



## **Clinical Affairs Committee**

### **Annual Report 2006-2007**

**Kenneth H. Fye, MD**  
**Chair**

During the 2006-07 academic year, the Clinical Affairs Committee (CAC) met as a Committee nine times. The Committee's primary focus this year was to design and implement a faculty exit survey, which was distributed in June 2007.

### **Systemwide Issues**

#### *University of California Office of the President (UCOP) Risk Management Council Subgroup*

Starting in March 2007, Chair Fye served on the UCOP Risk Management Council Subgroup to help the University of California identify areas of liability and financial risk within the UC medical system.

#### *University of California Volunteer Clinical Faculty Workgroup*

Chair Fye was appointed to the University of California Volunteer Clinical Faculty Workgroup, convened under the auspices of the UCOP Office of Risk Management. The Workgroup met on March 23, 2007 and will meet again in 2007-08 to discuss risk management issues related to volunteer clinical faculty in the UC system.

#### *Review of the UCOP Proposed Policy on Pharmaceutical Vendor Relations*

CAC reviewed the UCOP Proposed Policy on Pharmaceutical Vendor Relations (<http://www.ucsf.edu/senate/2006-2007/v-01-03-07-vendorpharmolicies.pdf>) to help formulate the response drafted by the Task Force convened to review the Proposed Policy (<http://www.ucsf.edu/senate/2006-2007/v-05-09-07-vendorrelationstf.pdf>).

The responses discussed at the March 28, 2007 CAC meeting were as follows:

#### **De Minimus (e.g. the magnitude of the gift)**

The Committee agreed that it was not reasonable to set a minimum amount for gifts from vendors to individuals.

#### **Food Provided for General Conferences**

- The Committee endorsed the concept of the centralized receipt and distribution of money for conferences and meals.

- The Committee recommends that the funds be held in a non-taxed fund, and (where applicable) at the division level rather than the department level.
- Committee members also suggested that if University policies will eliminate vendor funds from departments for events and meals, the University of California should offer to replace the eliminated funds from another source.

### **Vendor Samples for Patients**

Some members of the Committee agreed that samples should not be used in the university health care system. Other members noted that for many underserved patients, samples are the only way they will have access to medications. The Committee encourages the University to develop services to help patients gain access to medications and devices they may need.

### **Travel and Lodging Required for Training on Equipment**

The Committee agreed that funding for training on equipment (including travel to training sites) should be allowed as long as it is written into the purchase contract. Inversely, travel to examine a product before purchase should be paid by the faculty member.

### **Patient Information Documents**

The Committee agreed that patient information documents are an important part of patient education in the clinical setting. Committee members agreed that patient information documents that have been thoroughly reviewed and found to be unbiased and useful may be used by faculty. The Committee encourages the University to reinstate the patient information program to make non-vendor-funded patient information available to University health care settings.

## **UCSF Division Issues**

### *Faculty Exit Survey*

During 2006-07, CAC sought to collect data to quantify the reasons that faculty leave UCSF. The Committee's goal was to use the data collected by a faculty exit survey to make substantiated recommendations to Medical Center, School and Department administrators on how to improve working conditions for faculty at UCSF. In particular, CAC sought to identify and quantify reasons that junior clinical faculty leave UCSF in an effort to improve retention and the quality of their experience as faculty members.

By the end of August 2007, 355 faculty exit surveys had been mailed to separated faculty from the Schools of Medicine, Nursing and Pharmacy within the last three years. 120 responses had been received and recorded by Senate Staff ([Appendix 1](#)). Retirees were disproportionately represented in the responding group (87 of 120 respondents, 72.5%). Committee members discussed how to improve the response rate among the faculty who left UCSF for reasons other than retirement.

CAC will continue the process of refining and re-distributing the exit survey to more effectively gather data regarding junior faculty. An important aspect of the Committee's work on the exit survey in 2007-08 will be to help implement a system that will distribute the exit survey as faculty as they leave UCSF.

### *Ongoing Dialogue with the Medical Center*

Executive Director, Ambulatory Services David Morgan regularly attended CAC meetings and presented to the Committee information regarding changes at the Medical Center as it became available

in 2006-07 and also took input from the CAC back to individuals involved in Medical Center planning processes.

### *Ongoing Dialogue with the School of Medicine Faculty Council*

Member H. Quinn Cheng served as the liaison between CAC and the School of Medicine Faculty Council. During 2006-07, important issues discussed by both CAC and the School of Medicine Faculty Council included:

- Ambulatory Care Services at UCSF

### *UCSF Task Forces*

Members of CAC participated in conjunction with members of other Academic Senate committees on two Task Forces:

- Task Force to Review the Proposed Policy on Stewardship of Electronic Information (<http://www.universityofcalifornia.edu/senate/underreview/sw.rev.electronic.info.10.06.pdf>) – Mary Lynch
- Task Force to Review the UCOP Proposed Policy on Pharmaceutical Vendor Relations (<http://www.ucsf.edu/senate/2006-2007/v-01-03-07-vendorpharmolicies.pdf>)– H. Quinn Cheng

### *Issues for the 2007-2008 Academic Year*

1. Continue collection and analysis of survey data from separated UCSF faculty.
2. Help define the patient population UCSF seeks to serve.
3. Gain a better understanding of the distribution of strategic support among the departments.
4. Examine means for improving clinical faculty satisfaction: Increase support for clinicians by helping provide increased recognition for the role of the clinical faculty (particularly with regard to promotion) within the Schools, and salary support for clinical work.

**Respectfully submitted,**

### **Committee on Clinical Affairs**

Kenneth H. Fye, MD, *Chair*  
Teresa De Marco, MD, *Vice Chair*  
Barbara Burgel, RN, MS, COHN-S, FAAN  
H. Quinn Cheng, MD  
Darren Cox, DDS, MBA  
Brad Hare, MD  
Steve Kayser, PharmD  
David Kessler, MD, Dean, School of Medicine  
and Vice Chancellor for Clinical Affairs, *ex officio*

Mark Laret, Chief Executive Officer, UCSF  
Medical Center, *ex officio*  
Mary Lynch, RN, MS, MPH, PNP  
John Maa, MD  
Conan MacDougall, PharmD  
Brian Schmidt, DDS, MD, PhD  
Shannon Thyne, MD  
Ellen Weber, MD  
Glenn Yokoyama, PharmD

## *Appendices*

1. [Appendix 1](#): Results of the UCSF Faculty Exit Survey as of August 30, 2007

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