.

601 faculty members responded to this survey out of approximately 2,250 faculty members at UCSF.

- I support efforts of the San Francisco Division of the Academic Senate and UCSF campus leadership to expand Senate membership to include full-time Health Sciences Clinical and Adjunct Professor series faculty. [Click here for more information.](#)**

Strongly agree	417	69.38%
Somewhat agree	75	12.48%
Neither agree or disagree	24	3.99%
Somewhat disagree	43	7.15%
Strongly disagree	32	5.32%
Don't know	5	0.83%
No answer	4	0.66%
Total	601	

- At UCSF (but not other UC campuses) Assistant HS Clinical and Adjunct faculty are exempted from the requirement to reach the Associate Professor level within 8 years. I support continuation of this policy.**

Strongly agree	193	32.11%
Somewhat agree	148	24.63%
Neither agree or disagree	95	15.81%
Somewhat disagree	83	13.81%
Strongly disagree	54	8.99%
Don't know	28	4.66%
No answer	0	0%

Total	601	
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3. Indicate your opinion below on allowing full-time Adjunct and HS Clinical faculty members to have the following rights and privileges currently only available to Ladder Rank, In Residence and Clinical X faculty members.

- a. **Voting and being voted upon for promotions.** [Click here for more information.](#)

Strongly agree	355	59.07%
Somewhat agree	101	16.81%
Neither agree or disagree	54	8.99%
Somewhat disagree	44	7.32%
Strongly disagree	37	6.16%
Don't know	7	1.16%
No answer	3	0.5%
Total	601	

- b. **Participation in UC Systemwide Academic Senate votes.**
Previously UC faculty members have voted on topics such as support for state-funded education, UC benefits (including retirement) or furloughs.

Strongly agree	423	70.38%
Somewhat agree	88	14.64%
Neither agree or disagree	17	2.83%
Somewhat disagree	33	5.49%
Strongly disagree	36	5.99%
Don't know	1	0.17%
No answer	3	0.5%
Total	601	

- c. **Eligibility to serve on all UCSF Senate committees including those responsible for promotions and adjudication of grievances.** [Click here for more information.](#)

Strongly agree	387	64.39%
Somewhat agree	100	16.64%
Neither agree or disagree	28	4.66%
Somewhat disagree	42	6.98%
Strongly disagree	33	5.49%
Don't know	0	0%
No answer	11	1.83%
Total	601	

- d. **Eligibility to represent UCSF, with full voting rights, on UC Systemwide committees and task forces.** [Click here for more information.](#)

Strongly agree	393	65.39%
Somewhat agree	97	16.14%
Neither agree or disagree	31	5.16%
Somewhat disagree	42	6.99%
Strongly disagree	36	5.99%
Don't know	2	0.33%
No answer	0	0%

Total	601	
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- e. **Access to all faculty privilege and tenure grievance processes.** [Click here for more information.](#)

Strongly agree	407	67.72%
Somewhat agree	94	15.64%
Neither agree or disagree	34	5.66%
Somewhat disagree	28	4.66%
Strongly disagree	30	4.99%
Don't know	4	0.67%
No answer	4	0.67%
Total	601	

- f. **Eligibility for UC Systemwide home loan programs (MOP & SHLP).** [Click here for more information.](#)

Strongly agree	394	65.57%
Somewhat agree	93	15.47%
Neither agree or disagree	43	7.16%
Somewhat disagree	28	4.66%
Strongly disagree	26	4.32%
Don't know	6	.99%
No answer	11	1.83%
Total	601	

- g. **Eligibility to serve on a student oversight committee without petitioning the Graduate Division and to function as sole chair of the committee.** [Click here for more information.](#)

Strongly agree	366	60.9%
Somewhat agree	96	15.97%
Neither agree or disagree	48	7.99%
Somewhat disagree	35	5.82%
Strongly disagree	40	6.66%
Don't know	12	2%
No answer	4	0.67%
Total	601	

- h. **Eligibility for emeritus status automatically upon retirement. Adjunct and Health Sciences Clinical faculty members must currently apply for emeritus status upon retirement via the Academic Affairs Office.** [Click here for more information.](#)

Strongly agree	375	62.4%
Somewhat agree	83	13.81%
Neither agree or disagree	47	7.82%
Somewhat disagree	39	6.49%
Strongly disagree	38	6.32%
Don't know	17	2.83%

No answer	2	0.33%
Total	601	

Comments:

525 respondents did not comment
76 comments received

The contents of the comments are compiled below by topic. Responses include faculty member rank, series, department and school.

