Update for the UCSF Academic Senate Membership Task Force
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Broaden Senate Membership at UCSF to include 100%-time Health Sciences Clinical and Adjunct Faculty

On August 8, 2012, Jeff Bluestone, Sally Marshall, Cynthia Leathers, and I met as the next step in a year-long effort undertaken by the SF Division to extend Academic Senate membership and an equality of rights and privileges to 100%-time HS Clinical and Adjunct faculty at the rank of Associate or above. The meeting was conducted in the context that the Systemwide Senate, through the ruling of its UC R&J Committee, has rejected the UCSF position that we have the right to determine our own Senate membership. We met to discuss three potential options for further action, presented here as strategies. Some of the specifics in terms of proposed actions were discussed at the August 8 meeting, some are proposed here for the first time. The proposed actions are suggestions for further Senate consideration. They were not adopted or ranked by those participating in the August 8 meeting.

Issue - Academic Senate membership rights sought for 100%-time Adjunct and HS Clinical faculty
We seek parity for 100%-time Adjunct and Health Sciences Clinical Faculty such that they should have the same right to formally participate in campus and UC Systemwide shared governance, vote on departmental issues including colleague promotions, access to P&T, and the array of rights and privileges outlined below.

Strategy 1 – Request a revision of the Standing Orders of the Regents (SOR) to include UCSF Adjunct and HS Clinical faculty in the Academic Senate
This approach would ask the UCSF Chancellor to request that President Yudof schedule a Regent’s agenda item to amend the SOR to include UCSF HS Clinical and Adjunct professors as members of the Academic Senate. This request might be made in the context of strengthening the participation of faculty in shared governance and the UCSF advisory board.

Issues/Concerns:
Resistance from the UC Systemwide Academic Senate prompted by concerns that this could change the status quo, in which professional schools would gain more parity with undergraduate faculty in the Academic Senate.
Resistance from the other UC campuses due to concerns that if UCSF Adjunct and HS Clinical faculty are admitted to the Academic Senate, faculty in the same and possibly other series on their campuses will want the equality of rights and privileges.
Political landscape is not ideal for UCSF or for President Yudof to take this issue forward to Regents as he would not want to advocate for an issue which is potentially contentious within the Academic Senate and among the various campuses. Perhaps this issue could be raised with President Yudof allowing him to make this judgment in consultation with OGC which has supported the position that the SOR language is ambiguous on the question of local discretion in determining Senate membership. (Possible action, Jeff will raise the issue with the Chancellor.)
**Strategy 2 - Joint WOS appointments in Clinical X/In Residence for HS Clinical/Adjunct faculty**

Provide faculty in the HS Clinical and Adjunct Series who are appointed at 100% effort at the Associate rank or above, with joint WOS appointments in Clinical X or In Residence series, respectively. This somewhat mimics a practice long-used by UC to extend Senate membership to faculty in the Astronomer series (a title that does not confer Senate membership) through the use of joint In Residence appointments.

**Issues/Concerns:**

Faculty in the HS Clinical and Adjunct series may not “qualify” academically for the Senate appointments (both by credentials and/or by portfolio of work) under the existing APM and campus practice criteria. If such faculty do not qualify by these standards, then it would be contrary to current campus practice to appoint them in the Senate series. Fundamental to this argument is the assumption that criteria for faculty series must be applied consistently whether the appointment is WOS or paid. (Possible actions, (a) currently Academic Affairs strongly opposes implementing this approach, and wants to end any further consideration of this option. (b) if anything is to move forward, we must obtain information from all campuses about the criteria they used to evaluate WOS appointments in In Residence and Adjunct series, and the guidelines given to faculty and departments about these series, including any guaranteed income liabilities associated with In Residence WOS appointments. (c) CAP would need to develop criteria that mitigate the concerns about how to evaluate the WOS appointments in the Clinical X and In Residence series, and that could be used by CAP, the faculty, and departments to explain the interpretation of the WOS title and responsibilities and how faculty performance is to be evaluated. (d) Also, consult with OP about the language changes, if any, that might be needed to amend the APM to enable these joint appointments, and develop amendments to the APM for discussion and consideration among the campuses. (e) if all of the above look feasible, then we will need to obtain assurance of support for this approach by the deans)

If faculty qualify under current criteria, why are they not already appointed in those series? (Possible action, continue to evaluate all faculty promotions and hires to determine that the appropriate series is being used. (Possible actions, Examine the processes used by UC Davis in evaluating HS Clinical faculty who moved from that series to Clinical X and the consequences for faculty career progression.)

Departments may not support WOS In Residence appointments because such appointments may have possible financial liabilities. Specifically, there was some concern that a WOS appointment might be interpreted by the faculty as giving them a salary guarantee relative to their paid salary. (Possible solutions: (a) obtain a legal opinion as to the circumstances in which a WOS appointment might be a basis for assuring a guaranteed income for that faculty member. (b) Convene an In Res Task Force to clarify local policy about financial liability for WOS appointments.)

