UCLA Academic Senate Statement on Rebenching

The special consideration for UCSF in Rebenching calculations is an explicit acknowledgment of the distinct nature of a health science campus. UCSF, however, is not a singularity in the UC system. Each of its distinct characteristics is shared to a greater or lesser extent by the other campuses that host a health science academic program. In the interest of equity within the UC system, the special consideration afforded UCSF should extend to all health science entities on any campus. The Executive Board of the UCLA Division of the Academic Senate therefore resolves that state general funds that support UC health science academic programs on all campuses should be: 1) designated as separate from funds for general campus programs, and 2) given the same consideration in Rebenching calculations across campuses.

Background
The UC has a tripartite mission: education, research, and service. The Rebenching exercise is predicated on the principle that student headcount is an appropriate proxy for all academic activities of a campus, and therefore for the assignment of state general funds to a campus. The special consideration afforded UCSF in Rebenching is an unequivocal recognition of the fact that headcount is an inappropriate proxy for state general fund assignment in the health sciences; in other words, when this proxy is used, “the numbers don’t work.” There are three foundational reasons why this proxy is inappropriate for health sciences on any campus:

1) the service and research missions of the university receive significantly greater relative emphasis in the health sciences than in most departments on the general campus;
2) educational cost is poorly described by weighted funding per student in the health sciences;
3) academic administration and infrastructure support are significantly more costly on a health science than a general campus.

Each of these foundational differences is examined separately below.

1) The service and research missions of the university receive significantly greater relative emphasis in the health sciences than in most departments on the general campus. The balance among activities in the tripartite mission is fundamentally different in the health sciences than on the general campus. The health science campuses must dedicate substantial resources to building clinical service as a foundation for education and research. Immersion of faculty and trainees in clinical service is essential for health science programs to fulfill their education and research missions within the University, their service mission to their communities, and their research missions within their disciplines, as well as to maintain national standing in their fields. In addition, there is a greater relative commitment of time and resources to research in the health sciences: there is a need to continually pursue substantial extramural funding as a consequence of the intensive demands of team-based clinical and laboratory research, and the expectation of contributions to biomedical discovery and their translation into public benefit.

2) Educational cost is poorly described by weighted funding per student in the health sciences. Educational activities in the health sciences are both qualitatively
and quantitatively different from that of most programs on a general campus. Education in the health sciences is inextricably intertwined with the service and research missions of the university: clinical teaching with provision of health care, and research training with laboratory activities. Many faculty who are hired to perform clinical teaching are entirely self–supporting, and many research faculty are largely if not entirely self–supporting. In order to fulfill its educational mission, a health science campus therefore is required to operate clinical facilities, hire and sustain faculty, as well as support clinical, research, and administrative infrastructure in a way that most departments on a general campus are not. While some clinical and research activities themselves are supported by clinical revenue or extramural research funds, respectively, much of the enabling infrastructure must be supported by state general funds. All these factors represent educational costs that are not simply reducible to student headcounts.

3) Academic administration and infrastructure support are significantly more costly on a health science than a general campus. Academic administration is more complex and costly in the health sciences because of the greater regulatory and reporting demands imposed by the FDA, NIH, and other agencies. Human subjects research in the health sciences is higher risk than on a general campus because of the use of investigational drugs and devices. Institutional Review Board (IRB) operations therefore are significantly larger on a health science campus, and require staff with a greater degree of skill and training in risk assessment and post–approval monitoring. Animal research accounts for a greater proportion of research activity in the health sciences, and also requires special review, regulation, and monitoring. Research in the health sciences frequently involves conflict of interest, compliance, and confidentiality issues that carry significantly greater risk than general campus research, and require special coordination and monitoring among campus units. An added difference in infrastructure cost on a general versus a health science campus is attributable to the use of space. While the highest proportion of space supported by state general funds on a general campus is instructional space (particularly outside the sciences and engineering), a higher proportion of space supported by state general funds in the health sciences is research space. The operation and maintenance of physical plant for research laboratories and vivarium space is significantly more costly than for instructional space. All of these factors lead to greatly increased administrative and infrastructure support costs on a health science campus. While some of these costs are borne by direct costs of grants and indirect cost recovery, much of the expense still is supported by state general funds.

The special consideration afforded UCSF is an explicit acknowledgment by the Rebenching Committee of the fact that use of student headcount for state general fund assignment in the health sciences would result in significant and disproportionate cuts to vital academic activities. Depending on how Rebenching is implemented on other health science campuses, there could be two immediate consequences of these cuts: 1) significant reduction in the size and scope of health science academic activities, and/or 2) diversion of undergraduate tuition revenue to support academic health science programs. It is possible that the University would choose to implement one or both of these two options, but they both represent significant philosophical and policy decisions that should be separately and explicitly considered. At this juncture, both of these outcomes represent unintended and undesirable consequences. We therefore urge that all health science academic programs be afforded the same special consideration under Rebenching.