Committee on Faculty Welfare  
Grayson W. (Bill) Marshall, DDS, PhD, MPH, Chair

April 7, 2011

Stephen Cheung, MD, Chair  
Mary Gray, MD, Vice Chair  
Committee on Academic Planning and Budget  
UCSF Academic Senate  
Office of the Academic Senate, Box 0764

Re: APB Recommendations to Modify the Health Sciences Compensation Plan to Allow Greater External Activity and Retention

Dear Chair Cheung:

The UCSF Academic Senate Committee on Faculty Welfare met on April 7, 2011 to discuss the Report from the Committee on Academic Planning & Budget: Proposed Modifications to the Health Sciences Compensation Plan (APM Sections 025 and 670) dated March 4, 2011. Overall, the Committee is enthusiastic about this proposal and supports the effort with the following questions or concerns that the Committee believes need to be addressed before moving further.

The primary issue concerns external clinical care practices. There is significant historical evidence and ample precedent necessitating limits to external clinical practices for faculty who may refer patients from their academic practice to an external practice. Accompanying the proposed external clinical activity and practice is the issue of liability for clinical practice external to the University. The Committee agrees that there needs to be some mechanism in the revisions to the Health Sciences Compensation Plan to control and regulate external clinical activity.

Possible controls could include a strict and enforceable definition of “good standing,” as those wishing to engage in external activity would have to be considered to be faculty in good standing with the University, an honor code against external self-referrals, or a required review and approval by the department chair to approve eligibility of their faculty to participate in external clinical activities.

Additional questions from the Committee on Faculty Welfare include the following:

1. How is “full time” defined, and would there be proportionate allowances for faculty between 51% and 100% time?
2. Could a clinical specialist at UCSF be allowed to work in the same specialty in an external private practice?

3. Could the financial retention threshold, currently at $20,000 and proposed to be $40,000, be tied to a some recurring adjustment factor (such as inflation index)? Or could language be included so that the level is reviewed and adjusted on a regular basis (e.g. every 10 years). The Committee notes that the current limit of $20,000 was approved in 1999.

4. The Committee noted the strong rationale for moving from 21 days to 48 days based on parity with other UC campuses. However, the rationale for the increase in allowed retentive income from $20,000 to $40,000 is not as clear. You may wish to consider applying values from external salary scales (e.g. The Association of American Medical Colleges) or comparison institutions to further strengthen this recommendation.

The Committee on Faculty Welfare appreciates the research and work of the Committee on Academic Planning and Budget and further appreciates the opportunity to review and participate in this proposal process.

Sincerely,

The Committee on Faculty Welfare
Grayson W. Marshall, DDS, PhD, MPH, Chair
Paul Green, PhD, Vice Chair
Jean Ann Seago, RN, PhD, UCFW Representative
Pam Bellefeuille, RN, MN, CNS
Carolyn Calfee, MD
Christine Cheng, PharmD
Maria Dall’Era, MD
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Brent Lin, DMD
Jae Sevelius, PhD