**Strategy 3 - Make local campus changes to grant access to Academic Senate rights for 100%-time Associate and Full Adjunct and HS Clinical faculty members**

Address the specific benefits for Senate membership listed below, i.e. give non-Senate faculty members the same rights/privileges as afforded to Senate members. Some of these are possible through changes in campus bylaws, others may require changes in UC System wide bylaws, or even SORs. An Academic Council task force is examining the rules that would need modification to equalize each of these rights and privileges. A report and committee recommendations is expected by Fall 2012.
Access to all P&T processes: (Possible action, modify local senate by-laws)

Vote/Participate in SF Division governance issues (Possible actions, (a) appointment to all UCSF Senate Committees, (b) modify local Senate bylaws for local voting; (c) modify local Senate bylaws for committee memberships that do not currently allow for ‘non-senate’ participation, i.e. CAP, P&T, COC).

Right to chair Senate standing committees and to represent UCSF on System wide committees and task forces. (Possible actions, (a) would be resolved by appointments of non-Senate faculty to WOS senate titles. (b) Ignore Senate rules relative to the reporting of votes by Senate and non-senate series and senate status of committee appointments. (c) Seek System wide bylaws revisions.) Vote on academic appointment and advancement packets and have their packets voted upon. (Possible actions (a) modify local procedures--this is already happening in some departments by recording 2 separate votes (one for senate, one for non-senate faculty). Note that this process is complicated in that non-senate titles currently have to be done outside Advance and reported in the comments section. (b) Updates to Advance will be needed to simplify the packet development and review process. Academic Affairs, to date, has been unwilling to make these Advance upgrades pending the senate membership status resolution.)

Ability to chair dissertation committees determined by department, program, or division chair rather than Graduate program waiver. (Possible action: could be done locally working with the graduate division, graduate council, and departments.)

Automatic awarding of Emeritus Professor status upon retirement (Possible actions: a remedy for this was not discussed on August 8, also it is not clear whether this can be done locally or only with System wide action. However, this issue will be addressed by the Academic Council’s membership work group and an action plan might be developed pending the recommendations coming from that group.)

Access to MOP loans: MOP loan eligibility is determined at UCOP. MOP loans are funded/administered by Office of Loan Programs (OLP) at UCOP. (Possible actions, (a) Any change in who obtains these loans may require Regents action. (b) Forward a few MOP loan requests for non-senate faculty to OLP requesting exceptions to policy and see what happens. (c) Allow deans to continue their current practice recommending MOP loans for only senate eligible titles.)

Next Steps
The UCSF Senate has already formed a bylaws revision task force to draft changes in campus bylaws to locally accomplish the above outlined tasks. For those items outside local discretion we will wait for Powell’s Senate Council work group report and recommendations to determine what we can do locally, and what, if anything the Senate will do to remedy the remaining disparities in rights and privileges. The work group report is expected in September or October. Adoption of any recommendations may be much later. Sally has contacted UC Davis about their Clinical X faculty (done 8/8/12). Their current practice is that the changes are limited and evaluated after a national search against Clinical X criteria. There is some disagreement from UCD informants about the initial implementation of the migration of HSC to Clinical X faculty in the past. CAP has already formally expressed support for attempting to implement the WOS option. The next step is to begin developing the criteria and procedures for making this possible. One possible action toward this end could be to ask the UCSF CAP to contact UC Davis CAP about the evaluation criteria and
process they use to evaluate HS Clinical faculty who moved to Clinical X. We also need information about the evaluation process used by them for In Residence, HS Clinical and Adjunct faculty.

Jeff to discuss Strategy 1 with the Chancellor

Bob will discuss the status of the UCSF Senate membership work with Bob Powell and at the campus Senate’s leadership retreat in Sept or October. He will also explore, and possibly initiate, the process of memorializing the UC Senate to bring the Senate membership issue to the Regents. Perhaps this will be done in combination with a revision of the SOR to grant divisions local determination of their Senate membership or as a request that the Senate begin consideration of reforms in Senate structure. In this regard we will expressly oppose a Senate federation model proposed by Powell. He believes (borrowing from his perspective of the UC Davis experience) that have parallel senates on a campus can address the systematic exclusion of graduate program and professional school faculty from full participation in the rights and privileges available to ladder faculty. Based on feedback we have received from the Davis senate office and other senate offices, we would argue against the parallel structure model in favor of an integrated approach.

Finally, it would be helpful to obtain OP and OGC opinions on the efficacy of the possible actions relative to WOS appointment, and CAP guidelines for implementing these practices. This request has to be made by Academic Affairs.