Overall support for inclusion

Assistant Adjunct; Medicine, Medicine

I very much support the efforts to expand the Senate membership

1. Access to Academic Senate votes.
2. Access to faculty privilege and tenure grievance process.

Assistant Adjunct; Neurological Surgery, Medicine

It seems nonsensical for them to be denied graduate students and shared governance opportunities.

Assistant Adjunct; Family & Community Medicine, Medicine

This effort to reduce and eliminate disparities in rights and privileges is commendable.

Assistant Adjunct; Neurology, Medicine

Adjunct faculty bring in grants and prestige to UCSF. It seems reasonable to end a two-tier system.

Assistant Adjunct; Physiological Nursing, Nursing

For a woman who has taken several years to work part time (51-70%) because of family responsibilities, would be nice to have the additional privileges and responsibilities afforded by academic senate membership for the remainder of her career.

Associate Adjunct; Medicine, Medicine

We deserve the same rights and responsibilities as ladder rank faculty.

Full Adjunct; Otolaryngology, Medicine

This is a progressive action that reflects an out of the box kind of thinking that will contribute the ongoing success of the institution.

Associate Clinical X; Medicine, Medicine

Discrimination is discrimination. UCSF should not participate in the clear discrimination of clinicians by the system-wide UC senate.

Full Clinical X; Pathology, Medicine

I support full inclusion.

Full Clinical X; Pathology, Medicine

Everyone in the different series contributes to the success of UCSF and should be afforded the same rights and privileges!

Full Clinical X; Medicine, Medicine

No more second class!

Full Clinical X; Clinical Pharmacy, Pharmacy

These faculty (adjunct and assistant HS) function in the exact same way and should be treated equally and have the same rights and privileges as full faculty. Equal rights please!

Assistant HS Clinical; Medicine, Medicine

It doesn't seem to make practical sense for HS faculty to not participate in the Academic Senate, particularly if our institution aims to value its clinician educators.

Associate HS Clinical; Medicine, Medicine

HS Clinical and Adjunct faculty are as committed to UCSF mission as rest of the faculty and therefore should be treated equally

Associate HS Clinical; Psychiatry, Medicine

The yeoman's work of educating health professional students at UCSF falls on the Health Sciences series faculty. Therefore, they should not be treated like second-class or second tier faculty! I STRONGLY support this appeal of the denial!

Associate HS Clinical; Anesthesia/Perioperative Care, Medicine

I believe exclusion of clinical or full time adjunct faculty members from membership into academic senate is very discriminatory.

Associate HS Clinical; Pediatrics, Medicine

Thank you for pushing this issue forward system-wide

Full HS Clinical; Preventive & Restorative Dental Sciences, Dentistry

It is time to recognize that while there are differences between the series that all should have the privileges stated above. Ladder rank faculty will continue to have the prestige accorded their accomplishments.

Full HS Clinical; Family & Community Medicine, Medicine

thanks for your attention to this matter.

Full HS Clinical; Neurology, Medicine

from what I've seen of Systemwide service, it's not compatible with being a full- or even half-time clinician. The exclusion from UCSF governance I find more problematic. Wouldn't it be reasonable to allow us and the adjunct faculty to participate in campus, if not Systemwide, activities? surely we could at least be considered peers within our own departments and on our own campus?

Full HS Clinical; Medicine, Medicine

I see that no artificial lines of distinction should be made to separate the adjunct and HS clinical faculty from the ladder rank faculty. This distinction seems to be drawn from the past and really has no bearing on current faculty except to allow for more faculty positions within each campus according to the clinical needs.

Full HS Clinical; Psychiatry, Medicine

Clinical faculty are the backbone of the teaching that goes on in the university and should have the same rights as other committed faculty.

Full HS Clinical; Medicine, Medicine

The requirements for clinical x in the department of medicine have long been unclear, I think this effort is very important and applaud the work of the UCSF Senate.

Instructor HS Clinical; Psychiatry, Medicine

I strongly support the UCSF Academic Senate's efforts to reduce disparities among the different academic series.

