HISTORY
In 1999, the Academic Senate of the University of California created an ad hoc Health Sciences Education Committee (HSEC) to review the health sciences programs and to suggest ways to enhance innovation, and to increase the efficiency and effectiveness of educational activities. Professor Len Zegans of the UCSF School of Medicine served as the chair of this multi-campus committee. The findings of the HSEC included the recommendation for the establishment of a University of California Health Sciences Education Institute. As a result of this recommendation, Professor Michael Drake, Vice President for Health Affairs in the office of the president of the University of California, appointed a multi-campus Health Sciences Institute Planning Group (HSIPG), chaired by Dr. Michael Wilkes of the UC Davis School of Medicine. This group submitted their report to Michael Drake in June, 2004. The Academic Senate of UCSF, in turn, requested the Committee on Educational Policy to review the HSIPG report to assist them in their deliberations related to the formation of this Institute. This report is a summary of our findings.

RATIONALE FOR THE HEALTH SCIENCES EDUCATION INSTITUTE
The UC Health Sciences System is the largest health sciences education and training program in the nation. In all, there are 15 schools spread over seven campuses of UC with a total of about 13,000 enrolled students. The rapidly evolving complex clinical environment, increasing faculty workloads due to continued success in research productivity and a decrease in funding for education have combined to challenge the health sciences faculty to continually improve and update the curriculum and to teach effectively and efficiently with ever-decreasing resources. In addition, the incentives for teaching are perceived as modest in terms of promotion and resources.

The needs that could be addressed by a Health Sciences Education Institute (HSEI) include the following:

- Increased use of technology to create teaching and learning tools
- Provision of system-wide faculty development initiatives
- Increased attention to public health needs across all campuses
- Increased collaboration and decreased competition across UC campuses
- Shared “best practice” guidelines across schools and campuses

Discussion of the environment for education at UCSF made clear that there was a consensus within the committee that these needs are real. The central questions then are:
1. Is it feasible to create a Health Sciences Education Institute in the current fiscal environment?

2. Would the needs described above be adequately addressed by such an institute?

**THE ACADEMY OF MEDICAL EDUCATORS AT UCSF**

To address some of the same needs as discussed above, though on a smaller scale, the Academy of Medical Educators (AME) was created in 2001 in the School of Medicine at UCSF. The mission of this Academy is to advance and support medical education, faculty development, medical student mentoring, curriculum improvement and educational scholarship. Molly Cook was appointed the director with funding of $5M from the School of Medicine for an initial term of 5 years for establishing and administering the AME. Another $5M was given to establish 20 endowed chairs for medical student education. Currently, there are 8 established endowed chairs and others in various stages of development. To date there have been over 60 members of the Academy, selected from multiple departments within the School of Medicine on the basis of their distinction in the areas of teaching, mentoring, curriculum development and leadership, and educational scholarship. These members have been given grants and release from teaching to pursue the aims of the Academy. Copies of the curricula and grant applications from the members are on file in the Academy’s office.

In many ways, the AME can be thought of as a pilot project, testing the concept of the HSEI. Clearly, appointment to the AME has a great deal of prestige within the School of Medicine at UCSF. The fact that members are recognized for their interest and skills in medical education and that they receive resources and time to use those skills to improve education at UCSF, is important. AME membership has been documented to increase the rate of accelerated promotion for its members compared to nonmembers by a significant factor. The Academy and its members are reaching out to departments and their faculty in the school of medicine to disseminate the products of the Academy and to elevate the importance of teaching and educational scholarship in academic evaluation. Thus, the concept of the AME, and by inference the HSEI, appears to be on solid ground.

**RECOMMENDATIONS**

Discussions between members of the Educational Policy Committee have resulted in a number of findings and recommendations related to the proposal to create a Health Sciences Education Institute at the University of California.

1. The pressures to succeed in the area of research, combined with reductions in funding for education, have combined to create a need for more efficient and more effective medical education. This implies not only a long-term commitment of increased resources for medical education, but an enhanced recognition of the importance of teaching in the evaluation of faculty for retention and promotion. A system-wide change of attitude in the value of health sciences education at the University of California would be essential before such an Institute could be successful. In addition, faculty would need to be willing to use curricula and teaching tools developed elsewhere, rather than to redesign their own. In a competitive academic environment, this might be difficult.
2. In order for the HSEI proposal to be advanced, there would need to be a system-wide consensus of the value of such an institute. This consensus would have to start at the top of the administrative ladder, presumably from the office of the Vice President for Health Affairs in the office of the President of the University. One venue for discussing such an idea would be at a meeting between the chairs of the Committees on Educational Policy of the medical school campuses and the Vice President for Health Affairs. Each Educational Policy Committee could discuss the concept with their Academic Senate, with the appropriate Deans and Chairs and with the Educational Policy committees of each school.

3. It is important yet difficult to estimate the resources that would be needed to initiate and perpetuate the HSEI. It might be useful to scale the resources assigned to the Academy of Medical Educators at the School of Medicine at UCSF (1 out of 15 schools at UC). They were given an office, a full-time faculty director, administrative staff and a total commitment of $5M for the first 5 years of operations and another $5M to establish endowed chairs. One could predict at least an order of magnitude more money and staff to make the HSEI functional. The proposed personnel effort and budget for the HSEI thus looks woefully inadequate. This issue would need to be addressed at the level of the Office of the President.

**EXECUTIVE SUMMARY**

To summarize this report, it is clear that there is a need for improving the efficiency and effectiveness of health sciences education at UC in an environment of decreasing federal and state support of such activities. It is entirely conceivable that a system-wide Health Sciences Education Institute could provide a means of addressing these needs. However, for such an Institute to succeed there would need to be enthusiastic support from the Office of the President in the form of substantial resources and a commitment to increase the importance of teaching in the evaluation of academic faculty. A restructuring of the academic evaluation process and a commitment to provide appropriate resources could create the consensus needed across the schools and campuses within UC to make the Health Sciences Education Institute successful.

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