Chair Fye called the meeting to order at 5:09 pm

Approval of the Minutes of the Meeting of June 27, 2007
The minutes were approved.

Chair’s Report and Announcements - Kenneth Fye
None.

Report from University of California President Dynes’ Visit (September 28, 2007)
Presentation on the CAC Exit Survey and Clinical Faculty Concerns (Attachment) – Ellen Weber
President Robert Dynes visited UCSF on September 28, 2007 to meet with Academic Senate Leadership. E. Weber was invited to give a presentation on the CAC Exit Survey and to discuss issues related to clinical faculty. Following the presentation, the discussion turned to the issues of the clinical silos, patient referrals and reimbursement.

Presentation on Planning for Clinical Services at Mission Bay – John Maa
J. Maa was invited to present to President Dynes the clinical challenges faced during the UCSF-Stanford merger, and to express his concerns that those issues be addressed during the planning for the clinical services at the new Mission Bay site. Most importantly, contiguity of patient care and patient safety should be an integral part of the planning for the multi-site medical center.

The Committee expressed concern that the faculty are not well represented in the planning process for the Mission Bay clinical services. Although there are committees working on many aspects of the planning for the Mission Bay site, there is no single entity charged with operational planning. This is a crucial moment for the faculty voice to be heard on this matter. The Committee will work to draft a communication to express its concerns regarding the lack of operational planning for the new Mission Bay site and the importance of faculty participation in that planning.

Report from School of Medicine Faculty Council – Quinn Cheng
School of Medicine Dean David Kessler attended the meeting and made a series of announcements, as follows:
• **Department Chairs** - Dean Kessler is pleased to announce the appointment of Talmadge King to Chair the Department of Medicine. With the appointment of Chair King, all of the department chairs are in place, with the exception of Health Policy.

• **Development of Mission Bay – Phase II** - On the horizon, the School of Medicine will continue to work on Phase II of the Mission Bay campus which includes development of the Cardiovascular Research Institute; the Neuroscience and Neurodegenerative Disease building and the Stem Cell research building.

• **Diversity in the School of Medicine** - The incoming class of 147 students in the School of Medicine has the highest diversity to date with 59% women and 35% underrepresented minorities. Dean Kessler is pleased to announce the appointment of Renee Navarro, PharmD, MD. Associate Dean of Academic Affairs to be UCSF’s first Director of Academic Diversity.

• **New Departments in the School of Medicine** - The School of Medicine is in the process of forming two new departments: the Department of Emergency Medicine and a joint department with the School of Pharmacy, which will merge the School of Medicine’s Program in Bioengineering with the School of Pharmacy’s Department of Biopharmaceutical Sciences. The new department will focus on molecular imaging.

• **Pathways to Health Initiative** - Pathways educational initiative: master’s training opportunities outside the traditional curriculum.

• **Interprofessional Training** – On September 19, 2007, all of the Deans held an Interprofessional training session.

• **School of Medicine Clinical Strategic Plan** - Dean Kessler requested that in the coming year the Faculty Council help create a clinical strategic plan. Currently a search is underway for consultants.

• **Clinical Skills Simulation Center** - The School of Medicine has a guarantee of $2 million for a simulation center. The goal is to use 13,000 of Library space for simulation centers and classrooms. The remaining space will be at Mt. Zion across from the Surgical Skills Center.

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**Committee Charge for 2007-2008**

**UCSF Patient Population**

In 2007-08, the Committee will consider the patient population at UCSF. The outcome will be a recommendation to the Academic Senate and to the University. This issue has not been addressed at UCSF campus-wide, nor at UC systemwide. UC Davis has created a policy which helps determine their patient population, stating that they will serve patients that meet the educational need of the institution, allowing the departments to determine which subset of that population they will serve.

Committee members discussed how to best approach the problem in the coming year. Ideas and issues discussed included the following:

• Determine the gaps in the patient population being served and determine how to address the needs of those patients.

• Consider the needs of unique populations such as children. For example, in the Bay Area about one in seven children come from impoverished families.

• Meeting the needs of the underserved is part of the mission of the University of California.

• Many MediCal patients are referred to UCSF for tertiary care when they could be treated locally.

• Review and consider the UC Davis appointment scheduling policy (Attachment), which states that the patient population should support the needs of the University’s missions of education, research, public service and patient care.

• Consider how to safeguard against economic discrimination.

• Learn more about the institution’s liability, particularly with regard to serving the public.
While some clinics currently do not turn patients away, their wait time for appointments becomes a deterrent for patients.

Questions to consider: What is our role as a university? What are our roles as clinicians? And what are the needs of the department?

Currently, each department determines its own goals, including patient populations. The way the question is framed can help determine proposed solutions. If the mission of the University is to care for a certain patient population and then find the resources to meet the needs of that population. If the departments and the operating units decide to take care of patients to meet teaching and research needs, then the teaching and research needs will determine the patient population. One solution for patient demand above the available services is to refer patients elsewhere.

Faculty Exit Survey
In 2006-07, the Committee was charged with quantifying the reasons that faculty were leaving UCSF. In particular, the Committee sought to gather data related to the reasons that junior faculty and clinical faculty were leaving UCSF. In 2007-08 the Committee will monitor the questionnaire and improve it to get the most helpful information and find the best ways to share the data among the Academic Senate, Academic Affairs, the Deans, and the Medical Center. (see continued discussion below)

Faculty Exit Survey Analysis (Attachments II & III) and Redistribution (Attachment IV) Committee members discussed the next steps in the implementation of the Exit Survey. Ideas suggested were as follows:

- Exit surveys should be distributed to faculty members who intend to leave before their last day at UCSF.
  - Department Chairs and MSOs are the best source of that information. The Committee should communicate with departments to request that the exit survey be distributed to all separating faculty before they leave.
  - The Committee could also create a link with the Human Resources Department to develop a mechanism which will include the exit survey with the information communicated to separating faculty.
  - This process can be initiated with the Schools of Dentistry, Nursing and Pharmacy. Because the School of Medicine is so large, committee members suggested starting this process with the Department of Medicine before moving to incorporate the remaining departments in the School.
  - The initial contact with the departments should request that the exit survey be distributed to faculty who have left since the spring term.

Adjournment
Chair Fye adjourned the meeting at 6:26 pm.