Associate In Residence; Medicine, Medicine

Since UCSF uses the adjunct title differently than all other campuses, it makes little sense to penalize people in this track when they are actually held to higher standards, in most cases.

Associate Ladder Rank; Cell & Tissue Biology, Dentistry

The current disparity is a travesty.

Full Ladder Rank; Orofacial Sciences, Dentistry

Support the concept that HS and Adjunct Full time professors, which contribute to UCSF as faculty, should have full rights.

Full Ladder Rank; Medicine, Medicine

EQUAL OPPORTUNITY FOR ALL!

Voting rights for Adjunct and/or Health Sciences Clinical faculty members

Assistant Adjunct; Medicine, Medicine

It is unfair to ask adjunct faculty to serve on Senate committees without having voting rights.

Associate Adjunct; Radiology, Medicine

I believe adjunct faculty should be represented in university policy decisions. should have the same rights (or close to, depending on their duties).

Full In Residence; Medicine, Medicine

Adjunct or HS Clinical faculty would not have the proper experience to judge promotion.

Overall opposition to inclusion

Full In Residence; Laboratory Medicine, Medicine

A very large fraction of that group has no business being co-equal with current senate faculty. Moving in such a direction would be dilutive and destructive.

Full Ladder Rank; Pediatrics, Medicine

The UC Academic Senate has spoken; the present is an effort to subvert the will of the University's faculty. The UC system-wide senate acted prudently.

Full Ladder Rank; Social & Behavioral Sciences, Nursing

There are clear scholarly reasons why clinical and adjunct faculty are NOT ladder rank faculty. I am wholly opposed to changing the current arrangements.

Full Ladder Rank; Community Health Systems, Nursing

they should be allowed to vote on individuals within their own series. Similarly, I don't think that clinical faculty should be voting to approve or disestablish a PhD program when their background may offer little understanding of PhD preparation. However, they should be voting on clinical programs that involve them as key faculty.

Equal rights should include equal expectations

Associate Adjunct; Psychiatry, Medicine

If pushing for more rights and privileges, Adjunct and HS Clinical faculty should have to meet the same promotion requirements.

Associate Adjunct; Ob/Gyn & Reproductive Sciences, Medicine

In general, I agree that Adjunct Faculty should be afforded similar rights and privileges IF they are performing the same functions as 'traditional' faculty.

Associate Adjunct; Medicine, Medicine

If adjunct faculty are to be included they should contribute and be held to similar standards as well.

Full Clinical X; Pediatrics, Medicine

Although I agree with expansion of both rights and responsibilities, I also think there has to be oversight and increased expectations. Also should there be a search for clinical positions?

Associate Adjunct; Pharmaceutical Chemistry, Pharmacy

If all full-time (ie on campus) Associate/Full Adjunct Faculty have similar responsibilities, we should probably have similar rights, too.

Associate HS Clinical; Clinical Pharmacy, Pharmacy

If HS and Adjunct faculty are afforded the same rights as others for Academic Senate Membership, it would only seem fair that that abide by the same rules and responsibilities.

Assistant In Residence; Medicine, Medicine

If we are going to include HS Clinical and Adjunct Faculty in Senate Privileges, then we should hold them accountable for a rigorous promotion and tenure process

Adjunct and Health Sciences Clinical should not be grouped together for this issue**Instructor HS Clinical; Otolaryngology, Medicine**

As a Clinical X faculty member in health sciences, it seems odd to me that HS series and Adjunct faculty are considered jointly in this proposal. The title "adjunct" implies that their primary allegiance lies elsewhere and that this appointment is secondary. I would strongly support the inclusion of HS clinical faculty on the Academic senate. I would not support Adjunct Faculty inclusion in the senate, as I understand this role. I have not experienced this group to have the same level of commitment to the institutional mission as their full-time colleagues. I would be concerned that they would merely dilute the focus and vision of the Academic Senate.

Full In Residence; History of Health Sciences, Medicine

If adjunct and clinical faculty are to serve in all the ways and capacities mentioned, and have the same expectations, rights and responsibilities, then they must also meet the same criteria for advancement as Ladder, In Residence and Clinical X faculty member i.e., must move from Assistant to Associate in the 8 year period. Otherwise, the ladder rank (etc.) faculty would be unfairly held to higher standards without any significant difference in benefit. This move would also abolish the tiresome need to explain to outside institutions and faculty that an "adjunct" title at UCSF does not indicate part-time, occasional employment but is a regular, full-time faculty appointment.

Full In Residence; Medicine, Medicine

Unless the full-time HS Clinical and Adjunct faculty are held to the same standards for appointment, advancement, and promotion, which they are not, they should not have the same rights or privileges as current academic series tracks. Why would anyone not opt to be an adjunct or HS Clinical faculty otherwise. Moreover, they would not have the proper experience to judge promotion.

Full In Residence; Medicine, Medicine

I support most of these changes for the full-time clinical faculty. I am less sure about the Adjunct faculty, which is commonly used as an "incubator" series for faculty who are transitioning from training to independence.

Full Ladder Rank; Orthopaedic Surgery, Medicine

HS should be considered separately from adjunct.

Full Ladder Rank; Medicine, Medicine

I feel far more strongly about expanding these rights and privileges to Clinical faculty than to adjunct faculty - indeed I would prefer that these two tracks be considered separately for membership.

Full Ladder Rank; Pharmaceutical Chemistry, Pharmacy

Not clear that these two titles should be lumped together for all of these questions.

Including Adjunct and/or Health Sciences Clinical diminish the value of the existing Senate series Assistant Adjunct; Physiological Nursing, Nursing

Tenured faculty take a substantial pay-cut to be part of the UC system. Changes would encourage faculty to be adjunct while enjoying full UC privileges. This will only lead to less people seeking a tenured position.

Assistant In Residence; Microbiology And Immunology, Medicine

This would further erode the status of in residence faculty.

Revise faculty titles

Assistant Adjunct; Family & Community Medicine, Medicine

As an Adjunct series member primarily engaged in research, I would also suggest a revision to job titles in this series to reduce the stigma associated with the term "adjunct" (e.g., use the title "Assistant Research Professor" vs. "Assistant Adjunct Professor").

Full Clinical X; Dermatology Medicine

naming of the "clinical series" should be distinguished from Volunteer faculty.

Instructor HS Clinical; Pathology, Medicine

just eliminate the HS Clinical and Adjunct series or keep the differences that have already been established.

Associate In Residence; Cell & Tissue Biology, Dentistry

I think the university needs to re-think these Clinical and Adjunct positions. I think these tracks should be slowly replaced with In-Residence / Ladder / Clinical-X positions.

Associate In Residence; Epidemiology & Biostatistics, Medicine

I would add that the title of "Adjunct" is itself not a good representation of current Adjunct faculty who in my opinion are typically 100% dedicated full time faculty at UCSF.

Full In Residence; Medicine, Medicine

Adjuncts at most US universities are temporary and/or part-time faculty. Adjunct professors at UCSF are in most cases full-time permanent faculty members.

Full In Residence; History of Health Sciences, Medicine

This move would also abolish the tiresome need to explain to outside institutions and faculty that an "adjunct" title at UCSF does not indicate part-time, occasional employment but is a regular, full-time faculty appointment.

Associate Ladder Rank; Laboratory Medicine, Medicine

The real issue is why the adjunct and HS series are (ab)used so extensively at UCSF. Departments should take the trouble to appoint faculty to the appropriate series

UCSF's unique position in UC**Full Adjunct; Neurological Surgery, Medicine**

UCSF may be unique in that the adjunct faculty are full participants in the university and should be recognized as such.

Associate Clinical X; Medicine, Medicine

Discrimination is discrimination. UCSF should not participate in the clear discrimination of clinicians by the system-wide UC senate.

Full Clinical X; Clinical Pharmacy, Pharmacy

UCOP needs to hear loud and clear that our UC system is diverse and that UCSF is very different than other campuses overall and different than other Health Sciences campuses.

Associate In Residence; Medicine, Medicine

Since UCSF uses the adjunct title differently than all other campuses, it makes little sense to penalize people in this track when they are actually held to higher standards, in most cases.

Misperceptions**Conflation of Adjunct/HS Clinical with volunteer/WOS appointments****Assistant Clinical X; Pathology, Medicine**

concerned that treating all these tracks as equal (or almost equal, excepting ladder rank/tenure) makes a senior Clinical X or HS Clinical faculty equivalent to a lifetime Adjunct Assistant Professor practicing at a community clinic and doing occasional teaching.

Associate HS Clinical; Medicine, Medicine

Most important is the ability to go on sabbatical after working for a specific amount of time.

Only Ladder Rank faculty members are eligible for sabbatical. Other series are eligible to negotiate with their department chair for professional leave.

Lack of knowledge about the expectations for existing faculty series.**Instructor HS Clinical; Otolaryngology, Medicine**

The title "adjunct" implies that their primary allegiance lies elsewhere and that this appointment is secondary. I would not support Adjunct Faculty inclusion in the senate, as I understand this role. I have not experienced this group to have the same level of commitment to the institutional mission as their full-time colleagues. I would be concerned that they would merely dilute the focus and vision of the Academic Senate.

Many Adjunct faculty members are as committed to UCSF as colleagues in other series.

Specific concerns**Assistant Clinical X; Neurology, Medicine**

I am not certain of this, but I worry that failing to extend these privileges might contribute to discrepancies between male and female faculty rights if there are more female faculty who choose to be in the HS series?

Full Clinical X; Pediatrics, Medicine

Although I agree with expansion of both rights and responsibilities, I also think there has to be oversight and increased expectations. Also should there be a search for clinical positions?

Assistant HS Clinical; Family Health Care Nursing, Nursing

I strongly object to the requirement that clinical faculty be full-time to receive rights and privileges given that budget cuts frequently prevent full-time positions despite full-time hours being worked. I think that rights and privileges should be extended to clinical faculty with >50% position and demonstrated length of service, e.g. at least 5 years.

Assistant In Residence; Pediatrics, Medicine

The main issue in my mind is fairness in terms of requirements for promotion. clinical faculty voting (for example) on the promotion of faculty engaged in research seems potentially problematic.

Specific comments**8-year rule****Full Clinical X; Pathology, Medicine**

full inclusion should be accompanied by the requirement of promotion to associate within 8 years.

Full Clinical X; Clinical Pharmacy, Pharmacy

If PAID faculty in these series are extended the same rights and privileges (which I fully support), they should also be beholden to the same issues (e.g. achieving Associate rank within 8 years).

Specific ideas/suggestions**Associate Adjunct; Radiology, Medicine**

I am concerned that "allowing" adjunct faculty to be on committees will equal requiring them to be on committees, while not receiving any salary support for this time. Please support salary compensation for faculty who serve on university committees,

Specific requests**Assistant Adjunct; Ob/Gyn & Reproductive Sciences, Medicine**

access to the UC Systemwide home loan programs (MOP & SHLP).

Issues with the survey**Full Ladder Rank; Physiological Nursing, Nursing**

The way you have bundled these questions together is problematic. For example, I think non-senate faculty should be able to serve on student committees but not to Chair them.

General comments**Associate HS Clinical; Medicine, Medicine**

Clinicians are the front-liners, a vital part of this medical system and center, generating revenues and providing excellent care that UCSF is known for.

Full In Residence; Psychiatry, Medicine

The rights and privileges of these series should be balanced with the requirements for advancement.

Associate Ladder Rank; Physiology, Medicine

For me the question is why people are appointed in this series in the first place and what role having this series serves for them and for UCSF.

Full Ladder Rank; Pediatrics, Medicine

adjunct vs. in residency on our campus is difficult to discern on any given day

Full Ladder Rank; Otolaryngology, Medicine

In my department, In Residence and Ladder Rank faculty face a much more difficult time getting promoted compared to HS, Clinical X, and Adjunct faculty. This has important implications for retirement benefits. HS, Clinical X, and Adjunct faculty will likely reach a higher rank and step with greater ease at retirement. This translates to a higher base for retirement compensation.

Emeritus, Nursing

Eligibility for chairing student oversight committees should be commensurate with educational/research background and not necessarily with faculty track.

Assistant Adjunct; Ob/Gyn & Reproductive Sciences, Medicine

I especially wish that the Adjunct Series at Associate or higher had access to the UC Systemwide home loan programs (MOP & SHLP). For those of us who are social scientists, Associate Professor at peer institutions usually means tenure is conferred. To stay at UCSF in a 'soft money' academic position therefore means giving up a good deal of career security. Compounding this, real estate prices here in the Bay area are through the roof. Having access to the home loan program would help make it feel that planning to stay at UCSF over the long term is a reasonably wise choice.
